

1.0 EXECUTIVE SUMMARY

In order to achieve the objectives of the study, which in summary were to conduct a situation analysis of Swaziland's churches responses to the HIV/AIDS pandemic, a selection of 35 churches representative of the three and half umbrella bodies, 3 assumed benefiting communities, and 4 potential donors were interviewed for the exercise. This included both individual interviews with key informants and focus group discussions with communities and the findings show current strengths, challenges, opportunities and limitations as per the terms of reference.

The findings show that out of the 35 interviewed churches and Para-church organisations, 10 were classified to be below basic, 10 were basic, 1 was developing. And 14 were considered to be full-scale. Those that were below basic were churches without HIV/AIDS activities, those that were classified as basic were churches with some HIV/AIDS programmes, but had no external funding for their activities, the developing church had an HIV/AIDS activity funded by an external source, but they had no offices or communication tools, finally those classified as full-scale had programmes, monitoring structures, dedicated volunteers or staff, and assured funds obtained from an international donor or overseas sister churches.

Under the various themes it transpired that under prevention most of the churches had programmes in general awareness and sensitization (48%) compared to the other variables, and the lowest at 3% was in behavioural change. The other variables were life skills, voluntary counseling and testing, promotion of faithfulness amongst married couples, Prevention of Mother to Child Transmission, and promoting abstinence in youth and ranged between 5.7% and 23%.

Table 1.1 Prevention variables

Activity	Yes	%	No	%
General awareness and sensitisation.	17	48.6	18	51.4
Life skills (youth).	5	14.3	30	85.7
Voluntary Counseling & Testing (VCT).	2	5.7	33	94.3
Promoting faithfulness amongst married couples	8	23	27	77.0
Prevention of Mother To Child Transmission of HIV/AIDS (PMTCT)	2	5.7	33	94.3
Promoting Abstinence in youth	7	20	28	80.0
Behaviour change	1	3	34	97.0

Under the Care and Support theme findings show that most of the churches with activities under this theme were involved in counseling support (34.3%), closely followed by activities in home based care as 31.4% were involved in this activity. The findings also show a low percentage (11.4%) of strategic linkages with health units and a few churches or organizations treating opportunistic infections. The lowest figures recorded were 3%, under shelter construction, vocational skills, resource mobilization and Caregivers retreat programmes.

Table 1.2: Care & Support variables

Activity	Yes	%	No	%
Provision of Home based care.	11	31.4	24	68.6
Counseling support	12	34.3	23	65.7
Treatment of opportunistic infections.	3	8.6	32	91.4
Income generating activities.	5	14.3	30	85.7
Shelter construction.	1	3.0	34	97.0
Vocational skills.	1	3.0	34	97.0
Linkages with health units and other service providers	4	11.4	31	88.6
Resource mobilisation.	1	3.0	34	97.0
Spiritual support for those affected and infected by HIV/AIDS.	8	23	27	77.0
Social support groups.	2	5.7	33	94.3
Material support to those infected and affected.	3	8.6	32	91.4
OVC support (educational, material)	5	14.3	30	85.7
Caregivers retreat programmes	1	3.0	34	97.0

Under the Advocacy and Training theme, with only two variables, most of those involved were in capacity development at 14.3% whilst lobbying was at 8.6%. Although the percentage of churches involved in capacity development may seem adequate in relations to the interviewed sample, but none of them were providing organizational development services that could strengthen the organizational performances of the churches. In addition, one would expect the umbrella bodies and head offices to be involved in resource mobilization so as to ensure that their members are adequately resourced to execute their activities efficiently but this was not the case as on 3% were involved in this area. Furthermore these resources were not mobilized for dissemination into their membership; therefore membership churches are expected to mobilize their own resources.

Table 1.3: Advocacy & Training variables

Activity	Yes	%	No	%
Lobbying	3	8.6	32	91.4
Capacity development	5	14.3	30	85.7

When reviewing the capacity levels of these organizations the findings show that out of the 35 respondents, only 25 respondents had HIV/AIDS interventions, but it is of note that in total 94.3% of all respondents had constitutions or some guiding principles. In addition to addressing issues of accountability, all respondents had committees in place with 88.6% of these meeting regularly and all respondents had a Treasurer with only 5.7% of the respondents not

keeping accounts. 91.4% of the respondents had bank accounts, 2.9% were using someone's account, 2.9% had no funds and the remaining 2.9% had some funds but no bank account. 94.3% produced regular or annual financial reports and 65.7% had their accounts audited. 71.5% either had their own office space or access to shared space and 62.9% had all or some communication tools (Telephone, facsimile, computer and email).

When assessing the availability of human resources and skills the findings established that, 48% of the 25 churches with HIV/AIDS interventions had a total of 48 employees dedicated to their HIV/AIDS activities, of these 92% were full time locals, 2% part-time locals, 2% full-time expatriates, 2% part-time expatriates, and 2% contract staff. In addition 88% of these 25 churches had volunteers, and 54.5% of them did not give their volunteers any incentives, 22.7% gave their volunteers regular financial incentives, 4.5% gave food as incentives, 27.3% only reimbursed travel allowances, and the final 4.5% gave them lunch allowances.

Of the ten organisations without HIV/AIDS interventions, 40% used volunteers for other church activities, but none of these churches gave any form of incentives to their volunteers.

The findings further show that of the 25 organisations with interventions, 44% have never received external support, 8% had never received external training, 36% have participated in some workshops and 12% received regular support from external sources.

In the area of network affiliations, 8% are not affiliated to any networks, and of the 92% that are affiliated to networks, 76% receive some support from their affiliations, which shows that are some benefits to the affiliations. In addition the findings show that of the 52% of churches that had activities known to the government, 16% receive regular Government support, and 24% received occasional support.

2.0 INTRODUCTION

The Pan African Christian HIV/AIDS Network (PACANet) is a coordinated Christian response to the HIV/AIDS pandemic across the African continent that seeks to link churches, Christian organizations and networks to enhance their HIV/AIDS responses by sharing resources, ideas, skills, experiences, and stimulating strategic partnerships. The network was conceptualized and initiated at a networking conference convened and hosted by Botswana Christian AIDS Intervention Programme (BOCAIP). The network was formulated with a vision to have an HIV/AIDS free Africa where impact has been mitigated and the objectives of the network are as follows

- Facilitate networking, sharing of information and the establishment of links with strategic partnerships, churches, Christian organisations and Christian networks involved in HIV/AIDS work
- Support churches, Christian organisations, and Christian networks in their advocacy role in critical HIV/AIDS issues

- Facilitate the strengthening of the capacities of churches, Christian organisations, and Christian networks to comprehensively respond to the impact of HIV/AIDS
- Facilitate the mobilization of resources in support of churches, Christian organisations, and Christian networks that are working in the HIV/AIDS field.

3.0 RATIONALE OF STUDY

In order to fulfill its objectives, PACANet solicited the services of a capable consulting firm to conduct groundbreaking research that will determine the strengths, gaps and available resources among the current and potential constituents of the network.

PACANet based the selection of the initial beneficiaries of the research exercise on their proximity to the PACANet secretariat, the possibility of easier accessibility to information, and rapid results, established contacts, progress of efforts towards in-country networking and the epidemics trend.

4.0 OBJECTIVES OF STUDY

- i. To identify existing HIV/AIDS interventions by the church and Christian organizations.**
 - a. To classify interventions by theme, level and type
 - b. To identify and document best practices along thematic areas according to agreed standards
- ii. To identify and document existing resources available and accessible to the church**
 - a. To establish funding opportunities available to the church and their limitations
 - b. To identify BCC materials currently used and what gaps exist so as to adequately respond to the pandemic.
 - c. To ascertain the human resource currently involved in the response.
- iii. To assess the capacity of the churches based on their HIV/AIDS responses. To assess the following programmatic areas:**
 - a. Governance & Leadership
 - b. Infrastructure and logical support
 - c. Skills and training
 - d. Partnerships & networking
 - e. Approaches (models being used)
 - f. Policy and procedures
- iv. To recommend mechanisms of how the church can scale up its HIV/AIDS response**

2.0 LITERATURE REVIEW

In order to establish preliminary work conducted in this area, and available resources, various documents on church structures and HIV/AIDS research were reviewed. In addition the registration process of churches in Swaziland was reviewed to establish accountability structures.

2.1 HIV/AIDS trends in Swaziland

The literature review exercise began with the review of Swaziland's 8th HIV Sentinel sero-surveillance report (1992- 2002) in order to establish HIV/AIDS trends in Swaziland. Swaziland, 17 000 km² in size, is divided into four administrative regions, namely Manzini, Hhohho, Lubombo, and Shiselweni. The country has a population of approximately 980 000 distributed into 77% in the rural areas and 23% in the urban and peri-urban areas and showing the Manzini region to have the highest population (30.2%).

Present statistics show that the rate of HIV/AIDS infection in the country is at 38.6%, and growing at a rate of approximately 6% a year. In 2002 HIV prevalence was found to be higher in the urban area at 40.6% than the rural area at 35.9%. The rate of infection is expected to reduce the life expectancy rate to 30 years by the year 2010. This infection rate coupled with the fact that two thirds of the population lives below the poverty line of E70.00 (approx.\$9.00) per

month, an unemployment rate of 32% and the current drought in the Shiselweni and Lubombo Regions is a sign of a catastrophe in the next 5 to ten years.

The review shows that HIV/AIDS is one of the major challenges to the country's socio-economic development, with the highest infection found to be in the most reproductive age groups of 20 –24 years (34.9%).

The Table below shows the HIV prevalence among Ante Natal Care (ANC) respondents by region in 2002. The Manzini region has the highest rate of HIV/AIDS infection at 41.2% and the lowest was found to be in the Hhohho region.

Table 1.1: Prevalence of HIV/AIDS per region

Region	No. Tested	HIV Prevalence %
Hhohho	704	36.6
Lubombo	756	38.5
Manzini	694	41.2
Shiselweni	633	37.9
Total	2787	38.6

***Source: 8th HIV Sentinel Sero-surveillance report 1992 -2002**

In addition estimates for the AIDS deaths in the year 2000 –2015 are between 12 000 – 15000 per year and that in the year 2000 alone, 40 000 orphans were recorded. The impact of these facts on the Care and Support activities will soon be realized and the capacity therefore, of churches and organizations involved in this theme, need to be further strengthened in preparation for a higher impact than currently experienced.

2.2 Registration Process & Requirements:

This exercise entailed a review of the current registration process of churches within the Ministry of Home Affairs. The purpose of this review was to not only establish registration requirements but also obtain a database of registered churches in the country. This exercise proved fruitless as currently churches are not registered as religious structures but as associations or companies and therefore the database could not be manipulated to derive a list of registered churches in the country. With regard to the registration process, a registering entity is required to have a constitution, a committee and a bank account. There are no requirements for office space, or any other structure, nor the requirement of subscribing members. In addition, the findings established within the previous constitution, issues of religion were not addressed, therefore at policy-making level, decisions surrounding the registration and regulation of churches are not clear. This was evidenced in the growth rate of churches, the number of churches that do not have offices, don't keep accounts or audit their books not produce annual reports.

2.3 Churches Membership

The consultants reviewed a report by the Swaziland Evangelism Task, called "fulfilling the vision", to establish the Christian population growth and the growth of churches and their membership under each church and church body. The study also looked at the growth trends of the Council of Swaziland Churches, the League of African churches, and the Swaziland Conference of Churches, from 1985 to 1994. What was established was that 80% of the then national population of 908 119 were Christians, but approximately 120 000 people were said to attend church. In addition, the impact and influence of churches and Christians on the society and social problems were reviewed by this study. What was established was that there was no uniform guiding policy for Christian churches, to ensure that all churches were preaching the same gospel and adhering to the readings of the bible, more specifically in the support of widows and orphans and the sick.

The study further established that in 1995 there were a total of 2279 Christian churches in the country, which comprised of the following categories;

Table 1.3: Church categories

Category	Churches	% Of total churches	Attending members	% Of Total membership
Zionist	1329	58.3	59 460	50.5
Evangelical	342	15.0	20 281	17.2
Mainline	182	8.0	12 419	10.6
Pentecostal	160	7.0	9 112	7.7
Independent	78	3.4	4 067	3.5
Roman Catholic	58	2.5	4 374	3.7
Other	65	2.9	4 079	3.5
Unknown	65	2.9	3 920	3.3
TOTAL	2279	100	117 712	100

***Source: Swaziland Evangelical Task report 1995**

Of note is that although this study established the existence of 2279 churches in 1995, these comprised of branches under denominations and therefore the current membership of the three main church bodies does not reflect these figures as only the headquarters are registered under these bodies. Due to time constraints, collection of data to establish the number of branches under each church could not be successfully undertaken. Therefore the current membership of the three main church bodies is as follows. Appendix A shows a list and contacts of church members under each church body.

Table 1.3.1 Church Body membership

Church body	Membership 1995	Membership 2003
Council of Swaziland Churches	10	10
League of African churches	11	37
Swaziland conference of churches	15	60
TOTAL	36	107

***Source: The church bodies**

These figures show a distinct growth of the number of churches registered under the League of African Churches and the Swaziland Conference of Churches, and no growth under the Council of Swaziland Churches. This growth may not necessarily be a sign of the overall growth levels of churches in Swaziland and could be attributed to the perceived benefits of affiliating churches.

The outcome of the literature review exercise further established that not all churches are affiliated to the three oldest church bodies in Swaziland, and that some of these churches, mainly ministries, are affiliated to the Fraternity of Pastors. The cause of this was identified to be the difference in objectives by the church ministries and that of churches and this culminated in the decision by ministries to form their own coordinating body and for other non-affiliating churches to be grouped as the non-affiliates. This group of non-affiliating churches is not coordinated by an umbrella body, but is informal networks of individual churches that at times provide pastoral support to one another.

In 1992 the Association of Christian Ministries was established in an effort to coordinate and control the mushrooming of ministries in the country, and to provide support to one another. Unfortunately this body never went beyond the registration process, as there seems to be a preference by a great number of ministries to remain unaffiliated.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Scope & Sampling

The sample size was based on stratifying the total membership of the three main church bodies in Swaziland, plus representation from the non-affiliates and in addition we looked at other organizations that form the donor community who provide both technical and financial support of HIV/AIDS activities.

There are 107 denominations registered under the three main church bodies of the Council of Swaziland Churches, the Swaziland Conference of Churches, and the League of African Churches. Approximately 21% of these were interviewed for the study. In addition, of the assumed non-affiliates membership of approximately 50 churches, 21% of these were interviewed. Two other Christian based organizations, not representative of the church bodies, but with HIV/AIDS interventions at community level were also interviewed.

In total a sample of 35 Christian based institutions were interviewed in the study comprising of 14 churches, nine head offices or dioceses, the three main umbrella bodies, eight Para church organizations and one network group.

In addition, three focus group discussions were held with community members to establish their awareness and views on the HIV/AIDS activities conducted by Christian based organizations or churches in their communities.

A sample of four local potential donors, comprising of the National Emergency Response Council for HIV/AIDS (NERCHA), UNAIDS, UNICEF, and The HIV/AIDS Prevention and Care Programme (HAPAC) were interviewed in the study to establish potential funding sources and their requirements.

3.2 Data Collection Strategies

Literature review: several documents and procedures pertaining to HIV/AIDS and the churches, donors and the government of Swaziland were reviewed

Individual Interviews: Individual interviews with representatives from the 35 church institutions and four potential local donors

Focus group discussions: focus groups discussions were held with communities to establish community awareness and perceptions on the churches HIV/AIDS activities.

3.3 LIMITATIONS OF THE STUDY

- The current registration process of churches within the Ministry of Home Affairs is such that churches are not registered as religious structures but as associations or companies and therefore the database cannot be manipulated to derive a list of registered churches in the country.
- The database of the membership of the League of African churches and the Swaziland Conference of churches had its limitations because of insufficient contact details
- Although the churches that do not affiliate to the three main church bodies are recognized as half a church body, they do not have a coordinating body, and therefore there is no way of establishing the total number of non-affiliating churches. Therefore a reliance on a verbal confirmation of 50 churches formed the basis of stratification.
- Due to the incomplete information on the churches database, it made it difficult to develop a representative sample, as sample selection became more dependant on structures that could be reached as opposed to other traits such as geographical location and stratification as per the total number of members per church body.

4.0 FINDINGS

The findings of the study have been categorized according to the objectives of the study and are supported by the coded data, which appears as Appendix B.

4.1 Classification of Interventions

The interventions were classified by theme, level and type. The findings show that out of the 35 interviewed churches and Para church organizations, 25 of these already had HIV/AIDS interventions. Of the ten churches and church organizations without interventions, 20% realized the adverse impact of HIV/AIDS but did not know what role they could play and lacked motivation. 80% of these ten churches, were interested in activities under the Prevention and the Care and support themes. More specifically, these were in the promotion of abstinence and faithfulness, General awareness and sensitization, Orphan and Vulnerable Children support, Home Based Care and Income Generation Activities.

4.1.1 Theme

A. Prevention

Under this theme there were seven variables including the option of identifying a variable that was not specified, this resulted in the addition of the behaviour change variable. The findings show that the most common activity implemented by the interviewed audience was in the area of general awareness and sensitization as 48.6% were involved in this area. The variables with the least participation were in behaviour change (3%), Prevention of Mother to Child Transmission (5.7%) and Voluntary Counseling and Testing (5.7%).

Of interest was the low percentage of churches involved in the Promotion of faithfulness amongst married couples (23%), the promotion of abstinence amongst the youth (20%) and life skills at only 14.3%, although these are assumed to be key Christian or religious teachings.

Based on these findings it is evident that although there is some involvement by churches and Para church organisations in this theme, there is a need to strengthen the activities and organizational capacity and skills to ensure better out reach.

Table 1.1.1 A: Prevention Variables

Activity	Yes	%	No	%
General awareness and sensitisation.	17	48.6	18	51.4
Life skills (youth).	5	14.3	30	85.7
(VCT).	2	5.7	33	94.3
Promoting faithfulness amongst married	8	23	27	77

couples				
PMTCT	2	5.7	33	94.3
Promoting Abstinence in youth	7	20	28	80
Behaviour change	1	3	34	97

B. Care & Support

The most practiced activities by the interviewed audience were found to be in Home Based Care (31.4%) and Counseling support (34.3%). Limitations encountered by the fraction providing these activities were that they do not have medically trained staff, and therefore are not licensed to administer or provide medication for the treatment of opportunistic infection. Therefore only 8.6% of the interviewed audience was able to provide this activity and all these were churches with either clinic's or parish nurse programmes. Despite this inability, by churches without medical skills, to provide a more holistic approach in home based care, by treating opportunistic infections through linkages health unit's, only 3% of the interviewed audiences had such strategic alliances. In addition, despite the heavy load carried by caregivers, in light of the increasing infection rate of HIV/AIDS in the country (38.6% of population), only 3% of the interviewed audience specialized in retreat programmes for caregivers and 5.7% in social support groups. This means there is a greater potential for burnout in caregivers, as there minimal psycho-social support, which could compromise the effectiveness of this activity.

In addition, despite that estimates for AIDS deaths in the years 2000 – 2015 are between 12 000 to 15 000 per year, and that 40 000 orphans were recorded in the year 2000 alone, only 14.3% of the interviewed audience were found to be involved in Orphan and Vulnerable Children support. Furthermore only 8.6% of the interviewed audience was involved in the material support of those infected and affected by HIV/AIDS, 3% in shelter construction and 3% was involved in the provision of vocational skills. Also to note was that although the churches are mandated by the Christian religion to provide spiritual support to all in need, more so the sick, only 23% were involved in the spiritual support of those infected and affected by HIV/AIDS.

Overall, the findings under this thematic area show that the current efforts by the churches does not adequately met the demands and that the sustainability of their activities is questionable as there is still a stronger reliance on external funding as only 14.3% of the interviewed audience were involved in Income Generating Activities and 3% in resource mobilization.

Table 1.1.1 B: Care & support Variables

Activity	Yes	%	No	%
Provision of Home based care.	11	31.4	24	68.6
Counseling support	12	34.3	23	65.7
Treatment of opportunistic infections.	3	8.6	32	91.4
Income generating activities.	5	14.3	30	85.7
Shelter construction.	1	3.0	34	97.0
Vocational skills.	1	3.0	34	97.0

Linkages with health units and other service providers	4	11.4	31	88.6
Resource mobilisation.	1	3.0	34	97.0
Spiritual support for those affected and infected by HIV/AIDS.	8	23	27	77
Social support groups.	2	5.7	33	94.3
Material support to those infected and affected.	3	8.6	32	91.4
OVC support (educational, material)	5	14.3	30	85.7
Caregivers retreat programmes	1	3.0	34	97.0

C. Advocacy & Training

The variables under this theme encompassed activities in the areas of advocacy, and lobbying for the change of legislation slowing down the achievement of the objectives of the organizations involved in the thematic areas. It also includes capacity building activities, provided to the organizations and churches, involved in the provision of activities in the Prevention and Care and support themes.

The findings show that there is a general assumption by the churches that only coordinating structures such as the umbrella bodies or Para church organization should play the role of advocacy and training. This is evidenced in that of the interviewed audience only 8.6% was involved in lobbying and 14.3% in capacity building, and these comprised of umbrella bodies, Para church organization and head offices.

Table 1.1.1 C: Advocacy & Training variables

Activity	Yes	%	No	%
Lobbying	3	8.6	32	91.4
Capacity development	5	14.3	30	85.7

D. Level

In order to establish capacity levels of the various organizations, as required by the terms of reference of the assignment, the categorization was conducted based on the agreed on criteria which was developed at the tools development workshop and the various programmatic areas. Out of the 35 respondents, only the 25 respondents had HIV/AIDS interventions, but it is of note that in total 94.3% of all respondents had constitutions or some guiding principles, all respondents had committees in place with 88.6% of these meeting regularly and all respondents had a Treasurer with only 5.7% of the respondents not keeping accounts. 91.4% of the respondents had bank accounts, 2.9% were using someone's account, 2.9% had no funds and the remaining 2.9% had some funds but no bank account. 94.3% produced regular or annual financial reports and 65.7% had their accounts audited. 71.5% either had their own office space or access to shared space and 62.9% had all or some communication tools (Telephone, facsimile, computer and email).

In terms of human resources, availability of human resources and skills were assessed. It is of note that the skills assessment was based on the respondents opinion of what kind of training was required by either their volunteers and staff and what training they had already received. Therefore it was not a forensic assessment that looked at job descriptions, and compared them to available and required qualifications.

In reviewing the availability of human resources we were able to establish that, 48% of the 25 churches with HIV/AIDS interventions had a total 48 employees dedicated to their HIV/AIDS activities, of these 92% were full time locals, 2% part-time locals, 2% full-time expatriates, 2% part-time expatriates, and 2% contract staff. In addition 88% of these 25 churches had volunteers, and 54.5% of them did not give their volunteers any incentives, 22.7% gave their volunteers regular financial incentives, 4.5% gave food as incentives, 27.3% only reimbursed travel allowances, and the final 4.5% gave them lunch allowances.

Of the ten organisations without HIV/AIDS interventions, 40% used volunteers for other church activities, but none of these churches gave any form of incentives to their volunteers.

The findings further show that of the 25 organisations with interventions, 44% have never received external support, 8% had never received external training, 36% have participated in some workshops and 12% received regular support from external sources.

Although the study was able to establish that some organizations without HIV/AIDS interventions were using volunteers for other church activities, their skills were not assessed. The findings of the skills assessment therefore focus on the organisations with HIV/AIDS interventions and show that in total 80% of the organisations with volunteers felt that their volunteers needed training in resource mobilization, as none had been trained, and 28% felt their staff needed training in this area as only 4% had been trained. In addition 76% motivated for financial management training for their volunteers, whilst 24% felt their staff need this training. This could mean that churches have realized the need to better skill their volunteers in components of project management and financial in order for them to better coordinate, implement and monitor their activities. The findings also show that Basic HIV information and awareness was an area that most volunteers had received training in at 40%.

Table 1.1.2A: Areas Volunteers have received training in

Area	Yes	%	No	%
a. Basic HIV Information and awareness	10	40	15	60
b. Prevention interventions	6	24	9	76
c. Home based care	5	20	10	80
d. Psychosocial support	3	12	12	88
e. Counseling	5	20	10	80
f. Developing IECD/BCC materials	1	4	14	96
g. Financial management	1	4	14	96
h. Resource mobilisation	0	0	25	100

i. Project management	0	0	25	100
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Table 1.1.2B: Volunteers training needs

Area	Yes	%	No	%
a. Basic HIV Information and awareness	11	44	14	56
b. Prevention interventions	12	48	13	88
c. Home based care	15	60	10	40
d. Psychosocial support	16	64	9	36
e. Counseling	15	60	10	40
f. Developing IECD/BCC materials	18	72	7	28
g. Financial management	19	76	6	24
h. Resource mobilisation	20	80	5	20
i. Project management	5	20	20	80

Table 1.1.2C: Area staff has received training in

Area	Yes	%	No	%
a. Basic HIV Information and awareness	4	16	21	84
b. Prevention interventions	2	8	23	92
c. Home based care	1	4	24	96
d. Psychosocial support	1	4	24	96
e. Counseling	1	4	24	96
f. Developing IECD/BCC materials	1	4	24	96
g. Financial management	2	8	23	92
h. Resource mobilisation	1	4	24	96
i. Project management	1	4	24	96

***Please note that only 12 churches had staff**

Table 1.1.2D: Staff training needs

Area	Yes	%	No	%
a. Basic HIV Information and awareness	2	8	23	92
b. Prevention interventions	2	8	23	92
c. Home based care	3	12	22	88
d. Psychosocial support	5	20	20	80
e. Counseling	5	20	20	80
f. Developing IECD/BCC materials	8	32	17	68
g. Financial management	6	24	19	76
h. Resource mobilisation	7	28	18	72

i. Project management	2	8	23	92
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***Please note that only 12 churches had staff**

In the area of network affiliations, 8% are not affiliated to any networks, and of the 92% that are affiliated to networks, 76% received some support from their affiliations, which shows that there are some benefits to the affiliations. In addition the findings show that 52% of churches had activities known to the government, 16% receive regular Government support, and 24% received occasional support.

In the area of challenges encountered in implementing HIV/AIDS initiatives 96% of the 25 churches with HIV/AIDS interventions sighted inadequate resources or funds as the greatest challenge. The least challenge (8%) was a heavy workload, although 60% of the 25 organisation sighted limited staff/personnel capacity as a challenge. It is of note that only 36% identified discrimination and stigmatization as a challenge, which could mean that people's attitudes towards the pandemic are changing. Two areas that were not identified as a challenge at all were poor accountability of resources and no vision about HIV/AIDS, which could be interpreted as good sign as that means churches involved in HIV/AIDS have a clear vision and direction, and that they are able to use available resources accordingly.

Challenge	Yes	%	No	%
(a) Inadequate resources/funds	24	96	1	4
(b) Limited staff/personnel capacity.	15	60	10	40
(c) High expectations from the congregation/community.	3	12	22	88
(d) Discrimination and stigma.	9	36	16	84
(e) Limited appropriate skills.	5	20	20	80
(f) No vision about HIV/AIDS.	0	0	25	100
(g) Poor accountability of resources.	0	0	25	100
(h) Too much workload.	2	8	23	92
(i) Others/ specify	3	12	22	88

The following is a summary of findings per organization, together with their individual ratings.

I. The Christian Media Centre

Ratings: None

The Christian Media Centre, owned by the Swaziland Conference of Churches, is an entity that has a studio, and offices equipped with communication tools, that produces Christian radio and television programmes that are funded by an international donor. Although it has no constitution, it is in the process of reviewing its strategic direction, and developing policies to ensure better efficiency. The Centre has a management committee that rarely meets, but has a full-time coordinator who is responsible for overseeing the operations of the organisation. Amongst its 24 staff members, it has a financial administrator, who supervises and monitors the organisations accounts, which are audited annually, and who presents regular financial reports. Although the center

currently has no HIV/AIDS interventions, they are already in the planning stages of producing programmes that will create a general awareness and sensitization and promote faithful and abstinence, which they plan to air locally and sell throughout the Southern African region. In order to facilitate the process, they required the relevant technical assistance and some financial support as none of their staff had ever received training in basic HIV information and awareness and prevention interventions.

II. The Prophetic Voice

Rating: None

The Prophetic Voice is a non-affiliated church with three branches and 200 members. It has no constitution, but has a committee that meets regularly and a treasurer that oversees the finances and produces annual financial reports, which are not audited. In addition to the fact that this church uses someone's personal account for their funds, it has no office and none of the communication tools. Other than the treasurer, it has no volunteers and staff. The Prophetic Voice Church has no HIV/AIDS intervention, and although they are aware of the spreading pandemic, they are still not sure of their role in HIV/AIDS as a church. Since they had not identified their role in the fight against the pandemic, they had no thematic area of interest, and could not identify training needs.

III. Back to Jesus

Rating: None

Back to Jesus is a non-affiliated Church with 3 branches and 205 members. It has a constitution, a committee that meets regularly, and a treasurer who supervises the finances, monitors the accounts and produces regular financial reports. This church has a bank account, but its accounts are not audited. In addition, they have no office, and therefore no telephone, facsimile, computer or email.

Although they currently have no HIV/AIDS intervention they are interested in establishing an Orphan and Vulnerable children support programme, with an orphanage, that will include income-generating activities, to sustain the facility. Their approach is to partner with their local government by obtaining Swazi Nation Land, and building an orphanage, with agricultural projects and to also offer other vocational skills training to the orphans. Although they have neither volunteers nor staff for this proposed activity, their approach will be to also partner with the communities, who will identify such volunteers. The support they require would be in training the volunteers once identified in Prevention interventions, home based care, in case some orphans are infected, psycho-social support, counseling, voluntary counseling and testing, financial management and resource mobilization. They would also need assistance in raising funds to build the facility.

IV. African Evangelical Church (AEC)

Rating: None

The African Evangelical Church, affiliated to the Swaziland Conference of Churches, has 60 branches within its four circuits, a constitution, a committee, a treasurer who supervises the finances, keeps accounts, which are not audited, and produces regular reports. The AEC has no office but has access to a Telephone and fax. At the time of the study, they could not establish their membership.

With regards to HIV/AIDS interventions they are in the process of beginning a programme that will encompass both prevention activities, Home based care, counseling support, Income Generating Activities, and Orphan and Vulnerable children support. Although they have solicited funding from an international donor and have been verbally promised some funding, for the programme to takeoff, they require financial, technical and human resource support, as they have no staff or volunteers. In the identification of their training needs they stated that they would need to be trained in prevention interventions, care and support, psychosocial support, counseling, the development of IEC/BCC material, financial management and resource mobilization.

V. Emmanuel Wesleyan Church

Rating: None

The Emmanuel Wesleyan Church, affiliated to the Swaziland Conference of Churches, has 30 branches but figures of their current membership could not be obtained. It has a constitution, and a board that meets regularly. The treasurer of the church is responsible for supervising its finances and accounts, producing regular financial reports, and their accounts are audited annually. The church has an office with a telephone and facsimile, but other than the financial reports the church produces no other operational reports. Although the church has no volunteers, and lacks financial resources, their interest is in prevention activities, with a focus on the youth. In order for them to develop a relevant programme, they requested support in the training of their volunteers, once these were identified from their membership, in prevention interventions, development of IEC/BCC materials, financial management and resource mobilization.

VI. Evangelical Church

Rating: None

The Evangelical Church is affiliated to the Swaziland Conference of Churches. It has a constitution, a committee, 92 branches and a membership of approximately 5000. The Treasurer of the church is responsible for supervising the finances and accounts, producing annual financial reports, and their accounts are audited annually, but they have no office and therefore have no communication tools. Although the church currently has no HIV/AIDS activities, which they attribute to a delayed realization of the churches role in the pandemic, they are in the process of developing an Orphan and Vulnerable Children support programme and have sighted the need for financial support.

Their approach is to have church members fostering orphans within the church but that has its limitations as not everyone who has a stable home environment can afford to foster a child and therefore some potential foster parents will need financial assistance in order to foster children. They did not identify any area of training required.

VII. Cornerstone

Rating: None

The Cornerstone Church, a non-affiliate, has 3 branches, 24 members and 3 volunteers. They have a constitution and a committee that rarely meets and a treasurer who monitors finances and presents annual financial reports, but their accounts are not audited. This church has no office, no communication tools and does not produce any reports besides the financials.

Although they have no HIV/AIDS interventions, which they attribute to the lack of commitment and direction by its members, the Chairperson of the committee was trying to encourage the members to establish an Orphan and Vulnerable Children's support programme through the establishment of an open kitchen and Income Generating Activities. They acknowledged that they had limited human and financial resources and that their volunteers would need training in basic information and awareness, prevention interventions, including financial management and resource mobilization. Based on their proposed intervention which will entail constant contact with children, they were hoping that their activities would with time extend beyond the kitchen facility and therefore wanted to be also trained in Home based care, psychosocial support, counseling, and the development of IEC/BCC materials.

VIII. Pentecostal Assemblies of Africa

Rating: None

The Pentecostal Assemblies of Africa, affiliated to the Swaziland Conference of Churches, has a constitution, a committee that meets regularly, a treasurer, 15 branches, 1200 members and 20 volunteers. The Treasurer of the church is responsible for supervising its finances and accounts, producing annual financial reports, and their accounts are audited annually. They have an office equipped with a telephone, facsimile and computer, and distribute operational reports. Although they have no HIV/AIDS activity, as they believe there was no demand for their church to participate before, their interest is in introducing prevention interventions and home based care, activities that will need financial support, and training for their 20 volunteers. Areas they identified as training needs included, basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, developing IEC/BCC materials, resource mobilization and project management.

IX. Pentecostal Jerusalem Church of Zion

Rating: None

The Pentecostal Jerusalem Church in Zion, affiliated to the League of African Churches, has five branches and an undisclosed membership. They have a constitution, a committee that meets regularly, a women's wing, a Treasurer who is supposed to supervise finances, but as they have no funds, no accounts are kept. Despite that they are one of the oldest churches, established in 1952, they have no office and no access to communication tools. Although the church currently does not have an HIV/AIDS activities, the women's wing, which has 15 volunteers would like to be involved in community home based care and counseling, a programme delayed by the churches lack of finances, and their volunteers would need training in basic HIV information and awareness, prevention interventions, home-based care, psycho-social support, counseling, development of IEC/BCC materials, financial management and resource mobilization.

X. The League of African Churches

Rating: None

The League of African Churches is an umbrella body to 37 Zionist churches in Swaziland. Although it has a constitution, they have no strategic plan, nor HIV/AIDS activities. The committee is in existence but rarely meets and therefore hardly any decisions are made about the development and progress of the organization and its members. Accounts are not kept and therefore not audited although the League has a bank account and a Treasurer whose role is not quite clear. The League has no office space, and therefore no telephone, facsimile, Computer or email. In terms of available human resources, they have one volunteer in the form of the President, who attends the various HIV/AIDS workshops organized by other church organizations, the lack of feedback structures prevents the dissemination of information to the Leagues membership. The lack of financial resources, lack of direction and motivation was identified as the barrier to the development of this organization. The League identified all forms of training, which included Basic Information and awareness, prevention interventions, home based care, psychosocial support counseling, IEC/BCC material development, financial management and resource mobilization, as needed by the League. The belief was that once members were trained they would see the need to identify certain HIV/AIDS interventions.

XI. Council of Swaziland Churches

Rating: Full Scale

The Council of Swaziland Churches is one of the oldest umbrella bodies to 9 churches and a Para church organization comprising of the original missionary churches in Swaziland (orthodox churches). Its role is in Advocacy and Training. It recently revised its constitution, has an AGM, and a Board that meets

regularly. In addition, it has a General Secretary, plus three full-time staff members and one contract staff member dedicated to their HIV/AIDS activities. Although the body has the lowest membership, it has a structured body, with a strategic plan, programme plans, and produces annual reports and financial reports that show audited accounts. The Conference has its own office building, partly leased to other institutions and partly used for their own office space, tooled with the Telephone, Facsimile, Computers and email. Although there is no coordinated monitoring of activities, planning of activities is undertaken regularly and progress reports produced. In the area of trained, it was established that their staff had been trained in Basic information and awareness and prevention interventions. They required training in IEC/BCC material development and a training of trainers in Home based care, psychosocial support, counseling, financial management and resource mobilization. The Council identified the positioning of their membership, and their stability as strengths. Challenges they faced included inadequate funding, limited personnel and appropriate skills, and the discrimination and stigma that came with the disease.

XII. Swaziland Conference of Churches

Rating: Full Scale

The Swaziland Conference of Churches is the oldest body, initially established in 1929 before the breakaway of its other members who then formed the other two bodies, and has a membership of 60 charismatic or Presbyterian churches and Para-church organizations. It has an approved constitution and a board that meets regularly. Besides its quarterly and annual financial reports showing audited accounts, it produces newsletters and other operational reports. The body has a functional office with a telephone, facsimile, computers and email. Like the Council, the Swaziland Conference of Churches is involved in Capacity development, receiving funding from an international donor for the execution of its activities, and has three full-time local staff. Monthly monitoring of activities is undertaken and records of activities kept. Training was required for their staff in psychosocial support, counseling, IEC/BCC material development and resource mobilization. Their staff had already received training in Basic HIV information and awareness, prevention interventions, and psychosocial support. They identified their role in capacity development of its members as their strength and their challenges were inadequate funds, and the discrimination and stigma surrounding HIV/AIDS.

XIII. Orphanaid

Rating: Full Scale

Orphanaid is a Para-church organization under CARITAS Swaziland of the Roman Catholic Church, established in 1999 in response to the increasing number of orphans due to HIV/AIDS. Orphanaid operates under the CARITAS' constitution, but in addition has some principles guiding their operations, they have their own committee that meets regularly, have a bank account, kept and audited accounts, their own office space equipped with a telephone, facsimile, computers and email. Their funding comes from international donors,

overseas sister churches, and networks they affiliate to, and their activities are monitored monthly and progress records kept for purposes of evaluation. Their activities are grass root level where their approach is to assist families that willing foster orphans by introducing Income generating activities. They have 73 volunteers receiving financial incentives, three local full-time staff members and one Canadian development volunteer. Their strength was in their approach, which is participatory, and their challenges were identified as inadequate resources, limited personnel, high community expectations, and social challenges such as poverty and the drought.

XIV. The Hope House (CARITAS)

Rating: Full Scale

The Hope House, is a Para-church organization under CARITAS Swaziland of the Roman Catholic Church, established in 2001 as part of a community Care Centre offering care and support to terminally ill patients especially those living with HIV and AIDS.

The organization operates under a set of principles, and has a management committee, a Programme Coordinator, a treasurer, a staff of four and fourteen volunteers. The treasurer supervises the finances; produces regular financial reports and the accounts are audited annually. The Hope House office has a telephone, facsimile and Computer and some information is given out. Under the Hope house a variation of activities are conducted including home based care, counseling support, treatment of opportunistic infections, vocational skills training material and spiritual support, income generating activities, and linkages with health units. Patients are expected to pay E10.00/ day and additional funding is obtained for international donors and local fund-raising activities. Planning and monitoring is conducted regularly, and records are complete and accessible. In training, their volunteers and staff had been training in Basic HIV information and awareness, and home based care, and their volunteers had further received training in psychosocial support and counseling; areas their staff still needed training in. In addition to their staff and volunteers training needs were, IEC/BCC material development, financial management, resource mobilization and project management training. In implementing their activities, challenges they sighted were inadequate funds, limited personnel, high community expectations and social problems like poverty that made it difficult for their patients to pay the E10.00/day and still afford to buy proper meals for themselves. Their strength was in their approach to Home Based care, which presented infected people with the option of dying in a quiet environment, with medical and spiritual support.

XV. The Parish Nurse Programme (CARITAS)

Rating: Full Scale

The Parish Nurse Programme, internationally funded, is an integration of the practice of faith and nursing, and provides services in general awareness and sensitization, life skills, promotion of faithfulness and abstinence, Home based care, counseling support, treatment of opportunistic infections, social group support, spiritual and material support and linkages with health units.

It has a constitution, a management committee, a programme coordinator, a treasurer and 150 nurses and caregivers (volunteers). The treasurer monitors and keeps accounts, which are presented regularly and audited annually. The programme has office space equipped with a telephone, facsimile, computer and email, and produces and distributes regular reports. The programmes intervention approach is one of conducted home visits to deliver their services and therefore their volunteers are trained in basic information and awareness, prevention interventions, and home based care. Training needs were in psychosocial support, counseling, IEC/BCC materials development, financial management and resource mobilization. Identified as challenges faced by the programme, were inadequate funds, limited capacity resulting in a high workload, discrimination and stigmatization; Christianity and reliability were identified as their strength.

XVI. The Holy Catholic Apostolic Church in Zion

Rating: Basic

This is a church affiliated to the League of African churches, with 10 branches, that has a constitution and committee that meets regularly in place, has some funds but no account, due to the cash flow problems and has a Treasurer that keeps accounts but does not audit the books. The church has no office space and therefore no telephone, facsimile, computer or email. Although the church is involved in the general awareness and sensitization of its members and part of the community, and use 10 volunteers, there is not much planning done for these activities. In addition financial resources limit the expansion of this membership funded activity, which is not monitored nor evaluated. Furthermore, no records are kept on operational issues, generally the church produces no other information besides the annually presented financials. Their strength was in their spirit of voluntarism, and challenges were inadequate funding and limited personnel and appropriate skills. Their training needs were in Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management and resource mobilization.

XVII. Free Evangelical Assemblies (FEA)

Rating: Basic

The Free Evangelical Assemblies is affiliated to the Swaziland Conference of Churches and has 90 branches a membership of 10 030. The church has a

constitution, a committee that meets regularly, and 90 volunteers to execute their activities in general awareness and sensitization, home based care and spiritual support for those infected and affected by HIV/AIDS. These activities are funded by membership contributions. The church has its own office, equipped with a telephone, facsimile, computer and email, a treasurer and some reports are distributed including annually internally audited financial reports. Occasional planning of activities is conducted, and although no monitoring of activities in conducted some records are kept.

Their approach in Home Based Care includes the provision of food hampers, but excludes provision of any medical supplies due to resource constraints. Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management and resource mobilization was identified as training needs for their volunteers.

Their strengths are their commitment, networks and the congregation's support, and their challenges are inadequate resources and limited personnel.

XVIII. Church of the Nazarene

Rating: Full Scale

The Church of the Nazarene is affiliated to the Swaziland Conference of churches and has a constitution, a committee that meets regularly, a Treasurer to supervise the finances, a fulltime HIV/AIDS coordinator and 27 volunteers. They have 40 Branches, but due to the unavailability of the relevant administrative personnel the consultant was unable to establish the church membership. The church has an office equipped with a telephone, facsimile, computer and email and accounts are monitored and audited annually. The churches HIV/AIDS interventions are in home based care, counseling support, spiritual support, and capacity development. Regular planning and monitoring of their activities is undertaken, and full progress records kept. International donors fund their activities. Their volunteers have only been trained in Basic HIV information and awareness, and although they provide Home based care activities, according to their coordinator their volunteers they need training in home based care, counseling, IEC/BCC material development, financial management and resource mobilization. Challenges encountered were inadequate funding, and limited capacity increasing the workload. Their strengths are in the spirit of voluntarism and their networks and referrals.

XIX. The Evangelical Lutheran Church

Rating: Full Scale

The Evangelical Lutheran church is affiliated to the Council of Swaziland Churches, and has office space equipped with a telephone, facsimile, computer and email, a constitution, a committee that meets regularly, a diocese HIV/AIDS Coordinator, two staff members and an unstipulated number of volunteers. They have a Treasurer who supervises finances, and accounts are produced both quarterly and annually and audited.

Their HIV/AIDS interventions are in general awareness and sensitisation, promotion of faithfulness and abstinence, home based care and counselling support. Although the activities are not yet in full implementation as the programme is new, a strategic plan has been produced, monitoring and evaluation structures put in place and funding has been obtained from overseas sister churches. Their staff has been trained in counselling IEC/BCC Material development, financial management, resource mobilization and a training of trainers programme. Their volunteers need training in basic HIV information and awareness, prevention interventions, home based care, psychosocial support and counselling. Their strengths are voluntarism and access to resource services and challenges encountered by this organization are in skilled personnel capacity.

XX. Eagles Wings

Rating: Basic

Eagles Wings is a church ministry, non-affiliated to three main bodies, but networking with other ministries through the pastor's fraternity network. Although it has no branches, it has an office with no communication equipment, a constitution, a committee, an HIV/AIDS Coordinator (part-time volunteer) a treasurer, 10 volunteers and a membership of 240 people. The treasurer supervises the churches finances; accounts are kept but not audited and regularly presented.

The churches interventions include general awareness and sensitization, counseling support; spiritual support and Orphan and Vulnerable Children support and these activities are financed through membership contributions. Planning and monitoring of these activities is done regularly, and records and documentation of interventions kept.

Their volunteers are qualified nurses who have received training in basic HIV information, prevention interventions and counseling, but still require training in home based care, psychosocial support, IEC/BCC material development, financial management and resource mobilization.

This churches strength is in the commitment of its members, and they experience financial and capacity challenges.

XXI. Great Harvest Ministries.

Rating: Developing

The Great Harvest Ministries is non-affiliated church with a constitution, a committee, a Treasurer, 5 volunteers and 150 members. Its accounts are monitored and presented annually and an internal audit of its books is also conducted annually. They have no office, and no telephone, facsimile, computer or email, but some information about the churches is distributed. Their intervention is in general awareness and sensitization and they receive funding from an international donor, facilitated through the pastor's fraternity

network. Occasional planning of its activities is conducted, but there is no monitoring of activities nor records or documentation kept of their activities. Their strength is in the teachings on abstinence and their challenges are inadequate funding for their activities. Their volunteers need training Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, and resource mobilization.

XXII. Voice of Victory

Rating: Basic

The Voice of Victory is a church ministry with a constitution a committee, a treasurer, some volunteers, and 150 members. The Treasurer is responsible for supervising the finances, and presenting regular financial reports, but the accounts are not audited. The church has access to a shared office, but not to a telephone, facsimile, computer or email, and no information is produced. Their HIV/AIDS interventions include general awareness and sensitisation, life skills; promotion of faithful and abstinence and these activities are financed through their members' contributions and network contributions.

Although planning for these activities is done regularly, there is no monitoring or documentation of activities. They need training Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management and resource mobilization. Their strengths are in the spirit of voluntarism and their networks and referral systems and their challenges are inadequate funding and the discrimination and stigmatization surrounding HIV/AIDS.

XXIII. The Mbabane Worship Centre

Rating: Basic

The Mbabane Worship Centre is a church ministry in the process of developing a constitution, but with a committee, Treasurer, an HIV/AIDS coordinator, office space with all the communication equipment. It has two branches and a membership of 1020 and uses 6 volunteers in the implementation of its HIV/AIDS interventions. The Treasurer, who supervises the finances, also produces regular accounts, which are audited annually. HIV/AIDS intervention areas for the church included general awareness and sensitization, Life Skills, VCT, Promotion of faithfulness and abstinence, home based care and counseling support and these are funded through their members' contributions. As this a relatively new programme, a lot of planning and monitoring being undertaken, but records are not properly kept.

Although their coordinator is a qualified nurse, none of the volunteers have received training in Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management and resource mobilization.

The challenges they have encountered in implementing their activities are inadequate resources and the discrimination and stigma surrounding HIV/AIDS resulting in people still being afraid to know their status. Their strengths are in their spirit of voluntarism, committed members, and the congregation's financial support.

XXIV. The Alliance church

Rating: Full Scale

The Alliance church, with forty branches, is affiliated to the Swaziland Conference of Churches. It has a constitution, a committee, a Treasurer, a home-based care programme coordinator (part-time volunteer) and 29 volunteers. The Treasurer supervises the finances and produces audited financial reports annually. The church has its own office space with a Telephone and facsimile, and in addition to the financial reports, produces operational reports. Under their internationally donor funded Home based care programme they are involved in home based care, counseling support, spiritual support and forming linkages with health units and other service providers. The Programme Coordinator ensures regular planning and monthly monitoring of the activities. Records of the activities are kept. The challenges they encounter are inadequate human, financial and resources, material resources as medical supplies are limited. Their strengths are in their congregation's support, referral systems, and the commitment of their members.

Their volunteers have been trained in Basic HIV information and awareness, prevention interventions, IEC/BCC material development and home based care. Their training needs are in psychosocial support, counseling, financial management and resource mobilization.

XXV. Sword and Spirit Ministries

Rating: Basic

Sword and Spirit Ministries is a non-affiliated church with four branches and 550 members. The church, with its own office space, telephone, facsimile, computer and email, has a constitution, committee, a treasurer and two volunteers. The treasurer supervises the finances and produces regular financial report, which are not audited. Their HIV/AIDS interventions are in general awareness and sensitization, and counseling support, and these are funded by their members' contributions. Planning of the activities is regularly conducted, monitoring conducted at least monthly, and records and documentation kept. Their training needs are in home based care, psychosocial support IEC/BCC material development, financial management and resource mobilization; they have received training on Basic HIV information and awareness, but require training on prevention interventions, and counseling.

Their challenges are inadequate resources, which includes limited volunteers.

XXVI. Prayer Group Ministries

Ratings: Basic

The Prayer Group Ministries, a non-affiliated church, with three branches and 420 members. It has a constitution, a committee, a treasurer, and four volunteers. The treasurer supervises the finances and produces regular financial report, which are not audited. They have vacant land (property), office space with a computer, and produce no other information besides the financial reports. As this is a new programme, they are at the coordinating stage, but their interventions are in general awareness and sensitization, promotion of faithfulness and abstinence and will be funded by membership contributions. As the activities have not yet been implemented no monitoring is conducted and as yet no records or documentation of activities. It is not clear how the activities will be monitored and evaluated. Their strengths are in the spirit of voluntarism and commitment of its members, good leadership and the congregation's support. Their challenges include inadequate resources, and limited personnel capacity. Their volunteers have been trained in Basic HIV information and awareness, but require training on prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management and resource mobilization.

XXVII. Growing Faith Ministries

Rating: Basic

The Growing Faith Ministries is a non-affiliate with three branches and 450 members, a constitution, committee, a treasurer and 30 volunteers. The role of the treasurer is to supervise and monitor finances and accounts, which are internally audited and presented annually. The church has its own office space, with no communication equipment, but some operational information is produced and disseminated. Their Orphan and Vulnerable Children support activities, funded by their members' contributions, are occasionally monitored, but records are kept and occasional planning conducted.

XXVIII. United Christian Church of Africa

Rating: Basic

The United Christian Church of Africa, originally known as the Church of England, is affiliated to the Council of Swaziland Churches and has 12 branches, 13 volunteers and 500 members. The church has a constitution, and a committee that rarely meets or makes decisions. The treasurer supervises the finances, monitors and presents accounts annually, but these are not audited. The Church has no office space, communication equipment nor staff, and no information is produced or distributed. Their HIV/AIDS interventions are in general awareness and sensitization, home based care and counseling support, but no planning, monitoring or documentation of activities is conducted as these are funded directly by the churches head pastor.

Their training needs include, Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management and resource mobilization.

XXIX. Abiding Grace

Rating: Basic

The Abiding Grace Ministries is a non-affiliated church with two branches and 600 members. It has a constitution, a Treasurer and no volunteers or staff. The treasurer, who is responsible for supervising and monitoring the accounts, also produces regular financial reports, which are not audited. They have an office but it is not equipped with any of the communication tools and no information is produced.

Their interventions are in general awareness and sensitization and their activities are funded by contributions from a network they are affiliated to. Occasional planning and no monitoring is conducted for these activities and no records or documentation is kept of these activities

Although this church currently has no volunteers, sighting inadequate resources as a challenge, they hoped that once these were recruited they would receive training on Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management and resource mobilization.

XXX. The Church of Provence of Southern Africa (Anglican)

Rating: Full-scale

The Church of Provence of Southern Africa, known as the Anglican Church, is affiliated to the Council of Swaziland Churches, and has a constitution, a treasurer, a recently appointed HIV/AIDS programme coordinator plus an assistant, and 15 volunteers. The programme has an office equipped with all the communication tools, and as it is a new programme not much information is being distributed. As a programme coordinated at diocese level, their activities cut across all the HIV/AIDS intervention themes and include the following; General awareness and sensitization, life skill's, Voluntary Counseling and Testing, Promotion of faithfulness and abstinence, Home based care, counseling, treatment of opportunistic infections, income generating activities, shelter construction, linkages with health units, spiritual and material support of those infected and affected, Orphan and Vulnerable Children support, lobbying and capacity building. The diocese has already received funding from international donors, overseas sister churches, and support from the government, to begin the programme. Currently there is a lot of planning being undertaken, and monitoring and evaluation systems are being put into place, where the requirement will be monthly monitoring. Records of their progress are complete and accessible. Challenges encountered by this church are inadequate funds, limited staff, and the discrimination and stigma surrounding HIV/AIDS and their strength is in networks and referrals. Their training needs for both their staff and volunteers, are in Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, counseling, IEC/BCC material development, financial management, resource mobilization and orphan care.

XXXI. African Leadership Partners (ALP)

Rating: Full scale

The African Leadership Partners is a Para church organization affiliated to the Swaziland Conference of Churches. The organization has a constitution, a committee, three volunteers and Treasurer that supervises and monitors accounts, which are audited annually. It has office space equipped with all communication tools and operational reports are produced regularly. As an intervention activity, ALP set up an orphan placement programme that currently has two homes with a third under construction, called new life homes and in addition they provide spiritual support to those infected and affected. The programme is coordinated by three volunteers, including the programme coordinator and is funded by overseas sister churches, and contributions from networks they partner with. Activity planning is undertaken regularly, and homes are monitored through feedback structures attended by the home mothers. Records of the activities are complete and accessible.

Their training needs were in Basic HIV information and awareness, prevention interventions, home based care, psychosocial support, financial management and resource mobilization, and their volunteers have received training on counseling. The organizations challenges are inadequate funding and their strengths are the spirit of voluntarism, committed volunteers and their ability to network.

XXXII. Africa Cooperative Action Trust (ACAT)

Rating: Full scale

Africa Cooperative Action Trust (ACAT) is a Para church organisation affiliated to the Swaziland Conference of churches. It has a constitution, a committee, and a treasurer who supervises and monitors accounts and finances. Financial reports are produced regularly and their accounts are audited annually. They have office space equipped with all communication tools, and they produce and distribute reports regularly. As an HIV/AIDS intervention, they are involved in the capacity development of organizations involved in general awareness and sensitization, promotion of faithfulness and abstinence, income generating activities, linkages with health units. They are funded by an international donor, plan regularly for their activities, which are monitored on a monthly basis, and complete records are kept of their interventions.

Like many other organisation's, ACAT's challenges in the implementation of activities were inadequate funds, high community expectations and limited appropriate skills and their strength was the commitment of its staff and volunteers. In the area of training, only IEC/BCC material development was identified as a training need.

XXXIII. World Vision Swaziland

Rating: Full scale

World Vision Swaziland is a Para church organization with a constitution, a committee and treasurer who supervises and monitors accounts and finances and produces regular financial reports, which are audited annually. They have office space equipped with all communication tools and regularly produce and distribute reports. The organization under its HIV/AIDS intervention has eleven staff members and 400 volunteers. Their activities, which are monitored monthly, are in the areas of General awareness and sensitization, life skill's, behaviour change, Home based care, counseling support, income generating activities, orphan and vulnerable children support and advocacy. These activities, which require regular planning and vigilant record keeping, are funded by international donors, private sector contributions, contributions from a network and receive some support from the government.

World Vision Swaziland's training needs for both their staff and volunteers are in counseling, IEC/BCC material development, financial management, resource mobilization and project management. Their volunteers have received training in Basic HIV information and awareness, prevention interventions, home based care and psychosocial support. Challenges they faced in implementing their activities are inadequate funding and limited personnel capacity, and their strengths were in the accessibility of their services, and commitment.

XXXIV. Mennonite Central Committee (MCC)

Rating:

The Mennonite Central Committee is a Para church organization affiliated to the Council of Swaziland Churches with a committee and treasurer who supervises and monitors accounts and finances, and produces regular reports that are audited annually. The organization has offices equipped with all communication tools and the organization uses two volunteers to coordinate the implementation of its activities. Their intervention area, funded by overseas sister churches, is in capacity development, and in assisting with the setting up of networks and social support groups. Occasional planning and monitoring of activities is conducted and records kept. The MCC had no training needs but they have financial resource needs as their programme may be shut due to donor funding running out. Their strength is in their ability to network with all church bodies including the poorly coordinated League of African Churches.

XXXV. Lubombo Area Development Programme (LADP)

Rating: Full scale

Lubombo Area Development Programme is a community-based network of 11 communities in the drought stricken Lubombo region. It has a written constitution that has not been approved, and a committee with representation from all eleven participating communities including churches. It has a bank account and financial administrator who supervises and monitors the finances, presents regular reports, which are audited annually. Additional reports are produced on their activities, which are regularly planned for and monitored monthly. The network with 60 volunteers and two staff member's has offices equipped with all communication tools and it produces regular reports. Their interventions are in general awareness and sensitization, home based care,

counseling support, and income generating activities and are funded by international donors, the government, and contributions from networks. The networks training needs are in IEC/BCC materials development, financial management, and resource mobilization; their volunteers have already received training on Basic HIV information and awareness, prevention interventions, home based care, psychosocial support and counseling. Currently, the challenges they encounter in the implementation of their activities are inadequate funding, the stigma surrounding the pandemic and the added impact due to the drought. Their strengths are in their approach which entails full community participation, good leadership and voluntarism.

4.1.2 Type

A sample of 35 churches and Para-church organisation's were interviewed. The three oldest umbrella church bodies were interviewed with the hope that they would not only have an HIV/AIDS activity at coordination level, but that they would be aware of the churches that had HIV/AIDS activities within their memberships. The second level was to identify head offices that would be playing a coordinating role of their branches and therefore would be aware of the activities implemented by these branches, where there were no head offices a selection churches was taken where senior pastors played the coordination role of church activities. Finally Para church organizations, affiliated to any of the three and a half umbrella church bodies were selected. The network was identified as an example for the best practices case study.

The categorization of the total sample is as follows

Type	Frequency	Percentage
Church	14	40.0
Head office or diocese	9	25.7
Umbrella Body	3	8.6
Para church organization	8	22.9
Networks	1	2.8
Total	35	100.0

4.2 Best Practices

The agreed on criteria was utilized to establish best practices, and an overview of the interviewed audience shows that churches with more effective interventions with a better outreach to the communities are those coordinated at diocese or head office level. As these are more structured, with well-equipped offices, and skilled personnel, they are able to develop programmes, solicit funding, form strategic alliances with health units and the government and monitor and evaluate their activities. Their approaches encourage that participation of community members not only in the identification of beneficiaries of the activities but also as implementers of these activities.

In selecting the organization with the best practice as a case study, not only was the agreed on criteria used, but also additional factors such as the social

challenges like unemployment and the drought, encountered by the benefiting community or communities, as these impact on the expectations and level of participation of those communities.

CASE STUDY: Appendix C

4.3 Funding

This part of the exercise was to establish existing and potential funding sources for the churches HIV/AIDS activities, donor requirements, problems encountered by churches when soliciting funding and suggestions on how churches can better access funding for their activities. At this point the study had already established that of the 35 interviewed institutions, only 25 had HIV/AIDS interventions, and therefore the percentages and findings for the section are based on the 25 organisation's. The findings show that funding is a major constraint for churches that now have to learn to solicit and compete for funding with other organizations that are better skilled in resource mobilization.

4.3.1 Local Donor Community

Interviews with four potential donors of HIV/AIDS interventions in Swaziland established the following opportunities and guidelines;

- **UNAIDS:** This is joint United Nations programme on HIV/AIDS. Their role in Swaziland includes mobilizing resources and channeling them through the government of Swaziland health care facilities. To avoid duplication of funded activities they liaise with the governments National Emergency Response Council in HIV/AIDS (NERCHA). Areas of potential funding are psycho-social support, community counselling, income generating activities and technical assistance and funding for home based care.
- **UNICEF:** The United Nations Children's Fund, which recently undertook a similar study to establish the churches HIV/AIDS response, has various programmes from which churches can benefit from, but more relevant is their programme on the World Conference on Religion and Peace, which is in collaboration with the Ministry of Home Affairs. Currently the programme is trying to establish a religious desk working through the 3½ Christian bodies and the Bahai and Islamic faith. Their role is capacity developing and advocacy. They train pastors, Sunday school teachers and youth on HIV/AIDS general awareness and sensitization, and they also assist in the development of sample sermons that serve as a guide on how HIV/AIDS issue may be introduced during sermons. In addition they have Sunday school books on HIV/AIDS and sexual child abuse. In advocacy, they try to mobilize churches and encourage them to accommodate and guide orphans within their communities.

In addition, UNICEF has the Policy Advocacy and Institutional support programme that mobilizes the legal fraternity in the improvement of the trial environment during child abuse cases; The community Action for Childs rights programme which works with communities, and has set up an OVC

network of 25 partners including religious organisations, NERCHA, the relevant government ministries, communities and non-governmental organisations; the Integrated Basic Social Services Programme which focuses on medical supplies.

- **NERCHA:** The National Emergency Response Council in HIV/AIDS is an initiative by the government of Swaziland in an effort to coordinate HIV/AIDS activities and their funding in Swaziland. The Council supports all thematic areas and has funded a variation of HIV/AIDS activities. In the religious sector, the council has encouraged the establishment of a coordinated religious body with full representation, called the church forum, in order to encourage a more coordinated approach by churches to providing HIV/AIDS interventions and soliciting funding from the council. This approach has not been entirely successful due to the lack of committed resources in setting such a forum, and therefore the council recently made the decision to allow individual churches to approach the council for funding through proposals.

- **HAPAC:** The HIV/AIDS Prevention and Care Programme is a joint project by the Government of Swaziland and the European Commission, set up with three objectives, which are; strengthening Voluntary Testing and Counseling service, Strengthening Home Based Care and Sexually Transmitted Infections care. Their implementing approach consists of contracting out services to Non-governmental agencies (including church based organisations such as missionary clinics) or directly funding the Ministry of Health and Social and welfare activities. At national level a National Home Based Care committee has already been set up, but churches have the opportunity to lobby for representation in the committee at community level. Such a committee assists in the setting up of a database of organisations who can be sub-contracted as service providers.

4.3.2 Existing Sources of Funding

Of the 25 institutions with HIV/AIDS interventions, 60% were receiving funding for their activities, and the remaining 40 percents activities were financed directly either by the churches pastor or membership or network contributions. The findings also show a strong reliance by respondents to get funding from external sources like international donors (48%) and overseas sister churches 24%, as opposed to local fundraising activities (4%). What can also be deduced from the findings is that churches don't seem to make an effort to solicit funding beyond their church as 36% of the respondents funded some of their activities through membership contributions and 4% by their Pastor. Further evidence of this is seen in the low numbers of churches receiving funding from the Government (20%) despite the availability of funds from NERCHA, potential private sector contributions (4%) and the fact that none of the respondents had activities financed by individual contributions. Although activities funded through network contributions are not that high at 28%, the figures show that there is a benefit to affiliating to some networks.

Activity	Yes	%	No	%
a. International donor	12	48	13	52

b.	Sister churches overseas	6	24	19	76
c.	Members' contributions	9	36	16	64
d.	Government	5	20	20	80
e.	Private sector contributions	1	4	24	96
f.	Contributions from individuals	0	0	25	100
g.	Local fund raising activities	1	4	24	96
h.	Contributions from a network	7	28	18	72
i.	Funded by Pastor	1	4	24	96

4.3.3 Problems Encountered

The above statistics are evidence of churches being challenged by sourcing funding for their HIV/AIDS activities, this section deals with problems encountered and possible solutions as suggested by the respondents. The findings show that the churches that had no problems in getting funding (24%) were those funded by either international donors or overseas sister organisations. As the funding by these sources, is more stable in that it is guaranteed for a stipulated period of time, and that from sister churches is probably guaranteed for a life-time, churches with such funding have a tendency not to solicit more funding from other sources. The highest percentage 28% was of churches that identified lack of information on where to source funding as a challenge. This factor coupled with the 20% that identified lack of proposal writing skills as a problem, and 16% whose proposals were not accepted is evidence that churches need to be better skilled in resource mobilization, if their activities are to become more formalized, and effective. An evident greater challenge is in that 20% of the respondents identified a mismatch between donor and church priorities. This could either mean that churches approach the wrong donors for their activities therefore strengthening the need for resource mobilization skills or that donors are not willing to fund churches due to their Christian beliefs that contradict some of the HIV/AIDS intervention activities, namely condom distribution. Other than that none of the respondents felt that there were too many donor requirements and only 4% identified delays in receiving funds as a challenge, which means once churches are skilled in identifying relevant donors, and writing and presenting proposals, funding problems may be reduced.

Table 1.3.3 A: challenges in soliciting funding

Activity	Yes	%	No	%
a. No problems	6	24	19	76
b. Proposal not accepted	4	16	21	84
c. Delays in receiving funds	1	4	24	96
d. Lack of information on where to go for funds	7	28	18	72

e.	Mismatch between donor priorities and church priorities	5	20	20	80
f.	Too many donor requirements	0	0	25	100
g.	Lack of proposal writing skills	5	20	20	80

4.3.4 Funding Trends

The study was also able to establish HIV/AIDS activities that seem to receive adequate funds, need more funding or would be undertaken as a priority were funding available. These findings can assist in establishing trends amongst the donor community, of activities they have a preference in funding and activities the church is mostly involved in or desires to expand into. The desire to expand or prioritize certain activities could be driven by either the churches having established a strong need for the provision or prioritizing of the activity, or churches looking for donor driven activities to ensure consistent funding and therefore stability of interventions.

The findings of this section show that although 60% of all respondents with HIV/AIDS interventions are receiving consistent funding from international donors or overseas sister churches, the financial needs of the activities are increasing and therefore requiring more funding than available. The summary below shows these financial inadequacies in comparison to the growing needs increased at an alarming rate by the impact of HIV/AIDS in the country.

Table 1.3.4A shows that under prevention activities only 8% of respondents were satisfied with funding, and 56% required more funding whilst 20% said they would prioritize prevention activities if funding were available. Another prevention activity that shows an increased need for more funding was life skills training at 68%, although only 8% of the respondents had an interest to prioritize them.

In Table 1.3.4B, under Home Based Care, 4% had adequate funding, 64% needed more funding and only 12% would undertake this activity as a priority were funding available. This further shows inadequacies in funding received for activities and could mean that when initial proposals are presented, the proposed scope to be covered by the applicants is smaller, but increases as the demand for services in Home Based care increase.

Due to the increasing number of orphans in the country, 32% of the organisations were willing to undertake Orphan and Vulnerable Children support as a priority should funding be available. In addition 32% of the respondents felt they needed more funding due to the increase in the demand for this intervention.

The increase of the HIV infection rate together with the increasing number of orphans has increased the need for income generating activities as 40% of the respondents said they would undertake such activities as a priority were funding available.

The findings further show counseling to have the highest financial needs as 76% of the respondents felt they needed more funding for counseling. This means that counseling budgets, at proposal level are below the cost of implementation, which could be due to the hidden costs incurred by the implementers, such as travel and meals costs and food hampers that at times need to be given to the homes being visited during the counseling sessions. A further 8% said they would undertake counseling support as a priority were funding available. Counseling does not seem to be a high interest area for those not already involved in it.

During the Human resources assessment the study established that 88% of the respondents use volunteers for their activities, 55% of these volunteers receive no kind of incentives due to the limited funding for volunteer incentives. This is evidenced in that 36% of the respondents identified the need for more funding for volunteer incentives, whilst 40% stated that they would prioritize such incentives were funding available for them. This further raises the possibility that with some kind of incentive offered to volunteers, the pool of volunteers would not only increase but would be more reliable implementation of activities.

Table 1.3.4 A: Receiving Funds:

Activities	Yes	%	No	%
a. Prevention activities	2	8	23	92
b. Home-based care	1	4	24	96
c. OVC support	0	0	25	100
d. Life skills training	1	4	24	96
e. Counseling	0	0	25	100
f. IGAs	0	0	25	100
g. Resource materials (BBC or IECD)	0	0	25	100
h. Volunteer incentives	0	0	25	100
i. Organizational development	0	0	25	100
j. Core support (operational)	0	0	25	100
k. Infra-structure	0	0	25	100
l. VCT	0	0	25	100
m. Training	0	0	25	100
n. Shelter Construction	0	0	25	100

Table 1.3.4 B: Need More Funding:

Activities	Yes	%	No	%
a. Prevention activities	14	56	11	44
b. Home-based care	16	64	9	36
c. OVC support	8	32	17	68
d. Life skills training	17	68	8	32
e. Counseling	19	76	5	24
f. IGAs	5	24	19	76
g. Resource materials (BBC or IECD)	12	48	13	52
h. Volunteer incentives	9	36	16	64
i. Organizational development	10	40	15	60
j. Core support (operational)	10	40	15	60
k. Infra-structure	11	44	14	56
l. VCT	7	28	18	72
m. Training	12	48	13	52
n. Shelter construction	1	4	24	96

Table 1.3.4 C: With Funding would undertake as priority

Activities	Yes	%	No	%
a. Prevention activities	5	20	20	80
b. Home-based care	3	12	22	88
c. OVC support	8	32	17	68
d. Life skills training	2	8	23	92
e. Counseling	2	8	23	92
f. IGAs	10	40	15	60
g. Resource materials (BBC or IECD)	5	20	20	80
h. Volunteer incentives	10	40	15	60
i. Organizational development	5	20	20	80
j. Core support (operational)	4	16	21	84
k. Infra-structure	3	12	22	88
l. VCT	5	20	20	80
m. Training	2	8	23	92
n. Shelter Construction	1	4	24	96

4.3.5 Suggestions on Accessing Funding

The findings show that the churches are realizing that, unless a planned and assertive approach is taken in soliciting funding and other resources, the efficiency of their activities will be compromised. In addition the findings show that even the organizations relying on one donor, experiencing fund shortages and therefore the challenge of funding was experienced by all respondents, more specifically in finance for volunteer incentives. The following suggestions were made to enable access to resources:

- Strengthen spirit of tithing and offering
- Training churches on proposal writing
- Training Churches of Resource mobilization
- Formulation of strategic networks
- Redefinition of the churches role in HIV/AIDS
- Recognition, by the Government and the Donor community, of the churches potential to better implement HIV/AIDS activities at community level

4.3.6 Focus Groups Views and Perceptions

The objective of this exercise was to establish the views and perceptions of the communities that are perceived to be benefiting from activities implemented by the churches or Para-church organizations in those communities and to gauge the communities' awareness on such activities. The community leaders who randomly picked areas with community-based projects that were established to either alleviate orphan care; unemployment and the effects of the drought, facilitated the selection of the Focus Groups. The focus groups were from the Malindza area, which is in the Lubombo Region where an Area Development Programme, initiated by World Vision Swaziland was set up, in collaboration with the eleven communities participating in the venture.

The findings are as follows:

a) Ntandweni Community, Malindza, Lubombo Region (1 FGD)

In this community, a church called Malindza Miracle Centre under the leadership of Pastor Richard Mamba, identified the need for an income generating activity that would raise funds for an Orphan and Vulnerable Children support programme. The church approached the National Emergency Response Council to HIV/AIDS for funding to start a brick making company. The project employs 8 staff that has no prior brick/block making experience.

The goal was to support at least 10 orphans per year, including paying their fees, buying clothes and distributing food hampers. A focus groups comprising of residents, men and women, of the community were aware of the activity, and although no children have as yet benefited from the project due to the low sales as it is still a new project, the community was positive about the outcome as the participation was not limited to the members of the church that initiated it.

b) Khuphuka Community, Malindza, Lubombo Region (2 FGD's)

In this community two focus groups discussions were conducted, one comprising of widows and abandoned wives, and the other comprising of orphans. This community has an agricultural/ community garden project, initiated by the Lubombo Area Development Programme. The objective of this project is to ensure that participating members not only have a source of income, but also have access to vegetables in order to improve their diet as the area has been impacted by HIV/AIDS and poverty because of the drought.

The findings from the widows and abandoned women's focus group discussion revealed that they were aware of not only the community garden project as some of them were participating in it, but that they were also aware of a Home Based Care programme called Care Nakekela. Their view was that although there are many churches in the area, they were not doing anything to assist orphans or widows. In addition, those involved in the garden project said they had not yet seen the financial rewards of the project, and were told that the money made from the produce sales had gone into savings. Due to time constraints the study was unable to follow-up on the focus group comments to establish through the relevant leaders, if indeed participants of the garden project were not getting anything.

The findings of the second Focus Group Discussion, comprising of orphans, revealed that there was not yet an effective Orphan and Vulnerable Children support programme, within the community. In is community there were child headed households, where children were not attending school, nor receiving food hampers. In one household, there was a seventeen-year-old boy living with his thirteen-year-old sister. Our observation was that the situation was not conducive, as the levels of incest have increased in the country, two teenagers sharing a room could encourage such a situation, as there is no adult supervision in the area. What also came out of the discussion was that churches were not playing a role in the assistance of such children.

4.4 Materials

The findings of this section are to obtain an overview of the materials used by churches, or accessible materials, the sources of such materials and the opinions of the users on the materials. The evaluation of the materials was based on an instrument that measured, based on the users perception, the acceptability of the language used, relevance to the target group, cultural sensitivity, easy use, and adequacy of information covered by the materials. In addition, during the study, suggestions on other required materials or modifications of available materials were collected.

The findings show that 32% of the 25 churches with interventions use HIV/AIDS resource materials which ranged from prevention materials, on behavioural change, testimonies of infected people, general awareness and sensitization and Care & support manuals on home based care. The major sources of material were the Ministry of Health & Social Welfare, Swaziland National AIDS Programme (SNAP), the Council of Swaziland Churches, Swaziland Hospice at Home (SHAH), UNICEF, Caritas Swaziland, and others came from World Vision Swaziland, SINAN, SWAGAA, NERCHA, SHAPE, the Bible Society and the International Church.

The findings show that available materials are generally acceptable to the users except for issues of cultural sensitivity where 37.5% found that some of the contents were not sensitive to the Christian culture or beliefs. On rating the other factors, all the users agreed that the materials they used were relevant to the target groups, and that they adequately covered the necessary

information. In addition, most of the users (87.5%) found the language understandable and the material easy to use.

What also came out of this assessment was that availability of locally produced material was limited that would link spiritual components and encompass challenges to bible teachings. The Training manuals on Home Based care were also said to lack spiritual components and lack aspects of available medication, or supplementary treatment for HIV/AIDS. There was also a demand for materials that promoted abstinence as opposed to condom use.

Table: 1.4: Material evaluation

Factor	Yes	%	No	%
The language is easy to understand	7	87.5	1	12.5
It is relevant to target group	8	100.0	0	0
It is culturally sensitive	5	62.5	3	37.5
It is easy to use	7	87.5	1	12.5
It covers the necessary information	8	100.0	0	0

CHAPTER FIVE

5.0 RECOMMENDATIONS & CONCLUSIONS

The overall findings of the situation analysis show that currently churches are neither organized nor skilled in running the activities in a coordinated manner due to capacity and competency levels. In addition, even the role of umbrella bodies, is not clear so the support provided to its membership is not adding much value to the affiliates, in terms of organizational development. The findings show churches to be an ideal strategic partner to PACANet, as they are accepted, and respected within all communities. In addition it was established that all communities have churches, and as the role of care and support of vulnerable groups stems from the church, they provide a limitless pool of volunteers, which if adequately trained, can play an efficient role in implementing HIV/AIDS interventions as some are already playing that role.

The consultants recommend the following:

- 1.1 PACANet should establish direct partnerships with individual churches because currently although churches may be affiliated to a body, their activities are run in isolation of the body, with no reporting structures in place. This will entail the development of a clear data base of churches not only under each church body, but also the number of branches under each church, their geographical location, capacity levels, and interventions being implemented in comparison to the requirements of the community. Currently even data on the number of branches under each church affiliated to the bodied cannot be accessed.

- 1.2 PACANet should host a workshop with the churches and Para church organizations that participated in the exercise, as a form of feedback and proper introduction and clarification of PACANet's proposed role and expected roles of the individual churches.
- 1.3 The 3-½ umbrella bodies need to be strengthened so that they can play a stronger co-ordination and capacity building role to their members. This should include umbrella bodies setting up defined reporting structures, so that members present reports of their activities to the body so as to encourage information sharing amongst members. In this way church Bodies will also be aware of the resource needs of their membership.
- 1.4 Churches need to be encouraged to strengthen networks' and partnership with relevant government agencies and members of the donor community
- 1.5 The current competitiveness between the 3 ½ bodies need to needs to be discarded and instead these bodies need to form strategic alliances to ensure information sharing so as to avoid duplication of efforts at community level
- 1.6 There needs to be a Redefinition and sensitization of the churches' role in HIV/AIDS

APPENDIX

APPENDIX A: Church bodies membership

APPENDIX B: Interviewed Churches

APPENDIX C: Case Study

APPENDIX D: Data Collection Instruments

APPENDIX E: Coded data

APPENDIX A: CHURCH BODY MEMBERSHIPS

1. THE LEAGUE OF AFRICAN CHURCHES:

Church	Contact Person	Contact
1. Swazi Christian Church in Zion	Bishop A.M Magongo Bishop T.D Mavimbela	
2. Gwamile Apostolic Church	Bishop S. Hlatjwako	
3. Pentecost Ecot Star Jerusalem Church in Sabbath		
4. Jerusalem Star	Bishop Ngcamphalala	
5. Apostolic Jerusalem Church in Sabbath	Bishop J. Zitha	
6. AD 33 Church	Bishop Nkabindze	
7. Damaseko Church of Christ	Bishop JJ Duba	
8. Cornerstone Church	Arch Bishop Mkhulisi	
9. Ichibi Bethsaida	Bishop Dlamini	
10. Genezaretha	Bishop J Malinga	
11. Ecinisweni	Arch Bishop R Gwebu	
12. Kukhanya kwenkhathimulo section 6 Mhlume	Bishop Bhuya	
13. Themba Catholic Apostolic Church in Zion	Arch Bishop E. Ndlangamandla	
14. The Mesenja Holy Apostol Church in Zion	Pres. E.P. Dlamini	
15. Christian Catholic Church in Zion	Pres. JS Simelane	
16. Mthonjeni Apostol Pentecost Church	Pres. W. Khumalo	
17. Zion Apostolic Swaziland church of South Africa	Rev. J. Simelane	
18. The Ohlangeni Church of Zion in South Africa	Rev. A Kunene	
19. Bhethesda Zion Apostolic Church of South Africa	Pres. E. Hlanze	
20. The Swaziland Fellowship Church of Zion	Bishop A.D Mphila	
21. The Ohlangeni Church of Zion	Pres. Johane Mzima	
22. The Christian Catholic Apostolic Church in Zion	Arch Bishop A Mabuza	

23. The Ekukhanyeni Christian Apostolic holy Spirit Church in Zion	Pres. M.A Kunene	
24. St Johns Apostolic faith Mission in Africa	Bishop J. Msibi	
25. The Christian Catholic Apostolic Church in Zion	Bishop S.J Ngubeni	
26. Bantu Strong Badelwa Apostolic Church in Zion	Pres. A Maseko	
27. The Christian Apostolic Faith Church in Zion		
28. The Christian Catholic Apostolic Church in Zion	Pres. H.J. Nyangweni	
29. The Christian Holy Spirit Apostolic Church in Zion	Pres. D. Nkonyane	
30. The Christian Star Apostolic church in Zion		
31. The New Fashioned Christian Apostolic Church in Zion	Bishop L.M. Msane	
32. The New Christian Apostolic Church in Zion of South Africa		
33. The Full Gospel Apostolic Pentecostal Church of God		
34. International Bretheren Church in Zion		
35. The Ethiopian Holy Baptist Church in Zion		
36. International Bretheren Church in Zion of South Africa	Pres. M. Dlamini	
37. The Church of the Lord Jesus Christ	Arch Bishop M.A Nhlabatsi	

THE SWAZILAND CONFERENCE OF CHURCHES:

Church	Contact Person	Contacts
1. Abundant Life Centre	Rev. Elliot Sihlabela	P.O. Box 221,Eveni Mbabane Tel. 404-5351
2. Africa Cooperative Action Trust	Mr. Enock Dlamini	P.O. Box 283 Mbabane Tel. 404-4738
3. Africa Continent Mission	: Pastor R.S. Gama (Chairperson) Pastor Derrick Dlamini (Secretary	P.O. Box 4105 / 302 Mbabane Tel: 404-4638 / 4044638 / 6089566
4. Africa Evangelical Church	Chairman Rev. B.E. Tsela / Secretary Pastor R.S. Nkonyane	P.O. Box 4 Mbabane Tel: 404-3791
5. Africa's Hope Crusade		Box 868 Mbabane Tel: 404-1170
6. African Leadership Partners	Rev. Peter Kopp	P.O. Box 2815 Mbabane Tel: 404-3579/ 404-3568
7. Africa Ministry Resources		P.O. Box 7644 WELTEVREDEN PARK 1715 R.S.A.
8. Alliance Church	Chairman: Mr R. Nzima Secretary: Mr Daniel Mavuso 6088201	P.O. Box 209 Manzini Tel. 505-5247
9. Alpha and Omega Ministries	Pastor Dalia Cruz	P.O. Box A-427 Mbabane Tel: 404-3052
10. Emmanuel Christian Fellowship	Contact Person: Mr. Girma Alemayehu	P.O. Box 4398 Manzini Tel. 505-8583
11. Apostolic Faith Mission International		P.O. Box 2620 Manzini
12. Apostolic Gospel Church International	Contact: Rev. D.V. Lushaba	P.O. Box 1002 Nhlangano

	(Chairperson) Mrs H.K. MabiyaKhulu (Secretary)	Tel. 2370190
13. Assemblies of God		P.O. Box 951 Manzini Tel: 505-2627
14. Calvary Rural Ministries		P.O. Box 1050 Manzini Tel. 404-5230
15. Church of the Peace of God of Prophecy in the World		P.O. Box 1571 Manzini Tel: 505-5229
16. Christian Family Centre	Pastor Zakes Nxumalo	P.O. Box 2338 Manzini Tel: 505-4108
17. Church of the Nazarene	Contact Pastor Simeon Mlotsa Rev. J. Malambe Rev. C.M. Shongwe (Chairperson) Mr. Simon Maphanga (Secretary)	P.O. Box 832 Manzini P.O. Box 11 Piggs Peak Tel 71025 P.O. Box 121 Siteki P.O. Box 14 Manzini Tel. 5054731
18. Deeper life Bible Church		P.O. Box 1407 Mbabane Tel. 404-4022
19. Devine Healing Ministries		P.O. Box 3446 Manzini Tel. 505-6519
20. Emmanuel Church of Africa	Contact Edward Dlamini	P.O. Box 878 Manzini Tel: 505-2771

21. Emmanuel Wesleyan Church	Rev. Absalom Dlamini Mrs E.S. Mazibuko / Secretary	P.O. Box 61 Siteki Tel: 5056670
22. Eternal Life Ministries	Mr. Godwin O. Folarin	P.O. Box 5376 Mbabane Tel. 404-50001
23. Evangelical Church	Rev. Phineas Kunene (Chairperson) Mr. H.M. Mmemma Secretary	P.O. Box 443 Manzini P.O. Box 39 Tshaneni Tel: 6072613 / 604 1164
24. Forward in Faith Ministries	Contact Person Pastor A. Zinatsa	P.O. Box 4181 Mbabane Tel. 422-0785
25. Free Evangelical Assemblies	Rev. Aaron Matsebula (President) Cell: 6055605	P.O. Box 194 Hlatikhulu Tel: 5505176 Fax: 5505177 Email: fea@swazi.net
26. Free Gospel Mission	Pastor Senzo Hlatshwayo (Chairperson) Pastor Rogers Simelane (Secretary)	P.O. Box 78 Nhlangano
27. Full Gospel Business Mens' Fellowship		P.O. Box 15 Big Bend
28. Holiness Union Church	Pastor Jabulani Tsabedze (Chairperson) Pastor D Mnisi (Secretary)	P.O. Box A-39 Mayiwane
29. Jesus For the World Crusade	Contact Person Rev. Fred Msimango	P.O. Box 2364 Manzini Tel: 505-2227
30. Libandla Lenkululeko	Mr Sipho Xaba (Chairperson) Pastor Andreas Kunene (Secretary)	P.O. Box 170 Nhlangano
31. Lobamba Christian		P.O. Box 233

Fellowship		Lobamba
32. Metropolitan Church	Rev. Maseko (Chairperson) Br. Siphon Kunene (Secretary)	P.O. Box 35 Nsoko Tel: 303-0283
33. Pentecostal Assemblies of Africa	Contact Rev. Phineas Magagula	P.O. Box 6253 Mbabane Tel: 505-2081
34. Philadelphia Assemblies	Rev. Caiphas Dlamini	P.O. Box 1901 Manzini Tel. 505-5977
35. Redeemed Christian Church of God	Contact Person Dr. Akintayo	P.O. Box 4678 Manzini Tel: 505-7444
36. Reformed Church	Rev. Musa Shongwe (Chairperson) Shadrack Jeke (Secretary)	P.O. Box 404 Manzini Tel.: 505-2381
37. Scripture Union of Swaziland		
38. Revived Apostolic Church of Christ	Contact Rev. Hanson Dlamini	P.O. Box 34 Matata (2079093)
39. Rock of Ages World Mission		P.O. Box 2935 Mbabane
40. The Salvation Army	Rev. Major Brenda M.Manyatsi (Secretary)	P.O. Box 1386 Mbabane Tel. 4048047
41. Swazi National Assemblies	Contact. Rev. J.M. Ginindza (Secretary) Rev. Simon Ginindza (Chairperson)	P.O. Box 129 Lobamba Tel: 6111886
42. Swaziland Evangelical Brethren Church	Contact: Rev. John Hleta	P.O. Box 1184 Mbabane
43. Swedish Free Church	Contact: A.S. Masilela (Secretary)	P.O. Box 2133 Manzini. Tel: 505-4230
44. The Full Gospel		P.O. Box 3104

Church of God in Southern Africa		Manzini Tel:
45. The Light of Christ		P.O. Box 42 Mliba
46. The New Foundation of God Khayelisha		P.O. Box 518 Mbabane
47. United Apostolic Faith Church	Rev. J. Mkhathswa / Secretary Pastor Rogers Gwebu	P.O. Box 14 Nhlanguano
48. United Pentecostal Church of Swaziland	Richard Porter or Joseph D. Dlamini	P.O. Box 1971 Mbabane Tel: 404-0041 Tel 404 8870/4 or 404 8565/7
49. Voice of Victory	Contact Person: Rev. Frank Sakala	P.O. Box 3660 Mbabane Tel. 404-7855
50. The Church of God of Prophecy		P.O. Box 105 Piggs Peak
51. National Baptist Churches of Swaziland		P.O. Box 899 Mbabane
52. The Apostolic Church of Southern Africa	Pastor S.M. Sithole	P.O. Box 192 Hluti – Tel: 0828611276
53. Foursquare Gospel Church		P.O. Box 1177 Mbabane
54. L.C. I. Mega Church		P.O. Box 92 Kwaluseni Tel: 5186456 5187436
55. Pastor Becalm Ng'ambi		One Accord Church P.O. Box 205 Ezulwini
56. Messiah Tabernacle	Pastor Sakhi Dlamini (Chairperson) Thulane Kunene	P.O. Box 6304 Mbabane

	(Secretary)	
57. Oasis Bible Church	Allan Mamba	P.O. Box 113,Tshaneni 3232165 (Work) 3232134 (Home) 6073616 (Cell)
58. Jesus Calls Worship Centre		P.O. Box 1097 Manzini (09268) 54169
59. The Sanctuary of Love International Assembly		P.O. Box 3229,Manzini
60. Ekuphakameni Zionist Church of Christ		P.O. Box 75, Siteki

THE COUNCIL OF SWAZILAND CHURCHES:

Church	Contact Person	Contact number
1. The Roman Catholic Church	Bishop L. Ndlovu Mr. G Mabuza Mrs Thandi Dlamini (6023562)	Box 19 Manzini Tel: 5056900 Fax: 5056762 Box 790 Mbabane Tel: 4045736 Fax: 4042804
2. The United Christian Church of Africa	Rev. JS Hlophe Rev J. Ndzinisa	Box 1585 Manzini Tel: 5480102/6076363 Box 253 Nhlanguano Tel: 2079114
3. The Independent Methodist Church	Rev R.M Langwenya	Box 233 Siteki Tel: 3434819/6119277/4829012
4. Kukhanya Okusha Zion Church	Bishop AM Dlamini Rev. S Mhlanga	Box 457 Manzini Tel/Fax: 5057547 Cell: 6031279 Box 80 Sidvokodvo
5. The African Apostolic Faith Mission	Rev P.B Dlamini Mr. M Mlipha	Box 418 Manzini Tel: 5052481 Box 14 Gege Tel: 2078254
6. The African Methodist Episcopal Church	Rev A.B Thwala	Cell: 605 1854
7. The Mennonite Central Committee	Mr. J Thomsen	Box 329 Mbabane Tel/Fax: 4047514
8. The Methodist church of Southern Africa	Rev. C. Bell	Box 218 Mbabane Tel/Fax: 4049940
9. The Evangelical Lutheran church	Bishop J.B Magagula Dean. E.M Khumalo	Box 117 Mbabane Tel: 4043411 Fax: 4041847 Box 278 Manzini Tel: 5053028
10. The Church of Provenance of Southern Africa (Anglican)	Bishop M.B. Mabuza	Box 118 Mbabane Tel: 4043624 Fax: 4046759

PASTORS FRATERNITY

Church	Contact Person	Contact Number
1. Cornerstone	Ezrome Khumalo	
2. Prayer Group	Bongani Masuku	6022362
3. Sword & Spirit	Bheki ThwalaPastor	6040278
4. Eagles wings	Charles Samunenge	6051080
5. Prophetic Voice	P Zikalala	6041499
6. Voice of Victory	Justin Chibelushi	4047855
7. Growing faith	Thamsanqa Zwane	6037139
8. Worship Centre	Mrs Zandile Dlamini	

9. Back to Jesus	Thandokuhle Ngcobo	6056284
10. Great Harvest	Dumsani Dlamini	
11. Abiding Grace	Sibusiso Shongwe	6028161
12. Christian Life Centre	Pastor David Chiluyumba	

APPENDIX B: INTERVIEWED CHURCHES

	NAME	TYPE	LEVEL	THEME	BODY
1.	African Evangelical Church	HO	None	None	SCC
2.	Back to Jesus	HO	None	None	NAF
3.	Prophetic Voice	Church	None	None	NAF
4.	Emmanuel Wesleyan Church	HO	None	None	SCC
5.	Evangelical Church	HO	None	None	SCC
6.	Pentecostal Assemblies of Africa	HO	None	None	SCC
7.	Cornerstone Ministries	Church	None	None	NAF
8.	Christian Media Centre	PCO	None	None	SCC
9.	Pentacosta Jerusalem Church in Zion	HO	None	None	LAC
10.	The League of African Churches	CUB	None	None	LAC
11.	The Council of Swaziland Churches	CUB	Full-scale	Advocacy & training	CSC
12.	Swaziland Conference of Churches	CUB	Full-scale	Advocacy & training	SCC
13.	Orphanaid	PCO	Full-scale	Care & Support	
14.	Holy Catholic Apostolic Church in Zion	Church	Basic	Prevention	LAC
15.	Free Evangelical Assemblies	Church	Basic	Prevention, Care & support	SCC
16.	Church of the Nazarene	HO	Full -scale	Care & support, Advocacy & Training	SCC
17.	Evangelical Lutheran church	Diocese	Full-scale	Prevention, Care & support	CSC
18.	Eagles Wings	Church	Basic	Prevention, Care & support	NAF
19.	Great Harvest Ministries	Church	Developing	Prevention	NAF
20.	Voice of Victory	Church	Basic	Prevention	SCC
21.	Mbabane Worship Centre	Church	Basic	Prevention, Care & support	NAF
22.	Alliance church	HO	Full-scale	Care & Support	SCC
23.	Sword and Spirit Ministries	Church	Basic	Prevention, Care & support	NAF
24.	Prayer Group Ministries	Church	Basic	Prevention	NAF

25. Growing Faith Ministries	Church	Basic	Care & Support	NAF
26. United Christian Church of Africa,	Church	Basic	Prevention, Care & support	CSC
27. The Hope House	PCO	Full scale	Care & support	CSC
28. The Parish Nurse Programme	PCO	Full scale	Prevention, Care & support	
29. The Church of Provence of Southern Africa (Anglican)	Diocese	Full scale	Prevention, Care & Support, Advocacy & training	CSC
30. Abiding Grace	Church	Basic	Prevention	NAF
31. African Leadership Partners	PCO	Full scale	Care & support	SCC
32. ACAT	PCO	Full scale	Advocacy and Training	SCC
33. World vision Swaziland	PCO	Full scale	Prevention, Care & Support, Advocacy & training	CANG O
34. Mennonite Central Committee	PCO	Full scale	Advocacy and Training	CSC
35. Lubombo Area Development Programme	Network	Full scale	Prevention, Care & support	NAF

Legend:

SCC: Swaziland Conference of Churches

LAC: League of African Churches

CSC: Council of Swaziland Churches

NAF: Non-Affiliates

HO: Head office

PCO: Para Church Organisation

CUB: Church Umbrella Body

CANGO: Coordinating Assembly of Non-Governmental Organisations

APPENDIX C: CASE STUDY; LUBOMBO AREA DEVELOPMENT PROGRAMME

The Lubombo region is one of the four administrative districts of Swaziland. It has a grand population of 201 696 (Population & Housing Census 1997), approximately 21% of the national population, an HIV/AIDS infection rate of 38.5% (sero-surveillance report 2002) and is one of the regions that has been adversely impacted by the drought.

The Lubombo Area Development Programme (LADP), in the Lubombo Region, is a networking partnership between eleven communities in the Lubombo area and World Vision Swaziland, which is a Para-church organization. The LADP partnership consists of the community members, churches, rural health motivators and the local government. The eleven communities comprise of Khuphuka, Hlane, Mdumezulu, Ntandweni, Lawini, Njobo, Nyuthulwane, Mampempeni, Dvokodweni, Lubhuku and Khushweni; and 130 participating churches from the three main church bodies.

The structure of the network consists of an Executive Committee with seven members nominated by the communities and includes a representative from the pastors leading churches within the eleven participating communities. In addition to the Executive Committee the network has Project Management Committees in each community, which oversee their HIV/AIDS activities and report to the Executive Committee. As a partner, World Vision Swaziland's role is in strengthening the capacity of the network, through resource mobilization, capacity development and administrative support. The objective is to ensure that the LADP develops to a stage of independence to ensure self-sustenance, so that the World Vision Swaziland can gradually withdraw her support.

The HIV/AIDS intervention implemented by the LADP is in Home Based Care under the Care and Support Theme. Their approach is for the participating communities to identify not only the HIV/AIDS impact mitigation needs, but also identify and nominate volunteers, that are then trained as caregivers. In addition the community assists in the identification of patients requiring home based care support. Furthermore, due to the lack of availability of health care centers, the network mobilized financial resources, with the assistance of World Vision Swaziland, to construct community clinics, so as to provide voluntary counseling and testing facilities, together with the treatment of opportunistic diseases. These clinics will in turn benefit from the Anti Retroviral programme as it can be used as an outlet by the government health services, in addition it will benefit from the donors specializing in the donation of medical supplies like UNAIDS.

As the needs of the community have grown, the community established an income generating activity (IGA) in the form of community garden projects. The community leaders allocate land to the LADP, which coordinates the project that is implemented by community members. This multi-community participation programme is an example of how partnerships and networks between Para church organizations, the government and communities empower communities to take ownership of projects, and to obtain skills and competencies to manage and coordinate programmes, which is a gap that was identified amongst other churches during the study.

APPENDIX E: SITUATION ANALYSIS FOR CHURCH RESPONSE TO HIV/AIDS

PACANet Questionnaire

RESPONDENT NUMBER	
CHURCH NAME	
TYPE	Church Head office or diocese Network Umbrella body Partners Para church organisation
DENOMINATION	
DISTRICT	
POSITION	
RESPONDENT NAME (OPTIONAL)	
CONTACT ADDRESS	

SECTION 1: ASSESSMENT OF CAPACITY

1. Does your church have a constitution?

- (a) No Constitution
- (b) Some principles written down
- (c) Written constitution, not approved or non-functional
- (d) Approved Constitution which guides organization

2. Do you have a Committee that meets and makes decisions?

- (a) No meetings
- (b) Rare meetings; few decisions
- (c) Regular meetings and frequent decisions

3. Does your church have a Treasurer who supervises the finances?

- (a) No Treasurer
- (b) Treasurer appointed but does not do the work.
- (c) Treasurer supervises the finances

4. Does your church keep accounts and financial reports?

- (a) No accounts kept
- (b) Accounts monitored and presented annually
- (c) Accounts are kept monthly or quarterly and presented regularly

5. Does your church have a bank account?

- (a) Has no funds
- (b) Has funds but no account
- (c) Uses someone's personal account
- (d) Has its own bank account

6. Are your accounts audited?

- (a) Not audited
- (b) Not audited every year
- (c) Audited annually

7. Does your church have its own office base?

- (a) No office
- (b) Access to shared office
- (c) Own office

8. Does your church produce any operational reports (newsletters/annual reports)

- (a) No information produced
- (b) Some information given out
- (c) Regular reports distributed

9. Tick if your church has the following:

- (a) Telephone _____
- (b) Fax _____
- (c) Computer _____
- (d) Email and internet _____

SECTION 2: IDENTIFICATION OF INTERVENTIONS

A. TYPES OF INTERVENTIONS:

1. Is your church involved in any HIV/AIDS activities?
 - (a) Yes
 - (b) No (go to question 3)
 - (c) Don't know

2. **If yes**, what HIV / AIDS activities are your church doing? Please x the appropriate letters.

Prevention:

- (a) General awareness and sensitization
- (b) Life skills (youth).
- (c) Voluntary counselling and testing (VCT).
- (d) Promoting faithfulness amongst married couples
- (e) PMTCT (Prevention of Mother to Child Transmission of HIV/AIDS).
- (f) Promoting Abstinence in youth
- (g) Other (specify)

Care and Support:

- a) Provision of Home care.
- (b) Counselling support
- (c) Treatment of opportunistic infections.
- (d) Income generating activities.
- (e) Shelter construction.
- (f) Vocational skills.
- (g) Linkages with health units and other service providers.
- (h) Resource mobilisation.
- (i) Spiritual support for those affected and infected by HIV/AIDS.
- (k) Social support groups.
- (l) Material support to those infected and affected.
- (m) OVC support (educational, material)
- (n) Other

Advocacy and Training:

- (a) Lobbying
- (b) Capacity development

3. **If you have no HIV/AIDS activities, why not?**

- (a) Lack of human resources
- (b) Lack of financial resources
- (c) Lack of material resources
- (d) No interest at all.
- (e) HIV / AIDS is not a problem in our church.
- (f) Others are doing it.
- (g) Others...

4. What would you like to do as far as the HIV/AIDS is concerned?
 - (a) Prevention
 - (b) Care & support
 - (c) Advocacy & Training

5. What kind of support do you require for you to have HIV/AIDS interventions?
 - (a) Financial Support
 - (b) Technical support
 - (c) Human Resources
 - (d) Other

B. GENERAL CHALLENGES/PROBLEMS/GAPS IN IMPLEMENTATION

1. What challenges does your church face in implementing its HIV/AIDS initiatives?
 - (a) Inadequate resources/funds
 - (b) Limited staff/personnel capacity.
 - (c) High expectations from the congregation/community.
 - (d) Discrimination and stigma.
 - (e) Limited appropriate skills.
 - (f) No vision about HIV/AIDS.
 - (g) Poor accountability of resources.
 - (h) Too much workload.
 - (i) Others/ specify

2. What does your church suggest/adopt to overcome these challenges?
 - (a) Access to funding/resources.
 - (b) Training in technical skills.
 - (c) Sensitisation to the church to death with stigma and discrimination.
 - (d) Facilitating staff/personnel.
 - (e) Training in financial management skills.
 - (f) Training in organisational management skills.
 - (g) Others/ specify

3. What does your church consider as its strength in responding to HIV/AIDS.
 - (a) Voluntarism
 - (b) Access to resources/services.
 - (c) Committed people.
 - (d) Good leadership.
 - (e) Estimated networks and referral.
 - (f) Support by the congregation.
 - (g) Other

SECTION 3: PROJECT MANAGEMENT

1. Does your church plan the development of its HIV/AIDS activities?
 - (a) No planning
 - (b) Occasional planning
 - (c) Organization regularly plans its HIV/AIDS activities

2. Does the church have monitoring systems for its HIV/AIDS activities?
 - (a) No monitoring
 - (b) Occasional monitoring activities and\ reports
 - (c) Monitoring undertaken at least monthly

3. Does the church keep records and documentation of its activities?
 - (a) No records or documentation kept
 - (b) Records kept but incomplete
 - (c) Records are complete and accessible

4. Are members of the wider community participating in your HIV/AIDS activities?
 - (a) No participation by the wider community
 - (b) Some participation
 - (c) Active involvement and participation

5. Does the church obtain financial or material support from its members?
 - (a) No support
 - (b) A little support
 - (c) Strong support

6. Does the church obtain financial or material support from outside the community?
 - (a) No support from outside
 - (b) Infrequent support from outside
 - (c) Frequent and strong support from outside.

7. Has the church ever submitted and received funds from a proposal?
 - (a) Never submitted a proposal
 - (b) Submitted a proposal but received no funds
 - (c) Successfully submitted a proposal

8. Has your church received technical support from an external source?
- (a) No external support
 - (b) Have participated in external workshops
 - (c) Have received training from an external source
 - (d) Receive regular support from outside.
9. Do the relevant government departments know about and support your HIVAIDS activities?
- (a) Unaware of activities
 - (b) Aware but no support
 - (c) Occasional support
 - (d) Regular government support
10. Are you affiliated to and supported by any network?
- (a) No affiliation or support
 - (b) Affiliated to a network/forum but no support received
 - (c) Affiliated to a network and some minimal support received
 - (d) Affiliated to a network and receive regular, strong support

SECTION 4: IDENTIFICATION OF RESOURCES

A. Financial Resources

1. Do you any receive HIV/AIDS funding? Yes or No

2. How do you fund your HIV activities?
 - a. International donor
 - b. Sister churches overseas
 - c. Members' contributions
 - d. Government
 - e. Private sector contributions
 - f. Contributions from individuals
 - g. Local fund raising activities
 - h. Contributions from a network
 - i. Other (please specify)

3. Have you had any problems in getting funds? What were the problems?
 - a. No problems
 - b. Proposal not accepted
 - c. Delays in receiving funds
 - d. Lack of information on where to go for funds
 - e. Mis-match between donor priorities and church priorities
 - f. Too many donor requirements
 - g. Other

4. Which of your activities are funded and which still require funding?
(Please tick)

Activities	Receiving funds	Need more funding	Would undertake as a priority if funding were available
Prevention activities			
Home-based care			
OVC support			
Life skills			

training			
Counseling			
IGAs			
Resource materials (BBC or IECD)			
Volunteer incentives			
Organizational development			
Core support (operational)			
Infra-structure			
VCT			
Training			
Other			

5. Do you have any recommendations on how churches could get more funds for HIV/AIDS activities?

B. Material Resources

1. Do you use any HIV/AIDS resource material?
 - (a) Yes
 - (b) NO

2. If no, why not?
 - a. Not available
 - b. Not required
 - b. Not relevant
 - c. Wrong messages
 - d. No funds to purchase
 - e. Other (please specify)

3. If yes, which materials and where do you get these materials? (E.g. source)

Name of material	Source

4. Please rate the materials you use.

Factor	Yes	No
The language is easy to understand		
It is relevant to target group		
It is culturally sensitive		
It is easy to use		
It covers the necessary information		

5. What other material would be useful or do you need?

C. Human Resources

1. Does your church use members as volunteers?

- (a) Yes
- (b) No

2. How many? _____

3. Do the volunteers receive any incentives?

- a. None
- b. Regular financial incentive
- c. Christmas/Easter gift
- d. Food
- e. Other material (bicycle, umbrella, shoes)
- f. Recognition
- g. Certification
- h. Travel allowance
- i. Other (specify)

4. Do you have any staff working on HIV/AIDS?

- (a) Yes
- (b) No

5. How many? _____

6. If yes,

Type	How many
Full time	
Part-time	
Local	
Expatriate	
Consultants	
Other? (specify)	

7. What training has been received and what is still needed. Please tick.

Area	Volunteers trained in this	Volunteers need training	Staff trained in this	Staff need training
Basic HIV Information and awareness				
Prevention interventions				
Home-based care				
Psycho-social support				
Counseling				
Developing IECD/BCC materials				
Financial management				
Mobilization				
Other? (specify)				

FOCUS GROUPS DISCUSSION QUESTIONNAIRE

Region:

Name of Community:

1. In your view what are the challenges of your community?
2. Are you aware of any church or organization within your community that can assist with addressing this problem?
3. If yes, what does this organization do
4. Has their intervention made a difference in your community? Discuss
5. What are your views on the approach and type of intervention?

KEY INFORMANTS QUESTIONNAIRES

1. What is your organizations role in HIV/AIDS?
2. What interventions do you fund?
3. What support can you give to churches?
4. What are the procedures and requirements for obtaining funding