SITUATION ANALYSIS OF CHURCH RESPONSE TO HIV/AIDS IN UGANDA

A Collaborative Study:

Uganda Christian AIDS Network (UCAN)
and
Pan African Christian AIDS Network (PACANET)

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CHAPTER ONE
INTRODUCTION

1.1 RATIONALE OF THE STUDY

In Sub Saharan Africa and in many HIV/AIDS affected areas in particular, the church and other Faith Based Organisations (FBOs) are in the lead in helping families cope with HIV/AIDS by providing care and support to the sick, the widowed, orphan and vulnerable children. The church's potential to promote constructive behaviour change for HIV/AIDS prevention is still under utilised. Equipping the church and other FBOs to expand and sustain their responses to HIV/AIDS is a major priority. One of the success factors to the decline in the HIV prevalence in Uganda is the role of the church and other religious institutions response

In order to further support the church to respond to the HIV/AIDS epidemic, we need to establish the existing prevention, care and advocacy activities, that the church is undertaking and identify the resource capacities that the church requires to implement these interventions with a recognised impact. In this report we present a comprehensive analysis of the church response to HIV/AIDS and provide conclusions and recommendations for future action as the church continues its fight against the HIV/AIDS epidemic.

This analysis is a snapshot of a particular situation at a given point in time and place; the church and HIV/AIDS in Uganda in 2003.

The Uganda Christian AIDS Network (UCAN) supported by PACANET commissioned the study. The Support for International Partnership Against HIV/AIDS in Africa (SIPAA) through PACANET provided the funding for the study. Carrying out the study was a consultant with a research team being guided by a research committee of UCAN.

A tools development workshop was conducted in Botswana in June to harmonise the research instruments with other researchers from the countries of Namibia, Swaziland, Zambia and Botswana were a similar study was being carried out.

1.2 OBJECTIVES OF THE STUDY

The broad aim of the study is a situation analysis of the church response to HIV/AIDS in Uganda to quantify the church response, existing gaps and capacities in order to effectively responds to the epidemic in the country.

1.1.1 The specific objectives of the study:

1. To identify existing HIV/AIDS interventions by the church and Christian organisations.
    a. To classify interventions by theme, level and type.
    b. To identify and document best practices along thematic areas according to agreed standards.

2. 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 Behaviour Change Communication materials currently used and what gaps exist so as to adequately respond to the pandemic.
    c. To ascertain the human resource currently involved in these responses.

3. To establish the capacity of the churches based on their responses.
   To assess the following programmatic areas:
    a. Governance and leadership.
    b. Infrastructure and logical support.
    c. Skills and training.
    d. Partnership and networking.
    e. Monitoring and reporting.

4. To recommend mechanisms of how the church can scale up its HIV/AIDS response.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

The Christian churches have long played an important role in providing pastoral care, health, education and development of services and solving social crises in innumerable communities. The churches have highly organized grassroots networks; they are respected and trusted and are therefore in an excellent position to raise awareness about the prevention of HIV/AIDS.

The churches were among the first institutions to set up caring organizations for people living with HIV/AIDS. In addition to caring and support, some are now training the clergy to talk about HIV/AIDS and are developing theological resources to help them do this. Today AIDS demands that we in the churches acknowledge the realities of people's sexual lives, as they actually exist.

2.2 WHAT IS CHURCH RESPONSE TO HIV/AIDS?

Church response to HIV/AIDS refers to the various initiatives by the church to address the impact caused by HIV. This may take various forms:

- HIV/AIDS awareness raising and sensitisation in the church and the community.
- Church leaders mobilisation of their congregations by motivating and inspiring them to act.
- Formation of support and care teams to offer home-based care.
- Advocacy in support of HIV/AIDS programmes.
- Training some members of the congregation in HIV/AIDS issues, for instance counselling skills.
- Involvement of church social groups like, women groups workers clubs married clubs to widen the support base.

2.3 WHY IS THE CHURCH UNIQUELY POSITIONED TO ADDRESS HIV/AIDS?

There are various reasons as to why the church is uniquely positioned to serve the spiritual and physical needs of people infected and affected with HIV/AIDS within their community including:

- The church forms the largest social institution within Uganda. In every small little rural town and city suburb there is a church within reach the church has tremendous infrastructure.
- The majority of churches have well developed social programmes and projects.
- Churches have a wealth of potential in its members with their variety of passions and gifts, who are already internally motivated to make a difference.
- The church has the platform to address value-based lifestyle choices relating to sex and sexuality.
- Churches have the platform to demonstrate unconditional love, forgiveness and acceptance.
- All faith communities have the calling to serve and to care for others.
- The church therefore needs to be a primary and essential partner in the fight against HIV/AIDS.
- According to Rev. Gideon Byamugisha, the church is to stimulate discussion of sexual relationships especially among youths in ways, which not only engage the values of the church but also realistically protect against AIDS. (Byamugisha, 2000).

2.4 WHAT IS THE ROLE OF THE CHURCH IN ADDRESSING HIV/AIDS?

Mobilisation: This involves HIV/AIDS awareness raising, motivation and inspiration of congregations to act and maintain the initial enthusiasm by: acquiring information on HIV/AIDS facts, changing attitudes towards those infected and affected by AIDS and catalysing church leaders to encourage their congregations to initiate activities that respond to HIV/AIDS.

Combating Stigma: The church by the nature of its commission mandate should be at the forefront in the fight against any advances that alienate, isolate and discriminate people infected and affected by AIDS. Below are a few suggestions that the church can adopt in combating stigma:

Base education on people's real experience.

Encourage theological and ethical reflection on HIV/AIDS.

Welcome people living with AIDS as a valuable resource.

Break the conspiracy of silence.

"Now talk to them freely about the disease…".

Advocacy: The church has a responsibility to examine issues that affect the people living with AIDS by involving them in advocacy as a voice for the most vulnerable groups in society. Ideally, the church has a comparative advantage in ethics and integrity over the other entities.

Resource Mobilisation: The church is well positioned to influence the identification and realisation of resources for the assistance of those affected by AIDS. Donors are increasingly becoming very interested in supporting church initiatives.

Emotional/Spiritual Care: People living with HIV/AIDS have special needs for support. The guilt, anger, despair, isolation, stigmatisation and other afflictions all drain the capacity of an individual to keep going. Many testify that prayer is very essential to their lives. Below are a few issues for prayer for those infected and affected by HIV/AIDS.

Physical Care: People living with HIV/AIDS have considerable physical needs including washing their clothes when they feel too weak, they need food to be bought or prepared when they feel too tired to cook and they need help with other household chores among others.

Orphan care: Previous epidemics and wars have often left children without parents but HIV/AIDS causes more stress in children than in previous circumstances:

- Children have often seen their parents take along time to die.
- They may have been lied to by relatives refusing to tell them why their parents are so ill.
- The girl children in most cases may be prevented from going to school because they have to look after the sick parents and do household chores.
- The family property may have been stolen by the relatives at the time of terminal illness of the parents and later at death.

2.5 THE CHURCH AND FORMAL HIV/AIDS POLICY

National religions groups and denominations are increasingly adopting statements on HIV/AIDS.

In general these statements explain the groups' understanding of the epidemic on how it is transmitted, who will be affected, and what members responses should be. Unfortunately, most local congregations do not address the topic until it affects them.

Some congregations decide no separate policy is needed regarding AIDS. Others develop general statements calling for companion and care. The type of policy a church adopts if any, will be determined by local altitudes and needs.

2.6 ORGANISATIONAL CAPACITY DEVELOPMENT SKILLS FOR THE CHURCH

In order for the church to adequately address the HIV/AIDS crisis organisational skills are required so as to build their capacity to respond. These may include:

1. **General organisational skills such as**
   - Proposal writing
   - Strategic planning
   - Financial planning, including records and bookkeeping
   - Group work dynamics
   - Action planning
   - Report writing
   - Monitoring

2. **Theological skills such as:**
   - Developing an overall HIV/AIDS congregational response
   - Clarifying theological messages relating to HIV/AIDS
   - Integrating HIV/AIDS into worship and liturgy
   - Biblical leadership, including how to lead a Bible study focused on HIV/AIDS

3. **Service provision skills such as:**
   - Home based care
   - OVC care
   - Spiritual and psychosocial counselling

4. Other activities to consider

The following are other activities ADPs may want to consider undertaking with the churches and FBOs with whom they partner:

- Information generation and sharing — it is important to exchange information on HIV/AIDS issues and analyse it together to define common goals and objectives.
- Working through congregation-based social groups, e.g. women's groups, youth groups, singles clubs
- Forming HIV/AIDS-focused groups, such as home based care teams
- Creating a referral system:
- Finding out what services are available to people affected by HIV/AIDS at the church
- Informing the church of community services to which they can refer people affected by HIV/AIDS
- Resource mobilisation — churches/FBOs and ADPs can work together to provide material support to those affected by HIV/AIDS
- Advocacy — the ADP and churches/FBOs can identify advocacy issues on which to partner.

The following are activities that might be undertaken at the local congregation level:
Child-to-child peer education through the Sunday school

- Youth-to-youth peer education and influence through youth fellowships
- Subsidised and facilitated access to VCT for youth intending to get married
- Post-HIV test clubs for positive living and awareness raising
- Training for positive parenting
- Home based care for the terminally ill
- Care and support of OVC through parent/guardian fellowships or clubs
- Promotion of secure household incomes and nutrition through innovative activities
- Support for opportunistic infections treatment and antiretroviral treatment referrals
- Integration of HIV/AIDS issues into worship (music, sermons, testimonies, prayers, poems, drama, etc.)

- Visits from other churches or organisations who can share experiences responding to HIV/AIDS
- Condoms must be part of the Christian answer to HIV/AIDS (Dixon, 2002) so far a Christian it seems obvious that in some circumstances at least there should be no reservations whatsoever about the use of condom where the aim is to save the life of a husband or wife in marriage. Condoms are very costly for poor nations to give to everyone.

2.7 PROVIDING FUNDING TO CHURCHES/FBOS FOR HIV/AIDS RESPONSE

Churches are often as poor as the communities they serve. Very few have assistance from their mother bodies/headquarters. Development agencies should therefore consider providing start up funds for certain interventions that require a financial investment for them to take off.

Below are criteria to consider when assessing applications from churches/FBOs for funding for an HIV/AIDS response:

- Is the church/FBO already doing something about the situation?
- Does the church/FBO have clear goals and objectives?
- Does the church/FBO have enough membership willing to work in voluntary service?
- Has the church/FBO demonstrated the capacity to manage the program?
- Will the project be able to sustain itself after a period of time?

2.8 LESSONS LEARNT IN CHURCH RESPONSE TO HIV/AIDS

Motivating the local religious leaders to attend HIV/AIDS sensitisation workshops, instead of sending a representative, contributes greatly to successful buy-in and sustained commitment.

Involve People Living with HIV/AIDS and their shared experiences throughout all processes.

Empower the religious leaders with specific material (e.g. prayers, stories and posters) to guide them.

Assist religious leaders to spend time to select the most appropriate congregation based AIDS action groups.

Include the local community AIDS care organisations, or projects in the planning phase of the HIV/AIDS interventions.

Ensure that the churches are linked to these role players from the start.

It is not always due to judgemental attitudes, stigma, resistance or negative attitudes that churches and religious leaders are slow to become involved in HIV/AIDS. *(Adopted from World Vision International ADP toolkit for HIV/AIDS Programming 2003)*

CHAPTER THREE
METHODOLOGY

3.1 INTRODUCTION

This was a cross-sectional study. It involved two major tangible components a literature review and field survey at the district and national level. A field survey of 261 churches and Para-church organisations was carried out in 9 districts of Uganda's four regions.

3.2 STUDY TECHNIQUES

The survey adopted both qualitative and quantitative methods of data collection. Semi-structured questionnaires were used to interview church leaders and heads of church-church organisations. In addition the research team used other qualitative methods that included Focus Group Discussions (FGDs) and observation methods as researchers moved through the study areas.

3.3 STUDY SITE SELECTION

A multi-stage sampling technique was used to select the districts and eventually the churches and Para-church organisations to study rationale for selection of the districts with the churches to study was established with the input of the research steering committee of Uganda Christian AIDS Network (UCAN). The following criteria was utilised to select the districts of study from the four regions of Uganda.

1. Select districts from each of the four geographical areas of Uganda.
2. Select districts with high and low HIV sero-prevalence.
3. Select districts, which have experienced war and armed conflict and civil strife in the recent past.
4. Select district with existing HIV/AIDS church programmes as projects.
5. Select districts with HIV/AIDS church programmes and projects.
6. Avoid districts that have recently been reached on or often targeted for research.
7. Purposively select Para-church organisations with HIV/AIDS programmes in the selected districts.

Using this criterion a total of 9 districts was selected with the assistance of the UCAN steering committee. The districts selected included:

1. Northern region: Gulu and Nebbi.
2. Eastern region: Mbale, Soroti, and Jinja.
3. Central region: Mukono, Kampala, Rakai.
4. Western region: Rukungiri.

A number of Para-church organisations with HIV/AIDS programmes were selected from the districts included in the study.

3.4 FIELD SURVEY TEAM

Nine research assistants were selected to assist in the field survey in the 9 districts. They were trained in a one-day meeting in Mbale and Kampala in the specific methods of data collections. These research assistants were selected according to the knowledge and fluency in the local language used in the respective districts as well as their familiarity and experience in qualitative and quantitative research methodologies.

3.5 SAMPLING TECHNIQUE

A purposive sampling technique was used to select the church congregations, Para-church organisations, and participants in the Focus Group Discussions at the community level. The church congregations included Anglican, Catholic, Pentecostal, Orthodox, and Seventh day Adventist (SDA) churches. The Para-church organisations included the Christian NGOs and the Hospital HIV/AIDS programmes in the selected districts.

Table 1: Number of Church Congregations/Para-church Organisation Sampled = 261

Region	Districts	No. of Churches	No. of Head offices or Diocese	No. of NGOs/ Para Church Organisations	Focus Group Discussions (No. of people)
Northern	Gulu	11	1	0	7
	Nebbi	28	1	0	8
Eastern	Mbale	25	1	9	9
	Soroti	23	0	8	0
	Jinja	33	0	1	9
Central	Mukono	29	0	1	8
	Kampala	22	9	4	9
	Rakai	29	0	1	8
Western	Rukungiri	23	2	0	8
TOTAL	**9**	**223**	**14**	**24**	**66**

Table 2: Categories of Denomination included in the study:

Category	Frequency	Percentage
Anglican	42	16%
Pentecostal	163	65%
Orthodox	1	0%
Catholic	26	9%
SDA	5	1%
Para church	24	9%
Total	**261**	**100%**

3.6 PRE-TESTING OF INSTRUMENTS

Prior to starting the fieldwork in the districts the research team pre-tested the questionnaires among selected churches in Kampala and Mbale. These pre-tests gave some indication of the length of time it would take to conduct the interviews and also assisted in adjusting any other problems identified.

3.7 DATA ANALYSIS

Quantitative data was edited before leaving the respondents and key informants. Data was entered to ensure accuracy, uniformity, constituency, legibility and

comprehensibility. Data was entered and analysed using the SPSS for windows computer package. Means and their standard deviations were used for continuous variable. Frequencies and proportions were used to study the distribution of categorical independent and dependent variables as given in the conceptual framework. Graphical displays like bar charts, histograms and pie charts and tables used to illustrate the distributions.

3.8 LIMITATIONS TO THE STUDY

1. Failure to conduct a focus group discussion in Soroti due to the rebel attack on the districts of Soroti and Katakwi at the time of data collection. Instead of the proposed nine group discussions we did conducted eight FGDs. This was however not a big disparity in the data obtained from the eight FGDs.
2. Limited literature about the church response to HIV/AIDS in Uganda. Although it was required that we limit our literature on the Uganda local situation, the literature on HIV/AIDS by the church is still so scarce. This is because these are very few studies that have been carried out on church response to HIV/AIDS in Uganda.
3. Delays in obtaining data from Karamoja district. This delayed the data analysis and consequently the study process.

CHAPTER FOUR
FINDINGS AND DISCUSSION

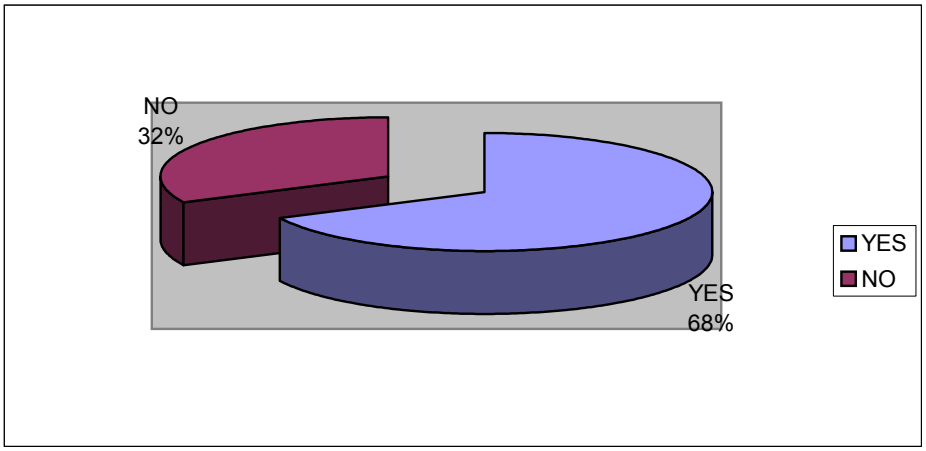
4.1 INTRODUCTION

The findings of this study have been categorised under the following themes: existing HIV/AIDS interventions by the church and Christian organisations including the gaps and challenges, resources available and accessible to the church, capacity of the churches based on their responses including governance and leadership

4.2 Church HIV/AIDS Interventions

According to the results a great number of churches are at least carrying out some prevention, care, advocacy and capacity building intervention to address the HIV/AIDS epidemic in the country. At least 68 of the churches surveyed are carrying out some HIV/AIDS interventions. However 32% of the respondents reported that their churches are not undertaking any HIV/AIDS interventions.

Fig. 1: Prevention HIV/AIDS Activities Carried out by the Church

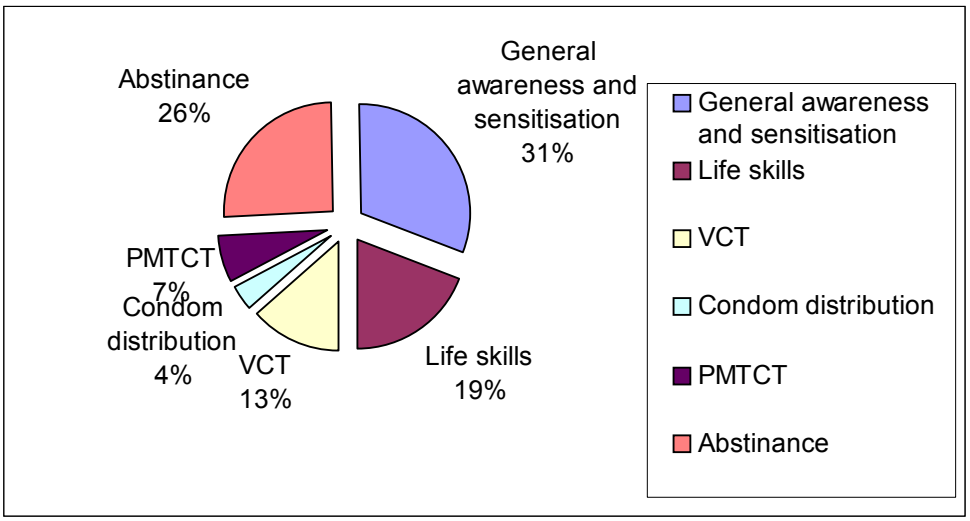


4.2.1 HIV/AIDS Prevention Interventions

From the survey, the major prevention activity the church is involved in is general awareness and sensitisation on HIV/AIDS (31%) and preaching of abstinence (26%). The least activity is condom distribution among the congregation and prevention of mother to child transmission of HIVAIDS (PMTCT). The church

believes that abstinence is the key method in the church to prevent HIV infection. The condom is used among couples that may be HIV positive to prevent re infection of the virus. ''***Helping people to change is a great challenge to the church especially when there are other organizations who give them condoms and assure them that they are the solution''(Pr. Abraham Kampala)-***

Fig. 2: Prevention Activities



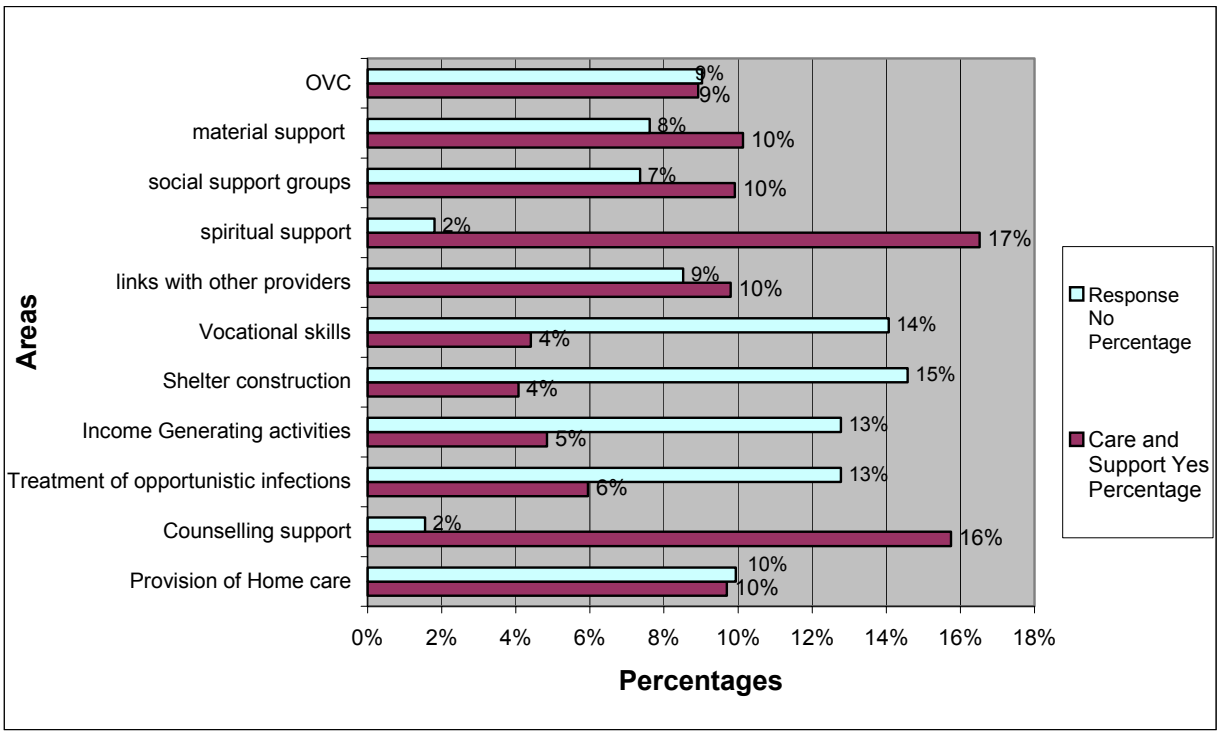
4.2.2 Care and Support HIV/AIDS Interventions

According to the survey, the key care and support activities the church is involved in include counselling support to the sick, spiritual support and provision of Home care. Other forms of care and support activities included orphan and vulnerable children care (OVC) e.g. through school education support, provision of material support and formation of social support groups.

"The church has taken over responsibility of orphans and this has reduced pressure from relatives who are materially and financially incapacitated". Fr. Kakande Joseph

The least care support initiatives include: treatment, opportunistic infections for the sick, support to IGAS, shelter construction for the widows, the sick and orphans, and vocational skills for the youths.

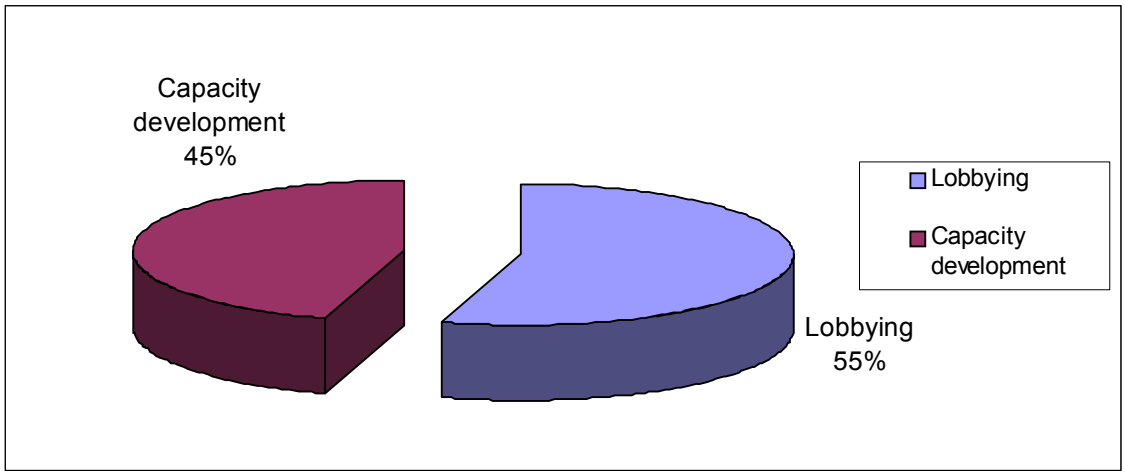
Fig.3: ***Care and Support Interventions***



4.2.3 Advocacy and Training

From the survey, the majority of the churches of the churches reported that they carry out some lobbying and have ever received training in HIV/AIDS.

Fig.4: ***Advocacy and Training***



4.2.4 Levels of HIV/AIDS Church Programmes

The biggest number of church HIV/AIDS are classified as basic. They do not have formal HIV/AIDS programmes infrastructure but are carrying out some work. The majority of these churches were the Pentecostal churches. They mostly utilise the efforts of the volunteers who are members of the church. Developing programmes were those churches with some funds and other sources committed to the HIV/AIDS although quite small. Full-scale are those churches with full HIV/AIDS programmes with funding and staff.

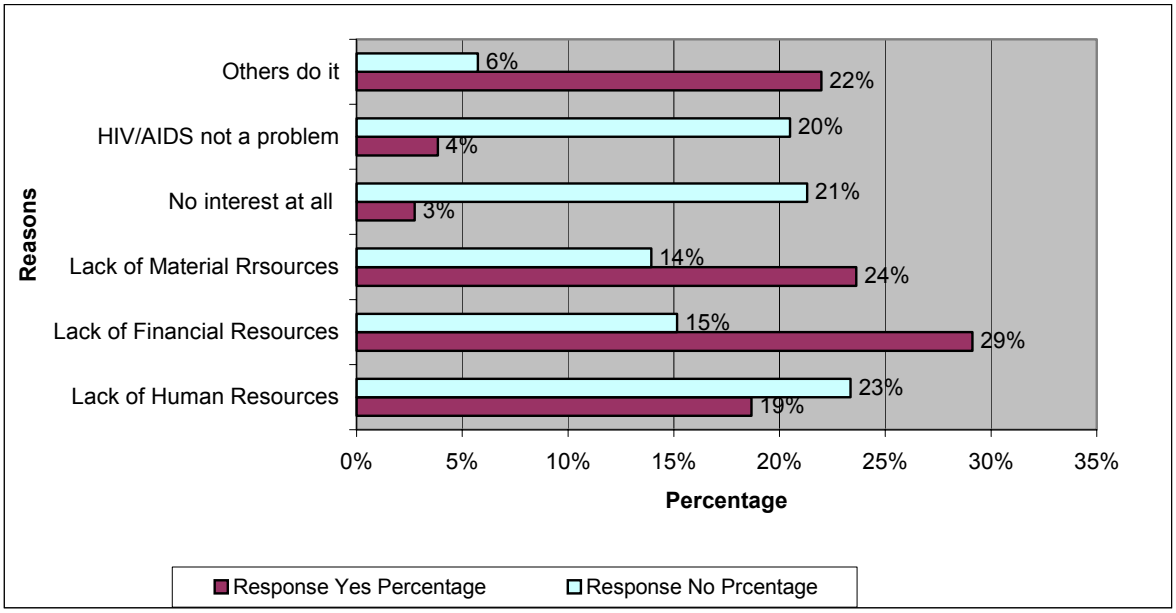
Table 3: Level of Programme

Response	Frequency	Percentage
Basic	54	68%
Developing	22	28%
Full-scale	4	5%
Total	**80**	**100%**

4.2.5 Reasons why some Churches are not Carrying out HIV/AIDS Work

The survey indicated that the major limitation to active church participation in HIV/AIDS responses is lack of financial resource (29%), materials resource (24%) and limited Human resource to undertake the work (19%) and the attitude that others are doing it.

Fig.5: Reasons for Limited Church Participation



4.2.6 Challenges Experienced by the Church in Implementing HIV/AIDS Interventions

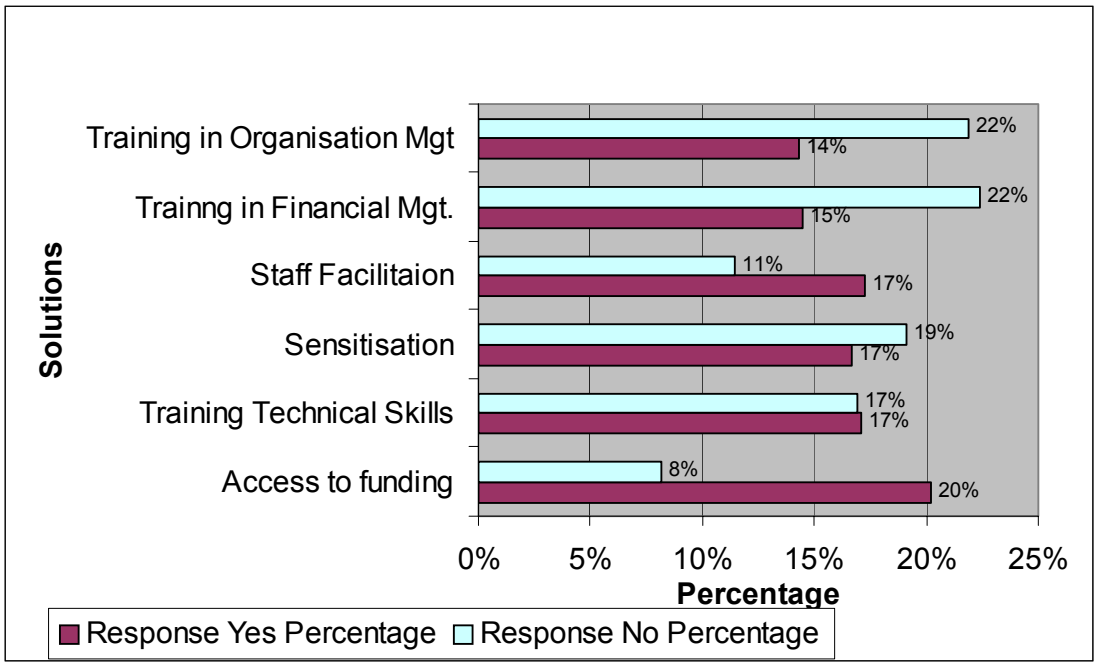
According to the main challenge to HIV/AIDS implementation include:

Inadequate funds (21%) limited personnel to carry out the work (18%) high expectations from the church congregation and church (17%) discrimination and stigma among people who declare their HIV/AIDS status and inadequate or no skills among the church to carry out HIV/AIDS work.

Table 4: Challenges to HIV/AIDS Implementations

Challenges	**Response**			
	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Inadequate Funds	182	21%	19	3%
Limited Staff	156	18%	33	6%
High Expectations	147	17%	37	6%
Discrimination and Stigma	107	12%	73	12%
Limited appropriate skills	123	14%	67	11%
No Vision in HIV	39	4%	137	23%
Poor accountability	30	3%	144	24%
Too much workload	92	11%	78	13%
Total	**876**	**100%**	**588**	**100%**

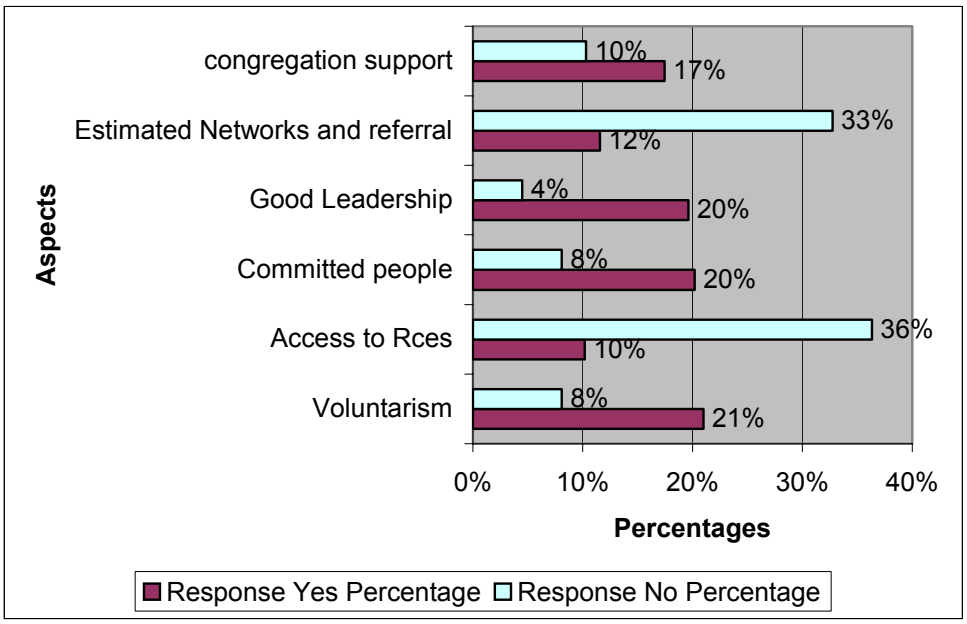
Fig.6 ***Solutions to overcome challenges as Perceived by the Church***



4.2.7 The Strength of the Church in Responding to HIV/AIDS

The greatest strength of the church to respond to HIV/AIDS is the presence of voluntarism (21%), to do HIV/AIDS work committed people in the church to do the work (20%) congregational support (17%) and committed leadership where the programmes are being implemented.

Fig. 7: ***Strength of the Church Response***

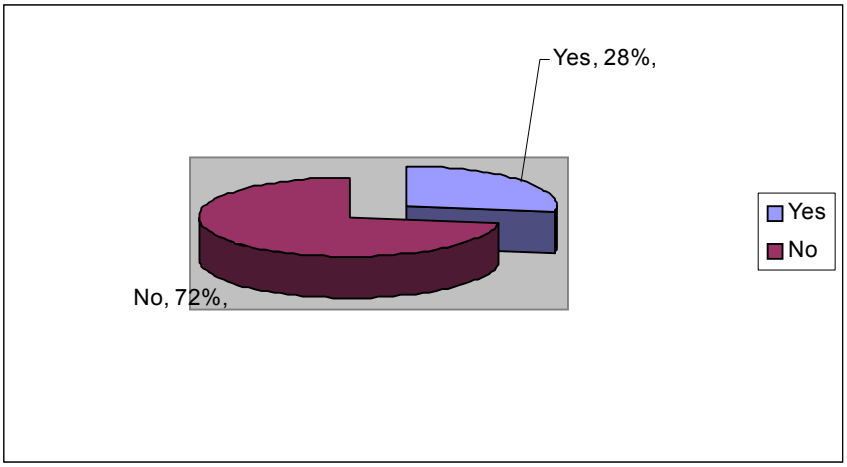


4.3 IDENTIFICATION OF RESOURCES: (FUNDING, IEC MATERIALS AND PERSONNEL RESOURCES)

4.3.1 Financial Resources

It was discovered from the survey that the majority of the churches are not receiving any external funding for HIV/AIDS interventions. Up to 72% of the churches survey reported that they have never received any external funding for HIV/AIDS work.

Fig. 8: ***Receiving Funds***



4.3.1.1 Sources of Funding for church responses

Out of the churches that receive funding; the main source of funding is from local member contributions. The least support is from the government and international donors. Most churches receive contributions from their congregations especially through material support to care for the sick and orphans in the church.

Fig. 9: Sources of Funding

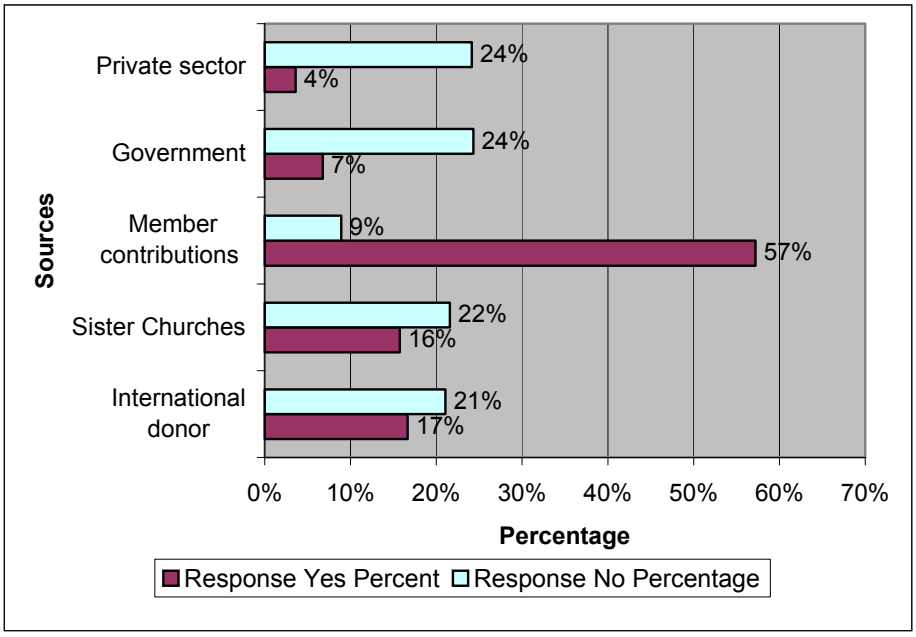
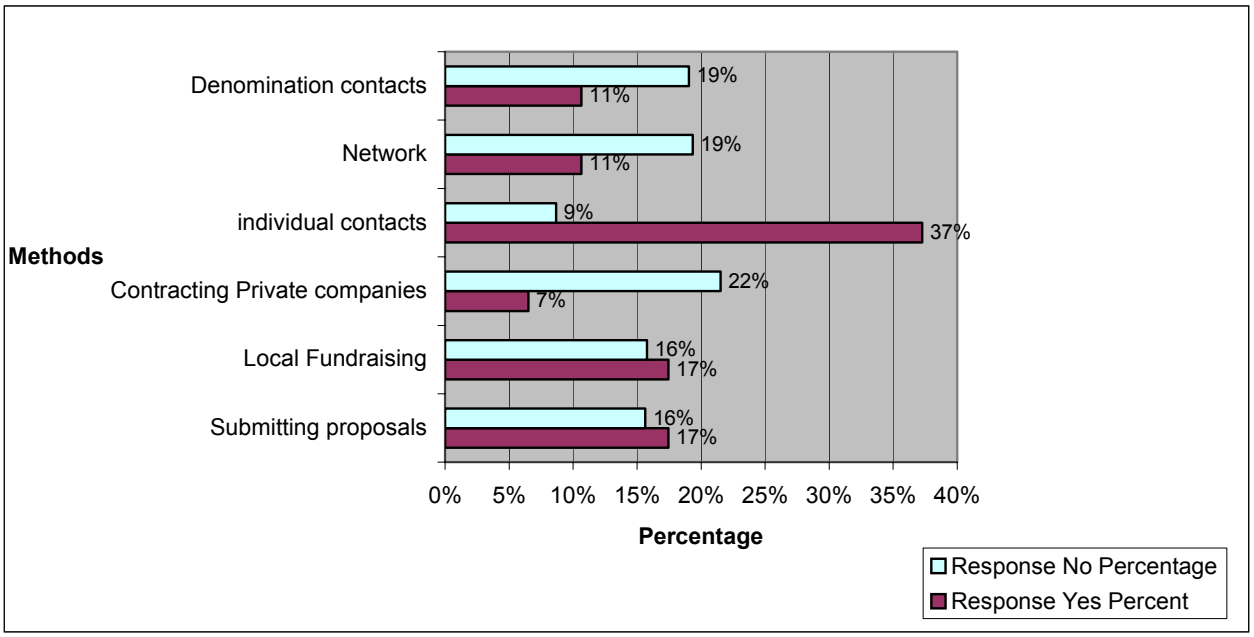


Fig.10: Methods adopted by the church to mobilise funding for their HIV/AIDS programmes



4.3.1.2 Problems Encountered by the church in Mobilising Funds

The survey showed that major problem the church faces in mobilising funds is lack of information on the sources of funding. This is capacity by the church with HIV/AIDS programmes at basic level. For those that receive external funding they always meet with delays in receiving of the funds to implement the activities. This is mostly among full-scale programmes e.g. a Para church organisation.

"***We need material support for people. We don't have information on how to do that (Fr. Kato Rakai).***

Table 5: Problems Encountered by the church to mobilising funding for HIV/AIDS programmes

Problem	Response	
	Frequency	Percentage
No Problem	12	3%
Proposal not accepted	45	11%
Delays in receiving funds	97	24%
Lack of information on source	158	40%
Mismatch with donor priorities	52	13%
Too many donor requirements	35	9%
Total	**399**	**100%**

4.3.1.3 Funded HIV/AIDS activities and funding gaps for HIV/AIDS interventions

From the survey; the is no significant difference in the types of activities that are receiving funding and those that require more funding or those that would be undertaken as priority from the table the activities that require funding are:

- Prevention activities.
- Home based care.
- Voluntary counselling and testing.
- Orphan and vulnerable children support.
- Voluntary counselling and testing (VCT) and Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT).
- Income generation activities.
- Life skills many young people.
- Development and distribution of IEC materials.
- Organisational development.
- Core Administrative support.
- Infrastructure.
- Training in different skills.
- Volunteers' incentives.

Table 6: Activities for which Funding is required

Activity	Receiving Funds	Percent	Need More	Percent	Would Undertake As Priority
Prevention	48	10%	71	12%	87
Home based care	25	5%	48	8%	127
OVC	43	9%	69	11%	106
Life skills training	36	8%	41	7%	110
Counselling	85	19%	75	12%	86
Income Generation	32	7%	34	6%	95
IECD development	33	7%	37	6%	127
Volunteers incentive	23	5%	46	7%	108
Organisation Devt.	23	5%	41	7%	96
Core support	34	7%	34	6%	94
Infrastructure	21	5%	33	5%	98
VCT & PMTCT	23	5%	36	6%	118
Training	33	7%	52	8%	94
Total	**459**	**100%**	**617**	**100%**	**1346**

4.3.2 Resource Materials to the Church

About half of the church reported to have assessed IEC materials in their church. However about half have never accessibility to resource IEC materials by the church.

4.3.2.1 Utilisation of Resource Materials by the church

On average about half of the church have had access to resource materials e.g. posters in their churches. Where as half have not. This means that resource materials in the church are still limited.

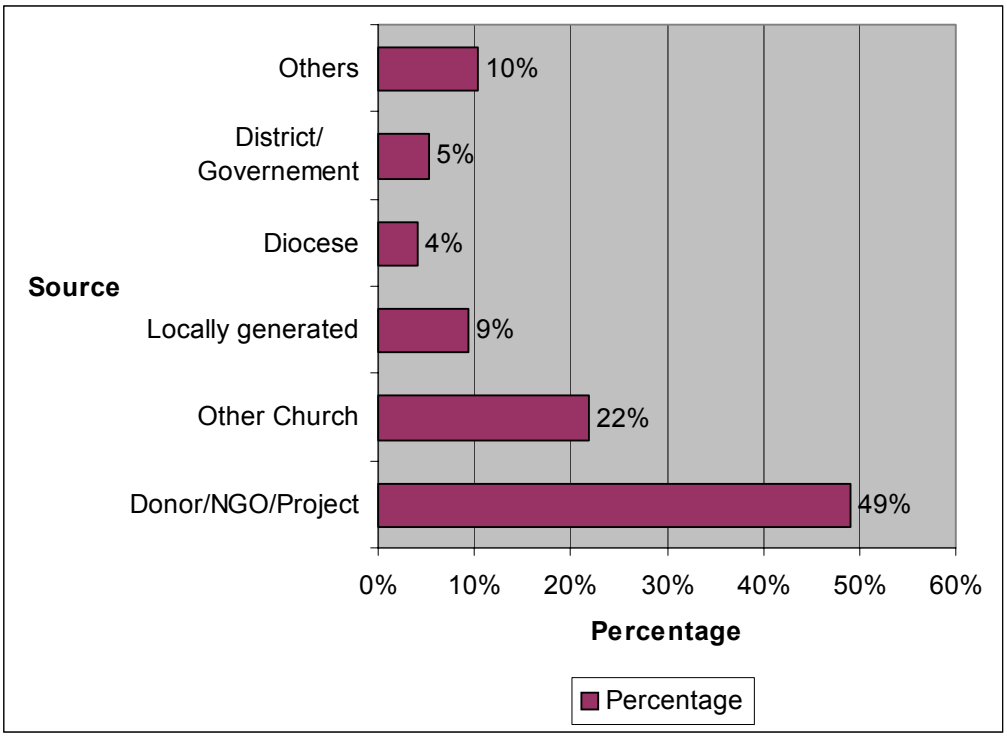
Table 7: Utilisation of Resource Materials

Response	Frequencies	Percentages
Yes	112	51%
No	107	49%
Total	**219**	**100%**

4.3.2.2 Sources of Materials Available to the Church

The key sources of materials are from other NGOs, other churches and district Health Offices. The churches do not own their resource materials. They expand on those borrowed from other sources.

Fig. 11: ***Sources of Materials***

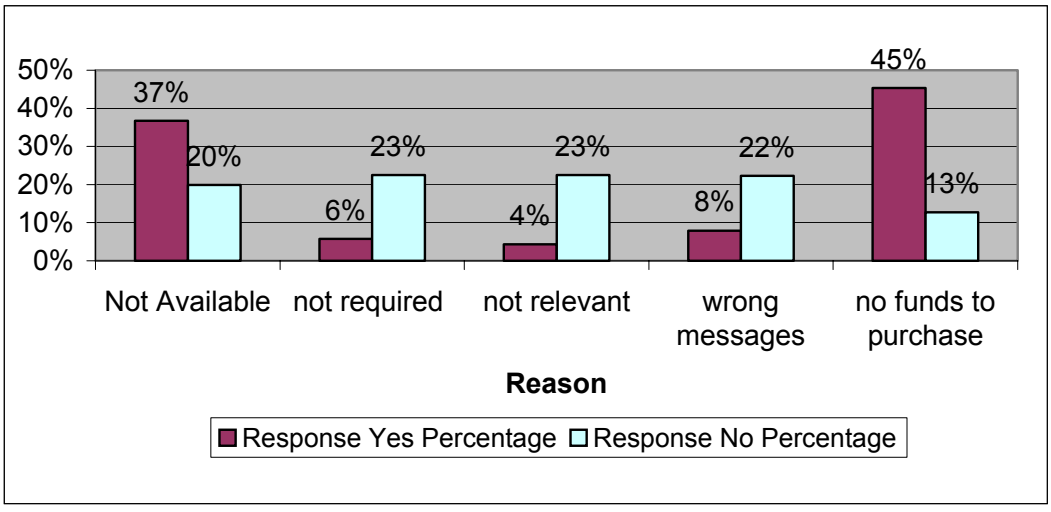


4.3.2.3 Why Resource Materials are not used

The reason as to why the church does not access the resource materials is because the church lacks funding to purchase these materials. Some of these materials are not just available to the church. However people in the villages do not have the culture of reading.

"This society does not have a culture of reading because most people are illiterate. They can't read nor write. So posters and books may not be of much help". (Fr. Kimbowa Ignatius- Mukono).

Fig. 12: ***Reasons why resource materials are not sometimes utilised by the Church***



4.3.2.4 Types of Resource materials used

In order for the materials to be utilised by the church, they should contain easy language, relevant target groups, easy to use and should contain relevant information. The most effective resource material used is thee Video/film shows.

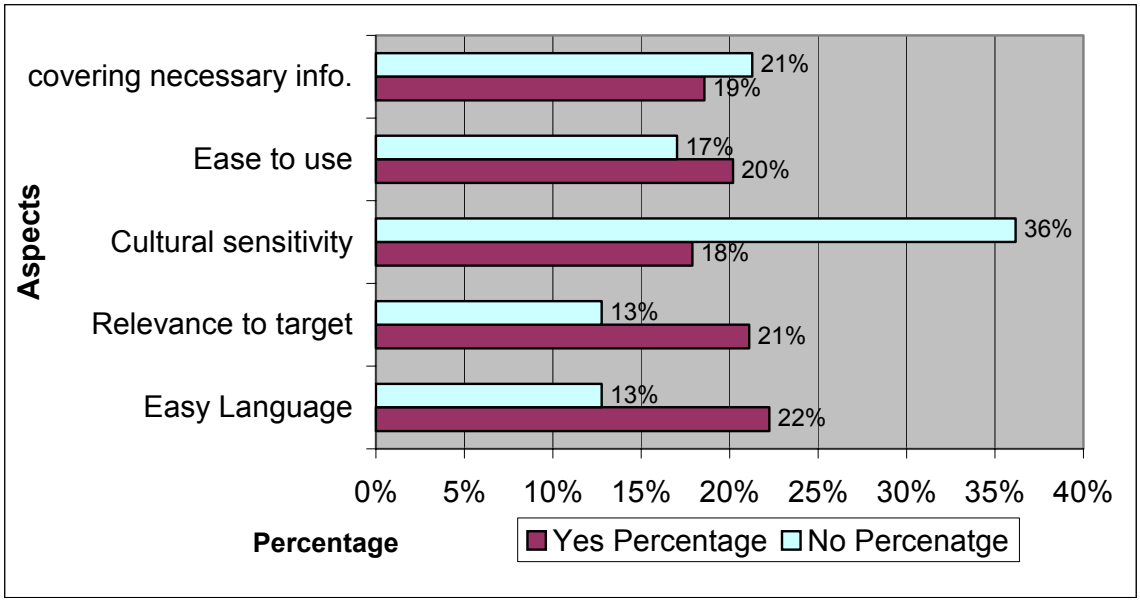
"The videos are able to affect people's minds directly because they practically show the dangers involved in promiscuous activities " (IVAN Mukono District)

Table 8: Types of Resource materials used

Material type	Frequency	Percentage
Books	14	9%
Posters	10	7%
brochures	1	1%
Newsletter	14	9%
Bible/X-tian literature	13	9%
Magazines	7	5%
Charts	14	9%
Films/Videos	33	22%
Drama	4	3%
Radio talk shows	7	5%
Pamphlets	11	7%
Seminars/Workshops	7	5%
T-shirts	3	2%
TV programs	7	5%
Banners	2	1%
Internet	1	1%
Total	**148**	**100%**

4.3.2.5 Criteria for Rating Resource IEC Materials

Fig. 13 Criteria for Rating Resource IEC Materials

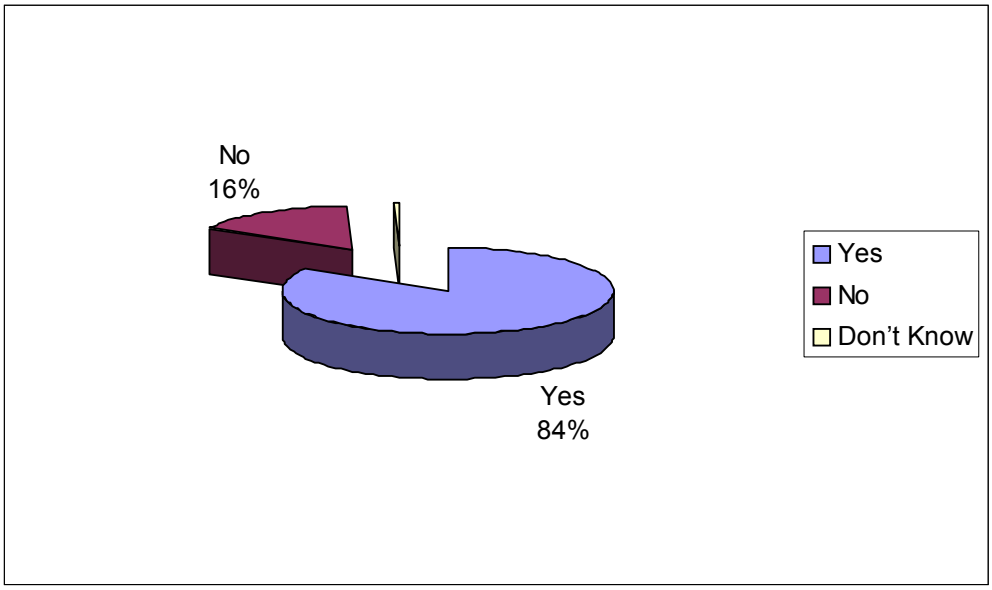


4.3.3 Presence of Volunteers and Staff in the church

From the survey, the majority (84%) of the church is utilising the services of volunteer to carry out their prevention, care and support services. Despites their presence, Volunteers works may not be of the best quality due to limited skills.

"Faith based organisations use a lot of voluntarism, which may sometimes compromise the quality of their work. Church may appeal to churchgoers but it won't appeal to those with different religious affiliation to help them improve on their skills" (Peter ; Mbale district)

Fig 14: Use of Volunteers



4.3.3.1 Number of Volunteers

Over 50% of the churches have at least 5-10 volunteers in their church committed to HIV/AID work.

Table 9: Number of Volunteers

Number of Volunteers	Frequency	Percentage
None	2	1%
^1-5	63	40%
^6-10	54	34%
^11-15	11	7%
^16-20	14	9%
^21+	14	9%
Total	**158**	**100%**

4.3.3.2 Reasons for none utilisation of Volunteers Services by some churches

According to the study the reason why churches do not use volunteers to undertake their work is lack of incentives or funds to facilitate them e.g. transport and lunch.

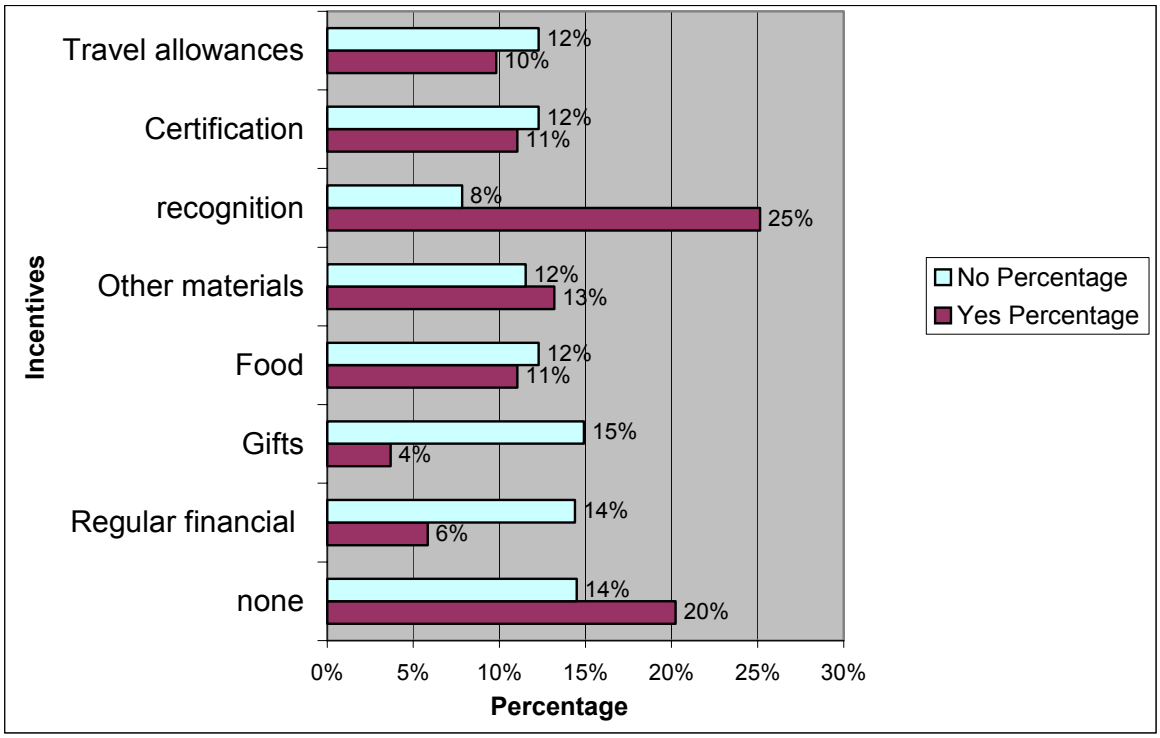
Table 10: Reasons for not using Volunteers

Reason	Frequency	Percentage
Finance/funds/incentives	12	41%
no volunteers	2	7%
no program	6	21%
no idea	3	10%
poor planning	1	3%
Others	5	17%
Total	**29**	**100%**

4.3.3.3 Types of Incentives Provided to Volunteers

The types of incentives mainly given to volunteers include: Regular financial support, gifts, food, other materials, recognition and certificates.

Fig. 15: Types of Incentives

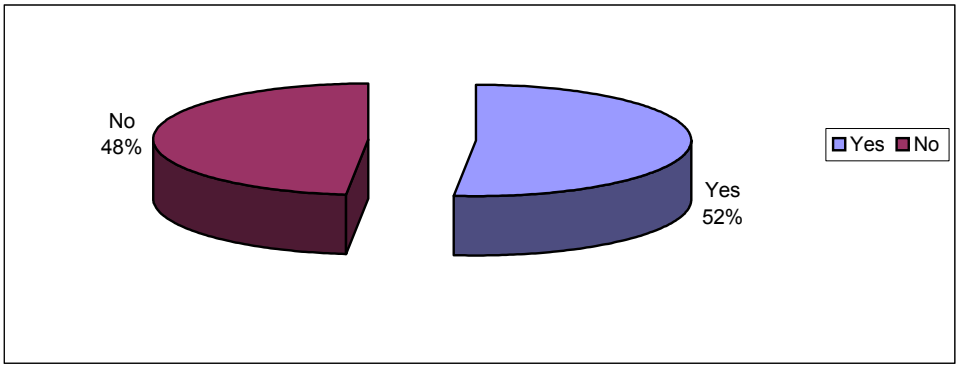


4.3.3.4 Presence of Staff Working on HIV/AIDS activities

According to the study about half of the churches that have staff reported that their staff are carrying out HIV/AIDS work besides the other work that they are involved in. The majority of the Para-church organisations have their staff working on HIV/AIDS. However there are limited personnel to carry out the HIV/AIDS personnel. In a Focus group discussion in Mukono , Ignatius said:

"The church has not been good at person to person contact due to lack of sufficient personnel. The church usually meets people at church on Sunday".

Fig.16: Church staff on HIV/AIDS Activities



4.3.3.5 Number of staff working on HIV/AIDS programmes

The church-church organisations and churches with established HIV/AIDS programmes have between 1-5 staff working on the programme.

Table 11: Number of staff working on HIV/AIDS programmes

Response	Frequency	Percentage
None	0	0
^1-5	70	71%
^6-10	20	20%
^11-15	0	0%
^16-20	1	1%
^21-25	4	4%
^26+	3	3%
Total	**98**	**100%**

4.3.3.6 Reasons for none existence of staff

The biggest reason hindering hiring of staff is limited or no funding for the HIV/AIDS programmes.

Fig.17: ***Reasons for none existence of staff***

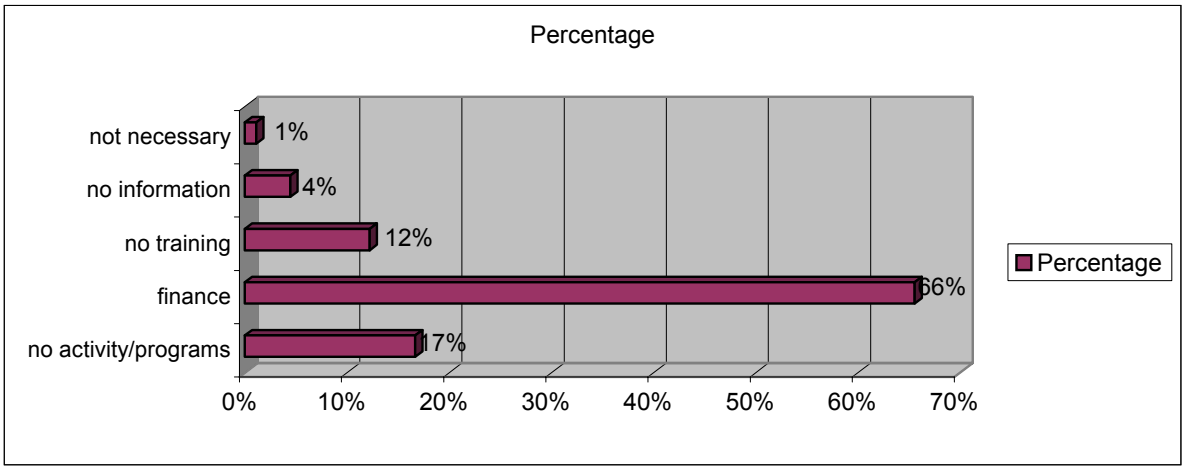
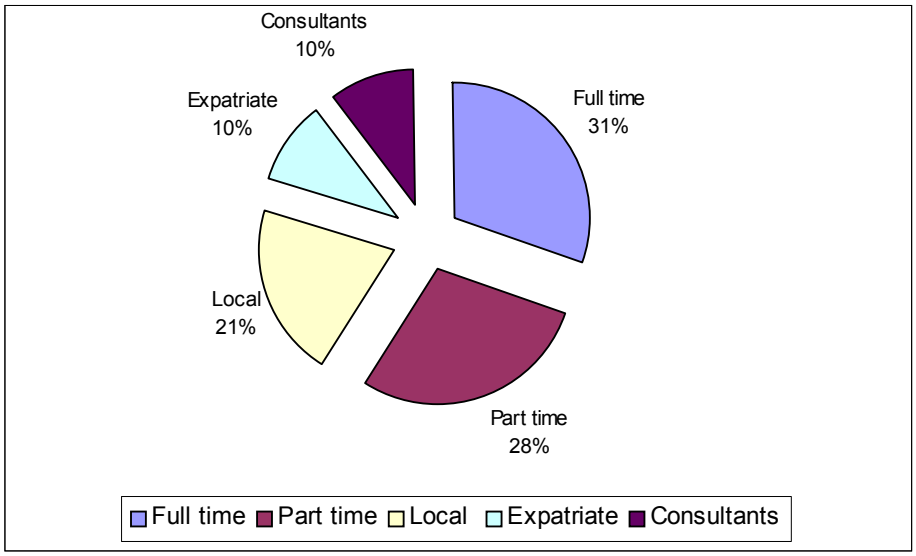


Fig.18: ***Staff engagement***



4.3.3.7 Training received and required by staff and volunteers in HIV/AIDS skills

There is no significant difference between the level of training received by staff and volunteers in terms of HIV/AIDS skills and the level of training still required.

The skills needed by both the volunteers and staff include:

- Basic information.
- Prevention interventions.

- Home based care.
- Psychosocial support.
- Counselling.
- IEC development.
- Financial Management.
- Organisation Development.

Table 12: Training Received and Required

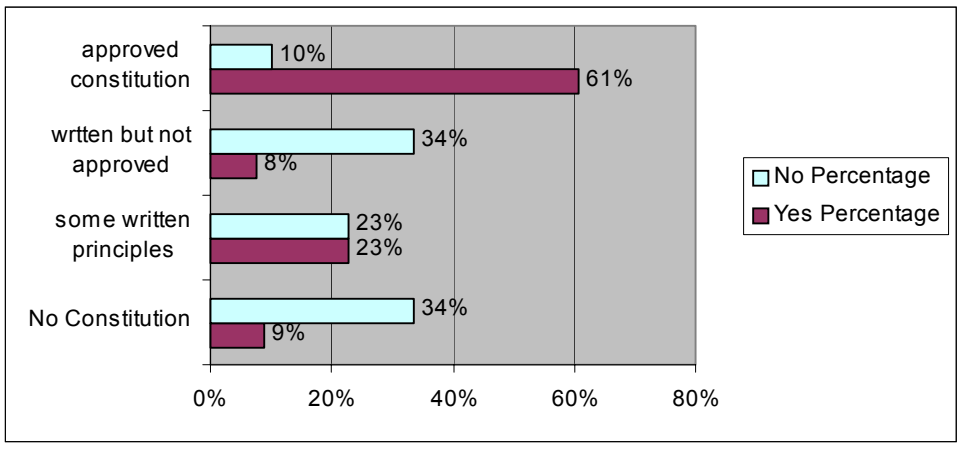
AREA	VOLUNTEERS				STAFF			
	Trained		Need		Trained	Need		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Basic information	44	25%	95	12%	64	22%	46	8%
Prevention interventions	31	18%	94	12%	53	18%	57	10%
Home based care	17	10%	107	13%	32	11%	72	13%
Pycho-social support	10	6%	121	15%	28	10%	81	15%
counselling	33	19%	103	13%	46	16%	56	10%
IEC devt.	12	7%	99	12%	18	6%	82	15%
Financial Mgt	15	9%	95	12%	25	9%	76	14%
Org. Devt	11	6%	99	12%	25	9%	81	15%
Total	**173**	**100%**	**813**	**100%**	**291**	**100%**	**551**	**100%**

4.4 Organisational Capacity Assessment

4.4.1 Presence of Constitution

At least 61% of the churches have some form of written principles or constitution to guide their general operations that include HIV/AIDS.

Fig.19: Presence of Constitutions



4.4.2 Presence of Committees and their Functionality

From the survey, the majority of the churches reported that they have church committees in place who also oversee HIV/AIDS activities. However a number of these committees are not fully functional. This may be because of laziness among some of the members, limited motivation and facilitation.

Fig. 20: Presence of Committees

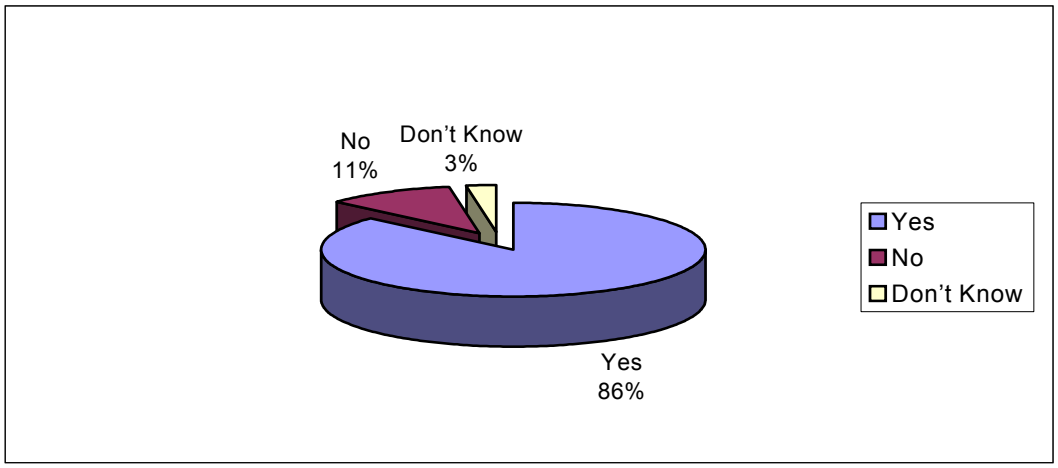
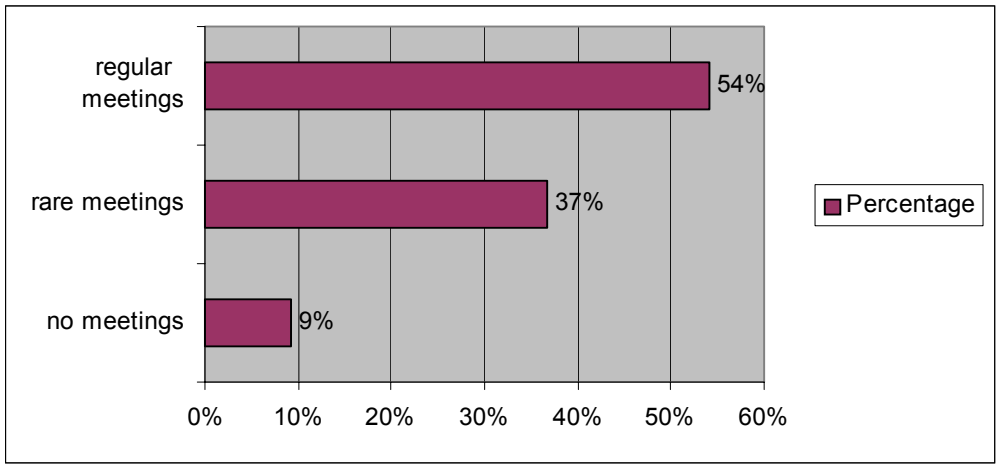


Fig. 21: Functionality of committees



4.4.3 Functionality of committees

The majority of the churches have a treasurer or accountant in charge of the resources of the church.

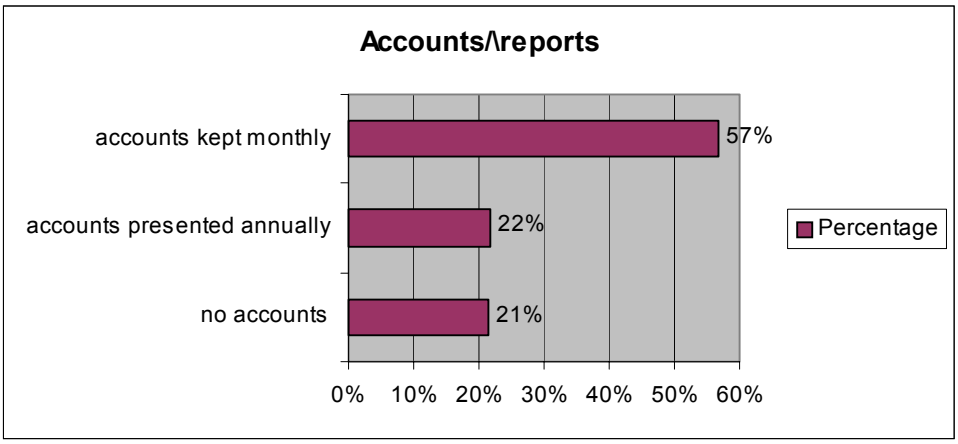
Table 13: Presence of Treasurer/Accountants

Response	Frequency	Percentage
No Treasurer	28	12%
Treasurer appointed but not working	27	11%
Appointed and supervises	183	77%
Total	**238**	**100%**

4.4.4 Financial management

The majority of the churches have some form of bank accounts, attempt to keep books of accounts and have a treasurer or accounts person in place to cover the church resources.

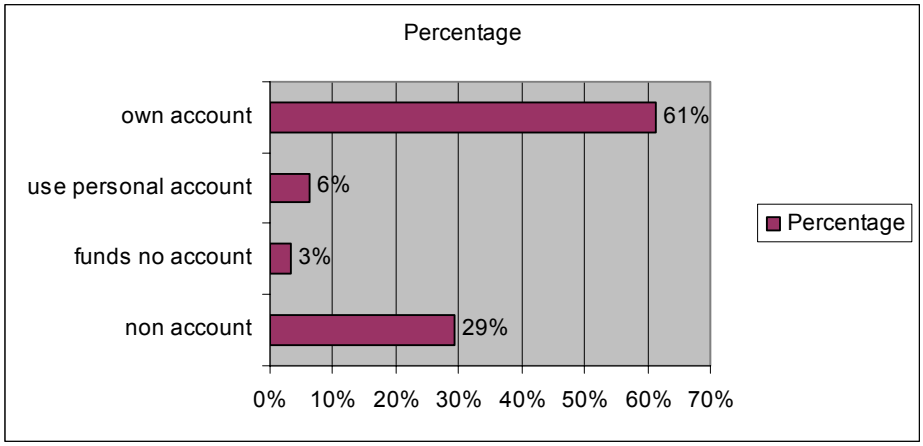
Fig. 22: Accounts/Reports



4.4.5 Presence of Bank Accounts

From the survey 61% of the churches have bank accounts and about 29% do not have any bank account.

Fig. 23: Bank Accounts



4.4.6 Accounts Auditing

Out of the churches interviewed 52% of them do not have their books of accounts audited or are not audited on regular basis.

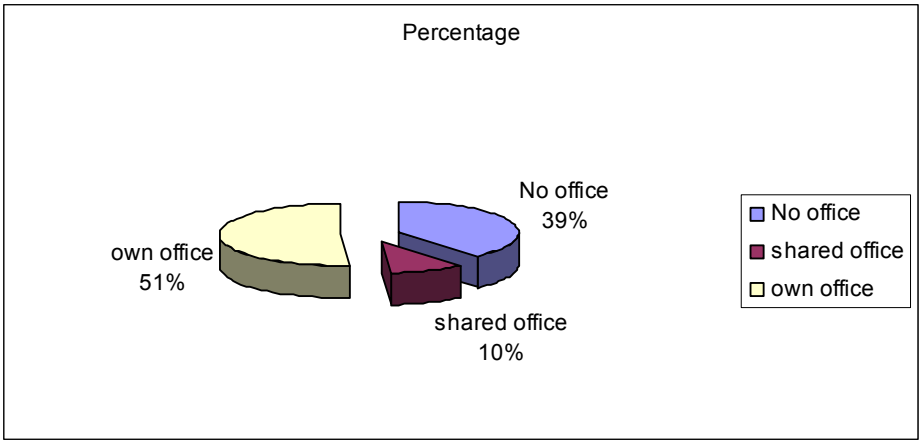
Table 14: Auditing books of Accounts

Response	Frequency	Percentage
Not audited	84	37%
Not audited annually	34	15%
Audited annually	107	48%
Total	**225**	**100%**

4.4.7 Availability of Office base

Most of the churches have office premises where they carry out their work. 61% of the churches reported that they have some office premises.

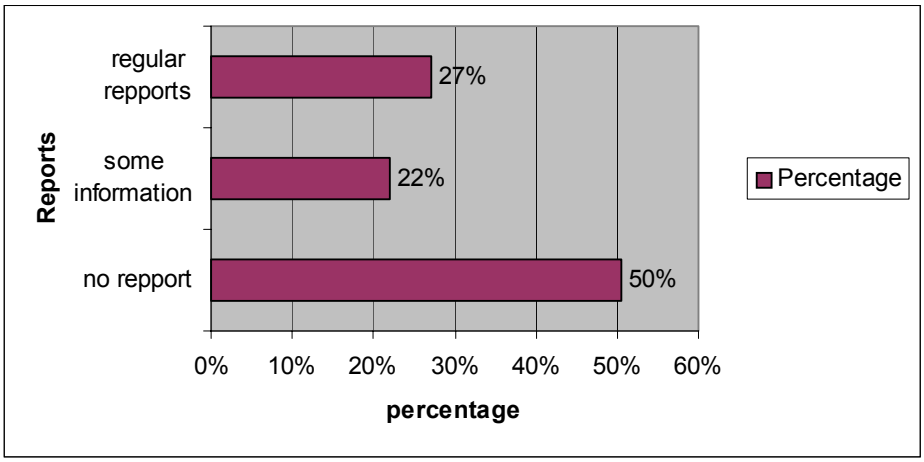
Fig. 24: Office base



4.4.8 Monitoring/Reporting

About 50% of the churches interviewed do not have any report about their work.

Fig. 25: Reporting on HIV/AIDS work



4.4.9 Communication Equipment by the Church

All the churches interviewed have some form of communication equipment which may be owned by the church or individual owned but being used for church work.

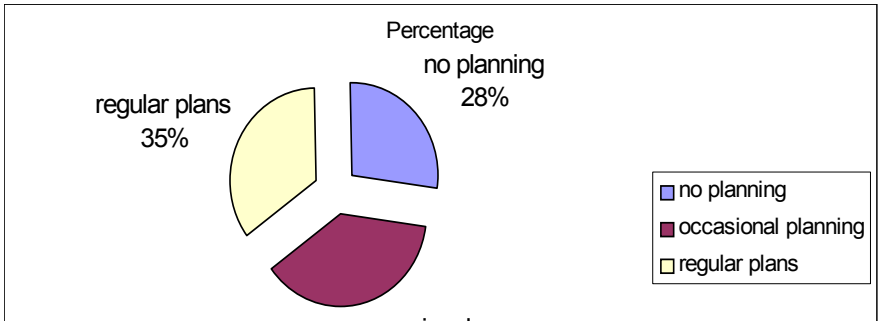
Table 15: Communication Equipment

Response	**Yes**		**No**	
	Frequency	Percentage	Frequency	Percentage
Telephone	135	41%	102	17%
Fax	45	14%	182	31%
Computer	75	23%	154	26%
E-mail/Internet	75	23%	148	25%
Total	**330**	**100%**	**586**	**100%**

4.4.10 Presence of Plans for HIV/AIDS Activities

The greatest numbers of churches have some plan for HIV/AIDS work. These may be occasional (37%) or regular plan (35%).

Fig. 26: Plans for HIV/AIDS



4.4.11 Presence of Monitoring systems and Activity Records

According to the study many churches do not have in place a formal monitoring system of their HIV/AIDS work. Some however do occasional monitoring. A number of churches (42%) keep records about their work and they are accessible.

Fig.27: Monitoring systems

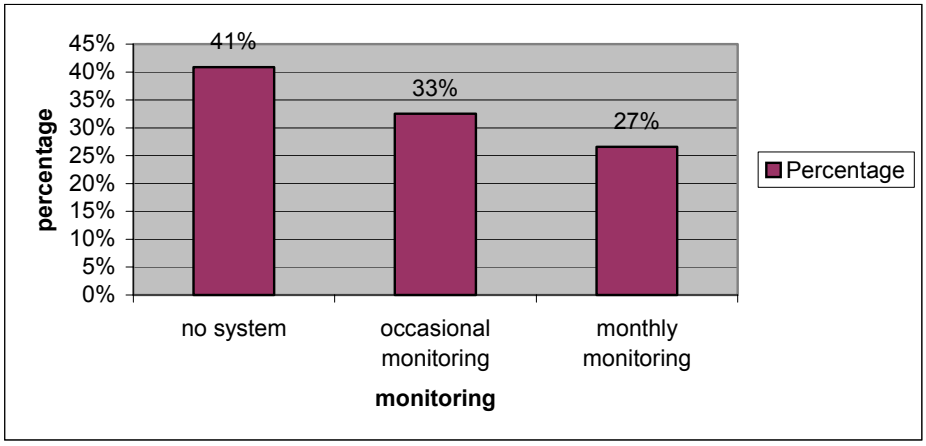
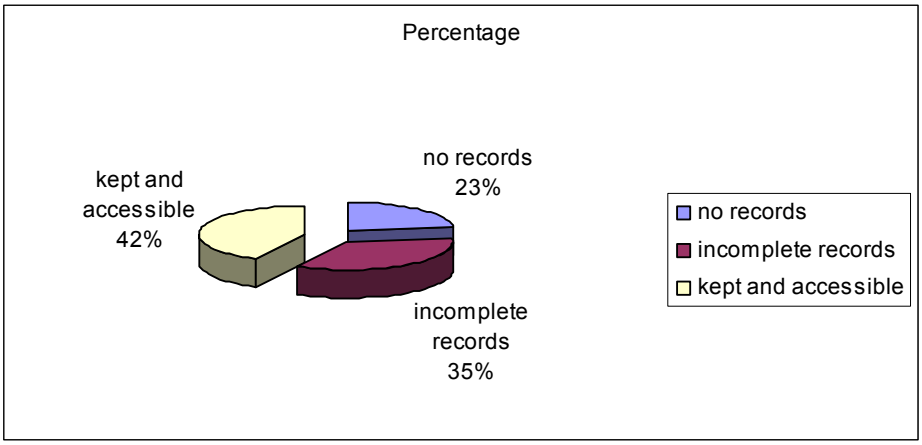


Fig. 28 Activity Records



4.4.12 Outside Involvement in Church HIV/AIDS work

The big numbers of churches have no records or incomplete records about the work they do. About 58% have no records nor have incomplete records.

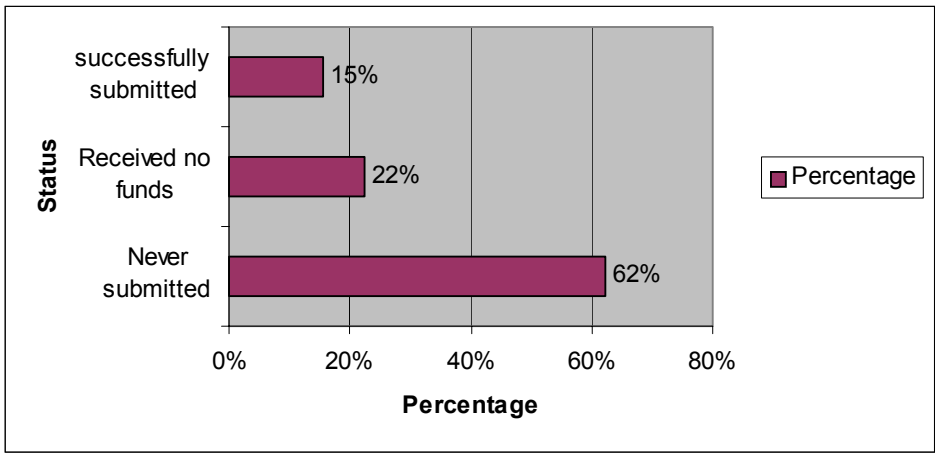
Table 16: Outsiders Participation

Levels of Involvement	Frequency	Percentage
No participation	55	22%
Some participation	91	37%
Active participation	103	41%
Total	**249**	**100%**

4.4.13 External Support

84% of the churches have never submitted proposals or have not received funding through proposals.

Fig. 29: ***Proposal submission***



4.4.14 Level of Technical Support Offered to the Church Through HIV/AIDS Programmes

At least 55% of the churches have not received technical support in terms of skills development to implement their HIV/AIDS activities.

Table 17: ***Receiving Technical support***

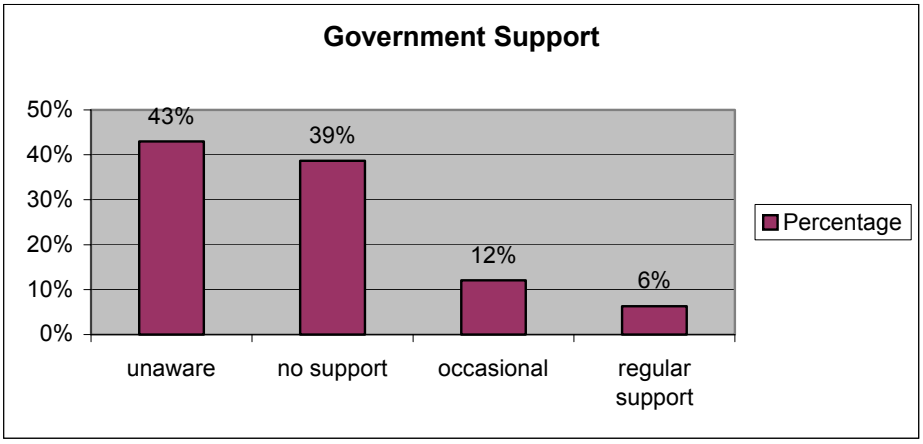
Technical Support	Frequency	Percentage
No support	123	55%
Participated in workshops	54	24%
Received training	30	13%
Regular support	18	8%
Total	**225**	**100%**

4.4.15 Government awareness and support to church HIV/AIDS Programmes

Most churches reported that the government is not aware of their HIV/AIDS programmes and they do not receive support from government.

"Some local authorities have not been very supportive. Instead of assisting us, they sometimes sabotage our efforts". (Kakande – Rakai district)

Fig. 30: Government Support



4.5 Networking and Affiliation

The majority of the churches are not affiliated to any network.

Table 18: Affiliation To Network

Response	Frequency	Percentage
No Network	97	42%
No Support	68	29%
Some Support	42	18%
Regular Support	24	10%
Total	**231**	**100%**

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS FOR SCALING UP HIV/AIDS INTERVENTIONS BY THE CHURCH

5.1 Conclusions

5.1.1 Interventions, Gaps and Challenges

- In general, the interventions that the church is carrying out can be classified as basic. These are not full-scale programmes but are interventions carried out from the local resources and materials mobilised by the local church and implemented by volunteers.
- The key prevention activities being implemented by the church to address the HIV/AIDS epidemic include general HIV/AIDS awareness and sensitisation and preaching of abstinence especially to the young people. The interventions by the church are mostly carried out by the volunteers and by the church leaders through sermons.

- The least prevention activity the church is carrying out is condom distribution. This is because the church is emphasising abstinence among the young people as the best method of prevention from the HIV infection. The other least intervention is Prevention Of Mother To Child Transmission (PMTCT) of HIV.

- The main care and support activities the church is undertaking is counselling and home care support to the families affected by HIV/AIDS. This is mainly done by church groups mostly volunteers.

- The main challenge that impedes on the implementation of the HIV/AIDS interventions by the church is limited financial support. Lack of resource materials and inadequate skills to carry out HIV/AIDS intervention. The skills include counselling, proposal writing and organisational management skills.

- Despite the challenges that the church encounter is implementing the HIV/AIDS interventions, the majority of the churches are carrying out at least some form of prevention and care interventions to respond to the epidemic.

- The outstanding intervention gaps that the church requires funding for and other forms of support include prevention activity, especially prevention of Mother to Child Transmission of HIV/AIDS, home-based and counselling for those infected and affected, orphan and vulnerable children (OVC) care income generation activities, life skills for the youths, development and distribution of IEC materials, VCT serves support to staff and infrastructure and training in different skills.

- The greatest strength the church has in responding to HIV/AIDS epidemic is the presence of volunteers, committed people in the church to the work and committed leadership.

5.1.2 Availability and Accessibility of Resources to the Church

- The majority of the churches do not have external funding to scale up their HIV/AIDS work, they depend on local resources.
- The problem the church encounters in mobilising funds for their HIV/AIDS work are lack of information on the sources of funding and lack of skills in resource mobilisation.
- Many churches do not have access to resource IEC materials because they do not have resources to purchase them or have not established networks on how to obtain these resources. The main source of these materials is mostly the health department and other NGOs.
- Use of volunteers is the biggest personnel resource the church has at its disposal to respond to HIV/AIDS. The volunteers however require some incentives facilitation and training in skills, to enable them do their work successfully. Most of the work accomplished basically done by the volunteers.
- A Volunteer was defined as a self-motivated helper who renders service at free will for the benefit of those he/she serves. Some of these visit on a daily basis where as other visit two to three time a week.

What motivates volunteers:

- Recognition and appreciation of their offer/input.
- Trust in them.
- Mutual support and encouragement meetings (prayer, sharing and celebration of successes as a result of their free will service).
- Periodic “Bash” eating together
- Equipment to use to facilitate their offer e.g. bicycles for Mobility, home care kits.
- Participation in decision-making.
- Transport and lunch refund ranging from US dollars 2 to 10 per day
- Others Gifts in kind

- The biggest number of churches does not have full time staff to do their work because of limited resources.

5.1.3 Capacities of the Church (Governance Infrastructure and Network)

- The basic infrastructure e.g. office premises and equipment are mostly lacking and therefore hinder the church from scaling up their response to HIV/AIDS.
- The church has limited monitoring systems, financial and activity reporting procedures about their HIV/AIDS work due to limited organisational development capacities.
- The church has very limited government support especially funding to undertake their work and yet they are reaching out to the majority of the people in the community.
- Networking and partnerships are lacking by the church and this impends in their scale up processes.
- The greatest number of the church at least has in place a committee or treasure to oversee the church financial resources.
- The church has low skills in HIV/AIDS programming that hinders scale up of their initiatives. However, a great magnitude of work has been accomplished ever under these circumstances.
- Overall the church is an institution that has a desire and potential to provide care and support to those affected and infected and is sustainable but requires more capacity development to scale up their HIV/AIDS work.

5.1 RECOMMENDATIONS

5.2.1 Interventions gaps for funding and support

The church is reaching out to the majority of the population in the country in addressing the prevention care and support HIV/AIDS needs overall support in the areas of financial, material, Human resources is required so as to effectively respond to the HIV/AIDS crisis.

- The key existing HIV/AIDS intervention gaps that require funding and capacity development support include: prevention activities especially prevention of Mother to Child Transmission of HIV/AIDS home-based and counselling for those infected and affected, orphan and vulnerable children (OVC) care income generation activities, life skills for the youths, development and distribution of IEC materials, VCT serves support to staff and infrastructure and training in different skills. We recommend funding for these funding gaps to enable the church scale up its HIV/AIDS responses.

5.2.2 Accessibility and Availability of Resources to the Church

- It is recommended that the work of the volunteers be recognised, facilitated in any forms to enable them carry out the work they are involved in.
- The role of the church is responding to HIV/AIDS be recognised by the government both at National and district level and resources be committed to the church initiative to enable them implement their HIV/AIDS activities.
- The biggest funding gap is towards personnel and infrastructure development for the church to scale up its HIV/AIDS activities. Adequate financial and logistical support be committed to the church to address this gap.
- Resource IEC materials are still limited in the church. The church should develop IEC materials, which target the church audiences, with involvement of the church congregation and Para-church organisations for utilisation

5.2.3 Strengthening of the Institutional Capacity of the Church

- As a fast track response; the initial role of the Uganda Christian AIDS network (UCAN) is to build the capacity the churches with basic HIV/AIDS programmes through training in organisation development skills. e.g.

strategic planning financial management, proposal and reports development, monitoring and evaluation and other related skills to strength the institutional capacity of the church.

- Networking and creation of partnerships by the church at district and national level needs to be strengthened where i.e. exists established where it does not exist. UCAN may take the leading role in facilitation this purpose.
- As an immediate activity; a directory outlining the resources and services of churches and other agencies at district and national level be developed. This will be a great resource for the church to identify and access the required resources; services and information to further improve their work.

5.2.4 Institutional Capacity of the Uganda Christian AIDS Network (UCAN)

- As an umbrella organisation, the institutional capacity of UCAN requires immediate strengthening through building of her institutional capacity as to play a leading role of coordination, information sharing, advocacy and networking among the church in Uganda. UCAN should also establish strong linkages the inter religious council of Uganda IRCU (Committee on HIV/AIDS) and other self-coordinating umbrella agencies.

- Overall UCAN should develop thin and lean but very effective and efficient secretariat and management structure to address the capacity development and information needs of the church in reporting to the AIDS crisis.
- It is recommended that UCAN should identify the churches with basic programmes and their training needs and link them to organisations with full-scale programmes to strengthen their programmes. District networks among the church are established to rollout this process.

5.2.5 Integration of HIV/AIDS Programming

- The church should integrate HIV/AIDS programmes in all its on going church activities. This will enable broader involvement and scaling up of the responses.

5.2.6 The Role of PACANET

- The Pan African Christian AIDS Network (PACANET) should play a leading role in developing the capacity of the national level Christian Networks to enable their coordination and capacity building role. PACANET should explore opportunistic of supporting the initial activities of the national network. This should include assisting the national networks access resources.

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Appendix 1

BEST PRACTICE EXAMPLE 1

CONTACT PERSON: The General secretary or AID for AIDS Coordinator, P.O Box 14231 Kampala Uganda
Tel: 256 –41- 542991/532125
Fax: 256-41- 532123
E-mail suuganda@infocom.co.ug

PRACTICE: FAMILY MINISTRY AND LIFE SKILLS EDUCATION FOR HIV/AIDS PREVENTION
SCRIPTURE UNION OF UGANDA AID FOR AIDS

1.0 BACKGROUND:

Scripture Union is a Worldwide Interdenominational organisation to which Scripture Union Uganda (established in 1963) is affiliated. Aid for AIDS is a Scripture Union department specifically in charge of Life skills Education for Family Life and AIDS prevention.

Scripture Union (hereafter referred to as SU's) aims are: -
1. To make God's Good news known to children, young people and families.
2. To help people meet God daily through bible reading and prayer.

Aid for AIDS (hereafter referred to as SU Life skills) Department fulfils one of the Mission objectives of SU, by reaching out to people to challenge and rebuild in them lifestyles that are in accordance with God's vision for the family.

2.0 DESCRIPTION OF PRACTICE:
The Aid for AIDS, Design for the family programme is a behavioural change programme which equips family members with Life skills for positive moral living. That is, sexual abstinence for single people and fidelity for married people through decisions made out of sound convictions.

The Life skills empower people against helpless vulnerability to risky lifestyles and counselling helps people already at risk to be motivated to avoid self-destructive survival lifestyles. It aims at lessening high-risk behaviour through information and building capacity for wholesome lifestyles passed to the target group in seminars and other forums.

3.0 PROBLEMS ADDRESSED:

The AIDS problem continues to be a sad story owned by increasing families in Uganda, inspite of years of the reality being established. Many people are still ignorant about how it spreads, and many more feel helpless to stop themselves from risky behaviour.

The social workers say that people feel helpless to stop themselves from risky behaviour because of pressing needs they face. The Economists urge that we have prostitutes on the streets because there is demand for prostitution services. Hence, if we want to do away with prostitution, we have to kill the demand for its services, implying the impossibility of handling the problem.

As Scripture Union, our argument is that surely there must be an answer somewhere – families; which are the smallest units of our society where people should be loved and accepted unconditionally. Something has gone wrong with our family lives and needs to be addressed. We do feel that the existence of needs or the existence of demand for prostitution (as in there are buyers), does not necessarily mean that people should be promiscuous because there are alternative ways of meeting the needs. There are many in our societies today who do not have much but are guarding themselves against risky behaviour. We may register less success in as far as changing behaviour of those who are promiscuous is concerned, but we strongly believe that these are explored in the areas of life's various relationships and sexual morality.

The programme stimulates the young people to think for themselves, to consider alternative attitudes and values in life and to acquire life skills in relationships at home, with friends and in the community.

4.0 PURPOSE OF INTERVENTION:

To reduce HIV/AIDS infection especially, among, children and youth through evangelism and Life skills Education for lifestyle change, which reduces high-risk behaviour.

5.0 OBJECTIVES OF THE INTERVENTION:

- To Influence lives to be transformed such that AIDS and other results of the break down of Family Life are reduced, and finally stopped.
- To teach the Gospel of Jesus Christ as the true foundation for family life for every family member to be fulfilled.

The above two objectives can be further broken into: -

1. To equip young people with Life skills to avoid risky behaviour.

2. To develop capacity at regional, community and church level to adopt, own and sustain the programme.

3. To empower the parents to manage some of the key challenges that cause a drift between parents and children; destroying God's vision for the family and promoting risky behaviour.

4. To envision young working class people on Christian values and empower them to avoid risky behaviour whether single or married.

6.0 CONTEXT OF INTERVENTION

There are 5 Programme components addressing 5 different categories of people (children, youth, youth out of school, parents and married couples) because we believe that vulnerability to HIV/ AIDS infection, as well as Family Life responsibility is different for each category. These include: -

1. Adventure Unlimited Life skills for Children.
2. Choose Freedom, Life skills for Youth.
3. Engagement steps through Searching, Discovery, Relating, and Decision-Making before marriage, for Young Single Adults.
4. Positive Parenting for every kind of Parent, as our partner in this mission.
5. Enjoy Your Marriage, for Couples, Marriage Enrichment and Strategy of growing from strength to strength as one.

7.0 ACTIVITIES OF THE INTERVENTION:

1. Life skills Education Programmes to:-
   a. Children in school.
   b. Youth in school.
   c. Young Adults in post-secondary institutions.
   d. Out of school children / youth.

2. Life skills Seminars to:-
   a. Young single adults.
   b. Parents.
   c. Married couples.

3. Camps for children and youth.
   a. Short conferences and seminars in schools.
   b. Outreach to all through churches.

4. Training :-
   a. Implementers in Life skills education.
   b. Implementers in Basic Counselling.
   c. School Teachers in Guidance and Counselling.

8.0 PROCESS OF INTERVENTION

i. Adoption by the individual of positive life values.

We are not just sharing information. The programme has more to do with attitudes and values in life than bare facts. Implementers do encourage personal involvement and group participation. The method is more of learning through drama, role-plays, games, stories, discussion and shared experience rather than the more familiar chalk-and talk method of the classroom. Opportunity for personal discussion with individual children is given so that they can share their own situation and problems as with an older friend.

ii. A positive motivation to change

The programme provides this by painting an attractive picture of the beauty and security in the family as God intended it. In the light of what marriage and family relationships should be in the long-term, young people can more realistically assess their present behaviour .The bible is enthusiastic about the wonder of sexual relationships within marriage but the message that has come across Christians is that God is against sex. That is no more effective than the `AIDS kills' message. We aim to help young people appreciate the positive benefits and practicality of God's plan for relationships. The programme encourages them to say `That is the way I want to live'.

iii. Positive Peer Pressure. The support of a like-minded group.

None of us finds it easy to stand-alone and it especially hard for children and teenagers to do so. In any class or group, their will infact be a number of children who will want to live by godly values. They are not alone but are usually made to feel alone by the pressure of society.

The programme aims to change the community perception of moral and sexual behaviour and enable a group to emerge who will help one another to uphold God's plan in their relationships. In some schools, this may be through the existing SU groups. We have called this 'Positive Peer Pressure'.

9.0 STEPS IN IMPLEMENTATION

I. Involvement and participation

We involve the participants and listen to what they are saying. We are committed to listening to them, finding out what is on their agenda of love, sex, AIDS and relationships. If we do not ask and incite questions, we are sure to fail.

There is fun and humour - as implementers play the part of chief stirrer - get reactions - and set the participants thinking for themselves.

II. Personal interaction

Building strong relationships with individuals and a group makes the programme successful.

Teams of three or four people in a class of thirty students, makes the one -to one interaction and a group discussion possible. Much time is planned for, to talk to the young people on an informal basis.

III. Being where the participants are at

We try to have an understanding of their kind of jargon. Be aware of issues in their every day life that are important to them such as fashion, music and sports as well as their thinking about the future training careers. We avoid being dogmatic. If a participant says something disagreeable, we don't tell him it's totally wrong. Rather we ask him questions to make him think; such as `Have you thought about the consequences of that statement?'

IV. Keeping the participants involved and active.

Young people may close up or become antagonistic very quickly if they feel they are not allowed to air their views.

We let participants know that we respect and value their opinions. We keep the participants eyes, ears, and mouth active. We let them discuss, draw them into debate, do skits or explain something on the blackboard. The re-explaining helps reinforce what they have learnt.

V. Sharing of Personal experiences

This does help if rightly used. By telling incidents from own life or things that have happened or examples from friends.

VI. Use of relevant illustrations

Explaining situations at school or at home in the participant's perspective and possible lifestyle.

VII. Regular revision of important principles throughout

At the beginning and end of each session, we ask them what they recall from the previous seminar and what they have learnt respectively.

VIII. Use audio -visuals

A wide variety of teaching methods -filmstrips, videos overhead projectors talk and chalk, flipcharts drama, music, dance discovery projects, dialogue debate and many others are used.

These are the specific programmes designed to reach the different target groups.

Adventure Unlimited

This is designed for pre-teenagers 9-14 years old who have not yet started going against rules and values taught by parents, teachers, communities and religions on avoiding risk-behavior. These children, in most cases will only be used or abused sexually, are still vulnerable. This tool teaches life, and growing up as an adventure, with a destiny the child can influence, given the right guidance and making the right choices. It has 9 topics, each taught in 60-80 minutes and video lessons of 15 minutes per lesson. The Programme equips the pre-teenager with anticipation for changes of growing up, and warns of the danger of AIDS. It builds the invaluable preciousness of the family life and positive friendships. It prepares the child to cope with areas of vulnerability and establishes a supportive relationship with the implementers in case the child needs counselling or referral for other support.

Choose Freedom

This is the manual designed for the youth in Secondary Schools and Colleges, those out of school and working class singles. It challenges them to discuss objectively, values they have started questioning or those they have abandoned altogether. It gives them a chance to eventually choose the best. In 10 sessions (80-120 minutes), it discusses Freedom, Self-esteem, Communication, Self actualisation, Love, Sex, Romance without regret, Family life, AIDS, Practical friendships, Dating for marriage, and Christianity. It is a forum for discussing with the youth, issues that they identify as major sources of confusion between fun and risk, as far as relationships are concerned.

Positive Parenting

This is a series of Seminars for parents to discuss and learn how best to cope with the major Challenges of parenting. Examples are Discipline, building Confidence, spending time with the children, Family fun, Helping children study, Teaching about sexuality etc. This strengthens the role of parents in producing young people with wholesome lifestyles.

It also creates mutual accountability between the parents and children on risk behaviour and other values. Where this Programme follows Adventure Unlimited, the children's felt needs are dealt with, as well as common answers of Street children to the question 'why did you leave home?' This is a strategy to keep more children off the streets, and other results of broken families.

We raise allies in the parents as our partners in supporting the children against risky behaviour. Most children in Uganda are at risk because of poor parenting.

Engagement

Youth who are out of school and in transition to marriage are at risk as they choose whom to settle down with, and when. Some may never be married. This manual is to support the young people and help them through the stages of searching, discovery, decision-making and commitment.

Enjoy Your Marriage for Couples

This is a marriage enrichment programme to strengthen commitment to the marriage relationship. It addresses issues of conflict and answers questions that are tailored to the couples' needs. The programme also takes care of the individuals' vulnerability to risky behaviour and protects the children as well, since the millions of AIDS orphans in this nation are also a great risk factor.

10. ACHIEVEMENTS/ POSITIVE IMPACT

- Building capacity in many other organizations and churches i.e. boost in their youth, children, and adult work.
- Many sister organizations are now using SU material in teaching life skills to young people. Their continuation to use it shows that they are effective.
- Life skills programs are now running in almost in all districts in Uganda. Some districts are catered for in SU regions, others are reached through partnership with other organizations. We get reports from them and they are good.
- There is a general change of attitude among students we have visited especially how the opposite sex should be treated.
- A good number of people have come to know the Lord through the youth and children sessions, trainings and seminars.
- Awareness to many HIV/AIDS prevention organizations have been done regarding the effectiveness of value based approach, thus our partnership has increased greatly.
- There is a drastic increase in the number of students who sign commitment cards This is optional and so when we see many more desire to commit themselves to living a pure life and staying away from sex, this blesses our hearts.
- Open sharing among the youth and children is now easier than it was before; this is because of the approach we are using. We have a number of people who come for counselling, old and young, which means that people are willing to change for the better and are looking for how easy they can do it.

11. CHALLENGES AND PITFALLS

- Very low local support. People are so much used to receiving from outside yet we need to learn to support our cause.
- We base on Biblical principles and know they are ideal for society yet some of our cultural beliefs don't agree with them e.g. polygamy, marrying off daughters against their wills before proper marriage.
- We teach and know that Abstinence is the best way to overcome AIDS and yet there is a massive promotion of condoms in every corner of the nation, this is a big challenge.
- Getting funds for this work is hard. There are many competitors so we find that our proposals are not a priority to some donors.
- Most of the work is done by volunteers, who can't give a guarantee of being wholly available. They have other things to do, some move to different places. You find that we always need other people to be trained to continue with the implementation.

- Wars and diseases have hindered the work a lot. Our teams in Gulu, Lira, Kotido and Moroto cannot operate now because of wars and diseases.
- We lack enough equipment to go around the bases e.g. video shows, which follow the teachings in school cant, be shown because there is no video equipment and in some areas there is no transport to facilitate the activity.
- Language barriers: our material is in English and yet in many rural areas children do not understand it. We need to translate the material to make it beneficial to these people.
- Many times we have dealt with people whose focus is on money (how much I get and how much I can get it.) other than how do I achieve my goal. It's a challenge because many times we have entrusted resources to people we thought have the same mission only to disappoint us.
- Differences in the faith/regions and their beliefs vs. what we believe e.g. Moslems being able to see the risks in their daughters marrying as 4th wives is hard for them.
- Some schools don't want any interference with their school programs so administrators become so rigid; they think its wastage of time to teach life skills. Some schools give us exactly one hour for instance, yet children need more time to be with us to ask questions.
- There is barely any time for counselling in schools and yet that's where most children and youths with counselling needs are. This is mostly because of administrators' attitude towards the program

12. RECOMMENDATIONS.

- Working in unity is the best we can do to overcome HIV/AIDS. Especially people who have a common belief, which we strongly believe, is an answer to our problem.
- Raising local support. We should make our beneficiaries more resourceful and not just receive. People in Uganda and in places where we are working should own up the responsibility to carry on the program. They can fund it; give food in meetings and so on.
- Come up with many more out of school children and youth programs, which are appropriate to their concerns and needs.
- More sensitization should be made about the value based approach to the government and local leaders and other NGOs dealing with AIDS prevention especially those not faith based.
- Always see that we stick to what we believe and do it. The tendency of compromising our standard due to the demands of donors should be avoided otherwise we loose our direction.
- Meetings with Head teachers for more sensitization and asking for their input i.e. what can they contribute.

13. CRITICAL ISSUES AND LESSONS LEARNT.

- People around us are looking for the truth about protection of life, not something just to try out. This has come out in our evaluations and probably because we directly address the daily life issues.
- Society has offered so many alternatives, which in the long run don't address and solve issues people are struggling with. We had better tell the truth about risky behaviour other than giving alternatives like condom use. A question we always ask people is would you very quickly tell your child to use a condom yet we know they are not safe?
- Children and youths have many unanswered questions about life, growing up and we should be able to give answers to these questions. Sadly some of them are about their own parents, the best we do is to help them get answers from where they are.
- All sorts of people need skills/skills for positive living. Government officials, doctors, academicians, politicians, married, parents, young workers, youths in and out of school as well as children. We should ensure they get them because they affect society a lot.
- These programs affect even implementers. We have learnt to be models in society and know that people learn from us from who we are and not much of what we say. At least every trained implementer has an opportunity to learn that, and chooses to be an example in their family at least.

Appendix 2

BEST PRACTICE EXAMPLE 2

CONTACT PERSON.
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PRACTICE: CHURCH MOBILISATION MODEL TO RESPOND TO HIV/AIDS.
THE AIDS INTERVENTION PROGRAMME DELIVERANCE
CHURCH UGANDA

1.0 BACKGROUND

The Aids Intervention Programme – TAIP is Interdenominational religious charitable organisation founded in 1989 under the Umbrella of the Deliverance Church Uganda (DCU). It is registered under the Deliverance church and based in Jinja town, Uganda. TAIP was established with a purpose of facilitating a church response to the HIV/AIDS epidemic, through comprehensive training programmes. TAIP'S commitment is to strengthen church groups for effective response to HIV/AIDS. TAIP is steered by 8-member board of directors appointed by its umbrella organisation. The board is responsible for setting out programmes for TAIP. Since its inception, TAIP has been training HIV/AIDS caregivers, counsellors and family members who have played a significant role in reducing the impact of HIV/AIDS

2.0 OBJECTIVES

(a) To mitigate the adverse effect of HIV/AIDS in the community by giving the local church skills in home based care, child counselling, abstinence based youth life skills education, training of trainers and entrepreneurship skills.
(b) To build the capacity of Para church community based organisation that have emerged out of the skills giving programme above.
(c) To share TAIP'S Successful church mobilisation Model/strategy to churches and Para church organisation in and outside of Uganda.

3.0 ACHIEVEMENTS

a. Set up 129 church based community volunteer groups in 7 districts of Uganda.
b. Facilitated the development of over 60 community-based organisations.
c. Raised a volunteer workforce of about 2000 people.
d. Set up Para church NGOs involved in HIV/AIDS Work
e. Promoted HIV/AIDS work through mobilisation and skills training to 90 churches through 6 major Uganda Town church fraternities.
f. Played a major roll in founding and launching of the all Africa PACANET.
g. Played a leading role in forming the Uganda Christian AIDS Network – UCAN.
h. Technically supported the establishment of BOCAIP, one of the leading HIV/AIDS organisations in the nation of Botswana.
i. Hosted participants from over 10 African nations to learn about the successful TAIP model.
j. TAIP has been able to reach over 20,000 People living with AIDS through homecare and counselling.

4.0 LESSONS LEARNT

(i) Mobilising churches to respond effectively begins with leadership.

(ii) Once the leaders embrace the idea, there is always a commitment to take HIV/AIDS as a ministry priority area.

(iii) The leadership needs to be assisted develop a plan of action for immediate activities that may be undertaken as a congregation response, bringing in other members of the congregation who are either directly or indirectly affected. A Programme without a well outlined thought plan for sustainability is bound to fail.

(iv) A wider community response to HIV/AIDS by the church begins with a congregation response.

(v) It is possible for a group to still be "existing" and at the same time be "extinct" in as far as performance is concerned. Therefore mobilisation and support should be on-going focusing on building the capacity of congregations to deal with the dynamics of HIV/AIDS, but also it acts as a motivational trigger.

(vi) Organising for effective response should be an absolute. Churches may form HIV/AIDS focused groups, at TAIP they are called Support Action Groups, or may use the existing social groups to address HIV/AIDS.

(vii) Achievement of target outputs is not a guarantee that impact has been made. Infact achieving outputs without impact is very possible. For example the number of volunteers trained until active in the diverse community may have nothing to celebrate about.

(viii) To widen the congregation support base, the Church HIV/AIDS focused group should always be given opportunity to share their experience,

especially the successes and challenges in the implementation process. The stories plays a major role in challenging others not in the group

(ix) Leaders are very instrumental in inspiring their congregations but may not be depended upon on the day-to-day activities. It is important to choose an HIV/AIDS point person. At TAIP this person is called the Support Action Group co-ordinator.

(x) Community active involvement at all levels beginning with the civic leaders especially at the initial stages is very crucial if one is to achieve acceptance and a favourable operational environment. Thinking for a community and planning for them is very disastrous in as far as sustainability and impact are concerned.

5.0 CHALLENGES

(i) The overwhelming needs of the communities served, both the infected and affected families.
(ii) The raising number of orphans.
(iii) Access to other support services like VCT, treatment is a problem. TAIP works mainly in rural communities.
(iv) There are needs that require money to address, but most rural communities earn seasonally. When the harvest season is over they go through a very hard time in maintaining their visitation tempo.
(v) In some communities the number of infected and affected is raising every other day.
(vi) In some churches, sustainability of the groups has been a major challenge. This depends more on how leadership is involved and the kind of support rendered to the HIV/AIDS focused group by the leader.
(vii) The syndrome of dependency on TAIP is a challenge in some churches. Some feel TAIP should continually provide resources for their activities.

6.0 RECOMMENDATIONS

(i) Target Church leaders as the first step.
(ii) Form HIV/AIDS focused groups.
(iii) Choose an HIV/AIDS point person.
(iv) Build the capacity of the groups in the various HIV/AIDS related skills.
(v) Widen the support by sharing successes and challenges in the implementation process.
(vi) Link up with civic leaders where the church group will work.
(vii) Community programmes should involve the community at the initial stage of preparation.
(viii) Networking and collaboration with other stakeholders is very important.
(ix) Encourage the groups to involve in Income generating groups and other resource mobilisation initiatives.

7.0 INTERVENTION STRATEGY (The MODEL)

TAIP normally gathers baseline data in identifying churches to work with. The identified churches are then visited targeting the leaders as the first step. Once the leaders fully embrace the idea, a mobilisation meeting with the entire congregation is held. It is during this meeting that people committee them selves to engage in the fight against AIDS. These form a group that is HIV/AIDS focused. The same group later receive training in care and counselling. Before the training starts, an integration visit is made, in which information is shared with the church. The information package includes, what TAIP does, what TAIP is and the conceptual framework of the model. Issues of partnership are shared at this stage, the church is reminded and challenged to take up its call as Christians to care for the suffering including AIDS patients. Emphasis here is put on issues of integrating HIV/AIDS in the various church ministries, so that it becomes an issue on the local ministry agenda. If the church accepts to receive the training, the church becomes a partner with TAIP.

TAIP organises follow up visits referred to as support visits for mutual and morale support to the group members.

Periodic church leaders meetings are organised where experiences are shared.

Linkage with civic leaders helps in providing a free operational environment and identification of affected families in addition to those identified by the church members.

In summary the model:

- Targets leadership to inspire the congregation
- Formation of HIV/AIDS focused groups the support action group
- HIV/AIDS point person to coordinate the activities.
- Building the capacity of the group.
- Link the group to civic leaders.
- Links the groups to other stakeholders in the local community and beyond were possible.
- To widen the congregation support base, others not in the group are challenged to support the 'frontline actors' the support action group.
- Encourages working 'with not for' the families of the affected, so that this is viewed as a shred responsibility and not dependency on the support group.
- Builds mutual and moral support mechanism for motivation and encouragement.

Appendix 3: Research Instruments

SITUATION ANALYSIS FOR CHURCH RESPONSE TO HIV/AIDS

PACANET QUESTIONNAIRE

JUNE 2003

RESPONDENT: CHURCH LEADER/PROGRAMME LEADER

RESPONDENT NUMBER	
CHURCH NAME AND/OR AIDS PROGRAMME NAME	
TYPE	Church ☐ Head office or diocese ☐ Network ☐ Umbrella body ☐ Partners ☐ Para church organisation ☐
DENOMINATION/AFFILIATION	Anglican ☐ Pentecostal ☐ Orthodox ☐ Catholic ☐ SDA ☐ None/Not appropriate ☐
DISTRICT OF LOCATION	
RESPONDENT NAME (OPTIONAL)	
CONTACT PERSON	
CONTACT ADDRESS	
POSITION	

SECTION 1: IDENTFICATION OF INTERVENTIONS

A. TYPES OF INTERVENTIONS:

1. Is your church/programme involved in any HIV/AIDS activities?

Yes 1
No 2
Don't know 3
If yes, proceed to question 2 and 3.
(If no proceed to question 4,5 and 6).

2. If yes, what HIV / AIDS activities is your church/programme doing? Please x the appropriate numbers.

(i) Prevention

	Yes	No
(a) General awareness and sensitisation.	1	2
(b) Life skills (youth).	1	2
(c) Voluntary counselling and testing (VCT).	1	2
(d) Condom distribution.	1	2
(e) PMTCT (Prevention of Mother to Child Transmission of HIV/AIDS.	1	2
(f) Promoting Abstinence	1	2

(g) Other (specify) …….

(ii) Care and support

	Yes	No
(a) Provision of Home care.	1	2
(b) Counselling support	1	2
(c) Treatment of opportunistic infections.	1	2
(d) Income generating activities.	1	2
(e) Shelter construction.	1	2
(f) Vocational skills.	1	2
(g) Linkages with health units and other service providers.	1	2
(h) Spiritual support for those affected and infected by HIV/AIDS.	1	2
(i) Social support groups.	1	2
(j) Material support to those infected and affected.	1	2
(k) OVC support (educational, material)	1	2

(l) Other (specify) …….

(iii) Advocacy and training

	Yes	No
(a) Lobbying	1	2
(b) Capacity development	1	2

3. What aspects of HIV/AIDS are you not addressing and would like to address?

4. If no why are you not doing so.	Yes	No
(a) Lack of human resources	1	2
(b) Lack of financial resources	1	2
(c) Lack of material resources	1	2
(d) No interest at all.	1	2
(e) HIV / AIDS is not a problem in our church.	1	2
(f) Others are doing it.	1	2

(g) Others specify ……

5. Do you have any plan to start addressing HIV/AIDS aspects in your church?

……
……

……
……

6. What aspects of HIV/AIDS would you like to address or to do?

……
……
……
……

B. GENERAL CHALLENGES/PROBLEMS/GAPS IN IMPLEMENTATION

	Yes	No
7. What challenges does your church/agency/programme face in implementing its HIV/AIDS initiatives?	1	2
(a) Inadequate resources/funds	1	2
(b) Limited staff/personnel capacity.	1	2
(c) High expectations from the congregation/community.	1	2
(d) Discrimination and stigma.	1	2
(e) Limited appropriate skills.	1	2
(f) No vision about HIV/AIDS.	1	2
(g) Poor accountability of resources.	1	2
(h) Too much workload.	1	2
	1	2

(i) Others/ specify ……

8. What does your church/agency suggest/adopt to overcome these challenges?	Yes	No
(a) Access to funding/resources.	1	2
(b) Training in technical skills.	1	2
(c) Sensitisation to the church to deal with stigma and discrimination.	1	2
(d) Facilitating staff/personnel.	1	2
(e) Training in financial management skills.	1	2
(f) Training in organisational management skills.	1	2

(g) Others/ specify ……

9. What does your church/agency consider as its strength in responding to HIV/AIDS.	Yes	No
(a) Voluntarism	1	2
(b) Access to resources/services with the agency and outside environment.	1	2
(c) Committed people.	1	2
(d) Good leadership.	1	2
(e) Estimated networks and referral.	1	2
(f) Support by the congregation.	1	2

(g) Others/ specify ……

SECTION 2: IDENTIFICATION OF RESOURCES

Financial Resources

10. Do you receive any HIV/AIDS funding? Yes 1
No 2
Don't know 3

11. How do you fund your HIV activities?	Yes	No
a. International donor	1	2
b. Sister churches overseas	1	2
c. Members' contributions	1	2
d. Government	1	2
e. Private sector contributions	1	2

(f) Others/ specifies.

12. What successful methods/strategies have you used to get funds for your work?	Yes	No
(a) A. Submitting proposals to donor partners	1	2
(b) B. Local fund raising events	1	2
(c) C. Contacting private companies	1	2
(d) D. Using individual contacts	1	2
(e) E. Going through a network	1	2
(f) F. Going through denomination contacts	1	2

(g) Others/ specifies.

13. Have you had any problems in getting funds? What were the problems?	Yes	No
(a) No problems	1	2
(b) Proposal not accepted	1	2
(c) Delays in receiving funds	1	2
(d) Lack of information on where to go for funds	1	2
(e) Miss-match between donor priorities and church priorities	1	2
(f) Too many donor requirements	1	2

(g) Others (please specify).

14. 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			
Counselling			
IGAs			
Resource materials (Behaviour change communication and information education communication materials or IECD)			
Volunteer incentives			
Organizational development			
Core support			

(operational)			
Infra-structure			
VCT			
Training			

Others/ specify ……

15. Do you have any recommendations on how churches could get more funds for HIVADS activities?

……
……
……

Material Resources

16. Do you use any HIV/AIDS resource material? Yes 1
No 2
Don't know 3

17. If no, why not?	Yes	No
(a) Not available	1	2
(b) Not required	1	2
(c) Not relevant	1	2
(d) Wrong messages	1	2
(e) No funds to purchase	1	2

(f) Others/ specifies.

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

Name/Type of material	Source

19. Please rate the materials you use.

Factor	Yes	No
(a) The language is easy to understand		
(b) It is relevant to target group		
(c) It is culturally sensitive		
(d) It is easy to use		
(e) It covers the necessary information		

(f) Others/ specifies.

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

Human Resources

21. Does your church/programme use volunteers? Yes 1
No 2
Don't know 3

22. If yes how many? …….

23. If no why?

……
……
…… ……..

24. Do the volunteers receive any incentives?

	Yes	No
(a) None	1	2
(b) Regular financial incentive	1	2
(c) Christmas/ Easter gift	1	2
(d) Food	1	2
(e) Other material (bicycle, umbrella, shoes)	1	2
(f) Recognition	1	2
(g) Certification	1	2
(h) Travel allowance	1	2

(f) Others/ specifies.

25. Do you have any staff working on HIV/AIDS? Yes or No

26. If yes, how many? …….

27. If no, why……
……
……

	Yes	No
(a) Full time	1	2
(b) Part time	1	2
(c) Local	1	2
(d) Expatriate	1	2
(e) Consultants	1	2

(f) Others/ specify ……

28. What training has been received by staff and volunteers 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				
Counselling				
Developing IECD/BCC materials				
Financial management				
Organisational development (management)				

Others/ Specify ……

SECTION 3: ESSESSMENT OF CAPACITY

29. Does your church programme/Agency have a constitution?

	Yes	No
(a) No Constitution	1	2
(b) Some principles written down	1	2
(c) Written constitution, not approved or non-functional	1	2
(d) Approved Constitution which guides organization	1	2

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

Yes 1
No 2
I don't know 3

31. If yes do they meet and make decisions	
(a) No meetings	1.
(b) Rare meetings; few decisions	2.
(c) Regular meetings and frequent decisions	3.

32. Does your church programme have a treasurer/Accounts personnel who supervises the finances?

(a) No Treasurer/accounts personnel	1.
(b) Treasurer accounts personnel appointed but does not do the work.	2.
(c) Treasurer Accounts personnel supervises the finances	3.

33. Does your church keep accounts and make reports?

(a) No accounts kept	1.
(b) Accounts monitored and presented annually	2.
(c) Accounts are kept monthly or quarterly and presented regularly	3.

34. Does your church/programme have a bank account?

(a) Has no account	1.
(b) Has funds but no account	2.
(c) Uses someone's personal account	3.
(d) Has its own bank account	4.

35. Are your accounts audited?	
(a) Not audited	1.
(b) Not audited every year	2.
(c) Audited annually	3.

36. Does your church/programme have its own office base?	
(a) No office	1.
(b) Access to shared office	2.
(c) Own office	3.

37. Does your church/programme produce any reports (newsletters/annual reports)	
(a) No information produced	1.
(b) Some information given out	2.
(c) Regular reports distributed	3.

38. Tick if your church/programme has the following:	Yes	No
(a) Telephone	1	2
(b) Fax	1	2
(c) Computer	1	2
(d) Email and internet	1	2
(e) Others specify	1	2

39. Does your church plan the development of its HIV/AIDS activities?	
(a) No planning	1.
(b) Occasional planning	2.
(c) Organization regularly plans its HIV/AIDS activities	3.

40. Does the church/programme have monitoring systems for its HIV/AIDS activities?	
(a) No monitoring	1.
(b) Occasional monitoring activities and\ reports	2.
(c) Monitoring undertaken at least monthly	3.

41. Does the church/programme keep records and documentation of its activities?	
(a) No records or documentation kept	1.
(b) Records kept but incomplete	2.
(c) Records are complete and accessible	3.

42. Are members of the wider community participating in your HIV/AIDS activities? E.g members of church, Pastors and other leaders, administrators, spiritual overseers, deacons, and other stakeholders, external to the institution/agency e.g community leaders, government officials, etc.	
(a) No participation by the wider community (b) Some participation (c) Active involvement and participation	1. 2. 3.

43. Does the church obtain financial or material support from outside the community for HIV/AIDS work?	
(a) No support from outside	1.
(b) Infrequent support from outside	2.
(c) Frequent and strong support from outside.	3.

44. Has the church/programme ever submitted and received funds from a proposal?	
(a) Never submitted a proposal	1.
(a) Submitted a proposal but received no funds	2.
(c) Successfully submitted a proposal	3.

45. Has your church/programme ever received technical support from an external source?	
(a) No external support	1.
(b) Have participated in external workshops	2.
(c) Have received training from an external source	3.
(d) Receive regular support from outside.	4.

46. Do the relevant government departments know about and support your HIVAIDS activities?	
(a) Unaware of activities	1.
(b) Aware but no support	2.
(c) Occasional support	3.
(d) Regular government support	4.

47. Are you affiliated to and supported by any network?	
(a) No affiliation or support	1.
(b) Affiliated to a network/forum but no support received	2.
(c) Affiliated to a network and some minimal support	3.

received	
(d) Affiliated to a network and receive regular, strong support	4.

48. How do you rank this church/programme intervention	
(a) Basic (with no funding, no work plan, no committee, etc).	1.
(b) Developing (with some funding, organised committee, etc)	2.
(c) Full scale (with funding, scaling up, good work plan, staff in place).	3.