COUNCIL OF ANGLICAN PROVINCES OF AFRICA (CAPA)

HIV/AIDS PROGRAMME

Desk Review (2001 - 2005)

September 2006

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HIV/AIDS PROGRAMME

Acknowledgement

The Council of Anglican Provinces of Africa (CAPA) is thankful to all the Archbishops, Bishops, Provincial Secretaries and other stakeholders within the 12 Anglican Provinces and the Diocese of Egypt for supporting and implementing the first Strategic plan (2001-2005) of CAPA entitled**" Planning our Response: A Step by step guide to HIV/AIDS Planning for the Anglican Communion"** which was the outcome of Boksburg, South Africa meeting on HIV/AIDS held in August 2001. We sincerely appreciate the former Archbishop of Canterbury, Most Revd. Hon George Carey, for his immeasurable support.

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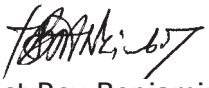

Most Rev Benjamin Nzimbi
Chairman, CAPA HIV/AIDS Board and Primate, Anglican Church of Kenya

Abbreviations

ACET	AIDS Counselling, Education and Training
AIDS	Acquired Immuno-Deficiency Syndrome
CAPA	Council of Anglican Provinces of Africa
FBO	Faith Based Organisation
HAART	Highly Active Anti Retro Viral Therapy
HBC	Home-Based Care
HIV	Human Immune Virus
IGAs	Income Generating Activities
M & E	Monitoring and Evaluation
OVC	Orphans and other Vulnerable Children
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
TB	Tuberculosis
VCT	Voluntary Counselling and Testing
UNAIDS	Joint United Nations programme on AIDS

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Executive Summary

Too often, development organizations including faith based organizations such as CAPA spend time, effort and money to judiciously carry out development programmes as outlined in their strategy.

The main purpose is usually to make life better for individuals or people that have been systematically marginalized, affected or discriminated against. Very rarely do we take time to reflect and evaluate what is working and what is not working. Additionally, what goes on as Programme work remains too often in the minds of those people who are involved in the day to day execution of these programmes.

This desk study was designed purposely to document the work that CAPA has been involved in during the 2001 – 2005 period. It provides an opportunity to not only document for future reference purposes but also to inform on-going interventions on the realties and contexts on the ground.

Programme interventions will be modified to reflect realities based on the lessons and findings of these studies. Furthermore this review serves as an important instrument for helping other actors to know what CAPA is doing and build synergies rather than duplicate efforts. It also helps organizations and groups that want to work with us to know how and at what point to engage with us.

The study shares information about CAPA's work in the 12 Provinces located in 25 countries in Africa. The study highlights the programme activities, vision, mission, challenges and lessons learnt in the course of implementing the HIV/AIDS programme.

The study also shares recommendations for improvement of the programme based on the findings and the conclusions drawn. The findings have been arranged in the order of Provinces which in CAPA's context refer to its geographical coverage within a country or sub region.

Chapter 1

Introduction and Background

The Council of Anglican Provinces of Africa (CAPA) is a Faith Based regional Organization that was established in 1979 in Chilema, Malawi, by the Anglican Primates in Africa. Its goal is to coordinate and articulate issues affecting the Church and communities across the region. The Council operates in 12 Anglican Provinces in 25 African countries where the Church has its presence including the Diocese of Egypt. These Provinces are Burundi, Central Africa (Bostwana, Malawi, Zambia and Zimbabwe), Congo, Indian Ocean, Kenya, Nigeria, Rwanda, Southern Africa (Angola, Lesotho, Mozambique, Namibia, South Africa and Swaziland), Sudan, Tanzania, Uganda and West Africa (Ghana, Cameroon, Togo, Sierra Leone,).

CAPA's aims and objectives

- To help the Anglican Churches in Africa develop beneficial relationships between themselves and with the wider Anglican Communion;
- Provide a forum for the Church in Africa to share experiences, consult and support each other;
- Confer about common responsibilities on the African continent;
- Establish opportunities for collaboration and joint activities;
- Maintain and develop relationships between the Anglican Church in Africa, Partners, other Denominations, Fellowships, National and Regional Councils.

Vision of CAPA

A unified and self-sustaining Anglican Communion in Africa, providing holistic ministry to her members and fulfilling God's promise for abundant life.

Mission of CAPA

CAPA exists to effectively coordinate and provide a platform for the Anglican Church in Africa to celebrate life, consult and address challenges in the continent in order to fulfil God's promise for abundant life.

In the late 90's CAPA was affected with the burden of HIV/AIDS infections and its related challenges in all her Provinces and Dioceses. These include stigmatization and discrimination, lack of adequate care and support for those infected and affected, increasing funeral services for her members and lack of adequate knowledge and understanding about HIV/AIDS and high number of widows and orphans among others. To address these challenges two new programmes namely; Communications and HIV/AIDS Programme were established.

Aims of the Review

The aim of this desk review is to provide an overview of CAPA HIV/AIDS activities including successes and challenges that were experienced by various HIV/AIDS Programme stakeholders and implementers within the 12 Anglican Provinces in Africa and the Diocese of Egypt.

Scope and Methodology

This review is based on the written reports and testimonies that were provided and

shared by the Provincial HIV/AIDS Directors, Advisers and Coordinators during CAPA HIV/AIDS meetings and other forums.

In this review, there is no information from the Diocese of Egypt, due to the gaps in communication. However, the review recognizes that activities on HIV/AIDS are ongoing especially among the refugee's camps in the Diocese of Egypt.

CAPA was not able to travel to the different Provinces to collect information at the time of this review due to financial constraint.

It is important to mention that a lot of activities on HIV/AIDS are taking place, some of which were not captured by this review due to its nature as desk study.

The information documented in this review direct and reliably informed the plan activities in the second CAPA integrated 5 years Strategic Plan on HIV/AIDS, TB and Malaria.

CAPA will in the future do a more detailed and structured evaluation of her subsequent HIV/AIDS, TB and Malaria activities using an agreed M & E tools by the stakeholders.

CAPA HIV/AIDS Programme

The initiative to address HIV/AIDS in Sub Saharan Africa was the vision of the former Archbishop of Canterbury, The Most Revd. Hon George Carey, and the Primates of the Anglican Communion when they met at Kanuga Conference Centre, USA, in March 2001. The devastating reports presented at that meeting on the HIV/AIDS situation in Sub-Saharan Africa, moved the Primates to immediately discuss a response to the epidemic. In August 2001, a workshop was organised for the Provinces of Africa to discuss HIV/AIDS in the continent. CAPA Primates and other stakeholders within and outside the Church met at Boksburg, South Africa and came up with the first Strategic framework (2001-2005), entitled **"Planning our Response to HIV/AIDS: A Step by step guide to HIV/AIDS planning for the Anglican Communion""**which has been used to guide the Anglican Communion in their Provincial HIV/AIDS planning and responses.

The framework had a vision, mission and commission in the context of HIV/AIDS with specific areas of focus, namely; *Prevention, Pastoral Care, Counselling, Care, Death and dying, Leadership.*

In the same year (2001), the CAPA HIV/AIDS Board was established with representation from each of the 12 Provinces and the Diocese of Egypt. Most Provinces commenced effective implementation of the framework in 2002 by recruiting their respective programme personnel and established structure inline with the aims and objectives of the framework.

CAPA stakeholders made several commitments which include:

- CAPA AIDS statement on VCT Board meeting (December 2001);
- Statement from CAPA AIDS Board (August 2002: Nairobi);
- Statement on HIV/AIDS from the meeting of the Primate of the Anglican Communion (April 2002);
- Pastoral letter from the Primate of the Anglican Communion (May: 2003).

CAPA HIV/AIDS Vision

"We, the Anglican Communion across Africa, pledge ourselves to the promise that future generations will be born and live in a world free from AIDS".

Mission

Our mission is to respect the dignity of all people by:

- Securing the human rights of those infected by HIV/AIDS, and giving unconditional support;
- Improving the health and prolonging the lives of infected people;
- Supporting those who are dying to die with dignity and supporting those who are left behind;

- Celebrating life;
- Nurturing community and advocating for justice.

The Role of CAPA HIV/AIDS Programme

CAPA as the ecumenical hub for the Anglican Church in Africa, has the responsibility to facilitate, advocate, train, and mobilize resources and institutionalize appropriate policies and programmes that will improve the quality of life for her community members through the Provinces and Dioceses. In addition, create conducive environment for consultation and co-operation within and outside the Church.

CAPA has been involved in the following activities:

- Guide, advice and assist the 12 African Anglican Provinces in the implementation of the African Anglican AIDS initiative using appropriate management and technical resources;
- Enable the 12 Provinces and the Diocese of Egypt to make progress in their goal that future generations will be born in a world free from AIDS through the Anglican AIDS initiative;
- Coordinate managerial support and technical guidance for the Provinces to implement the six commission of the AIDS framework;
- Identify and facilitate access to resource for HIV/AIDS, TB and Malaria work in Provinces and Dioceses;
- Support and facilitate the development and implementation of Provincial HIV/AIDS Plans and responsive structures;
- Provision of resource for initial seed funds for most Provinces HIV/AIDS work;
- Mobilized resource for Provinces to implement various HIV/AIDS activities;
- Carried out a number of technical visits to Provinces;
- Establish linkages and networks between Provinces and development partners;
- Engaged in a number of International dialogue on HIV/AIDS, TB and Malaria;
- Monitor and evaluate Provincial HIV/AIDS work.

Programme Implementation Strategy

CAPA HIV/AIDS Programmes was implemented to strengthen the Provinces and Dioceses HIV/AIDS responses to mitigate the impacts of the pandemic in communities. The church's core focus has been on behaviour change, care and support. Most efforts were invested on prevention and stigma reduction activities. This was aimed at contributing to the regional and national efforts in the fight against HIV/AIDS in Africa.

The Provinces through the coordinating offices equipped and mobilised parishes to sensitise everyone on the basic facts and other information about HIV/AIDS transmission. The Church encouraged Christ-like compassion and care for those infected, to reduce stigma, denial and discrimination experienced by PLWHA and those affected by AIDS.

HIV/AIDS programme activities are coordinated at the Provincial level and implemented at the parish level under the supervision of the Diocese. In each of these levels there is a focal person mandated with the day-to-day responsibility of programme implementation.

CAPA provided overall programme guide and support to Provinces. They also engaged in advocacy and mentoring of staff to facilitate programme implementation.

The Provincial and Diocesan AIDS programme addressed the issues of prevention, capacity building, care and support, counselling, home based care, education and training.

The human resources (Clergy, Women, Youth and PLWHA) within respective Provinces and Dioceses developed different intervention strategies inline with Church and national programmes to mitigate the impact of AIDS.

Communication for Change

Accessing information is one of the major challenges facing the rapidly growing

Anglican Church in Africa. A critical need was therefore identified in the year 2000 to assist Provinces in Africa re-engineer their communication strategies in order to incorporate Information Communication Technology (ICT) systems to support their administrative and communication activities. CAPA has established a Communication office that coordinate, mobilize and share information on socio- spiritual development and integration with the Church in Africa. Since then, there has been increased dissemination and access to information especially through emails. This has helped to support health and social information needs at the Provinces and Dioceses.

In addition, documentation of ongoing HIV/AIDS activities in the Provinces and Dioceses has been strengthened as a result of availability and utilization of ICT tools. CAPA newsletters, bulletins and publications dedicate sections to provide information on specific issues such as stigma reduction, AIDS care, and counselling and the growing problem of orphaned and vulnerable children.

Integration of HIV/AIDS, TB and Malaria

Tuberculosis and Malaria Programme have not yet been actively incorporated into the HIV/AIDS Programme**.** By mid 2004, the Church leaders met and agreed that tuberculosis and malaria component should be added to the existing HIV/ AIDS programme. TB prevalence in Africa has increased rapidly with the HIV/AIDS pandemic.

In some Provinces malaria and tuberculosis has been integrated into the existing HIV/AIDS programme. Various Church programmes are providing education on Malaria prevention, distribution of insecticide treated nets for under-five children and pregnant women.

CAPA has incorporated these components into her second strategic plan (2007 – 2011) in order to scale up HIV/AIDS, TB and Malaria programme delivery at all levels of the Church in African.

Chapter 2

A Window into the Provinces

The Episcopal Church of Burundi

The Anglican Province of Burundi is located in Central Africa, with a population of over 6million inhabitants (DHPS 1998). There are about 625,000 committed Anglicans across the six Dioceses of the Church. There are over 170 serving clergymen in 150 parishes.

Women and Youth constitute a significant proportion of the national and Church population. Burundi borders Rwanda and Congo to the West and Tanzania to the East and South. Illiteracy levels are high especially in areas where the Church is operating. Most Burundians practice agricultural farming.

In the late 90's Burundi recovered from a conflict which was caused mainly by ethnic animosity. The country is now stable and progress is being made in rebuilding the nation. However these conflicts are not without their social challenges for the Church. The AIDS crisis, widowhood, orphan-care and poverty are some of the most immediate challenges.

To mitigate these post conflict consequences, the Church has put in place intervention strategies and structures to fulfil her mandate to the communities and Church members that are affected by these challenges.

The HIV/AIDS project of the Church will go a long way in ameliorating the suffering of her community and Church members who are either infected or affected by HIV/AIDS. It will help to address stigma and discrimination and attend to the vulnerable and voiceless group in the community and Church through trainings and capacity building of Church leaders and groups in order to protect communities from these epidemics.

The Province social development concerns are Peace, Reconciliation, HIV/AIDS/TB and Malaria Prevention and Care, Community development, literacy education, Mission and Evangelism and Theological education.

The Church of the Province of Central Africa

The Church of the Province of Central Africa (**CPCA**) is made up of **Botswana, Malawi Zambia and Zimbabwe** with 15 Dioceses. Each Diocese has varying incidences of HIV/AIDS.

The Church has been involved in prevention of HIV/AIDS as part of her social ministry. However, the voice of the Church is not heard loud enough. Leaders are advocating the use of condoms instead of abstinence and being faithful but the condom approach is not working. The Church leadership needs to be empowered to take the lead and speak openly about HIV/AIDS.

Major Programme Achievements

- There are more volunteers being trained to work with the Church.
- Those who were working with other churches are coming to work with the Anglican Church.
- Other activities include education, IGA, empowerment of women and orphans.

HIV/AIDS Programme

HIV/AIDS has been the main focus. The HIV/AIDS policy has been done and the different Dioceses are at different levels of implementation.

- National Coordinators are in place in all the countries except Botswana where there is only one Diocese and a Diocesan Coordinator;
- Workshops and training of trainers have been carried out in capacity building and training is ongoing in the following areas:
  - Counselling
  - Care and support
  - Home based care
  - Peer education
  - working in prevention by drama groups.
- Outreaches are done in different areas on education and awareness;
- Diocesan Health Offices coordinate HIV/AIDS programmes;
- Counselling centres have been established and there is increased involvement of PLWHA within the programme;
- Participation with other organisations on HIV/AIDS activities;
- Sermons are being preached on HIV/AIDS in the Province;
- Youths and peer educators are involved in HIV/AIDS prevention;
- The Church is now working together with PLWHA and breaking the silence;
- More work has been done in pastoral care, care and support to OVC through home-based care;
- Bishops and Programme Coordinators were trained in 2004.

Malaria Programme

Malaria prevention, control and treatment have been integrated into the HIV/AIDS programme in some Dioceses of Central Africa Province, although the quantum of malaria prevention and care activities are still low. Activities implemented are:

- Education and awareness campaigns on malaria prevention;
- Insecticide treated nets provision to under-five children and pregnant women with the support of Standard Bank;
- The government has organised a tasks force on malaria which plans to include Faith-Based Organizations

Tuberculosis Programme

The incidence of Tuberculosis has increased due to HIV/AIDS infection. The situation is made worse due to resistance to sulphur drugs. Some work is being done but there is need to intensify work within the Province as a programme.

Lesson Learnt

- People come to the Church for help and they expect to get everything free. Due to poverty many people die from diseases that can be prevented and treated;
- Anglicans go to other areas rather than their churches for VCT for fear of discrimination. The Province needs to work on stigma and discrimination;
- Support groups are being formed e.g. "The Circle of Hope".

Programme Challenges

- Funding has been a big problem for the different programmes with high fluctuation on foreign exchange e.g. Zimbabwe from 100,000 – 1,000,000
- Stigma and discrimination makes members of the Anglican Communion to move to other Churches;
- Diversity of cultures and beliefs is a challenge to for effective coordination;
- Communication in the Province is not easy. Geographical vastness poses a challenge to implementation, monitoring and evaluation of programmes;
- Leadership needs to take a more active role and speak out. Some leaders are still not ready to know their status;
- There is need for the integration of tuberculosis as part of the malaria and HIV/AIDS programme;
- People need support (food and drugs) once they know their status;
- Stakeholders are not keen to work with Faith-Based Organisations including the Province. They prefer to work with individual Dioceses.

Recommendation

- We need to improve on communication in the Province and with CAPA;
- **CAPA** should help the Provinces to raise funds for programmes;
- Increase CAPA resources for programme work;
- The Church and the leaders must speak up to break the silence. This will increase programme effectiveness and help secure more funds;
- The clergy should continue to speak on stigma and discrimination;
- People need to be encouraged to come forward to the Church for help and support.

Conclusion

Although the Anglican Province of Central Africa can boast of implementing HIV/AIDS, TB and Malaria programme, the Church should work together to educate and train people to change behaviour so that future generations are born free from HIV/AIDS.

There is need to appreciate that, Dioceses and countries within the Province have different cultures, languages, needs and practices. Patience is needed in dealing with each area and stronger Dioceses should support the weaker Dioceses. The Church needs to share experiences, use best practices in line with the Christ teaching and principles.

Province De L' Eglise Anglican Du Congo
The Anglican Province of Congo

The Democratic Republic of Congo (**DRC**) has an estimated population of about 63 million people. DRC has experienced many years of protracted war and unrest. About four (4) million people have died as a result of war from 1998 to 2002 (IRC, 2003). It is said that, about 40 women are being raped daily by armed people. In internal displacement camps (**IDPs**) people are brutally killed as families are massacred. Almost 50% of the population in the Eastern Provinces have left their homes and live in displacement camps due to insecurity. The social economic situation is deplorable. Over 80% of the population live on less than US$0.30 a day per person. In DRC 1 in 5 children die before their fifth birthday. Life expectancy is about 41 years for males and 46 years for females.

The health programme of the Church has been running for the last 24 years. Churches run more than 90% of the Health Centres, hospitals and schools. The Anglican Church of Congo provides health care services through 51 Health Centres and 3 hospitals located mainly in the Eastern part of the country.

Vision
By 2010, the Anglican Church of Congo will be actively involved in all levels in the fight against HIV/AIDS in order to contribute towards a generation free from AIDS.

Mission
To fight AIDS by all possible means and ensure that people living and affected by HIV and AIDS are not discriminated against but are treated with respect and dignity.

Core Values
- Christian cultural values of virginity, monogamy and faithfulness in marriage;
- Dignity and respect of human being as God's creature;
- Compassion to people who suffer;
- Christian ethical principles;
- African tradition values (African hospitality and solidarity).

HIV/AIDS Situation
The HIV prevalence in the DRC is estimated at 20% in the Eastern Province of the country, and 5% in the Western Province. More than 50% of PLWHA are youth of 15 to 24 years old.

Straight Talks Against AIDS (STAYS)
A youth friendly sexual education programme focuses on the youth, as the majority of the population is young and they are the most affected by HIV/AIDS. The aim of this programme is to raise awareness of the youth on HIV/AIDS and other issues related to reproductive health. This is done through debate conferences, dramas, poems, songs and radio broadcasting programmes.

Main Programme Achievements
- Needs assessment was carried out in 2004;
- Breaking the Silence on HIV/ AIDS within the Church and schools is on-going;
- The Bishops are being trained on HIV/ AIDS and related topics on sexuality are carried out in all the 8 Dioceses;
- Training of activists and counsellors is on-going;
- Strategic plan document for the health and HIV/AIDS programme was developed in 2005;

- Nine VCT Centres have been set up in 4 of the 8 Dioceses as a response to a high demand for HIV testing;

- **STAYS**: A youth friendly sexual education programme is implemented;

- The OVC are given spiritual and psychosocial support. Orphans are supported with school fees, uniforms and books.

Programme Challenge

- Low level of involvement of Church leaders;

- Stigma among Church leaders ;

- Limited number of trained and qualified human resource in certain areas;

- Inadequate funding and high poverty levels;

- Massive displacement leading to loss of values;

- Rape perpetrated by armed people scaling up HIV propagation;

- Inadequate commitment and support from Government in the fight against HIV and AIDS

Recommendation

(a) To Church leaders

- To raise voices for peace restoration in the DRC;

- To improve networking with the Government institutions and other NGOs.

(b) To CAPA and the whole Anglican Communion

- To re-examine their commitment to empower the French speaking Provinces.

(c) To the Government of the DRC

- To put HIV/AIDS intervention as a top priority;

- To restore peace and promote Human Rights.

The Church of the Province of Indian Ocean

The Indian Ocean Province covers 3 countries namely; **Madagascar Mauritius and Seychelles** which are located within the Indian Ocean. These countries are different in their economic, social and cultural status. These differences should be recognised and appreciated in addressing HIV/AIDS.

HIV/AIDS prevalence rate in the Province of Indian Ocean is 1.01%. The objective of the HIV/AIDS programme is to reduce the rate to 0.6% during the next 5 years. The Provincial strategic plan was not carried out due to lack of money for the process. Contacts have been made within the Province and training carried out during 2005 and 2006 mainly on awareness.

Mauritius

All the clergy have received some information on HIV/AIDS through sensitizations and trainings. The Church is aware of the challenges of HIV/AIDS and is actively involved in the fight against AIDS. In 2003, there was a meeting between young people and their Provincial President during which they discussed about HIV/AIDS – transmission and prevention. The Government, with the Family Ministry, is an important partner in the fight against HIV/AIDS.

Seychelles

The Government monopolizes the fight against HIV/AIDS. All associations and religious organizations that want to fight HIV/AIDS must work directly with the Government.

Diocese of Madagascar

Illiteracy and high poverty levels make the fight more difficult compared to Mauritius and Seychelles.

Programme Activities and Achievements

- Discussions held with 12 young people and 6 adults in Amborovy/Mahajanga;
- Leaders of the Mothers' Union in the Diocese of Mahajanga were trained;
- Youths of the Diocesans of Toamasina have been animated;
- Parishioners and local people at Manaratsandry village in the Southern district of Mahajanga have been sensitised on HIV/AIDS;
- Animation for young people of Santa Lioka Cathedral has been done;
- Animation for parishioners of Morarano of Marovoay Parish;
- Information and training was done for Mothers' Union during the 4th Provincial Council in Mauritius;
- The HIV/AIDS Coordinator travelled to the Northern district of Mahajanga to identify and train Pairs educator;
- Animation has been done for the 2 districts of Mahajanga – Antanimasaja;
- In 2005 the Coordinator took part in a workshop organised and sponsored by the World Council of Churches (WCC) "challenge of the Church to fight against HIV/AIDS" with all religious communities in Madagascar and a "tÈmoignage" for people living with HIV including 2 women from Congo, a pastor from Togo and a couple from Malagasy;
- The Mothers' Union organized for the training of leaders in the Diocese of Mahajanga;

- In 2005, missionaries went to the region of Sofia and Boeni to educate the leaders of 20 communities on HIV/AIDS;
- In 2005 the Coordinator, with the assistance of the chief of the Hospital, organised a debate between 4 young people and 4 adults to reduce rumour about STI/HIV/AIDS. It was broadcasted directly by 2 private radio stations and sponsored by the NGO Grader;
- Information/training was carried out for Parish Council, the District and the Diocese of the Mothers' Union of Mahajanga;
- In 2006, a workshop to elaborate support materials IEC for the Dioceses of Madagascar was carried out;
- Sermon concerning HIV/AIDS was delivered at the Santa Lioka Cathedral in Mahajanga and Santa Jaona Church in the countryside basing it on Ezekiel 33: 2-6;
- Training of trainers organised by the PLEROC association and sponsored by the USAID.

The Anglican Church of Kenya

Anglican Church of Kenya (**ACK**) is located in East Africa. It believes in holistic approach of spreading the Gospel of Jesus Christ through, teaching, healing and preaching. HIV/AIDS programme aims at achieving this ministry through compassionate response to people who are hurting.

Vision
A strengthened ACK leadership with the ability to eradicate HIV/AIDS and reverse the impact to create a HIV/AIDS-free society.

The Goal
To build the capacity of the Church with the right information to meet the challenges caused by HIV/AIDS in the community. The objective of the programme is to participate in the reduction of National HIV/AIDS prevalence.

ACK HIV/AIDS Programme
ACK started HIV/AIDS response at the National level in 1997 to coordinate what the regions were doing. ACK implements its development work through regional Church structures, where HIV/AIDS has been integrated in the development programmes for ease of implementation.

The HIV/AIDS programme addresses all issues relating to the pandemic in the 3 programmatic areas namely: capacity building, prevention and care and support. All the 29 dioceses implement HIV/AIDS activities through various departments like youth, Mothers' Union and Kenya Anglican Men association.

ACK has about 86 health facilities and three main hospitals, which have HIV/AIDS activities. Community resource persons (CHW), AIDS educators and HIV/AIDS counsellors) carry out community care and home based care and counselling. Institutions like St. Johns Community Centre carry out HIV/AIDS programs in six slum areas of Nairobi.

- The Province has community drug shops, which serve the communities with first aid drugs and refer serious case to the hospitals;
- Community programmes on care and support of orphans are run through the Church;
- The three hospitals have started comprehensive care of people living and affected by HIV/AIDS;
- Some clinics and dispensaries have started VCT services.

Programme Achievement
- Trained 34 Bishops and their wives in 2003;
- Trained 54 Diocesan coordinators covering the marginalized areas of north-eastern Kenya;
- Started Diocesan HIV/AIDS programmes in the 29 Dioceses;
- Trained Department Coordinators: Sunday school and Brigade, Youth and Mother's Union);
- Development of ACK HIV/AIDS liturgy and week of prayer;
- Needs assessment survey was done in 2004 in all the Dioceses;
- Revision of the strategic plan to incorporate the 2004 – 2008 strategic plan for the Department of Social Services for the Anglican Church of Kenya;
- Implemented a National youth outreach programme and in partnership with FHI

managed to train peer educators, HIV/AIDS committees, focal persons and puppeteers (2005-2006);

- St. Paul Theological College, Limuru encouraged ACK clergy and Church workers to join their Masters' degree programme on community care and HIV/AIDS;

- Anglican clergy and Church workers have started to come out to share their experience of living with AIDS.

Christian Women of Faith

This is a group of former commercial sex workers who came together and formed a support group called "Christian Women of Faith" The group was launched by the Archbishop in 2003. The women meet weekly.

25 leaders from the group were trained on group dynamics and income generating activities (IGA) and support and care for the sick. After the training they were encouraged to form clusters of 20 women each under a trained leader for easy management of the group. Due to financial problems IGA projects have not been started as earlier planned.

Programme Challenge

- Rising demand for services by the Church institutions;

- Stigma is still high and hinders VCT programmes;

- Sustainability of the Diocesan HIV/AIDS programme and HIV/AIDS Desk;

- Role modelling for behaviour change both in the Church and community;

- Community structures for care and support of the infected and affected.

Conclusion

HIV/AIDS has affected Africa more than any other disease in history. It has affected all sectors of life and age group. The Church has the ability and credibility to effectively respond to the pandemic. The ACK through the capacity building process of the community has taken the challenge posed by HIV and AIDS.

The Church must meet the expectations of the community of being the salt and the light of the world. The Church should address the social cultural challenges of the community to successfully contribute to the wholeness of life in the midst of the pain and despair.

The Church of Nigeria (Anglican Communion)

The Church of Nigeria is legally registered in Nigeria. It has 10 Ecclesiastical Provinces and 97 Dioceses spread across the 36 states and the Federal Capital Abuja. The Anglican Province of Nigeria has a membership of about 18 million people, most of who are youth and women. There are well over 5,000 priests and Church workers. At the time of this documentation, it was anticipated that more Dioceses will be created in the future to enhance service (spiritual and social) delivery.

Vision

"The Church of Nigeria (Anglican Communion) is Bible – based, spiritually dynamic, united, disciplined, self supporting, committed to pragmatic evangelism, social welfare and–embraces–the genuine love of Christ".

Commission

The Church commits itself to future generations born free from HIV/AIDS by: breaking the silence on HIV/AIDS, informing itself, ending stigma and discrimination and confronting - poverty, inequalities and conflicts.

HIV/AIDS Programme Background

- In 1996, the Church began addressing the HIV/AIDS situation through some local parishes and diocesan programmes;
- October 2001: The Church inaugurated her National HIV/AIDS Team, under the auspices of the Church Social Welfare Committee;
- The same year, the Church officially established her National HIV/AIDS Prevention and Care programme;
- In June 2004, the Church National HIV/AIDS Policy and 4-year Strategic plan were developed, launched and widely disseminated to all Dioceses; The goal of the plan is to contribute to the reduction and prevention of spread of HIV/AIDS within the Church and communities as well as provide Christian care and support to those infected and affected by HIV/AIDS.

HIV/AIDS Activities

(a) Leadership, Advocacy and Networking

- Held 3 national HIV/AIDS sensitization seminars for 82 Bishops and their wives in 2004, 2005 and 2006;
- Conducted 5 days training for 82 Diocesan HIV/AIDS Programme Coordinators on Programme development, management and advocacy in 2004/5;
- Provided technical and financial support to 25 Dioceses for community (grassroots) HIV/AIDS interventions in 2005/6;
- Collaborating and forging linkages with national and International partners within and outside the Church for funding and technical assistance to the National office and Dioceses;
- Sourced funding to support Church Leaders (Archbishops/Bishops) to attend International and national conferences and dialogue on HIV/AIDS including study visits outside Nigeria.
- Building alliances and strengthening partnership with development partners.

(b) Capacity Building (Institution)

- A well-equipped office space within the Province has been established for administration and programme coordination;
- Established coordinating structures at various levels of the Province. These

include the Provincial Action Committee on AIDS (PACA), Ecclesiastical Province Action Committee on AIDS (EPACA), Diocesan Action Committee on AIDS (DACA) and Church Action Committee on AIDS (CACA) in most of the Dioceses;

- Established 7 integrated VCT centres within existing Hospitals and Clinic across the 10 Ecclesiastical Provinces with functional referral network for accessing ARV;

- Ongoing plans to strengthen the health related system and structures of the Province and capacity building activities are still ongoing at different levels of the structures.

(c) Capacity Building (Human Resource)

- Different partners supported 5 of our Bishops on a HIV/AIDS learning visit to Uganda, Kenya, and South Africa;

- A number of clergy and their wives have been trained on basic facts and pastoral care of HIV/AIDS;

- Conducted training on HIV/AIDS Advocacy and Communication for 32 Diocesan HIV/AIDS Coordinators and 38 Diocesan Communicators in 2005

- Trained 24 Education Coordinators on integrating HIV/AIDS into school curriculum, this has resulted to the development of a draft curriculum on HIV/AIDS for theological institutions;

- Engaged more programme staff at the national office;

- National and Diocesan Programme coordinators have been supported to attend local, regional and International learning workshops, visit and conferences.

(d) Programme Coordination, Monitoring and Evaluation

- National Programme Coordinator visited and provided technical support to Diocesan HIV/AIDS activities;

- In the process of institutionalising quarterly reports from Dioceses and sharing feedback from the national office to Dioceses;

- Quarterly meetings of coordinating bodies are held and yearly programme evaluations of Dioceses activities on HIV/AIDS are carried out.

Major Programme Achievement

- Increase in the level of leadership involvement and commitment in HIV/AIDS activities as well as ownership of programmes;

- Increased collaboration with other development organizations and Churches;

- A number of intervention strategies (VCT, Prevention, HBC, OVC, Care, Support and referrals activities) have been started in different Dioceses;

- The number of Dioceses and Parishes involved in HIV/AIDS activities have increased.

Lesson Learnt

- Working with FBO's and Church leaders requires a lot of perseverance, understanding and time;

- Everyone in an organization is important in HIV/AIDS programming and implementation;

- Regular communication and updating of stakeholders at all levels of the programme development is very crucial and needs funding support;

- Church leaders were generally uninformed or wrongly informed on issues of HIV/AIDS;

- HIV/AIDS programmes and policies need flexibility and sustained funding to be successful;

- Understanding ones community and culture is essential for successful HIV/ AIDS Programme.

Programme Challenges

- Lack of commitment and active involvement among most Church leaders;
- Inadequate skills among clergy to effectively carryout HIV/AIDS activities in and churches;
- Communication gaps including lack of accurate data on HIV/AIDS activities from Provinces and institutions;
- TB and Malaria programme are yet to be actively incorporated into the Church Social Welfare Programme;
- Inadequate funds in the face of growing number of Dioceses and the rising need to implement and monitor HIV/AIDS Programmes n Dioceses;
- Rigidity of donor policies;
- Sustainability of programmes, interest and commitment of Church stakeholders;
- Insufficient resource mobilization for HIV/AIDS programme;

Recommendation

- Need for improved linkages and collaboration with each other in sourcing for funds and technical co-operation;
- There is need to establish better working relationship at all levels of the Church;
- Church leaders should be actively involved in community and resource mobilization;
- Improve information dissemination and communication strategy;

La Province De L' Eglise Episcopale Au Rwanda
The Province of the Episcopal Church of Rwanda

The Africa Anglican Initiative of 2001 inspired the Anglican Province of Rwanda. It became a member CAPA AIDS Board in December 2001. A National Religious Leaders AIDS Conference was held in January 2003 and a Provincial HIV/AIDS Coordinator was appointed and HIV/AIDS Desk was established at the Provincial office. In 2004 Strategic Planning Process was developed and fundraising and implementation processes commenced.

Vision
A world free from AIDS.

Mission
The Mission of PEER HIV and AIDS ministry is to ensure quality HIV/AIDS care and support responses across the Dioceses of the Episcopal Church of Rwanda, through planning, monitoring and capacity building of Provincial, Diocesan and Parish actors.

Program Goal
To build the Episcopal Church of Rwanda into a caring and healing Church that provides holistic and non-judgmental care and support to those infected and affected by HIV/AIDS by 2009. To contribute to HIV/AIDS prevention efforts leading to the reduction of HIV infection rate in Rwanda population within 5 years.

Programme Objectives
- To coordinate HIV/AIDS awareness raising through music, drama, and sports for the youth groups in all the Dioceses on PEER;
- To promote abstinence and fidelity through seminars on the Christian perspective of Human Sexuality and Reproductive Health for the young and those in marriage;
- Coordinate the integration of VCT/PMTCT and Family Counselling for prevention and care of HIV/AIDS infected and affected persons;
- Empower PLWHA with information and skills for positive living;
- Provide medical care and support to people living with/affected by HIV/AIDS at Church based Health Care facilities;
- Provide economic support for care giving households and support groups;
- Coordinate stigma reduction mainstreaming of HIV/AIDS in liturgical, pastoral, social and developmental services;
- Promote both internal and external networking and partnership building;
- Establish an effective coordination system for HIV/AIDS work in the Province of the Episcopal Church of Rwanda;
- Establish a Provincial Resource Centre for HIV/AIDS counselling research and documentation.

Implementation Strategy
Provincial office is involved in policy development, coordination, and capacity building. Work will be carried out in the 9 Dioceses. Staff hired includes 5 Coordinators and 3 Diocesan Health Committees. Work will be done through: 300 parishes and local Churches, health committee in 3 Dioceses and over 2000 local Churches. Monitoring and evaluation strategy is done through on site visits, quarterly meetings, regular activity reports and annual evaluation meetings.

Activities Implemented

- Strategic planning process and programme review feedback;
- 2005 Hope and Transformation strategies launched;
- AIDS awareness through sports, athletics, drama and dance;
- Music and drama competitions among the youth;
- Provision of VCT/PMTCT service through 9 VCT centres;
- Abstinence workshops are held;
- Treatment and HIV/AIDS counselling and testing services provided;
- There are more than 38 ASC, 164 PLWHA Associations have been started;
- IGAs business in cows, goats, tailoring, handcrafts, vegetable gardens, and charcoal saving stoves;
- Home based caregivers project activities;
- Care givers/support group empowerment.

Lessons Learnt

- HIV/AIDS programme needs money for activities;
- There is need for more information materials on Human sexuality and reproductive health;
- Integration of HIV programme into health services is more effective way;
- VCT is effective as entry point to pre-counselling and care;
- Local Church ownership is crucial.

Programme Challenges

- Stigma, shame, fear and Denial;
- Poverty and war aggravates the situation leading to despair and low self value;
- Negative cultural elements;
- Commitment of leaders (Priority setting);
- Inadequate information, knowledge and skills;
- Poor accessibility and affordability of HIV/AIDS related services;
- Inadequate human and financial resources.

Recommendation

- Integration of HIV program into Health Care;
- Top leadership conferences to be carried out for the Provinces.

The Anglican Church of Southern Africa

The Anglican Church of Southern Africa covers six countries, namely the Republics of Angola, Mozambique, Namibia and South Africa, the Kingdoms of Lesotho and Swaziland, and the British Dependency of the Islands of St. Helena and Ascension. The Province is divided into 26 Dioceses with current membership of 4 million baptized people. 19 of these dioceses fall into the Republic of South Africa, representing approximately 2.5 million Anglicans in over 815 parishes.

In May 2001 Canon Ted Karpf was appointed the Provincial Canon Missioner for HIV/AIDS. He organised the All Africa (Boksburg) Conference of August 2001, which marks the public commitment of the Anglican Church to address the HIV/AIDS pandemic.

By October 2001 the Provincial Standing Committee (PSC) and the Synod of Bishops in Southern Africa considered the proposed strategic planning process and embraced its six focal concerns. The PSC formally established a Provincial Office of HIV/AIDS Community Ministries and Mission (OHCMM). In April 2003, the Anglican Church of Southern Africa (ACSA) officially launched its first comprehensive and Provincial-wide response to the pandemic in Southern Africa – the Isiseko Sokomoleza (Building the Foundation) HIV/AIDS Programme.

The main purpose of Isiseko was to reduce stigma and the impact of HIV and AIDS by building and strengthening the capacity of ACSA to respond to the growing pandemic in Southern Africa. The Isiseko Sokomoleza Programme identified four main output areas:

- Strengthened capacity on the part of ACSA to advocate for and provide an effective and expanded community-based response to HIV and AIDS in partnership with other development actors;
- Increased intensity, improved quality and extended geographical coverage of parish and diocesan HIV and AIDS-related services, particularly for the poor;
- A reduction in HIV vulnerability through increased knowledge, encouraging responsible behaviour and promoting positive attitudes to people and families living with and affected by HIV and AIDS;
- An effectively managed programme with timely reporting, dissemination procedures and replicable lessons.

HIV and AIDS Programmes

Although many parishes and some Dioceses in South Africa had already begun to initiate projects in response to the effects of HIV in their communities in the 1990's and the early years of 2000, in April 2003 the Anglican Church of Southern Africa (**ACSA**) launched its first regional, programmatic response to the HIV and AIDS pandemic in Southern Africa, funded by the UK Department for International Development (DfID) and implemented in partnership with Christian Aid, Known as Isiseko Sokomeleza (Building the Foundation), the programme aimed at mobilising and building the capacity of the Anglican Church on regional, diocesan and parish level to plan, implement and run projects offering care to those living with or otherwise affected by HIV/AIDS, and to establish initiatives to prevent the further spread of HIV and development of AIDS.

ACSA's Approach to the HIV Pandemic

Through the Isiseko Sokomeleza programme, ACSA has employed a comprehensive and multi-layered approach to addressing the effects of HIV/AIDS in the region. Recognising that HIV/AIDS affects every aspect of human existence and experience, interventions have been holistic, understanding HIV/AIDS not just as a health issue, but a social issue, a development issue and a human rights issue. In a bid to address every aspect

of individual and community experience, ACSA's approach has been Christian-based, ecumenical and multi-sectoral, partnering with other denominations, faiths and NGOs and engaging with Government departments at all levels. Many people experience despair, pain, discrimination, rejection and death. The Church, through the ministry and love of Jesus Christ, has been able to make a unique contribution to this crisis in providing hope, comfort, community, acceptance, love and life. ACSA sees its role as more than just eradicating HIV and AIDS. It commits the Church to breaking the structural cycles of inequality, patriarchy, discrimination, poverty, and oppression which have perpetuated and aggravated the effects of the HIV and AIDS pandemic in Southern Africa.

ACSA's Implementation Strategy

At the launch of Isiseko Sokomeleza in April 2003, each diocese appointed a Diocesan HIV/AIDS Task Team, which was supported by the Diocesan Bishop and headed by a Diocesan HIV/AIDS Coordinator. Dioceses plan their own intervention strategy in response to the unique manner in which HIV/AIDS manifests itself within their diocese. Through the support and coordination of these diocesan structures by the central ACSA HIV/AIDS Office, over 600 projects have been initiated or strengthened in partnership with other denominations, NGOs and government departments. These projects include the care of orphaned and vulnerable children, care for care-givers, home based care, wellness management, skills training, food security, promotion of voluntary counselling and testing, support groups, pastoral care, retreats for Christians living with HIV and counselling as well as capacity building, raising awareness, HIV education programmes (including peer education) and empowerment projects.

The ACSA HIV/AIDS Office has recognised the central role the global Church has played in the generation and perpetuation of HIV/AIDS-related stigma. In an effort to turn this tide, the Anglican Church of Southern Africa has launched a region-wide anti-stigma campaign with the central slogan "In Christ, there is no difference between positive and negative". ACSA has also commissioned the Human Sciences Research Council (HSRC) to conduct substantial research into HIV/AIDS-related stigma in the Church in order to inform more effective interventions.

The ACSA HIV/AIDS Office now coordinates two other separately funded, yet actively integrated programmes:

- Siyafundisa (Teaching our Children) targets young people between the ages of 10-24 with the aim of reducing the incidence of HIV through promoting abstinence before marriage and faithfulness within marriage. This programme is implemented in partnership with Fresh Ministries Inc, and is funded by a 5-year grant from the Government of the United States, channelled via USAID, as part of the President's Emergency Plan For AIDS Relief (**PEPFAR**);

- Anglican Care for Orphaned and Vulnerable Children (OVC) mobilises Church communities to provide care and support to children who have been orphaned or otherwise made vulnerable by the HIV pandemic, as well as those caring for them. This programme is currently funded by The Desmond Tutu Trust and Johns Hopkins, and has recently put in a successful application to PEPFAR via USAID.

ACSA and the South Africa National HIV/AIDS Plan

The ACSA HIV/AIDS programme compliments the South African Government's National HIV/AIDS/STD Strategic Plan for 2000-2005[1]. The programme focuses on 4 main priority areas, namely:

- **Prevention** - especially through the promotion of safe and healthy sexual behaviour and voluntary counselling and testing (through the Isiseko Sokomeleza and Siyafundisa programmes);

- **Treatment, Care and Support** - through providing and supporting adequate treatment, care and support in communities as well as the development and expansion of care to children and

orphans (through the Isiseko Sokomeleza and OVC programmes);

- **Research -** ACSA has funded substantial research into HIV/AIDS-related Stigma in the Church, as well as a Youth Sexuality Survey in 64 Anglican Churches in the Western Cape;

- **Human Rights** – through the comprehensive approach to HIV and specifically its campaigns against HIV/AIDS-related stigma and discrimination and the disempowerment of women, children and other marginalized groups.

ACSA has also published an internal Workplace Policy Document protecting the rights of people living with HIV and AIDS;

All three programmes coordinated by the ACSA HIV/AIDS Office have given particular focus to young people (children, as well as youth between 14-25 years) as the group most vulnerable to both contractions of the virus as well as the broader effects of the HIV/AIDS pandemic on their families and communities.

The Episcopal Church of Sudan

The Province of the Episcopal Church of Sudan (**ECS**) is one of the fastest growing churches in the Anglican Communion and yet remains one of the poorest Provinces in terms of access to social services and economic development. It comprises of 24 Dioceses and 28 Bishops with more than 5 million adherents.

South Sudan forms a third of the Country's area with an estimated area population of 10,000,000 (WFP/SRRC fig) out of whom 70% are between the age of 14 and 49 years. Due to the protracted civil war between the Government of Sudan and the Sudan People's Liberation Movement/Army SPLM/A, many people have either sought refuge in neighbouring countries or other countries of the world. In January 2005, in Nairobi, Kenya a comprehensive peace agreement (**CPA**) was reached between the Government of Sudan and the Sudan People's Liberation Army/Movement (SPLA/M) bringing an end to civil strife of fifty years.

HIV/AIDS Situation in South Sudan

An assessment by the UNAIDS puts the HIV infection rate at 2.6 percent of the country population. These are expected to grow drastically with the return of refugees from the neighbouring countries. In a study done by the ECS in the months of June and July 2003, it was noted that the level of awareness amongst the population of South Sudanese was only about 5%. This alarming low level of awareness prompted the ECS to put more effort and seek expert partnership to create more awareness on the HIV/AIDS all over the Province. The level of ignorance on the pandemic that exists in Southern Sudanese communities portrays the current situation on the level of knowledge of HIV/AIDS global scourge in South Sudan. Currently, it is difficult to assess accurate number of people living with HIV/AIDS in South Sudan, though there are suspected cases, as survey is yet to be done.

There is need to establish a secretariat to addresses the issue of HIV/AIDS in South Sudan and raise the level of awareness on the pandemic in collaboration with 24 Dioceses of the Episcopal Church of Sudan. The ECS HIV/AIDS coordination office will work closely with organisations already running HIV/AIDS programmes in South Sudan.

HIV/AIDS Intervention

The overall goal of the programme would be to raise the level of awareness on the existence, nature of transmission and social economic impact of HIV/AIDS within the communities, which could then result in the prevention of the transmission of the pandemic.

Specific Objectives

- To equip the Church with adequate knowledge and information about HIV/AIDS;
- To empower the church with analytical skills to have a deeper understanding of social factors (poverty), gender inequality, ethnic, national stability and international relation behind the spread of HIV/AIDS and best means of prevention through abstinence and marital faithfulness;
- To equip Church and community leaders with information on HIV/AIDS and voluntary counselling and test services.

Intervention Strategy

- Recruitment of Assistant Programme coordinator and ECS HIV/AIDS field officers. The ECS 24 Diocese will select suitable persons to represent their respective Dioceses;
- Establishment of an office within South Sudan and diocesan HIV/AIDS departments including acquisition of office space;
- The coordinating office staff to recruit voluntary counselling staff.

Challenges within the Context of Sudan

Climate - Most parts of the area being targeted for HIV/AIDS programmes are prone to extreme weather conditions, which can negatively affect schedules of the project activities. During heavy rains flooding is common with risks of water borne diseases, and malaria. Draughts are frequently experienced when rains fail to come in other parts of South Sudan causing great human suffering;

Logistics - The climatic conditions described above have a bearing on transportation and general logistics to programme sites. The road network in South Sudan is undeveloped and therefore during rain season roads are impassable. There are hardly any reliable all weather roads making logistics difficult thereby causing delay in the project implementation schedule;

Limited Capacities in HIV/AIDS Programme Management - Due to many years of war, there is limited human capacity, especially with experiences in managing health and HIV/AIDS programmes. Even if there are Sudanese with skills and experience they may not be available to work in Sudan;

Assumption for Peace - It is assumed that South Sudan will remain accessible either by air or road during the implementation phase. The Government of Sudan has been known to deny access to humanitarian activities to rebel controlled areas in South Sudan for prolonged periods of time.

Counterpart Support

Technical assistance will be needed to train ECS HIV/AIDS project staff, church and community leaders, youth and women groups, health workers as trainers of trainers on certain aspects of community-based HIV/AIDS interventions. Consultants and other organisations will be attached to ECS HIV/AIDS project programme to help identify gaps in skills and capabilities and strategise how to address these. This arrangement will ensure the continuity of skills and capacity development for communities.

The ECS HIV/AIDS Programme coordinator from the outset will work closely with the health coordinators of all the organisations who run hospitals in South Sudan. The hospitals, which have laboratories, will be the focus for blood specimen collection and testing while together eighty-three Primary Health Care facilities will be the focus for PMTCT and anti-retroviral therapy.

UNICEF/OLS – NGOs consortium is the overall body in which ground rules regarding operations of programme in South Sudan are formulated and coordinated. The ECS HIV/AIDS operational office in South Sudan will work closely with the consortium and follow existing operational guidelines as much as possible.

NGOs running HIV/AIDS Programs inside South Sudan especially WHO and in the neighbouring countries will be consulted frequently so that work plans and seminars – SRRC being the humanitarian wing of the SPLM will play a role through the county health departments and the New Sudan HIV/AIDS council.

Procedure for Monitoring and Evaluation

Monitoring and evaluation of the programme shall be accomplished by using the following mechanism:

- Assistant Programme Coordinator will conduct field visits to monitor the planned activities. S/he will submit monthly programme reports;
- The ECS HIV/AIDS coordination office will present to funding partners a narrative and financial report as may be required;
- ECS shall submit a comprehensive narrative and financial report annually.
- ECS shall submit a comprehensive end of programme evaluation report to funding partners and to relevant Government ministries.

The Anglican Church of Tanzania

Anglican Church of the Province of Tanzania (**ACT**) operates in all regions of Tanzania, covering a total area of 945,000sq miles with a total population of over 33 million people (2002). ACT has a total of 21 Dioceses with an estimated population of 1,540,366 baptised Anglicans. This is 5.3% of the total population and 21% of Tanzania Christians. The Provincial office plays the role of advocacy, networking, and monitoring and financial management.

The HIV/AIDS program focuses on the six main thematic areas proposed in CAPA strategic plan. To implement this, the Health Department is running the following HIV programs:

(i) Living With Hope HIV Programme

Living with Hope HIV/AIDS programme was launched in November 2001 to address the challenges of HIV/AIDS pandemic. The programme focuses on continuous improvement of health and social services provided by ACT Dioceses and Institutions.

The ACT Provincial office provided coordination and formed a network for the implementation of programmes.

The programme aims to raise awareness on HIV/AIDS amongst church leaders, women, youth, and adults in communities. The programme established several HIV activities in Dioceses including VCT centres, orphans programs, HBC and support group at parish level.

Through this programme the Church leaders' skills and knowledge on how to cope with the increasing problems associated with the HIV/AIDS pandemic have been enhanced through training. They have been charged with the role of disseminating HIV/AIDS information to the community members to increase HIV/AIDS awareness.

Programme Objectives and Implementation Strategy

The programme was initiated to facilitate the provision of quality implementation system and standard financial management system on the entire ACT-HIV/AIDS programmes. The objectives of the programme were:

- Establish and strengthen the Provincial HIV/AIDS office;
- Encourage coordination, networking and collaboration so as to improve communication with diocesan HIV/AIDS activities;
- Provide training to groups including women, youth and PLWHA;
- Ensuring that ACT VCT centres are established;
- Support the formation of PLWHA support groups;
- Provision of care and support through home-based care;
- Enhance capacity building among ACT staff to facilitate sustainability of the HIV/AIDS activities.

i) Programme Achievements

The programme has successfully implemented the following activities:

- Based on ACTs mission and vision statements, the Health Department has developed their integrated Strategic Plan;
- Establishment and strengthening of the Provincial HIV/AIDS office;
- The programme has facilitated awareness on HIV/AIDS providing training to pastors and Church leaders who are disseminating the HIV/AIDS messages to their parishes, community group and members of their congregation;

- 1,500 pastors and Church leaders have been trained to conduct counselling on HIV/AIDS and 182 youth trained as trainers across the Province;

- 16 VCT functional centres with effective referral networks have been established and some of its components have been implemented at the Provincial level.

- ACT Dioceses have facilitated trainings to group of women, youth and PLWHA who disseminate HIV/AIDS messages to their families, peer groups and local communities;

- Programme staff trained Diocesan staff using the stepping stone methodology and other skills related to counselling. In addition, the programme supported the dioceses to establish VCT centres and funded the training to counsellors;

- Dioceses were also supported to initiate the formation of nine support groups for people living with AIDS (PLWHA);

- Some Dioceses have initiated home-based care to PLWAs and orphan care;

- The programme enhances networking and collaboration among the ACT Dioceses in their initiative or activities;

- Living with hope programme has improved and empowered the church leaders with skills and knowledge to handle other HIV/AIDS situation and provided psychological support to the pastors;

- There are positive changes in culture beliefs and values associated with HIV/AIDS transmission due to increased awareness. Also the ACT has recorded an increasing trend of the number of people attending the VCT centres and there is increased number of premarital testing.

(ii) Prevention of Mother to Child Transmission (PMTCT)

This 2-year programme addresses HIV prevention and care, renovation of the existing infrastructures for reproductive health care and provision of nevirapine and other ARVs. The programme has established 6 PMTCT sites within ACT health institutions.

(iii) HIV/AIDS Youth Programme

This 3-year programme (2003-2006) aimed to create HIV/AIDS awareness and prevention to the young people of Tanzania.

(iv) Global Fund for AIDS, TB and Malaria Programme

This is a special programme funded by Global Fund aimed at combating 3 diseases HIV/AIDS, Tuberculosis and Malaria. The programme works together with the Ministry of Health (**MoH**) in 45 districts as identified by the MoH.

The ACT won the Round 3 Global Fund application among several institutions applied and was able to implement the program in 5 sites namely; Muheza, Iringa, Mbeya, Njombe and Korogwe Hospitals among 11 ACT hospitals and more than 35 Health centres. The objectives of the project are:

- Increase the number of sexually active population (15-49 years) accessing the VCT services in 45 target districts;

- Provide PLWHA and TB patient's access to comprehensive care and support services in all 11 ACT hospitals and more than 35 health facilities;

- Increase number of VCT centres and offer screening and treatment to PLWHA, TB patients in ACT hospitals and health centres;

- Increase the number of community care and supports groups, undertaking community mobilization and sensitisation to increase acceptance of PLWHA and TB patients;

- Strengthen the capacity of MoH and partners to coordinate, monitor and evaluate the HIV/AIDS/TB and malaria programmes.

A number of HIV/AIDS, TB and Malaria prevention and care activities were embarked upon in order to achieve these objectives at different levels of the Province.

Monitoring and Evaluation

Monitoring and evaluation is conducted periodically at levels of the Church (Province, Diocese and Parish) making use of indicators developed.

Lessons Learnt

- ❖ Change of attitudes and culture is not easy. Continuous education is crucial, face-to-face counselling and spiritual teaching;
- ❖ Need for comprehensive care approach i.e. treatment care and support;
- ❖ There is increased openness, which is replacing the climate of shame, secrecy and denial. This is a good sign of reduction of stigma towards the infected and affected;
- ❖ Need for mobile testing programmes to reach people in rural areas.

Programme Challenges

- ❖ High drop out workers in ACT hospitals;
- ❖ Stigmatisation and discrimination especially at family levels;
- ❖ The ARVs should go with nutrition support;
- ❖ Sustainability of programmes;
- ❖ Limitation of funds due to donor policies and interest. Global Fund can only fund 45 districts in Tanzania and hence ACT obtained funds for only 5 sites out of 21 Dioceses.

The Church of the Province of Uganda

In 2002, the population of Uganda was estimated at 24.7 million people. The population is now estimated at 28.2 million with a growth rate of more than 2.0% and fertility rate of nearly 7 children per woman. During 2002 census, the Christian population was estimated at about 90% with 11 million Anglicans 38% of the total Christians.

The Church of Uganda started in 1877 when the first missionaries arrived in Uganda. The Native Anglican Church, (**NAC**) became independent from the Church of England at the beginning of the sixties and became the Church of the Province of Uganda known as the Church of Uganda. The Church has grown, expanded and spread to every part of the country. There are 32 dioceses, 4,000 parishes and more than 35,000 congregations. The church network in social services includes hospitals, health centres, schools and colleges.

Current Situation and Magnitude of HIV/AIDS in Uganda

Uganda has braved the brunt of a severe and generalised HIV epidemic for almost a quarter of a century. Currently, almost one million people are estimated to be infected with HIV (6.4% of adults aged 15-49 years) and about 0.5% of children aged less than 5 years[2]. In 2005, about 132,489 people were infected, 27,436 of then through prenatal transmission.

Women and urban residents are more disproportionately affected, with national HIV prevalence estimates among women being 7.5% relative to 5.0% among men and 10.2% among urban residents relative to 5.7% among their rural counterparts. The urban-rural disparity is stronger for women than for men with HIV prevalence of 13% among urban women compared with 7% among rural women. HIV prevalence among urban men is 7 percent compared with 5 percent for rural men.

Women are more highly affected at younger ages compared with men. For instance, male: female ratio among teenagers aged 15-19 years is 1:9 and among young people 15-24 years is 1:4. HIV prevalence for women is generally higher than for men between the ages of 15-49 years, but the pattern reverses after the age of 50 years where HIV prevalence is slightly higher among men than women.

By region, HIV prevalence ranged from a lowest of 2.3% in West Nile to 8.6% in the Central region. The Central region, Kampala and mid-northern areas in the country have the highest HIV prevalence. The Northern region also appears to have the highest HIV incidence that is about 3 times that of other areas in the country. Other population groups with disproportionately higher HIV prevalence include commercial sex workers (CSWs), newly married, widowed, divorced or separated individuals, STI patients, uncircumcised men and men and women in the highest wealth quintile.

Church Human Service AIDS Programme (CHUSA)

CHUSA, the HIV/AIDS programme of the Church of the Province of Uganda, was born out of the *Church of Uganda Leadership Conference on HIV/AIDS of August 1991.* This conference brought together all Bishops and other diocesan leaders under the guidance of the then Archbishop, the late Dr Yona Okoth, to discuss the "new epidemic." One of the resolutions at that historic conference was to set up an" *"AIDS DESK" in the Archbishop's office to develop programmes to combat HIV/AIDS, coordinate activities and advise the Archbishop and the whole church on HIV/AIDS and other related matters.*

As a result of the resolution, the Church of Uganda was, perhaps, the first church worldwide to be involved fully in HIV/AIDS education, prevention and care activities. This is because, the "AIDS DESK" was

created and it initiated the **Church Human Services AIDS programme (CHUSA).**

CHUSA began its work at the end of 1992 with a Programme Manager and a Training Supervisor, 4 Trainers, two Drivers and two vehicles and office support staff.

CHUSA operates intensively in 5 (five) dioceses of Bunyoro-Kitara, Kampala, Lango, Mbale and Mityana covering, 10 government districts of Apac, Hoima, Kampala, Kibale, Kiboga, Lira, Masindi, Mbale, Mityana sub-district and Mubende.

CHUSA Vision
A Church fully participating in the eradication of HIV/AIDS in Uganda.

CHUSA Mission
To strengthen the response of the Church of Uganda to the HIV/AIDS pandemic.

CHUSA Funding and Baseline An agreement was signed between Church of Uganda and the United States Agency for International Development, USAID, to provide CHUSA with funding for 2 years. However, prior to implementing the CHUSA programme, a baseline knowledge, attitude and practice (KAP) survey was conducted in two of the Dioceses - Lango and Mityana. **UNICEF Support**A Memorandum of Understanding was signed between Church of Uganda and UNICEF for IEC and advertising materials for the **Annual AIDS Awareness Month and the National AIDS Day of Fasting and Prayer** at the beginning of November.

Programme Objective
The programme objectives for CHUSA are;

- Scale up HIV/AIDS awareness and prevention;
- Scale up prevention among the youths with emphasis on abstinence and being faithful;
- Provide basic clinical and palliative care;
- Fight and reduce stigma and discrimination related to HIV/AIDS;
- Provide care and support to orphans and other vulnerable children;
- To strengthen the CHUSA coordination capacity.

CHUSA Activities
Armed with baseline results and the various support, CHUSA went into the field with vigour and determination. All the Church leaders at Diocesan level (24 Dioceses) were sensitised through 3 day residential conferences. 96 Diocesan Trainers were trained in the five Dioceses.The trained Community Health Educators worked as volunteers and reached 736,218 sexually active people with HIV/AIDS prevention messages and other related information. The volunteers reached more than 150,000 households, hundreds of Church congregations and markets and other gatherings. These figures do not include the children reached both in homes and in schools.

SYFA Project
A youth programme known as **Safeguard Youth From AIDS (SYFA)** was initiated through UNICEF and it is operated in schools and among the out of school youths using the Boys and Girls Brigade. SYFA covered another 8 dioceses and trained more than 100 trainers and thousands of peer educators.

TB and Malaria Programme Implementation
The Church of Uganda also implements TB and malaria programmes through her health and medical institutions such as hospitals and health centres.

Monitoring and Evaluation Strategy

- Church of Uganda (**COU**) implements HIV/AIDS activities through its structures e.g. dioceses, hospitals, which outreaches to communities;
- The communities are empowered with basic skills to monitor their activities,

collect primary data and report through COU structures;

- M & E tools are developed and agreed upon by stakeholders (including beneficiaries);
- The communities (beneficiaries) are supervised by the Structural Focal Persons e.g. Diocesan Health Coordinators;
- The Focal Persons are also oriented and given basics skills in project management and monitoring. They report monthly to COU;
- COU technical staff carry out quarterly site support supervision;
- Independent Consultants are hired to carry out evaluation ;
- HIV/AIDS Program has M&E Manual to give direction to M&E planning, data collection, reporting and feed back.

Programme Achievements

(a) PMTCT Services

- 64,000 ante-natal clinic attendance with 9,900 deliveries through the Church health institutions;
- 167 PLWHA provided with food aid, and 180 PLWHA provided with home based care kits;
- 60 Clinical personnel trained on PMTCT

(b) Care and Support for PLWHA and OVC

- 24,505 People counselled and 16,645 were tested through the Church health institution;
- 933 PLWHA provided with home base care kits;
- 2,081 PLWHA given treatment for opportunistic infections;
- 2440 ITNs provided to PLWHA and 1654 PLWHA given nutrition support;
- 1,105 Community members trained in VCT mobilisation;
- 529 PLWHA trained in succession planning and 115 Medical staff trained
- 1,791 Primary caregivers trained in home based care, 165 Community volunteers trained on VCT services and 43 Community Counselling Aides trained;
- 243 Church leaders trained in care & support for PLWHA

Programme Challenges

- Stigmatization of PLWHA affects women's capacities to disclose their positive sero-status;
- Inadequate manpower at the sites leading to increased clientele caseload;
- The programme does not have adequate resources including personnel, and designated funds for specific interventions;
- The support targeted individual child rather than the whole child's family;
- The late disbursements of funds made it difficult to monitor implementation and reporting;
- Deficiency in management practices (e.g. financial & record keeping);
- The fluctuations in the foreign exchange rates;
- Inadequate funds paused a great challenge such as inability to provide food supplement to the clients who needed consistent nutrition;
- Over-whelming demand for the HIV/AIDS services and less for Malaria and TB;
- Unstable funding affected programme sustainability. This led to avoidance of long term commitments.

Lesson Learnt

- Church institutions can do a better job in HIV/AIDS activities through their communities and congregations;
- Both spouses should be encouraged to fully participate in the affairs of their families. IEC materials should be produced in local languages;
- Funds to run the programme should be availed in time and alternative source of funds should be sought;
- It would be more appropriate to allocate a bigger proportion of the OVC grants to supporting guardian families rather than individual OVC;
- There is an increasing number of OVC and therefore more support is needed;
- Appropriate phase out or disengagement strategies should be designed so that programs for OVC are not abandoned mid-way;
- Networking mechanism should be devised and expanded;
- Design of the projects should involve and consider real rather than presented problems of the beneficiaries, with pre set interventions that are normally determined by the donors;
- There is need to consider focusing on, options that encourage community fostering and adoption of OVC to enhance community childcare and support.

The Church of the Province of West Africa

The Church of the Province of West Africa (**CPWA**) is made up of Ghana, Togo, Sierra Leone and Cameroon. Population is estimated at about 35.6 million people 70% of which are Christians.

The CPWA-Health Ministry is responsible for securing wholeness of people by safeguarding and improving the health of the general community through the design, implementation and evaluation of promotive, preventive, curative and rehabilitative health services.

The CPWA Health Ministry has a holistic concept of health and works in partnership with other stakeholders to improve the health of people in communities.

Five strategic pillars of the Health Ministry are:

- ❖ Preventive and primary health care;
- ❖ Human capacity building;
- ❖ Community development;
- ❖ Young people and women;
- ❖ Peace building, partnership and democratic participation.

Intervention Include

- ❖ Prevent diseases – education and childhood immunization;
- ❖ Promotion of healthy practices and healthy lifestyles;
- ❖ Treatment of diseases (including mass treatment - outreach) and rehabilitate persons with disease;
- ❖ Promoting general socio-economic development;
- ❖ Strategic orientations of CPWA's Health Ministry.

Key health concerns are HIV/AIDS, Malaria and tuberculosis. In Ghana, malaria contributes to 44.5% of out - patient department (OPD) cases, 32.9% of in-patients and 22% of all deaths in children under 5 years.

Current interventions in the management of malaria include: appropriate case management, use of insecticide treated nets (ITNs), intermittent, preventive treatment in pregnancy, appropriate home-based care and appropriate environmental management.

In Ghana, it is estimated that there are 400,000 PLWHA and about 70,000 requiring ART. The HIV/AIDS sero-prevalence rate is 2.7%. Current interventions include the ABC, safe blood transfusion, VCT services, PMTCT services, infection control, and management of STDs.

Tuberculosis in Ghana: It is estimated that there are 40,000 new cases yearly with an annual incidence of 211 per 100,000 people. 60%-70% of cases are within economically productive group. The intervention is health education and awareness creation through information, education and communication (IEC) and accurate diagnosis and **D**irectly **O**bserved **T**herapy (DOT) **S**hort course.

Future Plans of CPWA Health Ministry

- ❖ Five strategic pillars of the Health Ministry;
- ❖ Preventive, Primary Health Care to deprived people and those in hard-to-reach areas;
- ❖ Community Development for young people and women;
- ❖ Peace Building, Partnership and good governance;

- ❖ Increasing Access to health services and treatment;
- ❖ Investing in human resource capacity, quality assurance systems and improving programme efficiency and quality service;
- ❖ Avoid duplication through collaboration and Sharing of information and resources;
- ❖ Judicious use of scarce resources and Accountability;
- ❖ Use of comparative strength and advantage to network with other partners in resource mobilization and capacity building.

Chapter 3

Findings and Outcomes

(i) PROGRAMME ACHIEVEMENTS

(a) Project Management and Financial System

Most Provinces have put administrative systems in place. Provincial HIV/AIDS offices have been established with HIV/AIDS Programme Coordinators. Programme structure and implementation have been institutionalised in most of the Provinces.

(b) HIV/AIDS Strategic Plans

Most of the Provinces have developed and are implementing National HIV/AIDS Strategic Plan. Some have their strategic plans printed and distributed while a few are yet to do this. Some Provinces are in the process of renewing their strategic plans for another period. The strategic planning process has enhanced programme ownership within the Provinces.

The Episcopal Church of Sudan on the other hand has yet to start their HIV/AIDS programme as a Province. Sudan will need help from coordinators of closer Provinces like Uganda and Kenya to support them in programme implementation.

(c) Programme Activities

HIV/AIDS intervention has expanded within the Provinces during the last four years (2002-2005). There is significant increase in the number of Dioceses actively involved in HIV/AIDS activities. Some of the activities the Provinces are implementing include:

- Prevention through youth programmes and community awareness;
- Leadership training at various levels of the Provinces;
- Care and support for PLWHA/PABA, referral for ARVs, treatment of opportunistic infections, VCT services and home-based care for OVC and PMTCT services;
- OVC activities such as material provision, education support and vocational skills.

(d) Leadership

Over the period of 2001 to 2005, there has been an increase in Church leadership involvement and commitment in HIV/AIDS activities as well as ownership of the programme. This is attributed to National/Provincial leadership meetings, conferences and training on HIV/AIDS. Some Provinces have held conferences on the role of Bishops and their wives in HIV/AIDS intervention.

Most Provinces have also held trainings for Diocesan coordinators of various departments, which include Sunday school and brigade, youth and mother's union. Many of these are mobilizing community members to utilize their local resources to support PLWHA. Some are engaged in working on reducing stigma and discrimination. As a result there is increased capacity on both Diocesan and Parish levels. Some Anglican clergy and church workers

have started to come out to share their experience of living with HIV.

Knowledge of Church leaders on HIV/AIDS has built and increased leadership commitment on the fight against HIV/AIDS. The Church is now working with PLWHA to break the silence on HIV/AIDS in most provinces. Sermons are being preached on HIV/AIDS in various Provinces.

(e) Human Resources

CAPA has a pool of very experienced professional human resource as programme coordinators. The wealth of skills and experiences in each Province should be used to encourage and facilitate other Provinces who may be struggling especially those whose situation is exacerbated by years of unrest and war like Burundi, Congo, Rwanda and Sudan.

(f) HIV/AIDS Prevention

Training geared towards HIV prevention has been given to women, youth and PLWHA for dissemination and sensitisation of others. Youth programmes for peer educators, HIV/AIDS committees, focal persons and puppeteers have been started.

(g) Care and Support

Community volunteers and caregivers have been trained and are engaged in Home Based Care (HBC) activities. There are more volunteers coming up for training to work with the church on HIV/AIDS. *Some of the activities in this area include:*

- Care and support for orphans and vulnerable children;
- Training of PLWHA, medical staff and caregivers has been done;
- Training of focus groups including women, youth and PLWHA are done;
- Established of support groups for PLWHA;
- Increasing the number of community care and support groups;
- Work has been done in pastoral care, IGAs, and empowerment of women and orphans.

(h) Voluntary Counselling and Testing

- Voluntary Counselling and testing (VCT) centres are established;
- Training of Diocesan staff to provide VCT services is being done;
- Increasing the number of people visiting VCT centres.

(i) Partnership and Networking

Various Provinces work closely with other bodies and national governments and especially departments of health as well as some UN bodies in the fight against HIV/AIDS. Partnerships and networking provides opportunities for sharing, mutual learning and consultation. This reduces overlaps of activities and utilises lessons learnt from other implementers.

This has helped to achieve the following:

- Strong partnerships have been established with opportunities for sharing and learning from each other;
- Increased conversation around stigma and discrimination;
- New partnership have emerged such as between Anglican Province of Kenya and St. Paul Theological College where ACK clergy and church workers are encouraged to join a Master's Programme in Community Care and HIV/AIDS;
- Increased collaboration with other organizations with similar goals like MAP International.

(ii) PROGRAMME CHALLENGES

(a) National Context

Each of the Anglican Provinces operates in a unique and complex context. This context must be appreciated and understood in order to provide focused and relevant interventions. National contexts include varying cultures, traditions and practices, numerous languages, poor social-economic status and histories of conflicts and war. All these issues impact on the HIV/AIDS situation.

The settlement of returnees of young and unskilled people displaced by war must be carefully planned. This often results in massive displacement of people within the country who need support and basic services.

Other challenges that exacerbate the HIV/AIDS situation include:

- Long distant to services, inadequate or non-available services like in Sudan;
- Rape perpetrated by armed people or peace-keepers fuel the spread of HIV;
- Inadequate Government commitment in the fight against HIV/AIDS;
- Programmes in different dioceses and in different countries make programme implementation, monitoring and evaluation difficult;
- Rapid urbanization with the proliferation of slums exacerbates the situation of HIV/AIDS.

(b) Leadership

Some of the issues in leadership include:

- Lack of or varying commitment and involvement among Church leaders;
- Changes in leadership often interrupts programme continuity;
- Low level of involvement of Church leaders;
- Religious leaders are often reluctant to talk about sexuality and HIV/AIDS;
- Some Church leaders remain detached, silent, and inactive in addressing HIV/AIDS issues.

(c) Programme Funding and Sustainability

- Resource mobilization is difficult and funding for the different programmes is a big problem. Strategies should be put in place for sufficient funds especially in the face of growing number of Dioceses and need;
- Late disbursement of funds makes it difficult to monitor implementation and progress;
- High cost of control interventions, makes it difficult to sustain gains;
- The fluctuations in the foreign exchange rates;
- Inadequate funds paused a great challenge such as inability to provide food supplement to clients who needed nutritional support;
- Sustainability of programme due to short duration of programmes funding;
- Sustainability of the Diocesan HIV/AIDS desks;
- Unstable funding led programme avoiding long-term commitments.

(d) Human Capacity and Programme

- Deficiency in management practices (e.g. financial & record keeping);
- Major donors not funding Church initiatives to scale up their efforts for fear of inadequate accountability;
- Some Dioceses do not have skills for proposal writing and professional programme management;

- Inadequate manpower at the sites leading to increased clientele caseload;
- Inadequate capacity and skills among Clergy to effectively address HIV/AIDS.

(e) Documentation and Information

The capacity of the Church to respond effectively to the challenges of HIV/AIDS is depended on right and accurate information.

Challenges identified in this area include:

- Inadequate documentation and communication skills;
- Poor documentation of activities of the church's HIV/AIDS activities;
- Lack of proper policies makes it difficult to influence government decisions on HIV/AIDS;
- Lack of guidelines on scaling-up of activities;
- Clash in timing and policies of churches and funding partners.

(III) LESSONS LEARNT

- The commitment of the clergy and Church leadership is crucial for scaling-up of HIV/AIDS activities;
- The success of Church based HIV/AIDS work is highly dependent on the involvement and support of Church leaders for programme ownership;
- Church leadership, programme staff and other stakeholder should be involved from the beginning of HIV/AIDS work. Enhancing ownership includes regular communication and updating stakeholders at all the levels of the programme;
- Involvement of HIV positive clergy helps to break the silence in the church while involvement of PLWHA in HIV/AIDS work at all levels contributes to the success of programmes;
- Policy development and Strategic plan for HIV/AIDS processes takes time;
- Understanding the cultures and traditional practices is essential for effective HIV/AIDS programme;
- Partnerships and networking opportunities within churches and other agencies in the field of HIV/AIDS are important for sharing and mutual learning;
- Need for comprehensive care approach i.e. medical and pastoral care as part of the essential needs for OVC;
- Anglicans go to other areas rather than their churches for VCT for fear of discrimination. The church should help to build trust and confidentiality with its members by addressing stigma and discrimination;
- There is need to continuously advocate for increased resource allocation for the development of church capacity and implementation processes;
- People going to VCT centres need assurance that they will receive care, support and treatment, which include drugs and nutritional support.

Chapter 4

Conclusion and the Way Forward

Conclusion

CAPA HIV/AIDS Programme has expanded significantly within the 12 Provinces and Diocese of Egypt with increased ownership and bold leadership support at all levels of the Church since 2001. It is essential to also appreciate and understand the different socio-economic and cultural context in which various Provinces and Dioceses have implemented their HIV/AIDS Plans. These contexts have generated some evidence based practices and concepts that are useful for mitigating the impact of HIV/AIDS in communities, such as the goat project in Burundi, tailoring Project in Rwanda, youth programme in South Africa, micro entrepreneur project in Kenya and Nigeria e.t.c. The synergy and partnership achieved by Provinces and Dioceses from working with other related development organizations has enriched the quality of programme implementation and service delivery. These key factors should be considered by CAPA in her second strategic plan on HIV/AIDS, TB and Malaria in order to scale up services and evolve sustainable programmes. CAPA, through her structures and networks has the ability and credibility to effectively respond to the pandemic of HIV/AIDS and its related conditions, if it maximized her existing opportunities and roles within and outside the Church effectively.

However, there is a need to strengthen programme coordination and communication at all levels of the Church (CAPA, Provinces and Dioceses) in order to create opportunities for learning and sharing of knowledge, skills and practices with each other.

It is imperative to mention that limitations like inadequate capacity and leadership commitment have hindered the efficient contribution of CAPA in combating HIV/AIDS in Africa. Therefore, these constraints will have to be addressed in the next strategic plan of CAPA (2007 -2011).

The Way Forward

(a) Re-Positioning the Church

- CAPA leaders must raise their voices for peace restoration in war-torn countries like DRC and Sudan;
- Church and its leadership should not be afraid to state clearly its stand on HIV/AIDS.
- Church leadership must play a more active role and speak out against socio-cultural and practises that fuel the spread of HIV/AIDS;
- CAPA, Provinces and Dioceses need to collaborate and partner with national governments, development agencies and other FBOs in leveraging resources for effective programme coordination and implementation.

(b) Programmatic Issues

- Provinces and Dioceses should integrate HIV/AIDS, TB and Malaria. More work should be done to mainstream HIV/AIDS into other development programmes;
- Incorporate HIV/AIDS, TB and Malaria programmes with Church health and education system;

- Develop efficient monitoring and evaluation and sustainability strategy in all her programme components;
- Improve working relationship through establishment of information dissemination and communication strategies;
- Design appropriate phase out/exit strategies for HIV/AIDS Programme with partners so that credible programmes are not abandoned mid-way without any sustainable options.

(c) General and Specific for CAPA

- Source funds for the HIV/AIDS, TB and Malaria programme;
- Arrange and coordinate annual regional space for experience sharing, reflection and learning;
- Establish mechanisms for improving documentation, communication, coordination and networking among Provinces and Dioceses;
- Facilitate capacity building processes for Provinces and Dioceses;
- CAPA to develop monitoring and evaluation strategy to provide data and monitor progress;
- CAPA and should encourage and empower the French speaking Provinces to respond appropriately to the scourage of HIV/AIDS.

Appendix A

Provincial Health and HIV/AIDS Directors/Coordinators

	PROVINCE	COORDINATORS	LANGUAGE
1	Burundi	Mr. Mathias Nkurunziza	English/French
2	Central Africa	Dr.Pelham Hazeley (acting)	English
3	DR Congo	Mr. Albert Baliesima	English/Swahili/French
4	Egypt	Dr. Eman Kamal Sabet	English/Arabic
5	Indian Ocean	Mr. Rakotozafy Roger Martin	French/English
6	Kenya	Mr. Joseph N. Wangai	English/Swahili
7	Nigeria	Rev Samuel Akale	English
8	Rwanda	Rev. Francis Karemera	English/French
9	Southern Africa	Rev Canon Desmond Lambretchs	English
10	Sudan	Rev John Malesh	English/ Arabic
11	Tanzania	Mrs. Neema Peter Majule	English/Swahili
12	Uganda	Rev. Sam Ruteikara	English
13	West Africa	Dr Jenny Cole (acting)	English /French
14	CAPA HIV/AIDS Programme Coordinator	Mr. Emmanuel Olatunji	English

Appendix B

CAPA HIV/AIDS Board Members

	Name	Province	Position
1	Mr. Mathias Nkurunziza	Burundi	**Member**
2	Dr. Canon Pelham Patience Hazeley	Central Africa	Member
3	Mr. Emmanuel Olatunji	CAPA	Member
4	Mr. Albert Baliesima	DR Congo	Member
5	Dr. Eman Kamal Sabet	Egypt	Member
6	Mr. Rakotozafy Roger Martin	Indian Ocean	Member
7	Most Rev. Benjamin Nzimbi	Kenya/CAPA	Chairman
8	Mr. Joseph N. Wangai	Kenya	Member
9	Mr. John Muhoho	Kenya	Member
10	Dr Esther Obinya	Nigeria	Member
11	Rev. Francis Karemera	Rwanda	Member
12	Rev. Canon Desmond Lambretchs	Southern Africa	Member
13	Rev John Malesh	Sudan	Member
14	Rev. Canon Dr. Mwita Akiri	Tanzania	Vice - Chairman
15	Dr. Lydia kiryabwire	Uganda	Member
16	Most Rev Justice Akrofi	West Africa	Member

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