Consolidating
A Christian Response:
HIV/AIDS in Africa

A Pre-ICASA Symposium

19th and 20th of September 2003
The Methodist Guest House and Conference Centre
Nairobi, Kenya

Symposium Report

Organisers:
The Pan African AIDS Network (PACANet)
With assistance from
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“Support for this communication is provided by the Global Bureau of Health, U.S. Agency for International Development (USAID), under the terms of the CORE Initiative Award No. GPH-A-00-03-00001-00. The CORE Initiative is a USAID-funded global program whose mission is to support an inspired, effective and inclusive response to the causes and consequences of HIV/AIDS by strengthening the capacity of community and faith-based groups worldwide. Leading this initiative is CARE International in partnership with the World Council of Churches (WCC), International Center for Research on Women (ICRW), International HIV/AIDS Alliance, and the John Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP). The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.”
Introduction

On September 19 – 20, 2003, Pan African Christian AIDS Network (PACANet) in collaboration with Christian Connections for International Health (CCIH) and the World Council of Churches (WCC) convened a pre-conference symposium of various stakeholders involved in the fight against HIV/AIDS. Held at the Methodist Guest House in Nairobi, Kenya, 260 participants from 35 countries represented a broad spectrum of national and grassroots Christian churches and church-based organizations, private voluntary organizations, academic institutions, businesses, activists and other strategic partners.

The timing, theme and location of the symposium were chosen specifically to dovetail into the 13th International Conference on AIDS and STIs in Africa (ICASA) which was also to be held in Nairobi from September 21 – 26, 2003. The bi-annual ICASA is a significant international forum for presenting, assessing and articulating programs and research trends for prevention, control and impact mitigation of HIV/AIDS in Africa.

CORE Initiative/ USAID, the primary sponsor, was joined by its partner, the World Council of Churches, together with Pfizer Inc, Samaritan’s Purse, Abbot Laboratories, Bristol Myers Squibb, BOTUSA and Presbyterian Church USA.

The theme --- Consolidating a Christian Response: HIV/AIDS in Africa --- addressed the long history of Christian involvement in HIV/AIDS programming in Africa and the current urgency of scaling up established programs. Discussions focused on how best to further consolidate future Christian responses to the HIV/AIDS pandemic which has been devastating Africa for the last three decades. Many participants who obviously are deeply committed and involved in HIV/AIDS prevention, shared experiences --- successes, pains, regrets, new knowledge and insights, old and new tools --- as well as new resolutions with fellow participants in the global battle against HIV/AIDS.

The four major objectives of the symposium were to:

- Provide an update on the work of PACANet
- Facilitate networking and sharing of best practices in Christian HIV/AIDS programs
- Provide a forum for workshops on organizational capacity building
- Promote a significant and visible Christian response at ICASA

The four primary formats of the symposium were:

- Prayer and worship
- Plenary discussions (general or group/theme-based)
- Workshop sessions
- Open sessions for sharing and networking
Additional on-going activities interspersed with formatted activities were registration, snacks and meals, distribution and submission of conference evaluation questionnaires.

This pre-ICASA symposium report is structured so as to facilitate comparison of conference objectives and expected outcomes in order to ascertain whether conference aims were achieved. Too, this report highlights the outcomes of the symposium and what was achieved. It therefore serves as a self-evaluation against planning stages aims and objectives.

2.0 Program Events

2.1. Overall Aim
The symposium was aimed at consolidating the Christian response to the HIV/AIDS pandemic and facilitating a broad representation of Christians across Africa at the ICASA Conference --- with a view to voice and echo a Christian presence and comparative advantage in the fight against AIDS.

2.1.1 Expected Outcomes
- The Pre-ICASA Symposium outcomes were to be disseminated via various forums and literature at ICASA
- The Christian response to HIV/AIDS would be more visible and comprehensive
- The Church would be challenged not only to act but to take further action
- The secular response would be enhanced by the Church in the long term
- The key statements paper developed at the Pre-ICASA Symposium would be circulated not only at ICASA symposium but also more broadly

2.1.2 How the outcomes were achieved
Churches and Christian organizations play an important role in the fight against HIV/AIDS in Africa. In spite of this, previous ICASA and other AIDS conferences have not provided adequate representation of the Christian efforts. This symposium was organized in part to address this issue. The purpose was to provide a forum for Christian stakeholders to articulate a specifically Christian perspective to the myriad challenges and successes in the battle against HIV/AIDS in Africa. Deliberations conducted two days before the ICASA resulted in a joint statement that was distributed at the ICASA meeting. Through the support and sponsorship of CORE Initiative, PACANet was able to facilitate the participation of eight people at the ICASA conference.

Ensuring Quality
The plenary session on Ensuring Quality helped challenge the Church in its responses. During this plenary, speakers from donor and implementing organizations looked at the theme of quality assurance in HIV/AIDS programs implemented by Christian FBOs. From the donor angle, representatives for USAID and CORE Initiative made presentations on quality implications of the
increasing interest by donors in FBOs. Kristin Kalla (CORE Initiative) described the various elements of the CORE program, while highlighting the emphasis on increasing the quality of FBO projects through capacity building. Warren Buckingham of USAID linked quality assurance to the 13th ICASA theme of “Access to Care: Challenges” and the United States government’s response to the challenges. According to Mr. Buckingham, the U.S. government’s increased funding for HIV/AIDS infection prevention, anti-retroviral (ARV) therapy, and care and support, recognizes the crucial place of FBOs in implementation of the programs. FBOs, he maintained, set the standards for quality due to their potential for serving more people than any other group.

Representatives from AIDS Care Education and Training (ACET), Botswana Christian AIDS Intervention Project (BOCAIP) and Christian Health Association of Kenya (CHAK) presented aspects of quality assurance as experienced in their programs.

According to David Kabiswa of ACET, quality can only be assured when an organization has an appropriate self-definition that emphasizes the organization rather than its projects. That way, it can move more effectively from project-cycle management, which is short-term and largely unsustainable, to longer-term program cycles. The implication of the latter is that organizations are then able to appropriately set benchmarks while instituting mechanisms for consistently achieving the targets.

George Otieno of BOCAIP presented quality assurance as a journey involving learning and continuous adjustments. He articulated four major areas of concern in ensuring quality: governance and management structures, service delivery, information management and environmental demands. Based on BOCAIP’s experience, Otieno recommended a stakeholder-driven management structure at community, congregational and national levels; continuous and consistent planning; and investing in people as crucial steps to the achievement of quality in HIV/AIDS programs.

Samuel Mwenda of the Christian Health Association of Kenya (CHAK) highlighted two perspectives to quality assurance, each with a different emphasis --- the client/consumer perspective and the program perspective. In HIV/AIDS programs, client-centred quality assurance involves love, compassion, care and support; sensitivity; confidentiality; information/communication; timely responses; conducive environment; comprehensive package of services and continuity and follow-up. Program-centred quality-assurance, however, involves such organizational development issues like policies, protocols or guidelines; human resource development; monitoring and evaluation plans; supportive supervision and capacity building.

Discussions following these presentations centred on the need to document comprehensively Christian HIV/AIDS programs, utilize existing structures and
networks, especially in churches, return to promoting core Christian values of honesty, faithfulness and integrity, and ensure genuine commitment to work.

**Advocacy**
Workshops on advocacy looked at how the Church can strengthen its voice and role so as to echo its comparative advantage in the fight against HIV/AIDS. Delegates at the workshops felt that the Church’s comparative advantage was contingent, among others things, on its extensive reach and capacity to mobilize internal and external resources. Thus, while the Church had immense potential to influence the course of the HIV/AIDS pandemic in Africa, it was often limited by: internal divisions; lack of knowledge about HIV/AIDS and international development funding mechanisms; denial; stigma and discrimination; and, poor modelling of Christian values by the leadership. Today the Church’s response is strengthened by: development of a new theology of grace; changes in Church leadership modalities and training; increased transparency, accountability and integrity; changes in congregational attitudes and behaviour, especially with regard to harmful cultural traditions and PLWHA; and, flexibility in its responses and program designs.

Participants’ responses to the presentation pointed out the omission of gender, youth and legal issues despite their critical position in Christian Churches and HIV/AIDS discourses. They also called for aggressive advocacy by the Church to ensure that HIV/AIDS is appropriately prioritized by governments and donors, and in predominantly Muslim countries, while striving for healthy partnerships with these strategic stakeholders. In addition, advocacy lessons learned from the Church’s success stories, even in other areas like peace building and conflict resolution, should be applied and replicated.

**Resolutions and Key Statements**
The outcomes of the Pre-ICASA Symposium, in the form of Resolutions and Key Statements, were presented at ICASA at two different platforms: (1) the Round Table session on Religious and Faith-Based Presence And Responses, and, (2) a satellite session. Identical resolutions were distributed to participants at these sessions. Additionally, the resolutions were placed at the PACANet booth for distribution to the rest of the Pre-ICASA Symposium participants. Through the above-mentioned presentations and forums, the Christian response to HIV/AIDS was highlighted, together with the visibility of PACANet, and consequently, the response of the Church in general, was enhanced.

### 2.2.1 Objective 1
To provide an update on the achievements of PACANet and to articulate the envisaged opportunities, tasks and challenges of a coordinated Christian response across the continent.
2.2.2 Expected Outcomes

- Greater knowledge about PACANet’s responsibilities, achievements to date and how it can support the Christian Community
- Dissemination of findings of country studies in Africa
- Increased strategic partnerships
- Increased visibility of PACANet

2.2.3 How the outcomes were achieved

During the first day plenary session, the Chairperson of PACANet, Dr David Cunningham, presented background regarding the genesis of the Network. He also introduced into discussion the symposium theme of consolidation. While hailing the meeting as a significant and strategic step in the Church’s response to HIV/AIDS, Dr. Cunningham emphasized its potential implications for implementation of activities at the “front line”. Two major issues stood out in his introduction. One was the challenge of hesitancy implied in the use of the word “consolidating” in counterpoint to “advancing”. Against this, Dr. Cunningham urged a positive attitude of forging ahead, despite the perceived needs for improvement, especially since God ultimately does the work. The other challenge was the potential for corruption and divisiveness inherent in the increasing recognition and funding available for Christian HIV/AIDS projects. Against this, Dr. Cunningham suggested faithfulness to God, consistently being a prophetic voice, and enhancing Christian HIV/AIDS program networks and strategic partnerships in a coordinated manner.

Rev. Baralemwa reviewed the progress of PACANet in achieving its objectives. In particular, he highlighted the establishment of the secretariat and a website; the development of a database of Christian projects, in partnership with Family Impact; the strengthening and establishment of Christian AIDS networks in six countries; increasing partnership with donors and other development agencies (USAID, SIDA, World Vision, CCIH, ActionAID etc.); and the situation analysis just concluded in four countries with support from ActionAID.

The situation analysis results were also disseminated in this session. The results document the status of Christian AIDS projects in Namibia, Zambia, Uganda and Swaziland. They explore their relative scope and reach, technical and administrative capacity, challenges and needs in each country, while recommending mechanisms to facilitate increased effectiveness and scaling-up.

2.3.1 Objective 2

To provide an opportunity to network and share best practices
2.3.2 **Expected Outcomes**

- Increased connections between Christians working in HIV/AIDS across Africa
- Shared best practices in specific fields e.g. Orphans and Vulnerable Children, Treatment and Care
- Individuals and organisations encouraged and challenged about their work
- An expanded database of Christians working in HIV/AIDS
- A Widely disseminated report of the event’s outcomes

2.3.3 **How the outcomes were achieved**

Through networking and publicity, many organisations hitherto unknown to PACANet, wrote describing their activities and location as well as expressing their desire to take part in the symposium. Though not all the applications to attend the Symposium were accepted, what resulted was an expanded database of Christian-based organisations responding to the HIV/AIDS pandemic.

The symposium afforded the participants the opportunity to meet and network. Partnerships and linkages were formed as participants interacted. This was mainly done during an open session of sharing and networking which was facilitated by David Kabiswa of AIDS Care Education and Training (ACET). During this time, participants discussed what they perceived to be the future role of PACANet. Discussion of PACANet’s role was conducted by region: western, eastern and southern Africa. Recommendations were similar among groups, however, with most emphasizing PACANet’s coordination role and the facilitation of exchanges across within Africa, including Francophone and Lusophone countries. They also underscored its role in helping to:

- Establish Christian AIDS networks where unavailable
- Sharpen the Church’s focus on spiritual matters while promoting good teaching and prayer
- Document and disseminate best practices in Christian HIV/AIDS programming
- Advocate to increase the profile of the Christian response to HIV/AIDS in international events
- Support the development of standards and guidelines for HIV/AIDS programs
- Identify resource persons on HIV/AIDS technical areas
- Provide technical assistance to FBOs on proposal development, resource mobilization and other aspects of capacity building
Discussions on the different programmatic areas and themes in HIV/AIDS work encouraged and challenged participants about their work. In the course of the discussions lessons learned and best practices were shared.

**People Living With HIV/AIDS (PLWHA)**
Reverend Christo Greyling of World Vision talked about programming for people living with HIV/AIDS (PLWHA). He expanded on the need to re-examine current church attitudes to PLWHAs and re-orient thoughts and actions towards more acceptance, inclusiveness and partnerships. Stigma, he said, is the number one enemy in the fight against HIV/AIDS and it is reflected in our language and program directions. For example, well-intended pre-marital testing programs often turn out to engender stigma by feeding on the fears of disclosure and potential for isolation prevalent in the church’s attitudes to PLWHAs. In addition, the language used by pastors on the pulpit, while serving to prevent the spread of HIV/AIDS, might generate fear and stigma that negates good intentions. On this, Rev. Greyling posed a big question for participants to chew over: *"Do we use HIV/AIDS to control our congregations or do we use our congregations to control HIV/AIDS?"*

**Stigma and Discrimination**
Bishop Joseph Banda of the Zambia Expanded Church Response (ECR) to HIV/AIDS picked up the same point in his discussion of Stigma and Discrimination. Bishop Banda explored the various definitions of stigma, especially linking it to the “bodily marks or pains resembling the wounds of the crucified Christ”, thereby making it particularly significant for Christians. He however considered “gossip” to be Africa’s biggest problem, which produces, nurtures and reproduces stigma against people affected by HIV/AIDS.

**ABC**
In his presentation, Dr. Edward Green of Harvard University showed scientific evidence for the current promotion of behaviour change through Abstinence and Being faithful (A&B) with targeted condom (C) use in the fight against HIV/AIDS. The ‘C’ of prevention has generally been viewed by the majority of donors as the only ‘realistic option’. However, it is widely known that condoms are only seen as being 80% effective in birth control programmes. Furthermore, countries demonstrating the highest condom use such as South Africa, Botswana and Kenya still have the highest infection rates. FBOs generally adopt the A & B in their programs and resist attempts to make condom use the primary prevention mechanism. Evidence from Uganda, Zambia, Jamaica and Senegal showing the effectiveness of these strategies was presented as a further means of encouraging Christian FBOs to do what they do best with greater conviction. In support of this evidence, the US Global AIDS Bill has two amendments: (1) the Pitts amendment states that 1/3 of the 15 billion dollar fund must be designated to abstinence programmes; (2) the Smith amendment states that FBOs cannot be forced to provide condoms.
Gender
Ms Pauline Mfulu of SANRU discussed gender in the light of the plight of women in the Democratic Republic of Congo. The pervasiveness of gender in society, its tendency to marginalize and make women vulnerable to HIV/AIDS, the Church’s part in enhancing gender disequilibrium through scriptural interpretations and other exclusion mechanisms were also highlighted. Ms Mfulu concluded by calling for an integration of gender into all church programs for fighting HIV/AIDS.

Orphans and Vulnerable Children (OVC)
Orphans and Vulnerable Children (OVC) was examined by Backson Muchini and Carl Stecker of the Catholic Relief Services. Based on extensive experience managing and coordinating OVC projects in Africa, Dr Muchini appraised current FBO responses in the area as well as its challenges. The most common responses include education assistance, life skills education, psycho-social support, food support, economic strengthening and advocacy. Among the challenges are increasing numbers of orphans, overextended families, limited resources, increased stigma for children, lack of role models, resistance to change in child-care models, diverse, confusing indicators, lack of national or universal standards for care, sector-based responses and lack of coordination among actors.

Youth
Andrew Mukinisha of Youth with a Mission emphasized that youth were not adequately targeted in HIV/AIDS programs despite their higher infection rates. He looked at factors that increase the vulnerability of youth to the infection, including their transitional status, while regretting the lack of appropriate information for youths and limited application of the heterogeneity in program planning for youths.

Treatment and Care
For treatment and care, Rev. Edward Phillips described the AIDS Relief Program of the Archdiocese of Nairobi Eastern Deanery as a backdrop to presenting the various models of care available in current HIV/AIDS programs. Rev. Philips also pointed to changing trends towards adopting less traditional, clinic-based care toward more community-based care models which facilitate easier access to care.

Prevention of Mother to Child Transmission (PMTCT)
Dr Casimir Manzengo of SANRU also presented the prevention of mother to child transmission (PMTCT) project being conducted by SANRU and the challenges of increasing uptake of the services and therefore the increasing need for more services.
Facilitators who gave the above plenary presentations coordinated the participatory discussions and group reporting, while encouraging networking and the sharing of best practices.

Representatives of each group presented the group’s outputs and recommendations at the general plenary, with discussions and resolution adoption ensuing. These later guided the formulation of the Resolutions and Key Statements drafted and presented at the ICASA roundtable on faith-based responses to HIV/AIDS which was held on Wednesday, September 24 2003. It provided the background to the USAID-sponsored satellite session on the ABCs of prevention. The same Resolutions and Key Statements were distributed at the PACANet booth. They resolutions were also uploaded onto our website for greater outreach.

2.4.1 Objective 3
To discuss and set strategies for building the organisational capacity of Christian/Faith-Based Organisations with identified strategic partners

2.4.2 Expected Outcomes
- A manual of the Capacity Building Workshop Presentations
- Skills built and tools disseminated (e.g. fundraising advice, monitoring and evaluation techniques) among individuals and organisations

It is anticipated that Christian organisations will acquire organisational capacity in line with strategies set at this symposium. Long-term results will be seen in:
- Further linkages and partnerships with organisations that can offer Capacity Building
- An improved professionalism and effectiveness of Christian HIV/AIDS initiatives

2.4.3 How the outcomes were achieved

The first set of Capacity Building workshops focussed on Christian Health Associations, Internal Capacity Building and International partnerships. Here, a panel of speakers from various organizations provided program and skills building ideas from their project experiences on the different themes. Participants had a choice of attending any of these workshops.

The Christian Health Association
The Christian Health Association Session included the Ecumenical Pharmaceutical Network (MEDS/EPN), CHAK and SANRU. Group discussion focused on issues of access to HIV/AIDS treatment through Church-related health associations and networks. The EPN presentation examined the impact of training on the quality of care being offered to HIV/AIDS patients. CHAK presented lessons learned from prevention of parent to child transmission
(PPTCT) programmes of church groups while SANRU discussed how the Church in Congo is dealing with AIDS care and treatment issues in a conflict situation.

Discussions following the presentations indicate that drugs and treatment are considered an integral part of church-based health care and churches and related institutions are ideally situated and experienced in undertaking scaling up. They also show that information dissemination, community mobilization, adequate personnel training and expansion, follow-up, regular supply of drugs and kits, and strength counselling services and inter-sectoral cooperation are vital to ensure the quality and accessibility of the services provided by the institutions. In addition, the experiences from the Democratic Republic of Congo (DRC) also revealed that differing regional realities necessitate a sub-regional approach to AIDS issues and therefore increased networking and exchange of experiences.

Internal Capacity Building
The Internal Capacity Building Session had speakers from ACET, BOCAIP, Family Life Education Program (FLEP) and the Organization of African Instituted Churches (OAIC). David Kabiswa shared ACET’s growth process from a local to an international organization and its strengthening lessons along the way. Some of these include articulating and focussing on comparative advantage and core values, clear and visionary leadership, establishing and institutionalizing systems, critical self-assessment, and building strategic partnerships. BOCAIP’s capacity building strategy focussed on the development and strengthening of local capacity for improved quality of services. The FLEP program demonstrated how the Management and Organizational Sustainability Tool (MOST) developed by Management Sciences for Health (MSH) has facilitated FLEP’s management development through its participatory diagnostic process and easy-to-follow organizational development guidance. The OAIC experience of grassroots empowerment through value transformation, theological reviews, local skills building and networking was responsible for significantly making their program less bishop-driven, more community-driven and therefore more sustainable.

International Partnership
The International Partnership session featured presentations by two major donors: CORE Initiative and Global Fund for AIDS, TB and Malaria (GFATM). The main emphasis was to explain the international development assistance funding process so that Christian groups may increase their access to available resources for scaling up. The CORE Initiative presentation explained the mechanisms for its small grants program and how FBOs and CBOs can best access the funds. It also focussed on CORE’s facilitation of the immense capacity building needs of grassroots churches and church-based organizations. The Global Fund presentation provided tips to participants as to the best
strategies for accessing its funds. It summarized the guidelines for accessing the funds, the present status of the funds, and prospects for future disbursements by the Fund. While responding to participants’ comments that the country coordinating mechanism (CCM) of the Fund is very slow and government-driven in most cases, Christian groups and other “excluded parties” were advised to increase their opportunities through constituency building and agitation. SACBC focused on the dynamics of the partnership between Catholic Relief Services and the Southern Africa Catholic Bishops’ Conference.

A second set of Capacity Building workshops followed these and were organization-based. Balm in Gilead, Medical Assistance Program (MAP) and MSH held three parallel sessions for interested participants. A panel of speakers from Balm in Gilead presented its model of establishing effective partnerships with faith communities with particular emphasis on its various steps and challenges. MAP International staff described the organization’s framework of church capacity building based on sensitization and mobilization, participatory planning, advocacy, organizational development, HIV/AIDS policy formation and advocacy, interventions and programs and scaling up responses. MSH had two presentations. One focused on how civil society organizations --- including faith-based groups --- can join multi-sectoral partnerships in HIV/AIDS in order to effectively scale up their activities. The other discussed the urgent need for human capacity development planning as a core element of the fight against HIV/AIDS.

We are currently working at compiling a manual of all the presentations made by the presenters at the symposium.

3.0 Symposium Evaluation

The meeting evaluation utilized a questionnaire that sought to elicit participants’ assessment of various aspects of the symposium including: meeting logistics; the capacity building program; the advocacy and theme groups’ workshops; the symposium’s hosts; and, other general comments.

Regarding logistics, most participants (82%) were satisfied with their accommodation arrangements and felt welcomed to the meeting. Unfortunately, the venue was considered inappropriate for the number of participants. In terms of communication, the incredible value of the Christian network was confirmed since over 65% of the participants learned about the meeting through one of their formal and/or informal networks.

A high percentage of participants (86.2%) indicated that their capacity building expectations were met. This satisfaction was also apparent in the fact that 93.8% would recommend the program to a friend or colleague if it was offered at another venue.
For 54.2%, the most beneficial aspect of the program was the networking. While capacity building was generally needed and indeed appreciated, some participants felt that there were too many sessions which, therefore, could only superficially address their skills gaps. There continued to be expressed needs for practically-oriented skills building in areas like proposal writing, monitoring and evaluation, and, community involvement mechanisms.

The advocacy and theme group meetings were highly appreciated by participants. They were rated consistently more than 70% in having good facilitation, being highly participatory and stimulating, and being quite relevant and useful to delegates’ HIV/AIDS work. When asked what they would do with the key statements in their work contexts, a large number (40.6%) said they would implement the actions while 32.8% were content with disseminating the resolutions.

From the evaluation responses, it was clear that the majority of the participants had a much better understanding of PACANet’s roles and will look to it for support in such areas as information sharing, networking, advocacy and partnership building. A great many (85.5%) are ready to help PACANet through information dissemination. Others saw their support of the network in terms of financial contributions, voluntary work, and material resources.

In conclusion, participants were happy for the opportunity to attend and considered the conference “useful, practical and enjoyable”.

4.0 Challenges
More participants than expected - Symposium attendance was greater than what had been budgeted for in the planning stages. As a consequence, the extra participants had to be accommodated within an inadequate budget.

Insufficient budget - At the time of budgeting, the US$ was exchanging at P6. By the time we received the grants, the US$ rate of exchange was P4.80. Thus, when the funds were received it less than expected because Botswana Pula were used for the calculations.

Distance planning - Due to the fact that (1) the conference was planned in Gaborone and held in Nairobi, and (2) there was no provision for a prior visit to Nairobi, it was difficult for the conference organiser(s) to have a clear grasp of bottom line. As a result, the contingency budget line was too small to cover administrative overheads. Hence, the need for a supplementary budget of about US$9,000 developed.

Application procedure - There were over 500 applications for financial assistance yet PACANet and CCIH were only able to fund, either partly or fully, approximately thirty people. Consequently, the representation of well-
established organizations surpassed that of grassroots organisations. As an added part of the equation worth noting, because of the diversity of the partnership there were a lot of views to be considered, and this too, affected the deadline set for receiving applications.

Thin on the ground – Due to limited staff and a volunteer work staff, the logistics were overwhelming as we tried to keep up with the needs of the large number of participants.

5.0 Recommended Action Points

The recommendations below were made by conference participants, together with PACANet’s secretariat and Steering Committee for follow-up action:

5.1 Networking
5.1.1 PACANet should establish national Christian AIDS Networks where they do not exist.
5.1.2 PACANet should facilitate exchanges across and within Africa.
5.1.3 Mobilisation and networking conferences should be held for Francophone and Lusophone countries.
5.1.4 PACANet should develop a database of Christian organisations involved in HIV/AIDS work in Africa to help facilitate networking and linkages.

5.2 Capacity Building
5.2.1 Technical assistance to FBOs on proposal development, resource mobilization and other aspects of capacity building should be provided.
5.2.1 Resource Persons on HIV/AIDS technical issues should be identified.
5.2.1 The capacity of the PACANet secretariat should be built and strengthened to enable it to carry out its tasks.

5.3 Advocacy
5.3.1 The Christian response to HIV/AIDS should be advocated to increase its profile at international forums.

5.4 Communication
5.4.1 Best practices in Christian HIV/AIDS programming should be documented and disseminated.

5.5 ABC
5.5.1 Education programs that will carry proper and accurate information should be developed and used for training.
5.5.2 Church leaders should be trained to talk about sex.
5.5.3 Educational materials should be translated into many different languages.

5.6 Gender-Balanced Strategies
5.6.1 The Church should re-examine theological and cultural practices by incorporating gender into theological training and by mainstreaming gender into church programmes and procedures.
5.6.2 Fathers and mothers should be empowered to collaborate on gender issues in bringing up children (next generation) especially in the allocation of roles and duties and in expectations and time expenditure.

5.7 PMTCT
5.7.1 Mechanisms of access to resources should be established.
5.7.2 There should be effective community mobilization.
5.7.3 Training programmes should be initiated and personnel should be motivated to carry to their work.
5.7.4 Exchange programmes for best practices and quality control should be encouraged.

5.8 PLWHA
To ensure the inclusion of FBOs in decision-making bodies:
5.8.1 Develop and practice the theology of compassion in curriculum, practice acceptance in churches, practice in communities, reliance on scripture.
5.8.2 Strengthen and scale up the churches to provide care and treatment and support for people infected and affected by HIV/AIDS.
5.8.3 Meet the human needs of PLWA, give voice to PLWA, and give a face to the pandemic; PLWA become change agents.
5.8.4 Use appropriate and HIV-sensitive language.
5.8.5 Address vulnerability of care-givers and other players.

5.9 Stigma and Discrimination
5.9.1 Develop, disseminate, and practice on a priority basis a liturgy of compassion for everyone.
5.9.2 Commit tangibly to support, care, treatment and insurance (health) of PLWHAs.
5.9.3 Ensure a united and coordinated effort in mitigating stigma regarding HIV, PLWHAs and vulnerable orphans.
5.9.4 Involve on a practical basis PLWHAs in mitigating stigma.

5.10 Youth
5.10.1 Involve young people in decision-making.
5.10.2 Fund Youth Programs on an equitable basis.
5.10.3 Develop Youth Specific Faith-based IEC materials.
5.10.4 Construct faith-based youth centers.
5.10.5 Build the capacity of youth workers in program management,
proposal writing, program planning, etc.
5.10.5 Make available money for research.
5.10.6 Promote peer education.

5.11 Treatment and Care
5.11.1 Build sound relationships between institutions and communities
5.11.2 Install Church leaders on community, regional and governmental policy making bodies
5.11.3 Increase capacity levels to meet the training needs to empower communities and churches at all levels – colleges, medical schools, families, PLWHA.

5.12 General
5.12.1 Sharpen the Church’s focus on spiritual matters by promoting good teaching and prayer.
5.12.2 Support the development of standards and guidelines for HIV/AIDS programs.