Strategies for Hope Trust

An Evaluation of the 'Called to Care' Toolkit Project

Assessing achievements made towards project goals over the period 2005-2011

Kate Welch, Independent Consultant
September 2011

Strategies for Hope Trust is a UK-based non-governmental organisation established in 1989 with the aim of supporting communities, especially in sub-Saharan Africa, to respond to the unprecedented challenges of HIV through the production and distribution of training manuals, films and books to help community groups plan and undertake effective responses.

References to 'SFH' in this evaluation report are to Strategies for Hope Trust, a company limited by guarantee and registered in England and Wales (Company No. 4814266). Registered charity No. 1124198.

Strategies for Hope Trust
93 Divinity Road
Oxford, OX4 1LN
Email: sfh@stratshope.org
www.stratshope.org

This evaluation has been funded by the Interchurch Organisation for Development Cooperation (ICCO)/Kerk in Actie, CAFOD and the Maurice & Hilda Laing Charitable Trust. The views expressed are those of the consultant and do not necessarily reflect the views of these organisations.

Note to the reader

This evaluation is based on an assessment of the use and impact of the 'Called to Care' toolkit project over the period 2005 to mid 2011. Whilst the series consists of 10 books in total, Book 8 in the series was published too recently for written feedback to have arrived, Book 9 was published only in March 2011 as the evaluation was commencing, and at the time of writing Book 10 is still in press. With this in mind, it is considered too early to undertake a full impact assessment. Rather, **this evaluation is intended to help demonstrate changes that have occurred to date as a result of widespread distribution of Books 1-7,** which would point to future impact of the project as a whole. The evaluation also suggests areas for further reflection - and possible action - in order to maximise the project's potential in the future.

Table of Contents

Acknowledgements

I would like to express sincere thanks to the many organisations and individuals who have contributed to this evaluation. I am particularly grateful to Glen and Alison Williams for help in collating the feedback forms, for putting me in contact with various individuals, for helping to organise and ensure the smooth running of meetings and workshops in Nairobi and Kampala and various locations in Malawi, and for their support and warm encouragement. Thank you to Rebecca Leake for data tabulation and to Tanya Rosales Moreno Lejeune for translations. Special thanks also to the members of the Steering Group established to help oversee this evaluation, for their guidance and insights: Karin de Graaf (formerly of ICCO), Harriet Jones (CAFOD), Willeke Kempkes (ICCO), Berdine van den Toren (Church Mission Society, CMS) and Rev Canon Tony Williamson. Finally, this evaluation also represented a large time commitment for many users of the 'Called to Care' books, who participated in interviews, meetings and workshops and/or accompanied me on field visits. I am extremely grateful to them all for having shared so generously with me their experiences, insights and future hopes for the project.

Acronyms

AIDS	Acquired immune deficiency syndrome
ANERELA+	African network of religious leaders living with or personally affected by HIV/AIDS
ART	Antiretroviral therapy
ARV	Antiretrovirals
CAFOD	Catholic Agency for Overseas Development
CBO	Community-based organisation
CSW	Commercial sex worker(s)
DFID	UK Department for International Development
FBO	Faith-based organisation
FGD	Focus group discussion
GBV	Gender-based violence
HBC	Home-based care
HCT	HIV counselling and testing
HIV	Human immunodeficiency virus
ICCO	Interchurch Organisation for Development Cooperation
IEC	Information, education and communication [materials]
IGA	Income-generating activity
INERELA+	International network of religious leaders living with or personally affected by HIV/AIDS
M&E	Monitoring and evaluation
NGO	Non-governmental organisation
OI	Opportunistic infection
OVC	Orphans and vulnerable children
PMTCT	Prevention of mother-to-child transmission [of HIV]
PWHIV	Person(s) living with HIV
SFH	Strategies for Hope Trust
STI	Sexually transmitted infection
VCT	Voluntary counselling and testing

Summary

Between October 2005 and July 2011 the Strategies for Hope Trust (SFH) published the 10 workbooks that constitute the 'Called to Care' toolkit. The purpose of the project was to produce a set of practical, action-oriented workbooks that would "*empower church leaders, their congregations and their communities with the knowledge, attitudes, skills and strategies they need to plan and implement effective responses to the challenges of the HIV epidemic, especially in sub-Saharan Africa.*"

This evaluation, which was commissioned by SFH and funded by CAFOD, ICCO/Kerk in Actie and the Maurice and Hilda Laing Charitable Trust, focuses on the first seven 'Called to Care' workbooks. Specifically, the evaluation addresses four questions:

- **To what extent have the three main goals of the project been achieved?**
- **How have church leaders and others used the 'Called to Care' workbooks?**
- **What internal shortcomings and external constraints have affected the implementation of the project and how could these be addressed in future?**
- **How can the potential of the project be maximised?**

The methodology of the evaluation consisted of an analysis of feedback forms, mini questionnaires, letters and correspondence from users of the workbooks; a review of internal project reports; interviews with distributors and/or users of the books; meetings, workshops and visits to field sites where 'Called to Care' books are being used in Kenya, Malawi and Uganda.

The goals of the 'Called to Care' project are to enable church leaders, their congregations and communities to:

(a) Reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion.

(b) Overcome the stigma, silence, discrimination, fear and inertia that inhibit church action to address HIV and AIDS effectively.

(c) Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of AIDS.

The evidence from the evaluation is that:

- **Substantial progress has been made towards the achievement of all three project goals:**

Goal 1:

(1) The materials have provided faith leaders and their communities with trustworthy, evidence-based information on HIV transmission. This has greatly helped to increase people's basic knowledge and understanding of the virus.

(2) Increased understanding of the ways in which HIV is transmitted has helped to demystify the virus and challenged misconceptions around HIV as a punishment for sin. This has helped to reduce HIV-related stigma and discrimination, and feelings of guilt (before God) and shame (towards oneself and before other people).

(3) The 'Called to Care' toolkit project provides a clearly articulated theological framework within which to understand critical issues of life and death. By rooting simple, practical information on HIV-related issues in the faith context, the materials have helped to: (a) disassociate HIV from sin; (b) encourage more compassionate interpretations of the Scriptures, which promote a theology of social justice and of love and compassion; (c) highlight the role and responsibility of the Church and/or faith-based organisations and communities in acknowledging that the virus is in their midst;, and (d) empower faith leaders to speak openly and positively about issues related to HIV with their congregations.

Goal 2:

(1) The materials have helped to break the silence around HIV, especially within faith communities. In particular, the fact that the materials are well grounded in reality and introduce a "human face" to HIV, through the inclusion of real-life personal testimonies, has been very powerful and has helped people to connect with the messages.

(2) The materials have highlighted the fact that, in theological terms, stigmatisation and discrimination of people living with HIV represent a breaking of covenantal relationships. This has promoted more inclusive attitudes and behaviours.

(3) The materials have helped to reduced fear – both fear of people living with HIV and fear of contracting the virus oneself.

(4) Through proper interpretation of the Scriptures, the workbooks have also offered encouragement and hope to those living with HIV. They have enabled people living with HIV to see in human suffering not the wrath of God, but the love of God. This has helped to reduce self-stigma.

Goal 3:

(1) The materials have helped faith leaders to translate a theology of love and compassion into practical actions, for example integrating HIV-related work into their ministry and providing more holistic pastoral care.

(2) Book 3: 'Time to Talk' has provided an enabling framework for individuals, couples, congregation members and leaders to talk more openly about "taboo" subjects such as sex and sexuality, by demystifying sex as a source of shame and embarrassment.

(3) The toolkit has also enabled people to decide to change attitudes and behaviour that put them at risk of HIV. In particular, the evaluation found evidence of increased intentions of participants to: (a) delay sexual debut and/or abstain from sex until marriage; (b) remain faithful to one's partner; (c) use condoms during sexual intercourse; (d) view marriage as a respectful partnership, in which men and women are equal; (e) question and/or reject traditional cultural practices which also contribute to HIV transmission (such as polygamy, female circumcision, inheritance and early marriage of girls and 'cleansing').

(4) The materials also appear to have increased the acceptability and uptake of voluntary counselling and testing (VCT), and increased the awareness of participants of the importance of sharing the results with others.

(5) Many participants in the evaluation described the 'Called to Care' materials as helpful "tools" that have provided a sense of focus and direction for HIV-related work within the Church and community. The evaluation also found that equipping people with skills to solve problems has helped to increase motivation and joint action.

(6) In particular, the guidance and templates in Book 2: 'Making it Happen' for developing funding proposals, budgets and reports for external donors have been especially helpful and in some cases have contributed to successful proposals.

- **The workbooks are being used by a wide variety of groups in various different ways:**
  - The main users of the 'Called to Care' materials are pastors/priests, lay church leaders, development workers and trainers. The materials are used mainly with church congregations and other church institutions such as schools and training centres, followed by secular organisations such as colleges, community organisations and NGOs.
  - The materials are used in a wide variety of teaching methods and styles. Although the toolkit is designed to be used in a participatory way, several participants confirmed that they were using the workbooks as reference materials, from which to gain knowledge to pass on to others via more traditional teaching methods such as talks, sermons and lectures.
  - The simplicity and accessibility of the language in which the materials are written was highly appreciated by a significant number of evaluation participants.
  - The workshop format of books 2 - 7 was seen as particularly helpful for facilitation.
  - The design of the materials was widely appreciated, especially in comparison with many other materials on HIV-related topics. The pictures and illustrations were seen as useful for passing the messages on to others.
  - An overwhelming number of participants expressed a desire for the 'Called to Care' materials to be translated in to vernacular language(s).

- **Internal shortcomings include:**
  - An extremely high demand for more copies of the materials.
  - Many evaluation participants expressed a need and desire for specific training on how to most effectively facilitate participatory group sessions using the 'Called to Care' materials, especially for books 2 - 7.
  - How best to ensure that the content of the 'Called to Care' materials remains up-to-date and relevant over time. This appears to be a particular issue for Book 1: 'Positive Voices', the oldest workbook in the series.
  - Limiting personal testimonies to those of adults runs the risk that users of the materials may misinterpret this to mean that HIV affects only adults.

- **External constraints include:**
  - The Strategies for Hope Trust has been largely reliant on financial support from external donors to initiate and maintain the 'Called to Care' project since its inception in 2003. This funding has come from a variety of sources, mainly from ICCO/Kerk in Actie, but also from CAFOD, Christian Aid, the Lutheran World Federation, the Maurice & Hilda Laing Trust and World Vision International.[1] The period covered by these grants is due to end in March 2012. By that time, however, the potential of the project will be only partly realised. There will still be considerable demand for 'Called to Care' workbooks - especially for those published recently, of which relatively few copies will have been distributed. There will also be a need for editions of these in French, Swahili and Portuguese. SFH will therefore need to seek new funding to maintain – and build upon - the achievements of the project to date.
  - SFH will need to spend time reflecting on where the focus of any future investment should be. Given limited resources, what strategy is most likely to contribute towards the achievement of the project goals: investing time and money into developing and delivering training aimed at key individuals? Editing and/or updating some or all of the existing workbooks? Translating the workbooks into international and regional languages? Producing more copies of existing workbooks? Or producing copies of new workbooks or manuals altogether?

- **Key recommendations for Strategies for Hope Trust, to help maximise the potential of the project, include:**
  - **Recommendation 1:** To develop a guidance booklet for users, drawing upon the findings of this evaluation and documenting the various ways in which the materials have been used, where and by whom, and recommending ways of getting the most out of the materials.
  - **Recommendation 2:** To foster more partnerships with organisations specialising in training, to help those receiving the materials acquire the knowledge, confidence and skills necessary to deliver messages accurately and consistently.

[1] In addition, several donors have funded reprints of certain 'Called to Care' workbooks and the production and distribution of editions in other languages (French, Swahili, Portuguese, Maragoli).

- **Recommendation 3:** To seek expert advice on the feasibility of a robust, yet flexible monitoring and evaluation system that might better enable SFH Trust to monitor the 'Called to Care' project on a more regular basis in the future, e.g. by establishing a working relationship with the international development programme at a UK university.

- **Recommendation 4:** To strengthen monitoring and evaluation of the project by encouraging exchange visits between users of the materials.

- **Recommendation 5:** To emphasise in communications materials the unique advantage of the 'Called to Care' toolkit over other resources, namely, that it is grounded in a Christian approach and explicitly links the care and support of people living and with and affected by HIV with the basic tenets and teachings of Christian faith.

- **Recommendation 6:** To consider new, innovative ways of marketing the 'Called to Care' materials to attract new supporters and/or donors; for example, exploring new social media opportunities, such as creating Facebook and/or Twitter sites, in order to reach new audiences.

- **Recommendation 7:** To seek funding for motivated and inspiring users of the materials to attend relevant conferences in order to present/share their experiences of having used the materials and changes that have occurred as a result.

1. Introduction

At the end of 2009, an estimated 33.3 million people were living with HIV globally (UNAIDS, 2010). An inordinate share of the global HIV burden is borne by sub-Saharan Africa[2] where, despite a fall in the rate of new HIV infections, the total number of people living with HIV continues to rise. As the epidemic continues to grow, so too does the pressure on national governments and on health and social systems to cope with the associated costs and burdens of HIV prevention, care and support services and treatment.

In such resource-limited settings, churches and faith-based organisations (FBOs) are often deeply involved in this work:[3] "In sub-Saharan Africa, where health systems are inadequate and government responses are weak, churches have picked up the slack." (Christian Aid, 2004) Nonetheless, while making important contributions to the epidemic in terms of provision of services (both formal and community-based), faith communities have generally been less effective in addressing issues such as HIV prevention, stigma and discrimination, and cultural and gender issues associated with high-risk sexual behaviour. Indeed, some have accused the Christian Church in particular of promoting values and attitudes that may actually fuel the fires of the epidemic, whilst also denying people living with or affected by HIV the right to live in dignity. At the root of this is the fact that **HIV poses particular theological and ethical challenges for many faith communities.**

1.1 The association between HIV and 'sinful' behaviour

The issue of HIV raises critical questions on the values, attitudes, beliefs and practices of Christians and the Christian Church, especially. This is largely related to the way in which HIV is predominantly transmitted, which has frequently been associated with behaviour of which the Church disapproves: "In western Europe and North America, HIV was first identified primarily among high-risk groups such as homosexual men, while elsewhere it quickly became associated with female sex workers."[4] In sub-Saharan Africa, the vast majority of people are infected with HIV during unprotected heterosexual intercourse.[5]

In the early days of the epidemic, the response of the Church to HIV was often swift and damning. Assuming those infected must have contracted the virus through promiscuity, some responded with the message that HIV was a punishment from God for 'immoral' behaviour ("A lot of pastors were rejecting to speak out on these things about HIV/AIDS; it was like even a sin to stand in a church and start saying two or three things about HIV/AIDS" – *participant of workshop in Lilongwe, Malawi*). This response has caused untold harm. Fearful of the reaction of their leaders and fellow congregation members, many people have been too afraid to go for testing. Many who *have* tested HIV positive have been afraid to openly declare their status to others. This silence has served only to further fuel ignorance, misunderstanding, fear and denial, and has allowed stigma – both towards those living with or affected by the virus and among those infected, towards oneself (self- stigma) – to become more deeply rooted.

[2] Estimated 22.5 million people were living with HIV in the region in 2009, 68% of the global total (*UNAIDS 2010*).
[3] WHO estimates that one-fifth of all organisations engaged in HIV programming are faith-based.
[4] Paula Clifford (2004), page 3
[5] UNAIDS (2010), page 30

1.2 Sex and sexuality - "taboo" subjects

Since, in sub-Saharan Africa, HIV is transmitted primarily through sexual intercourse, effective responses to help prevent its spread demand a focus on sex, sexuality and sexual relationships: "HIV and AIDS have a lot to do with sex, both within and outside of marriage" *(Foreword to 'Called to Care' Book 3: 'Time to Talk')*. However religious leaders have traditionally felt uncomfortable – and ill equipped – to openly discuss sexual issues. Many issues related to HIV transmission – including sex and sexual relationships, gender relations and traditional cultural practices that encourage the spread of HIV – are socially and culturally sensitive and so the Church has tended to shy away from addressing them.

Yet silence about sex is harmful: Firstly, embarrassment or shame to talk about sex to a young person before they become sexually active leaves them ignorant of the risks and limits their ability to make informed, responsible choices. This increases their vulnerability to HIV. Secondly, a reluctance to talk openly about sex and sexuality means that it remains secret and becomes more easily associated with wickedness and a source of shame, as opposed to something that is to be enjoyed and celebrated. Given the links between sex and HIV transmission, this adds further weight to the association between HIV and sin and this can deprive those who have been infected with HIV the freedom to live openly within their community without fear of judgement.

Finally, many beliefs related to sex are culturally inherited; some traditional beliefs and practices can prevent people from making responsible and safe choices to protect themselves from HIV and other sexually transmitted infections (STIs). For example, certain faith institutions are resistant to discuss the use of condoms, claiming that they contradict traditional teachings around the institution of marriage and its relationship with the procreation and/or that they can be directly linked to unfaithfulness and promiscuity.

1.3 Concepts of suffering

The HIV epidemic has brought much suffering in the forms of sickness, opportunistic infections (OIs) and death. Faith can play a large role in shaping the way in which people view and deal with these critical issues of life; in many developing countries, people rely on their spiritual knowledge to explain the world around them. In many countries in sub-Saharan Africa, for example, sickness and death has traditionally been associated with witchcraft and magic, or viewed as a punishment by bad spirits or God for wrong deeds.

As the causes behind HIV infection and its links to poverty and injustice are better understood, and with the realisation that HIV can touch anyone within every community - whether Buddhist, Christian, Hindu, Jew, Muslim or Sikh - faith-based institutions are increasingly acknowledging that the role of religion is not to condemn, but rather to offer compassion, comfort and support, after the example of a God of hope and love. Yet, in the face of widespread human suffering caused by HIV, many people of faith understandably find it difficult to discern the face of a loving God and to grasp the life-giving order of creation. How could God possibly allow such a descent into chaos and despair? Where is God in all of this? In the absence of a robust theological framework that facilitates discussion on the nature of God and his relationship with humankind living with HIV, formulating a theological response to HIV has been challenging.

2. About the 'Called to Care' toolkit initiative

2.1 Understanding the potential - and role - of faith-based responses to HIV

Most religions, despite their differences in beliefs, teachings, rites and rituals, have at their heart a concern for social justice and are guided by their faith towards serving and supporting others. Mutual caring and support ("Love thy neighbour as yourself"), for example, is at the heart of Christian faith and this had led to a long tradition of pastoral care, education and healthcare.

The great potential of faith communities to respond to issues related to HIV also lies in their institutional structure and infrastructure: extending from the village up to the national level, the reach of faith communities is unrivalled in many countries, especially in sub-Saharan Africa: "The Church is a force to be reckoned with" *(Pastor, during a workshop in Balaka, Malawi)*. They have buildings where people can meet; well-established contacts with influential community-based, business, political and non-governmental (NGO) actors; long-standing rituals; and their members are organised into networks, clubs, associations and movements.[6] These structures and rituals provide powerful entry points for delivering HIV-related information and services. Also vitally important is the fact that the leaders of such institutions – whether archbishops, imams, priests and ministers – often wield great influence and power within their communities.

Increasingly, then, it is recognised that, given the power and influence of the Church in many settings, it should be at the forefront of mitigating the impact of HIV, through positive and compassionate pastoral approaches. Not only does the faith community have a role to play in enabling people to behave responsibly, by teaching about HIV prevention, but it also has a role in acting responsibly, by openly welcoming people living with or affected by HIV into the religious fold and promoting and upholding their rights.

There is promising evidence that with the right encouragement and tools, faith leaders have begun to use their significant influence to transform deep-rooted traditions that impact on HIV. The creation of networks such as ANERELA+ (later expanded to INERELA+), for example, has helped to mobilise a growing force of religious leaders – both ordained clergy or lay leaders – living with or personally affected by HIV who wish to speak out on and take an active role in challenging stigma and discrimination.[7]

Yet, without a theological framework within which to do this work, many religious leaders and faith communities still find it difficult to reach out to people living with HIV in ways that are no-judgemental, well informed, and supportive. A key challenge has been that, despite a proliferation of information, education and communication (IEC) materials aimed at sensitising and informing communities on issues related to HIV, very few such resources had previously made the link between sickness, suffering and HIV and faith: "We had never before tried systematically to link such a wide range of key themes related to the AIDS epidemic to Biblical passages, and to draw guidance and inspiration from them" *(Right Reverend William Mchombo, Foreword to Book 7: 'Call to Me', page 7)*.

6 This point is made in more detail in the Preface to 'Called to Care' Book 1: 'Positive Voices' (see pp. 5-6)

7 More details of ANERELA+/INERELA+ can be found on their website: http://www.inerela.org/english/

2.2 The distinct contribution of the 'Called to Care' toolkit

Against this background, given the distinctive contributions and potential of faith groups in the HIV response, Strategies for Hope Trust (SFH) initiated the 'Called to Care' toolkit initiative in 2003. The overall aim of this initiative was to: "empower church leaders, their congregations and their communities with the knowledge, attitudes, skills and strategies they need to plan and implement effective responses to the challenges of the HIV epidemic, especially in sub-Saharan Africa." The first 'Called to Care' title was published in October 2005, and no. 10 was published in August 2010.

Implemented through a process of international, ecumenical collaboration between churches, faith-based networks, publishers, distributors and partners, the project consists of a 'toolkit' of 10 practical, user-friendly action-oriented workbooks, each addressing "difficult" topics related to HIV (including: sexual attitudes and behaviour; gender inequality; supporting children who have experienced grief and loss; stigma and discrimination; pastoral care of people living with HIV; HIV prevention strategies; and living positively with HIV).[8] Specifically, the goals of the project were as follows:

To enable pastors, priests, religious sisters and brothers, lay church leaders, and their congregations and communities to:

(a) Reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion;

(b) Overcome the stigma, silence, discrimination, fear and inertia that inhibit church action to address HIV and AIDS effectively;

(c) Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of AIDS.

It is important to note that, whilst the 'Called to Care' initiative is faith-based in nature, originally intended to empower primarily church leaders (both ordained clergy and lay people), the workbooks have nonetheless also been distributed to - and used by - many secular organisations: "The 'Called to Care' project grew out of a need which we, our partners and advisers perceived for materials designed specifically to assist churches and faith-based organisations in responding to the challenges of the HIV epidemic. That was our starting point…after we had produced the first few workbooks, we realised that these materials were also very acceptable to secular organisations working at community level"*(Glen Williams, Series Editor, Strategies for Hope Trust)*. In this respect, this evaluation acknowledges that one of the unique contributions that this project – and the wider work of SFH – has made within the broad spectrum of community-based responses to the HIV epidemic is to encourage and strengthen faith-based responses whilst also helping to bridge the vital gap that often exists between secular and faith-based approaches.[9]

[8] Please see 'References' at the end of the report for details of the authors, editors and ISBNs of all titles in the 'Called to Care' series, and Annex I for a list of the titles and a summary of topics covered by each workbook (1-10).

[9] SFH produces a wide range of materials including those that are secular in nature (such as 'Stepping Stones') but are used by many faith communities and FBOs, and those that are faith-based (including the 'Called to Care' toolkit but also resources such as the 'What Can I do?' film - see SFH website - that are used by many secular organisations.

3. Evaluation scope and methodology

3.1 Scope

This report is based on an evaluation carried out by an independent consultant between April – July 2011. The evaluation was commissioned by Strategies for Hope Trust (SFH) to assess the use and impact of the 'Called to Care' workbooks over the period 2005 to mid 2011. It reviews the evidence on the impact of the project on users of the workbooks and wider communities affected by HIV and highlights any challenges encountered or constraints – whether internal or external to the project – by exploring:

- To what extent have the three main goals[10] of the project been achieved?
- How have church leaders and others used the 'Called to Care' books?
- What internal shortcomings and external constraints have affected the implementation of the project and how could these be addressed in future?
- How can the potential of the project be maximised?

It forms part of an ongoing learning process, building on progress and financial reports on the 'Called to Care' project (for the periods 1st April 2008 - 31st March 2009 and 1st April 2009-31st March 2010) produced by SFH on the basis of substantial written feedback gathered from distributors and users of Books 1-7 (more details see below). From this starting point, key stakeholders were identified for this evaluation, and suggestions of areas for deeper enquiry made by SFH and the members of the evaluation Steering Group (named under 'Acknowledgments').

The evaluation report offers recommendations to SFH. The evidence discussed herein is **primarily based on feedback received on Books 1-7** in the toolkit, since Book 8 was published too recently (November 2010) for much written feedback to have arrived, Book 9 was only published in March 2011 and, at the time of writing, Book 10 was still in press. The findings are drawn **predominantly on feedback received from recipients and users of these books in sub-Saharan Africa**, where the books have mainly been distributed and used (the ten countries that have received the most copies are, in descending order: Kenya, South Africa, Nigeria, Malawi, Tanzania, Democratic Republic of Congo, Zimbabwe, Zambia, Mozambique and Uganda. (Only 7 out of 645 written feedback documents have been received to date from users *outside* of Africa.)

3.2 Data collection[11]

Both qualitative and quantitative research methods were used for data collection and analysis. The research methodology comprised initially of a **desk-based review of SFH resources**, including Books 1-9 in the 'Called to Care' series and the progress reports on the toolkit project (referred to above). In addition to this desk review, the consultant

[10] The 'Called to Care' toolkit project has three main goals, which are detailed on page 5 and 12.

[11] The evaluation ToR (Annex II) also suggested designing and mailing out a questionnaire. Given the volume of data already gathered via written feedback documents, with the Steering Group's consent this was omitted.

reviewed and analysed a total of 645 feedback documents received from recipients of Books 1-7 between 2005 and mid 2011(broken down as follows: **563** completed feedback forms, **56** returned mini feedback forms and **26** letters/emails written to SFH.)

A total of eleven individual interviews (telephone and face-to-face) were held during the evaluation process with representatives based in Kenya, Malawi, Tanzania and Uganda of both faith-based and secular organisations who have been heavily involved in either writing, distributing and/or using one or more of the workbooks. The interviews were informal and semi-structured and elicited informants' views on the ease of use of the toolkit, anecdotal evidence of impact and challenges related to using the workbooks.

One main focus country was selected where the 'Called to Care' materials have been widely distributed and used to date - Malawi. The consultant conducted a **12-day field visit from 28th June-9th July 2011** to gather in-depth field data, primarily through: three structured workshops (one each in Lilongwe, Blantyre and Balaka) and three focus group discussions (FGDs) (all in Balaka). The research was mainly conducted in English but, where necessary, FGDs were conducted in Chichewa and translated simultaneously. Data was also gathered through **observational methods** including two "fly-on-the wall" visits to field sites in Mitundu (pastors and facilitators) and Liwonde (youth group). One semi-structured interview was held with a co-author of Book 3: 'Time to Talk'. The consultant also facilitated **one half-day workshop in Nairobi, Kenya** in March 2011 and **one full-day workshop in Kampala, Uganda** in June 2011.

3.3 Workshop methodology

The three workshops held in Malawi, in particular, aimed to build on the data captured in the feedback documents by exploring in further detail evidence of and reasons behind any changes attributable to the 'Called to Care' materials that might indicate progress towards achievement of the three project goals. An adapted version of the "Batteries" methodology developed by CAFOD was used with participants attending the three workshops in Malawi (Lilongwe, Blantyre and Balaka) to allow a comparison of the situation before and after exposure to one or more of the workbooks. More details on this methodology - how it was adapted for this evaluation and a breakdown (numerical) of responses - are provided in Annex V. Annex VI provides a summary (narrative) of the main points raised per workshop during brainstorming and/or small group work. As part of this methodology, 'stories of change' were also elicited during smaller group sessions.

It was not feasible to use this methodology in Kenya given time constraints, nor in Uganda, since those participating in this workshop were new to the materials. Please refer to Annex VII for a summary of the questions asked of participants of these two workshops, and discussion points.

3.4 Sample[12]

A total of 172 participants were recruited for this evaluation. 54 were involved in workshops, 58 in FGDs (18 facilitators/nurses/teachers; 15 people with disabilities; and 25 HIV support group members), and 11 in semi-structured interviews (telephone and/or

[12] See Annex III for full list of key informants and their affiliations. FGD participant are numerated but not named.

face-to-face). 49 people were also met during observational visits, including community-level facilitators, pastors and youth group members with whom sessions were facilitated using one or more of the 'Called to Care' workbooks.

The following criteria were used to select participants for four out of the five workshops: quantities of 'Called to Care' titles received, length of time since first receiving the materials (at least 12 months), and proximity to the workshop site. Individual interviews were held, using the same criteria. In Uganda, the workshop assessed the acceptability of the 'Called to Care' materials of people with little previous experience of using them.

3.5 Data analysis

Written feedback collected between 2005 and mid 2011 was processed and entered into a database by SFH and tabulated – per country and per workbook 1-7 - to facilitate analysis by the consultant. Questions H, I, K and L of the feedback forms were analysed to identify the key themes emerging from users'/participants' narrative comments. These were grouped into broad 'domains of change' categories – with responses to Questions H and L showing impact against goals 1 and 2 of the project and responses to Questions I and K also showing impact against goal 3. These findings were cross-referenced with and supplemented by the findings from the workshops, FGDs and interviews. Where appropriate, workshops and FGDs were recorded and later transcribed verbatim for analysis, to draw out the main themes emerging from the data and 'stories of change'.

3.6 Methodological limitations

3.6.1 Difficulties in attributing change

Attributing changes to the 'Called to Care' books has been challenging for the following reasons: (i) an absence of a baseline and/or indicators with which to measure progress against very broad project goals; (ii) some books (especially 1-3) have been more widely distributed than the others since they were published earlier; (iii) groups have been using the books for different periods of time, in different combinations (some have copies of books 1-7, whereas others only three or four titles), in different quantities (some have only one copy, others have three or four or even more) and with different sorts of groups (some fairly or even highly literate, others not). This makes direct comparisons difficult; (iv) due to the roll-out of the 'Called to Care' initiative in conjunction with other HIV sensitisation and communication interventions, the extent to which this initiative has influenced knowledge and behaviour among users of the workbooks and the extent to which the former have been influenced by other factors was not always easy to determine with certainty.

3.6.2 Gaps in SFH's database

Finally, this evaluation acknowledges that there are some gaps in SFH's database for the following countries, where distribution is managed mainly or partly by local organisations: Democratic Republic of Congo (DRC), Mozambique, Nigeria, South Africa and Togo. With the exception of the DRC, very few feedback forms have been received from these countries.

4. Evaluation findings – evidence of 'impact'

This section of the report explores evidence of 'impact.' In other words:

- **To what extent have the three main goals of the project been achieved?**

Whilst it is too early in the life of the project to make a full assessment of *impact* against these goal areas, the evaluation assessed evidence of *changes* that are happening at various levels – individual, church and wider congregation/community - as a result of the 'Called to Care' intervention. Such changes help to indicate where progress is being made against the goal areas and what the future, longer-term impact of the project might be.

Evidence of changes was gathered from an analysis of written feedback (letters and emails) received by SFH in relation to the toolkit, plus responses to Questions H ("What particular comments did the participants make about the workbooks?"), I ("What did the participants in these meetings decide to do after using the workbook?"), K ("What are your future plans for using this and/or other Called to Care materials?") and L ("If you have any other comments about this workbook, please write them here or on a separate sheets") of over 500 feedback forms completed by users of books 1-7 between 2005-mid 2011. This evidence was supplemented and brought alive by anecdotal evidence provided by interviewees and by participants of the various workshops and focus group discussions held in three of the sub-Saharan African countries where the materials have been widely distributed and used. Some of these stakeholders provided enlightening 'stories of change', some of which feature in this section of the report. Observational (or "fly-on-the-wall") sessions in Malawi also provided great insights into how participants – at all levels – are responding to the issues raised in the 'Called to Care' workbooks.

4.1 Assessing progress towards goal one

This section assesses the extent to which the 'Called to Care' materials are enabling pastors, priests, religious sisters and brothers, lay church leaders, and their congregations and communities to: **"Reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion."**

> "Are the materials you have developed and continue to develop relevant at all in what we are doing? Yes they are very important, for the following couple of reasons: (1) Initially, pastors did not see any scriptures in the entire Bible that spoke Hope to HIV/AIDS except those that condemn. You have brought into their hands the Word that talks about HIV/AIDS and in doing so demystified the myth; (2) A commentator said: "Knowledge is power." One of the reasons pastors were keeping away from the subject of HIV/AIDS was because they were not empowered with information and hence they were not bold. Armed with credible materials, they will be a force to reckon with once the fire catches on."
>
> *Pastor from Nairobi, Kenya*
> *Quoted from an email to Strategies to Hope Trust dated 21st July 2009*

4.1.1 Trustworthy information in place of myth or silence

In settings all across sub-Saharan Africa, the all-pervasive silence around HIV in the early days of the epidemic meant that people's ignorance of how HIV is spread was left unaddressed. In the absence of reliable facts, faith leaders did not always act effectively to dispel myth and misconceptions. To meet the challenges that HIV brings, faith leaders and their communities must first have at their disposal reliable materials that provide trustworthy, evidence-based information. Yet this evaluation noted that these have been lacking in many settings across the developing world, especially in remote and rural locations. Several workshop participants and interviewees explained how the few resources that *had* been previously available on issues related to HIV were often very technical, making them inaccessible for those new to the concepts. In this sense, some participants felt that the arrival of the 'Called to Care' workbooks had been very timely: "The materials are relevant not only because of the authority they yield in their printed form but as reference material way after the trainings are done. Remember that many churches do not have in their libraries the kind of information contained in the 'Called to Care' series." *(Email correspondence from a Pastor from Nairobi, 2009)*

First and foremost, then, the evaluation found that even simply increasing people's access to basic facts and information related to HIV has been a key achievement of the project: all participants who took part in the "Batteries" methodology were asked to rank their level of understanding in relation to goal 1 both before exposure to the 'Called to Care' materials and after, using a scale of 0 to 5 – where 0 represented "no understanding" and 5 "excellent understanding." The average rating among all participants was 2.11/5 before the intervention compared to 4.09/5 after. A commonly cited reason for such a change was increased knowledge and understanding: "The change that has taken place in my life is that I have more of a better understanding. Before reading and studying these books my knowledge was average but now it is quite good, which in turn has made a great improvement in the way my action is towards HIV and AIDS." *(Pastor, Balaka workshop)*

4.1.2 The realisation that HIV does not discriminate

The evaluation also acknowledges the significant contribution that the 'Called to Care' toolkit project has made in highlighting that HIV does not discriminate. For example, a significant number of comments made by participants in response to Question H of the feedback forms that were analysed by the consultant suggested that before exposure to the 'Called to Care' materials, participants had simply not believed that it was possible for "men of God" to be infected. After exposure to the materials, many participants noted an increased level of awareness around the fact that HIV "does not spare any one from a layman to a religious man" *(Email received from SFH from a member of the National Smallholder Farmers' Association of Malawi, 18th May 2006).*

In turn, the evaluator found that an increased understanding of the ways in which HIV is transmitted has helped to demystify the virus and altered many participant's previous misconceptions around HIV being linked to (im)morality. There was strong evidence from the results of the "Batteries" methodology to support this: when asked to compare how they felt before and after exposure to the materials, just 33% would have "completely agreed" that anyone was vulnerable to HIV infection, regardless of their faith or morality - versus 74% after the intervention. 15% stated they had "disagreed" with this statement (in other words, they had understood there to be a link between HIV and

faith and/or (im)morality) prior to this intervention; however, this was reduced to 0% after.

In practical terms, one of the impacts of this 'demystification' of the virus is that it has better enabled people to make the links between HIV and their own lives: "I usually work with sick people. Before, I did not have stories to refer to; we could only talk about medical issues. Now, because of Book 1, I have examples I can refer to. If you take one story from the book and explain to the patient, he or she understands their situation."*(Hospital worker, Balaka, Malawi)* Yet it has also had more far-reaching impacts in terms of helping to reduce fear, overcome HIV-related fear, stigma and discrimination and feelings of shame and guilt (there is a clear overlap here with goal 2 of the project: to avoid duplication, these impacts are discussed in more detail in section 4.2 of the report.)

4.1.3 A clearly articulated theological perspective to HIV

In many developing countries, faith plays a large role in shaping people's concepts of life, sickness, healing and death. This evaluation found that one of the unique aspects of the 'Called to Care' toolkit project is that it provides a theological framework within which to address some of these critical life issues in the midst of a worldwide epidemic that has become strongly associated with suffering and death: "[the 'Called to Care' project is] particularly good since it has a spiritual dimension in its approach to imparting knowledge"- *feedback form received from World Health Organization, Zambia.* In particular, the toolkit was seen as helpful in making clear the role and responsibility of both the church and/or faith-based organisations and individuals of faith in addressing issues related to the epidemic. This was seen by some participants as both timely, given a "lack of publications on HIV/AIDS for churches and their heads" *(feedback form, MINEVAM (Church of Awakening), DRC)* and important for increasing the acceptability of the materials: "These books are better off as you read something that is guided by the word of God… If you attach the Bible onto real life, people will always take that." *(Interview with Jacqueline Ngonzi, Uganda Catholic Secretariat)* The evaluation found that this enabling framework has had a profound and far-reaching impact, as evidenced by change in several important areas. For ease of presentation, this report has grouped these changes according to the following three broad sub-headings:

4.1.3.1 Disassociating HIV from sin:

Several comments were made in the feedback forms and during workshops alluding to the fact that, before exposure to the 'Called to Care' materials, the idea of HIV as a punishment from God for sinful or 'immoral' behaviour was commonplace. In the early days of the epidemic, the idea of HIV-related illness as a form of punishment inflicted by divine wrath – akin to the plagues which God inflicted on disobedient communities in Old Testament times – gained particular ground in some developing countries, where the idea that misfortunes are a punishment from God or from evil spirits is deeply rooted, not least among the clergy. Again, this links backs to earlier challenges revealed around lack of access to accurate and accessible information: "Before, there was a great sense of misunderstanding and misinterpretations. We used to judge ('you are sinners and you deserve Hell')." *(Andy Nyirenda, Christian Youth Ministries, Lilongwe workshop)*

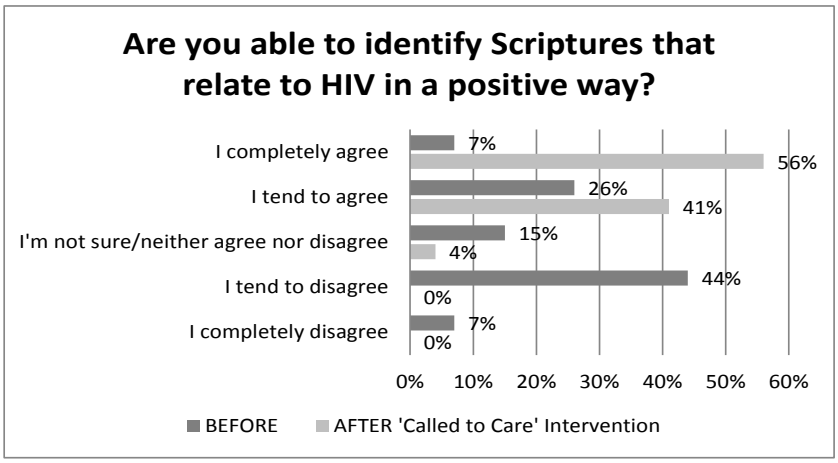
This evaluation acknowledges that the 'Called to Care' materials have been particularly effective in helping to challenge such commonly-held perceptions: out of the 27 workshop participants who partook in the "Batteries" methodology, for example, 44%

"agreed" that they had previously believed that HIV was punishment from God for sin, whereas after exposure to the 'Called to Care' materials this was reduced to 11%, with the largest majority (56%) stating that they now "completely disagree" with this notion.

In assessing the reasons given by participants for such a change, this evaluation suggests that the 'Called to Care' materials have been particularly effective in helping to disassociate HIV from sin for two main reasons. Firstly, as explained under 4.1.1, the materials provide simple, evidence-based information that help to demystify the virus: "Previously, anyone who was HIV-positive was taken to be a prostitute and when they were sick, people would just leave them and say 'that is their problem.' But today, from the things we have learned in our sessions, we know we can get this virus from a blood transfusion; it's not only from promiscuity. It can also come from other ways. Even infants who have done nothing wrong can have HIV, so we know it can't be a sin." (*HIV support group member, Balaka, Malawi)* Secondly, and very importantly for increasing the acceptability and effectiveness of these messages still further, is the fact that the toolkit is rooted in a Christian context. This is seen as a real niche of the project and as having been incredibly powerful in contexts where traditionally people rely on their spiritual knowledge to explain the world around them: "the fact that both God's servants and the most committed and fervent people suffer from HIV is proof that it's not a punishment for God." *(feedback received from Porte à Porte Contre le Sida, Democratic Republic of Congo)*

4.1.3.2 Promoting more compassionate interpretations of the Scriptures:

Secondly, there was significant evidence from the evaluation process to suggest that the 'Called to Care' toolkit, by providing information on HIV-related issues from a clearly articulated theological perspective, has better equipped and enabled people to challenge more conservative interpretations of the scriptures that in some settings have produced underlying beliefs (such as the belief that HIV is a punishment for sin – described above) that are at variance with other, more compassionate, scriptures.



Discussions with participants of workshops of FGDs in Malawi, for example, provided particularly strong evidence to suggest impact in this area. As part of the "Batteries" methodology, participants were asked to judge the extent to which they felt able to identify scriptures relating to HIV in a positive way both before and after exposure to the 'Called to Care' toolkit: the evaluation noted a significant rise in the proportion of those who "totally agreed" that they were able to do so before (just 7%) compared to after having used one of more of the workbooks (56%). Two key themes emerged from more in-depth discussions that sought to explore the possible reasons for this change: (1) the

importance of the 'Called to Care' materials in promoting a theology of social justice; and (2) a theology of love and compassion.

Firstly, if the church is to move further forward and admit not only that HIV is in its midst but also offer full acceptance and care for those affected, this must be based on a fundamental belief that all humans are equal before God, and equally deserving of this care, regardless of their HIV status. This evaluation report suggests that the 'Called to Care' workbooks are making a great impact in this area. In particular, the toolkit appears to have been highly effective in helping to reaffirm that the Scripture teaches that human beings are created in the image of God: "So God created man in his own image, in the image of God he created him; male and female he created them." (Gen 1:27) This creation is the beginning of the eternal relationship ('covenant') between God and humanity in the New Testament. Some participants alluded, for example, to the fact that some of the Biblical references made in the 'Called to Care' series (for example Book 3, page 16; Book 4, page 22; Book 7, page 24) help to make clear that people living with or affected by HIV are also created in the image of God, just like any other person on earth, and they are just as good as any other human being; the fact that someone is living with HIV does not make them less human or as deserving of respect. As such, they must be treated with dignity as human beings: "Book 4 talks about 'God created us in his own image"' – *member of Mpalapata HIV support group*. This observation was also reflected in a large number of responses to Question H in the feedback documents: "That it is scripture/bible based helps to translate God's purpose in the HIV world." - *feedback on Book 7 received from St Luke's Cathedral, Zambia)*

The following testimony from a participant of the workshop held in Blantyre, Malawi, helps to illustrate the positive impact that this increased understanding has had on the lives of those personally affected by HIV:

Story of change 1: Increased understanding that all are equal before God

"In 2008 I was facilitating at a pastors' conference. The statement came very strongly from one of the pastors to say 'please forgive me, but allow me to say it: I believe people who are HIV-positive deserve it.'… But I was glad, because when I went to Lilongwe some time back, one pastor said 'I thank you for how you responded to that person: I quoted Romans 8:35-39, to say, as for me, what I know, is that there is nothing, completely nothing, that can separate me from the love of God which is in Jesus Christ, including my HIV status, thank you very much and with that I stepped off the podium….[so] you can see…that we are not separated from the love of God because of our HIV status. The books have been helpful in making that link."

Rev. Ephraim Disi,
Taken from a recording during a workshop in Blantyre, Malawi

Secondly, the 'Called to Care' books have also helped to bring about a change in attitudes through highlighting how Jesus lived his life with deep compassion for His people, especially those who were marginalised or seriously ill. This was something that was raised repeatedly during workshops in Malawi, especially among those who had had exposure to Books 4 ('Pastoral Action') and 7 ('Call to Me'), in which references are made to several of the Gospel stories that witness Christ, as the head of the Church, healing and welcoming the sick. In particular, the episode of the leper (Mark 1:40-45) that is referred

to in Book 7 appears to have struck a deep cord with many. Those living with HIV felt comforted by this story, which demonstrates that genuine compassion has no limits: one member of a focus group discussion, for example, explained: "The leper went to Jesus for healing… We learn the love of God: love without boundary. We are disabled and some people reject us, but if we learn the love of God, we can feel part of the community." *(member of disabled support group at a session facilitated by Reach Out Ministries, Balaka, Malawi)*

Simultaneously, the evaluation notes that, by showing Jesus as the liberator, redeemer and defender or protector of the weak, the stigmatised, discriminated and the oppressed, the toolkit has also helped to highlight that the role of the Church – as a community – is not to condemn, but to offer comfort and support to the sick and vulnerable after the example of the God of hope and love. There was evidence that this has enabled people to recognise that they need to move more towards compassion: one participant in the Lilongwe workshop, for example, remarked how "those living with HIV were created by the same God. So they need our love and compassion" *(Peterkins Tiyesi)* whilst in the workshop in Balaka, this powerful story was recounted:

Story of change 2: Promoting a theology of love and compassion

One pastor noted how the Church has always supported people living with HIV: this is not something new. But where the difference has come about is that for many members of the clergy this support was often provided somewhat reluctantly, driven primarily by the fact that it was seen as an *obligation*. Despite outward appearances, members of the Christian Church did not necessary feel that people living with HIV were deserving of this support. In contrast, he suggested that the 'Called to Care' books have helped faith leaders to see people living with HIV as equals, and this has motivated them to provide support more freely and honestly: "Before we read these books, we welcomed people living with HIV into the Church just because God commanded us to love them, so we pretended everything was OK…there was a pretence. But now, we welcome people living with HIV as one of our brothers, and there is no pretence."

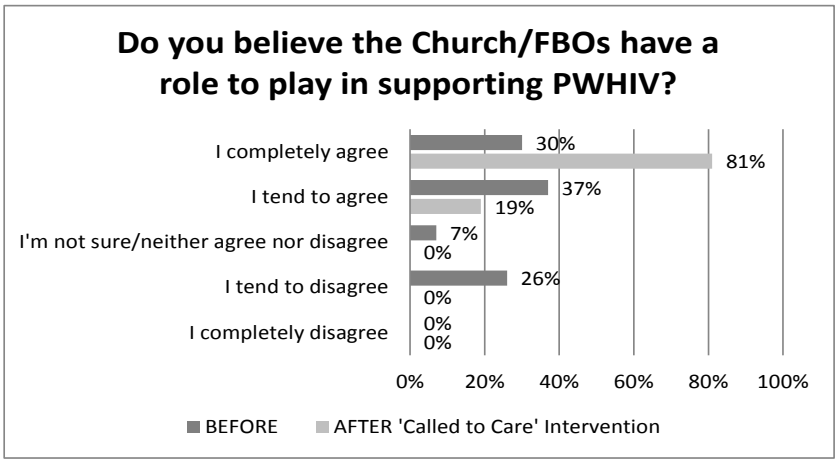
Pastor, workshop in Balaka, Malawi

4.1.3.3 Highlighting the role of the church and empowering leaders:

Finally, the evaluation found that the unique approach taken by the 'Called to Care' toolkit in addressing issues related to HIV from a theological perspective has also been effective in empowering churches and faith-based organisations to accept publicly that HIV is in their midst, and to acknowledge that they can no longer afford to stay silent on issues relating to the epidemic. As one participant of the Lilongwe workshop explained: "HIV was seen as a separate issue… People thought that 'HIV is for the outside world, it is not for the Church'. But the books have made it easier to say that HIV is not far from us." *(Pastor Ephraim Disi, participant of workshop in Blantyre)*

The findings from the "Batteries" methodology, which was used to compare the situation before and after the 'Called to Care' intervention, provided strong evidence to back up this observation: just 30% of those participating in the methodology, for example, felt that they would have "strongly agreed" before using one or more of the materials that the

Church and/or FBOs have a role to play in supporting people living with or affecting by HIV, compared to a 81% now, after exposure to the materials.



Not only have the 'Called to Care' materials helped to highlight the roles and responsibilities of faith leaders, but crucially they also appear to have had practical value in empowering faith leaders to put this into practice, by equipping them to link knowledge of theology and concepts contained in the Biblical or Koranic verses with issues related to HIV in a positive and helpful way. When asked to provide reasons for any change(s) in relation to this area, a participant of the Lilongwe workshop explained: "Being a pastor before using Called to Care books it was difficult to use Bible verse to HIV/AIDS. And in our community for a church to do HIV/AIDS as work it mean you have left your job and you do government job. But after using this books I never discourage because I know that it is part of my work in response to HIV/AIDS and others too are fighting the pandemic." This "empowering" element of the 'Called to Care' materials was also alluded to in written feedback received by SFH: "We find it [Book 4] very useful in empowering people in HIV/AIDS, especially pastors who would not in the past speak about it to their followers." - *Peace and Reconciliation Ministering, Rwanda*) This was particularly well illustrated by the following real-life story, recounted during a community-level FGD in Mitundu, Malawi:

Story of change 3: Empowering religious leaders to openly speak about HIV

"I went to Bible school, but there we have never been trained on HIV and AIDS, we have just been trained spiritually. So, to come here (I am now a pastor), to link HIV and AIDS and the word of God, it was really difficult. I just know HIV is there, and the word of God is over there… But after now we are using these books, it is now part of our work to do this and we are not lost. Other preachers say that when you do work on HIV and AIDS, you are lost your time, it is not part of your work. But when you read the books, it is now part of our work. I take plenty of power from these books."

Recorded interview with Pastor during FGD in Mitundu, Malawi

An important finding is that the theological approach to the 'Called to Care' toolkit does not appear to have alienated those of other faiths or none. Rather, many positive responses were received from secular African NGOs who have found the 'Called to Care' materials easy to use not only with churches but also with community groups that have no religious affiliation. For example, a user of Books 3-7 from a secular NGO in Sierra

Leone noted, for example, "how flexible and culturally adaptive these materials are" *(Aruna Rashi, Rofutha Development Association (RODA) Sierra Leone – February 2011).* Likewise, one feedback form received from a user of Book 2 'Making it Happen' noted that: "This book responds to the needs of confessional [religious] organisations, but also to those of community organisations in terms of planning, management and evaluation of HIV micro-projects" *(Community Seat for Rural Development, Democratic Republic of Congo).* Some even suggested in the feedback forms that the toolkit "challenges us to stand together (Christian and Muslims)" *(feedback form received on Book 1 from Utegi Parish, Diocese of Mara, Tanzania)*

4.2 Assessing progress towards goal two

This section assesses the extent to which the 'Called to Care' toolkit is enabling pastors, priests, religious sisters and brothers, lay church leaders, and their congregations and communities to: **"Overcome the stigma, silence, discrimination, fear and inertia that inhibit church action to address HIV and AIDS effectively."**

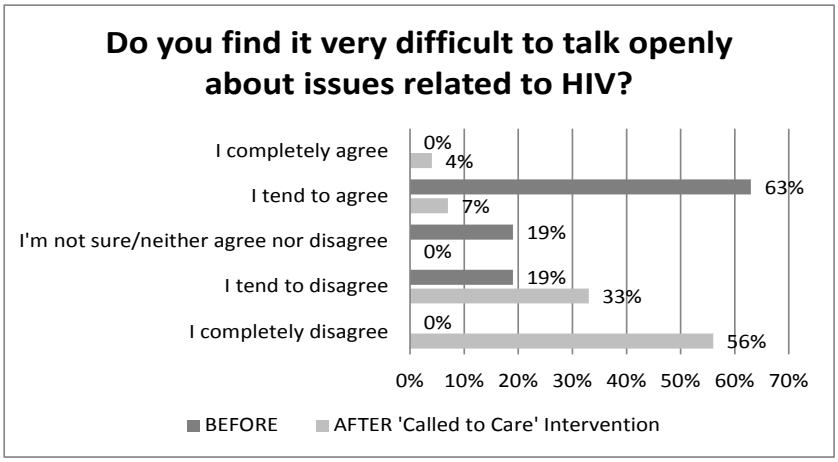
> "For a long time, the Church has been accusing those who are positive and the reason is lack of knowledge. If you look back, Church leaders had their own beliefs. We thought that believers could not be HIV-positive. But through these books, there are many pastors and leaders who are HIV-positive not through immoral behaviours but other ways. These books have given HIV a human face and taught the Church to act with compassion towards those living with HIV."
>
> *Pastor, participating in workshop in Balaka, Malawi*

4.2.1 Breaking the silence: giving a human face to HIV

Stigmatisation of people living with HIV has been largely driven by ignorance and misinformation around HIV transmission: "The question 'how did you get it?' was difficult to answer: some people did not know how they had got it, and that led to more stigma."*(Ephraim Disi, participant of workshop in Blantyre)* The effects of widespread stigmatisation are numerous, and dangerous: Fearful of being judged by friends, family, community members and the Church, many people living with HIV have chosen to remain silent, too afraid to disclose their positive status. Silence, in turn, exacerbates denial. This can encourage risky behaviours, as people living with HIV either do not know their status or know their status but do not reveal this to their sexual partner(s). In turn, denial serves only to contribute to social understandings that positive status should be feared and despised, which further fuels stigmatisation and discrimination towards those living with the virus, all of which critically reduces uptake of VCT, PMTCT and ART, allowing the virus to continue to spread rapidly.

Interestingly, those participating in the "batteries" methodology were asked to rate on a scale of 0 to 5 the degree to which they felt they were open and welcoming towards people living with or affected by HIV (where 0 represented "not at all" and 5 "very much so"). The average rating among all participants was just 1.98/5 before the intervention compared with 4.33/5 after, representing a very significant shift in attitudes. In assessing

the factors contributing to such a significant positive shift in attitudes among participants, this evaluation acknowledges that one of the key achievements of the 'Called to Care' toolkit is that it has helped to break the silence around HIV, especially within faith communities. This is evidenced by the fact that 63% of those participating in the "Batteries" methodology "agreed" that they had found it "very difficult to talk openly about issues related to HIV" before exposure to the materials, compared to just 7% after.



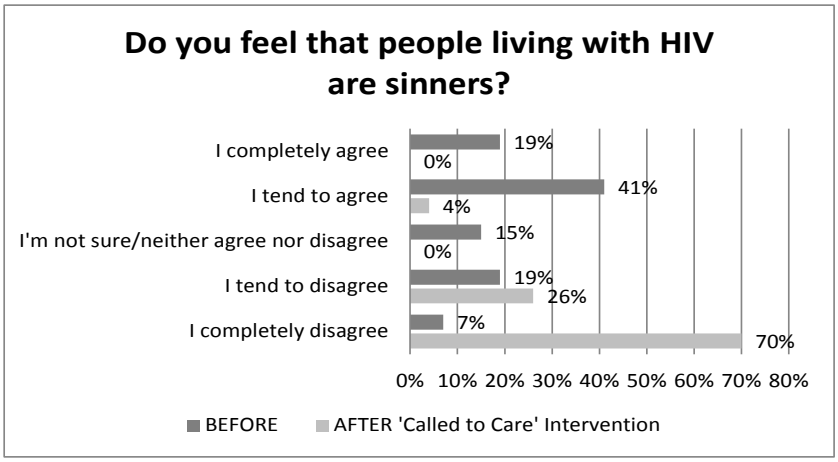
This evaluation report suggests that several factors help to explain this change. Firstly, in contrast to many other more technical materials addressing HIV-related issues, many users of the 'Called to Care' workbooks spoke of the books as being well grounded in reality. This was cited frequently in response to Question H ("Participant' comments") in the feedback documents received from users of books 1-7: "The books cover the problems from the grass roots (community) which are experienced by the local people in the community."

Secondly, several people – in the feedback forms but also especially in workshops (noted in the Nairobi workshop, for example – see 'impact' table Annex VII) - described the value of the materials as being in the introduction of a "human face" to HIV. This same point was also raised by several workshop participants and interviewees: "These books take information from the grassroots...[and] it touches humans: it talks more about human beings than the other books." *(Interview with Robert Bwambale, Maliba Anamed Herbalist and Farmers Association (MAHAFA), Uganda)* This was seen as important for helping people to make connections between the messages and their own lives. One of the crucial factors here is the inclusion of real-life testimonies (in Book 1: 'Positive Voices' especially, but also in Book 4: 'Pastoral Action') of persons living with or affected by HIV: "These books are really helpful because they are using true stories/testimonies of what is happening in our day-to-day living, be assured this is the uniqueness of these materials." *(Bernard Makupete, Act4Africa Malawi and participant of Lilongwe workshop)*

4.2.2 Challenging misunderstandings and misconceptions

This 'human' aspect to the materials has been important in helping to challenge commonly held misconceptions about HIV and how the virus is transmitted. 41% of those participants who took part in the "Batteries" methodology "agreed" that they had previously felt that people living with HIV were sinners and that they did not want to associate with them, compared to just 4% after using the 'Called to Care' materials. There was a 63% increase in those participants who "completely disagreed" with this same statement after having used the materials. When asked to elaborate further on the reasons

for such a change, one participant explained: "Before, it was very hard for me to associate with people living with HIV. These books have been like an eye-opener; now I know that AIDS does not mean death and I have been inspired." *(participant of workshop in Balaka, Malawi)*



Importantly, as mentioned earlier in the report under section 4.1.3, one of the key strengths of the 'Called to Care' materials is that they provide a clear and helpful theological framework within which to understand and deal with issues associated with HIV and this is also very important in helping to explain and understand changes in relation to the achievement of goal 2. For example, several participants of workshops and FGDs in Malawi suggested that the workbooks (particular reference was made to Books 4 and 7) have played a large role in helping people to see that the Scripture condemns all forms of discrimination. Jesus did not stigmatise or discriminate against those who suffered from different diseases: to the contrary, these materials help to guide users towards an understanding that Jesus' ministry of healing shows how inclusive he was to the marginalised. Several references were made to the following episode (which is referred to in 'Called to Care' book 4, pp 22-23), for example, which not only makes a clear link between stigmatisation and discrimination, but also demonstrates the devastating effect this has on the individual. In the gospel encounter between Jesus and a blind man, the disciples reveal the stigma: "Who sinned, this man, or his parents, that he was born blind?" they ask (John 9:2), associating physical impairment with sinful behaviour. To which Jesus replies, "neither" and proceeds to restore the man's sight.

In this sense, the materials have played an important role in helping to highlight that, in theological terms, stigmatisation and discrimination of people living with HIV represent a breaking of covenantal relationships: "The attitude of the church in the first place made me to feel that the ones affected or infected were under some curse but as of now…as we can try to condemn those infected and affected, these very same people are found in our churches." In terms of 'impact', there was evidence to suggest that increased understanding of these relationships has already helped to motivate and inspire people to change their behaviours towards those who are infected and affected: just 19% of participants who took part in the "Batteries" methodology "completely agreed" with the statement "I welcomed people living with HIV openly in my church/community" before exposure to the 'Called to Care' materials, compared with 70% after exposure.

4.2.3 Overcoming fear

The evaluation also found that by helping to break the silence surrounding HIV and increasing levels of knowledge and understanding of how the virus is transmitted, the 'Called to Care' materials have also helped to reduce feelings of fear – both fear of people living with HIV and fear of contracting/living with the virus oneself. This is evidenced by the fact that prior to exposure to the materials, 48% of those who participated in the "Batteries" methodology "agreed" that they were fearful of HIV, and 22% "strongly agreed" whereas just 4% and 7% (respectively) of participants reported feeling this way now, after exposure to the materials. Instead, the majority of participants (41%) reported that they "disagreed" that they felt fearful of HIV now.

A pastor who participated in the workshop in Balaka helped to explain how this reduced fear is also helping faith leaders to take more positive action, at the level of the *Church*: "It was difficult at first to talk, or welcome people who are HIV positive because of the way this epidemic was related to. I had fear to even think about HIV. Now after reading these books, I have changed in that my fear for AIDS is gone, I have hope; people are welcome in the church and I can speak openly about AIDS."

4.2.4 Reducing self-stigma: courage and hope for persons living with HIV

Through good use and proper interpretation of the scriptures, the 'Called to Care' workbooks have also helped to restore life to people who previously saw themselves as under a death sentence, by helping to offer messages of encouragement, theologically and in real-life terms. Specifically, the emphasis placed in the 'Called to Care' materials on Christian belief relating to faith and love in God has led to an increased sense of hope among people living with HIV: "The biggest burden for people living with HIV is anxiety. But the moment you know God is there for you and loving you, this reduced our fear and lifts the burden that we have. Before, I was regarding myself as receiving the result of sin. But I have learned that help is in the hands of the Lord. My future is in Gods hands, and this gave me hope." *(Lady at ante-natal clinic, after hearing a talk from Reach Out Ministries, delivered on the basis of Book 7)*

In particular, this change was most evident among those who had had exposure to Books 4 and/or 7, many of whom quoted the episode of the leper and the episode of the blind man (John 9:1-41) to highlight how the materials have helped to illustrate the compassion of Jesus. Likewise, the episode of the woman with a flow of blood who reached out to touch Jesus and he received her (Mark 5:25-34) – referred to in Book 7 - was also recounted by several HIV support groups members during the workshop in Balaka, Malawi, who were able to draw parallels between the woman – who in Biblical times would have been considered unclean and untouchable – as members of the community often stigmatised: "One of the lessons I have been taught is about the woman who bled for a long time and then touched Christ…which gives us even the courage to live on and to have visions even of the future."*(Member of Chitseko support group, near Balaka, Malawi)*

It was also interesting to note during a focus group discussion with HIV support members in Balaka, Malawi, that several participants suggested that the 'Called to Care' materials had enabled them to see in human suffering not the wrath of God, but the love of God. This has provided comfort to those affected by HIV, to think that their suffering may in fact be an opportunity for God to show His love and care: "Sometimes God wills us to be sick; suffering can fit into the good plan. The leprosy served a purpose. God is

keeping us so maybe He has a purpose for us?"*(Member of Chimatiro HIV support group, workshop in Balaka, Malawi)*

Story of change 4: Overcoming self-stigma through an increased sense of hope

"I tested positive in 1999. Then I was encouraged by Reverend Disi who introduced me to these books, and going through these books and all those meetings I have been in, for 11 years I am without being on ARVs. Just recently, because of what is happening in our church, some sort of stigma, my CD4 count went down to 72. But why I am mentioning the 72 is that when I went to the hospital, they started giving me ARVs and now it has been just one month but the change is so significant, the doctors, they are asking me 'what is the secret?' And one of them said, maybe because you can accept. But that acceptance is coming because I don't judge myself and people don't judge me because we have been in meetings where we have shared. So, I look back at these books and say that OK, they were helpful for dealing with my self-stigma reduction... I have moved from fear to hope. I am able now to stand up."

Pastor Gilbert Momora, Kwatukumbuchire youth group, Liwonde Malawi
Participant of workshop in Blantyre, Malawi – June 2011

4.3 Assessing progress towards goal three

This section assesses the extent to which the 'Called to Care' booklets are enabling pastors, priests, religious sisters and brothers, lay church leaders, and their congregations and communities to: **"Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of AIDS."**

"The 'Called to Care' materials, they have built a structure, an HIV-competent church…which means that the church now complies, whether HIV-positive or negative. People now have the passion to say 'how can we help people affected by HIV and AIDS?' So people are now affected, they are able to come in the open and share their status, and also negative they are able to work together in collaboration, and reach out to the community. So there is a change; they are now mobilised, using the 'Called to Care' booklets."

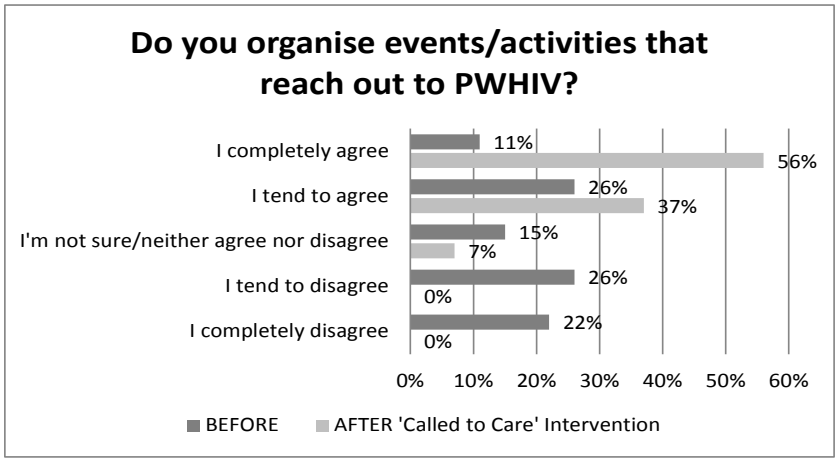
Rev Ephraim Disi
Participants of workshop in Blantyre, Malawi

4.3.1 Supporting faith leaders to promote positive attitudes

A model of theological reflection based on love, compassion and hope must also be translated into practical action if this is to have a real impact both on reducing HIV transmission and improving the quality of life of those living with or affected by the virus. Faith groups reach those who would otherwise be untouched and are the institutions that people most trust in times of hardship. They have structures that link far-flung congregations to national leaders, whilst mutual caring and support is at the heart of many

faiths, and the responsibility of pastoral care rooted in Scripture. Faith groups are therefore well placed to promote responsible and positive attitudes towards HIV and to bring the perspective and experiences of those living with HIV into planning and implementation, and to advocate for improved service delivery. Yet addressing issues related to HIV has posed theological and ethical challenges to many faith communities.

There was substantial evidence from letters plus responses to the feedback form Questions I ("What did participants in these meetings decide to do after using the booklet?") and K ("What are your future plans for using this and other Called to Care materials?") of a deepened commitment among faith leaders and members of their congregations to positive responses to the many challenges posed by HIV, including for example integrating HIV-related work into their ministry. Likewise, of 27 participants who took part in the "Batteries" methodology in Malawi, only 11% felt that they would have "completely agreed" before exposure to the 'Called to Care' materials that the Church/FBOs have a role to play in organising events benefitting people living with HIV, versus 74% after – an almost seven-fold increase.



This was backed up by several personal stories of change recounted to the consultant during the workshops and also during focus group discussions, such as the following story told by a pastor in Mitundu, Malawi:

Story of change 5: Encouraging more holistic pastoral care

One pastor spoken to explained how he was now providing a more holistic Ministry: "at first…it was a taboo to see a pastor standing up and talking about HIV. People thought they were out of their mind. At first, when a member of my church was sick I used to pray for them. Now I talk to them about testing for HIV. One woman I have ministered to, after praying with her I asked her to go back to the clinic to get tested. She went and tested HIV-positive. When she came back from the clinic, I continued to help her. I am now organising marriage seminars and give practical teaching."

Pastor, focus group discussion in Mitundu, Malawi

4.3.2 Providing an enabling framework for talking about 'taboo' subjects

Of key importance here is that the materials have been particularly helpful in breaking taboos around HIV, sex and sexuality: "to talk about sex in the Church was a taboo. In

our culture, this was not OK."*(Teacher, workshop in Balaka, Malawi)* An analysis of Questions H, I, K, and L of the feedback forms, for example, highlighted that this was one of main themes arising. The Church action on HIV has largely been inhibited because "the church is ashamed to discuss HIV/AIDS because sex is at the centre of discussions." *(feedback on Book 3, ASIAS, St Joseph de Kiliba Parish, DRC)* This reluctance to talk openly about sex and sexuality has served only to promote unhelpful attitudes and beliefs around sex as being 'dirty', or shameful, rather than a God-given gift to be enjoyed. In turn, this has allowed misguided beliefs around HIV as a punishment or a curse placed on man for 'immoral' behaviour, such as sexual promiscuity. This evaluation notes that the 'Called to Care' toolkit is having a significant impact in terms of helping to demystify sex as a source of shame and, in doing so, breaking important barriers to people from talking openly and honestly about the myths and misconceptions preventing their congregation and community from taking appropriate and effective action: "Most participants had earlier believed that condom use and talking about sex in church and other public gatherings was immoral and forbidden according to customs. Through the trainings and the bible verses in 'Called to Care', participants…now feel OK to discuss sex and other issues that affect their health and relationships." *(Feedback on Book 3: 'Time to Talk' from RODA, a secular organisation in Sierra Leone)*

Some participants did caution, however, "there could be a limitation" in discussing certain 'sensitive' issues addressed in the workbooks, notably condoms: if these "do not rhythm with the social teachings of the Catholic Church this makes it difficult for some religious leaders to use these kinds of books." (*Jacqueline Ngonzi, Uganda Catholic Secretariat)* Nonetheless, no-one spoken to during the evaluation viewed this as a serious constraint to the achievement of the project goals, since: "someone will read what is good for him and leave the other one. For the users…[they will] leave that part and go with what is right for them."*(Jacqueline Ngonzi)* In fact, some participants even suggested that some 'sensitive' topics - for example surgical male circumcision[13] - do not receive *enough* coverage in the 'Called to Care' workbooks and that the inclusion of topics such as these could maximise the project's potential even further: "The question comes in most sessions but it's not covered and it's very hard as we don't know the stand of the Church on male circumcision" *(Pastor Ephraim Disi, participant of workshop in Blantyre, Malawi)*

4.3.3 Encouraging safer behaviours and practices

The evaluation acknowledges that the inclusion of personal testimonies has greatly facilitated the extent to which people are able to take on board the messages. In turn, this has better enabled people to make the practical connections between behaviours and practices that put them at risk of HIV infection and ways to change their behaviour to mitigate such risks: "topics…portray the real life of people. Therefore, the sessions in the book…encourage an individual to rethink and plan for behaviour change." *(Nelson Chiziza, PASADA - Catholic NGO in Tanzania – feeding back on Book 4, March 2010)*

One of the key themes emerging from an analysis of responses provided by participants to Questions H, I, K and L of the feedback forms, for example, was an increased commitment on the part of participants around safe and responsible sexual practices (grouped under the theme "prevention: abstinence, condoms, faithfulness"). Firstly, many feedback forms reflected a commitment to abstinence from sex before marriage and/or

[13] UNAIDS/WHO announced their new policy on male circumcision in 2009, after Book 4 (which contains some Q&A pages) was published.

to delay sexual debut. For example, after using Book 3, 'Time to Talk', with a group of young people in Goma, a local NGO, UPROSA, reported on the feedback form: "The youth accept that it's possible to get married without having sex beforehand. They say that they had been given false information [in the past], namely, that a woman needs sex for her physical development." Many comments were also received on the feedback forms suggesting that those who had had exposure to one or more workbooks (1-7) had learned the importance of mutual fidelity within marriage: a schoolteacher in Zambia reported on the feedback form that the participants in the workshops which he ran using Book 3, for example, decided to "avoid extra-marital affairs" and to "practice faithfulness in marriage."

Some feedback forms also reflected an acceptance of condom use, particularly when at least one partner is HIV-positive. A church leader in the DRC reported: "Married couples should share with one another, and if one has HIV/AIDS they should use protection." In particular, Book 3: 'Time to Talk', which positively addresses issues such as sexuality, and encourages couples to reflect on the 'goodness' of sex, has been instrumental in helping participants to understand that "sex has its place in a loving relationship between two partners" – *feedback on Book 3 from Church congregation, Kakwiya Village, Zambia)* and this has encouraged open dialogue between couples which facilitates negotiation around condom use: "We have been taught on how to have good sex…I now know how to use a condom during sex…"

Other feedback forms mention changes in power relations within relationships and challenges to male-dominated gender attitudes, which contribute to the spread of HIV. A church group in Zambia reported the following comment from male participants in a workshop using Book 3: "So women also have rights in marriage." A woman participant in the same workshop commented: "It's good that men are here to hear for themselves about the abuse they do to us women." Key to this increased recognition of women's rights and a increased sense of respect for one's partner is that the 'Called to Care' books – and especially Book 3: 'Time to Talk' – help to facilitate dialogue and cooperation between husband and wife. An NGO in Tanzania reported the comment: "In marriage men and women have to establish a friendship" after the use of Book 3. In turn, there is some evidence from this evaluation that these changes in attitudes are leading to changes in behaviour in terms of: (i) a reduction of violence towards women and (ii) a reduction in traditional cultural practices which also contribute to HIV transmission (such as polygamy, female circumcision, inheritance and early marriage of girls and 'cleansing'.) For example, one participant of a FGD with persons with disabilities in Balaka, Malawi, explained how previously people used to "come to sleep with lame people, as they thought they'd be 'cured' of HIV." But now, since exposure to 'Called to Care' Book 3: 'Time to Talk', this individual had learned that this was false and now he rejects these sorts of sexual advances by strangers. An increased ability to explore ways of dealing with traditional practices which increase vulnerability to HIV was also evident in the drama sketches performed by community facilitators during a "fly-on-the-wall" session in Mitundu, as explained in the Story of change 6, below:

Story of change 6: Challenging traditional cultural practices that encourage HIV

Some ethnic groups in Malawi practice "Fisis wandodo" (hyena of a stick): in cases where the husband and wife are unable to conceive, a man is hired to come and have sexual intercourse with the wife. The hiring of this man outside of the marriage is discussed, agreed and organised. However, in many cases the HIV status of the hired man and the married woman is unknown and condoms not used, therefore increasing the risk of HIV transmission. Community facilitators in Mitundu, Malawi who have been trained by Pastor Gregory Magaisa using the 'Called to Care' workbooks performed a drama sketch for the consultant during a focus group discussion, which highlighted the risks of this particular practice. These facilitators enter local villages and, in turn, train other community members on facilitation to help raise awareness of the risks of such practices.

Focus Group Discussion with people with disabilities
Balaka, Malawi

The full impacts of these changes in attitudes and behaviours are yet to come, as future generations become better educated: "parents can teach their children after reading the booklet" *(feedback on Book 3 from Princeton Nyanja, Kenya).*

4.3.4 Promoting voluntary counselling and testing (VCT)

Another key theme emerging from the feedback forms (responses to Questions H, I, K and L) was increased acceptability and uptake of VCT services, and the importance of sharing results. Many real-life stories highlighting positive behaviour change at the level of the change in this area were also provided by participants of workshops and FGDs in Malawi, such as this story provided by a participant of the Lilongwe workshop, which illustrates how reduced shame around HIV is translating – at the level of the *individual and family* - into increased uptake of HIV-related services:

Story of change 7: Overcoming the fear that inhibits individual action

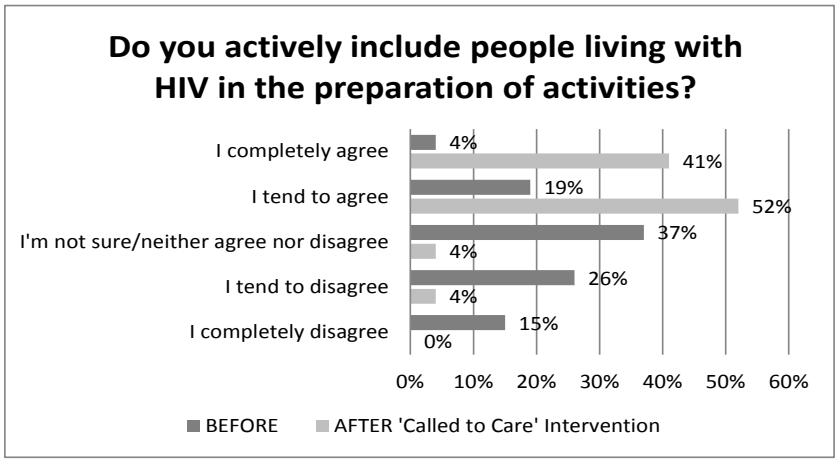
"I got tested, silently. But then I read "Time to Talk" at my office as soon as I received it. I thought, 'what if I can share this book with my wife?' and I went home and started sharing with my wife. She was moved by the book and wanted us to go and get tested, so I told her 'let us go to the VCT and get tested. If you are moved to go, let us go!' It is because of the information in this book. Then we decided 'why don't we share with our family?' We took that information and we shared it with our family. Finally, we all agreed to go for testing. We were not ashamed."

Member of secular NGO
Participant of Lilongwe workshop, Malawi

4.3.5 Motivational tools

The 'Called to Care' materials have also motivated people to take action at the community level. Just 23% of those participating in the "Batteries" methodology "agreed" or "completely agreed" that they had previously included people living with HIV in the preparation of activities, compared to 93% after exposure to the toolkit. Not one participant disagreed that they now organise events/activities in their Church/community that reach out to people living with HIV, whereas thinking back to before exposure to the

materials, 22% had "completely disagreed" and 26% "disagreed", i.e. a total of 48%. An analysis of the feedback forms (Questions H, I, K and L) suggested that such community-level actions are taking many and varied forms, the most commonly-cited being: outreach work (teaching, workshops, meetings, distributing materials); training of trainers; counselling; assisting the vulnerable and those in need; and forming discussion groups/associations.



Many participants spoke of the 'Called to Care' materials as helpful "tools" that have provided "a sense of direction to focus on HIV/AIDS work in the church and community" *(feedback form received from FOCOW, Cameroon)* and the skills necessary to turn ideas into action: "With these books, we are able to find out what is the cause of this problem? And then, how can we deal with this problem? How can we move forward with this problem?" *(Bernard Makupete, Act4Africa, participant of workshop in Lilongwe).* This practical nature of the 'Called to Care' workbooks was noted by many participants to be in contrast with other materials dealing with similar topics. As one recipient of Book 2 in Malawi explained: "This is what we lack in our church, such combination is unique (practical and action-packed)." *(Andrew Namakhoma, email to SFH dated 18th May 2006)*

Importantly, equipping people with skills to solve problems and to plan their own projects has helped to increase motivation: "They were motivated because they felt they could do something regarding this illness." *(feedback form, Bishop Joël Muhindo Ngay, DRC)*

Story of change 8: Increasing motivation to take community-level action

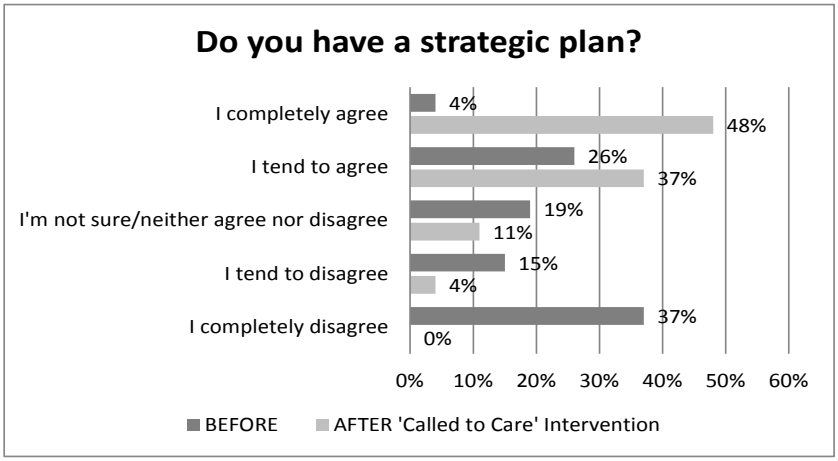
"For me, the difference has come in way of motivation; I had no motivation as I had no handy tools… I have seen my motivation level going up." Through the book 'The Child Within', it has really motivated me as I have seen how it is possible to help others. For example, we have a Bible Club… a girl tested positive, we went to her parents and she said 'we were tested today and I want to share with you that I am HIV positive.' Her parents went "what?!" (these are Christians)… so I explained to my wife – she used the skills from the book, she understood the issues and she went to the parents and after the issues had been highlighted and they had been enlightened, they understood. My wife asked: "have you been tested yet?" The answer was no. My wife challenged them to get tested…and they were all positive. Now the girl is back to school."

Andy Nyirenda - Christian Youth Ministries, Chilumba, Malawi
Participant of workshop in Lilongwe, Malawi

The participatory nature of the toolkit has especially helped to inspire collaborative working and joint action: "We can now join hands in solving problems" *(feedback form received from Loveyi Pag Assembly (L.P.A) Kenya, Book 2)*; "It inspired us to share a burden in doing HIV/AIDS work." *(feedback form on Book 2, Ripkei Self Help Project, Kenya)*

4.3.6 Practical guidance for putting education into action

Finally, participants who took part in the "Batteries" methodology were asked to rate on a scale of 0 to 5 – where 0 represented "not at all" and 5 "very much so" - the degree to which they felt they felt they were/are able to organise and plan events before and after exposure to (one or more of) the 'Called to Care' materials.



The average rating among all participants was just 1.85/5 before, compared with 4.14/5 after, representing a very significant increase in perceived capacity and experience in this area. Only 4% of participants "completely agreed" they had a strategic plan before, compared to 48% now.

The usefulness of the templates for developing funding proposals, budget and donor reports in Book 2: 'Making it Happen', especially, was highlighted repeatedly: just 7% of those participating in the "Batteries" methodology "completely agreed" that they had previously found it easy to write funding proposals before having used one or more of the 'Called to Care' workbooks, compared to 30% "completely agreeing" and 41% "agreeing" after. "Before we were feeling, like, where can we start, how can we start writing proposals? But through this book 'Making it Happen' it has encouraged us to positive development, how to write a good proposal…we are able to see what can be put to donors..." *(Bernard Makupete, Act4Africa, Lilongwe workshop, Malawi)* The following story helps to illustrates the impact this has had:

Story of change 9: The story of Pastor Gilbert Momora, Kwatukumbuchire

In 1999, Pastor Gilbert Momora tested HIV positive, whilst in Bible College. In 2004 he became a Board member of the Malawi network of religious leaders living with or personally affected by HIV and AIDS (MANERELA+). It was in 2006, with support from the MANERELA+ Board, that an interfaith community-based group called Kwatukumbuchire was established. In 2007, Pastor Gilbert first began using the 'Called to Care' toolkit. After purchasing land in Kaudza village with support from MANERELA+, and inspired and guided by the advice and funding proposal templates in 'Called to Care' Book 2: 'Making it Happen', he set about developing and submitting a funding proposal to Norwegian Church Aid, requesting financial support to build a brick structure. Today, the building acts as a nursery school (with more than 80 children currently attending, some from 8km away) and a community meetings space. Every Saturday at 8am, youth (aged between 10-24) come and receive vital information on HIV-related issues. On some occasions, Pastor Gilbert uses the 'Called to Care' materials to facilitate sessions with the youth, and also with PWHIV. The youth group has future aspirations for a football pitch, a TV and DVD player and a library for the youth. "In 2007 I started using these books and it led to this place…all through this project I have been taking the ideas, right from the day we started. Our education was put into action."

"Fly-on-the-Wall" observational visit to Kwatukumbuchire, Liwonde, Malawi

This heart warming story of success in securing funding notwithstanding, many other users of Book 2 lamented that, whilst the book provides practical skills with which to prepare a funding application, they still lack knowledge around where to seek funding for their proposal(s). Some therefore suggested that information on potential donors could be included in the book(s). On this point, several workshop participants were confused with regards to SFH's role, and whether SFH could help to put users of the book in touch with potential donors, or even provide funding themselves?

5. Evaluation findings – evaluating 'process'

This section of the report assesses:

- **How have church leaders and others used the 'Called to Care' workbooks?**

In addition to an assessment of the *impact*[14] to date of the 'Called to Care' toolkit project, it is also necessary to review the *process* – the way in which the materials have been produced, distributed and used. This will also have a large bearing on the extent to which the three project goals can be attained. For example: if the materials are reaching their intended audience, and in large numbers, this will be of little use if the content is not easily understood. If the content is not relevant, the style inappropriate and the language inaccessible, the chances are that the materials will not be used as intended, or at all. On the other hand, if the materials are beautifully presented and the content relevant and helpful, their potential to lead to any meaningful changes against the three goal areas will be reduced if (1) they are not reaching the 'right' people; or (2) they are reaching the 'right' people, but those people do not understand how they are meant to be used.

5.1 Development and production

The 'Called to Care' toolkit has its origins in a needs assessment exercise carried out by the SFH Trust and World Vision International in South Africa in 2003. Most of the topics covered by the 10 workbooks were also decided upon through this process. It was decided that the first book in the toolkit would consist of short testimonies by religious leaders living with or affected by HIV. The other nine titles would consist of workbooks that could be used for training purposes with church and community groups, but also for teaching in classrooms, Sunday Schools and church training institutions, for preparing talks and sermons, and for Bible studies and other church gatherings.

The SFH Trust is responsible for the writing, design, illustrations and production of the original English editions of the 'Called to Care' workbooks. The Trust commissions authors and editors, mainly on the basis of their experience of the topics to be covered. Of the fifteen authors and editors involved in writing the 10 'Called to Care' workbooks, thirteen are Africa-based and two are based in Europe but have worked extensively in Africa. The Trust also commissions artists to illustrate the workbooks. Of the seven artists who have contributed to the 10 workbooks, six are Africa-based and one is based in Europe. French editions of four 'Called to Care' workbooks in the series have also been produced in Oxford. Partner organisations in Africa have produced editions in other languages: in Mozambique, the Christian AIDS Network has produced Portuguese editions of three books; in Tanzania, the Upendo Centre has produced Swahili editions of five books; in Kenya, Western Youth has produced Maragoli editions of five books and editions of two books in Kikuyu and Dhulou. Reprints of the books are done in Oxford,

[14] As noted earlier under 'Note to the reader', it is too soon in the project life cycle to fully assess impact. The term 'impact' here is used to mean evidence of changes that have occurred as a direct result of the books between 2005-mid 2011: whether at the level of an individual, the church or the congregation/wider community.

but also by partner organisations in Kenya (three titles), South Africa (nine titles), Nigeria (three titles) and the Democratic Republic of Congo (three titles).

5.2 Funding

The 'core' budget of the project covers the development, printing, marketing and distribution of the original English language editions of the workbooks. Editions in other languages (French, Portuguese, Swahili and three vernacular languages) are funded through separate grants - either to the SFH Trust or to partner organisations in Africa.

Three organisations - ICCO/Kerk in Actie, CAFOD and World Vision International - make annual grants to the 'core' budget of the project. Christian Aid, the Maurice & Hilda Laing Charitable Trust, the Christadelphian Meal-a-Day Fund, the Lutheran World Federation and a private donor (Philippe Sibaud) have also made contributions to the 'core' budget. Several other organisations - EHAIA, DIFAEM, Churches Helping Churches, the Württemberg State Church, the United Society for the Propagation of the Gospel, the Evangelical Church in Hessen and Nassau, Misereor, missio Aachen and Serving in Mission - have also contributed to the 'Called to Care' project, mainly to support the cost of reprints or editions of the workbooks in languages other than English.

5.3 Marketing and distribution

The great majority of copies of the 'Called to Care' workbooks are distributed free of charge to organisations in sub-Saharan Africa that cannot afford to purchase them.[15] The main distributor is Teaching-aids at Low Cost (TALC), based in St Albans, UK. Decisions on quantities are made by the Series Editor, taking into account the information provided by the requesting organisation about how, and with whom, it plans to use the materials, and also on the feedback which the organisation has already provided on how earlier materials have been used. In addition, the Christian AIDS Network in Mozambique, Service in Mission in Kenya, Western Youth in Kenya, the Upendo Centre in Tanzania and Tabernacle Sifa in the Democratic Republic of Congo produce and distribute free copies in Portuguese, English, three Kenyan languages (Maragoli, Kikuyu and Dhulou), Swahili and French respectively. The Christian Literature Fund in South Africa and African Christian Textbooks in Nigeria also produce and sell reprints of the English editions of several 'Called to Care' workbooks.

Between October 2005 and March 2011, 128,158 copies of 'Called to Care' Books 1-8 were distributed, predominantly to churches, FBOs, NGOs and community groups. The free distribution system is funded mainly by grants from donor organisations, with small contributions from individual donors and income from sales to organisations (mainly in Europe) that can afford to purchase them. According to SFH: "of the 3,000 organisations on the SFH database that were sent copies of the 'Called to Care' workbooks by TALC, about 70% were sent between 1 and 5 copies of the first 6-8 titles; about 20% were sent fewer copies and about 10% were sent more. Recipients of the 'Called to Care' workbooks are located in every sub-Saharan African country. Free distribution is restricted to organisations based in sub-Saharan Africa that otherwise would find it very

[15] In 2009-10, sales of 'Called to Care' handbooks accounted for just 2.14% of the total distributed from the UK (SFH 'Progress and Financial Report: The Called to Care Toolkit' 1st April 2009-31 March 2010).

difficult or impossible to purchase the materials. International organisations are asked to purchase the materials from TALC in the UK or from local distributors." *(Email correspondence between consultant and Series Editor)*

Notwithstanding this free distribution, this evaluation acknowledges that demand from participants continues to far outstrip supply. This has been identified as a key challenge for the project and as such is discussed in more detail in Section 6 of the report.

5.4 Users of the 'Called to Care' materials

Broadly speaking, the 'Called to Care' workbooks have been designed for use by "church leaders, especially in sub-Saharan Africa" (this covers a wide range of people - ordained clergy, religious sisters, and many types of lay people). However, the Introduction section of each workbook provides further detail on the intended audience and, in some cases, this appears much wider than just Church leaders. For example, the Introduction to Book 1: 'Positive Voices' explains: "This booklet was written primarily for a wide range of church leaders, including priests and pastors; religious sisters and brothers; lay church leaders; staff and students of Bible schools, theological colleges and other church training institutions; staff of church hospitals and health centres; leaders of church-based women's movements, men's fellowships and youth groups; faith-based NGOs; and national, regional, and international church organisations and networks… It can also be adapted for use by other faith communities, and by non-religious organisations such as Anti-AIDS clubs in schools, colleges and universities; teacher training colleges; as well as NGOs and community groups involved in HIV/AIDS care, support, advocacy and prevention activities." Arguably, this could include both people in positions of authority and/or influence (*deliverers* of the information) plus people to whom the information is most likely to be delivered (*recipients* of the information): a leader of a church women's group, for example, might choose to use workbook 3: 'Time to Talk' with a group of women from a church congregation.

Analysis of feedback documents received by SFH from users of workbooks 1-7[16] suggested that church congregations and other church institutions such as schools and training centres (55% of all responses to Question D: "With whom have you used this booklet?") are the main users of the materials. However, secular organisations such as colleges, community organisations and NGOs accounted for 40% (see Appendix IV, Question D.)

Responses to Question C: ("What is your position in this organisation?") highlighted that these workbooks have most commonly been used by (in descending order): pastors/priests (15% of responses received), trainers (13%), directors/coordinators (13%) and development workers (11%). The materials appear to have been used less by health workers and social workers (each representing 5% of the total number of responses) and lay church leaders, youth leaders, community leaders and teachers (7% each - see Appendix IV, Question C.) The findings from the workshops and FGDs conducted in Kenya, Uganda and Malawi were generally consistent with those of the feedback forms, although there was encouraging evidence to suggest that social workers, teachers and youth leaders are indeed also making good use of the materials, more so than the

[16] See Annex IV for breakdowns of answers to Questions A-G and J of feedback documents received on Books 1-7.

feedback forms might suggest. In particular, youth leaders who attended workshops and FGDs highlighted that they were finding Book 6: 'The Child Within' very useful for their work with younger children, and it was observed during a "fly-on-the-wall" session in Malawi that one youth leader was using Book 8: 'My Life – Starting Now' to particularly good effect with adolescents (aged 16-23 years).

5.5 How the materials are being used

An analysis of returned responses to Question D of the feedback form ("With whom have you used this booklet?") highlights that the workbooks have mainly been used with church congregations (336 out of 1,316 responses[17], representing 26%), followed by community organisations (19%), NGOs (14%) and church training institutions (13%). Crucially, however, what the data from the feedback forms does *not* capture is exactly *how* users are delivering the messages. The majority of those who submitted feedback documents have used the materials (books 1-7) between 5-9 times or less (37% of 556 responses) or 5 times (34%) and mainly with groups of between 10-29 or 30-49 people (see Appendix IV, Question D). However, the feedback documents are insufficient on their own in order to fully understand the types of teaching methods that are most commonly being used to pass on the information and/or whether the information is being disseminated as intended by SFH. This information is vital, to assess the extent to which the project goals are likely to be reached. This is especially important given the project's budgetary constraints: "We cannot afford to distribute large quantities of these materials. We therefore need to know whether the SFH materials you have already received have been used effectively" *(email form SFH dated 2008 to a Ghanaian recipient of Books 1 and 2).*

As referred to in various places of the 'Impact' section of this report, the feedback forms *do* provide substantial evidence that large numbers of church and community groups, as well as individuals, have made various decisions and decided to undertake constructive actions after exposure to the workbooks. This would therefore suggest that the messages within the books *are* being passed on. Notwithstanding these positive findings, during the workshops in Kenya, Malawi and Uganda, and "fly-on-the-wall" observational sessions in Malawi – which were designed to supplement the feedback report findings by exploring in more detail how the materials are being used – it became more clear that users of the materials are employing a wide variety of teaching methods and styles. In some cases these appeared more effective than in others. For example, whilst one pastor – a naturally skilled facilitator - was observed during a "fly-on-the-wall" session in Liwonde using the materials in a very participatory way with a group of youth, in other settings such as in Balaka the materials (in this case Book 7: 'Call to Me') were being used more simply as reference materials, from which to gain knowledge and the confidence to pass this knowledge on to others via more traditional teaching methods, such as lecturing, with very little or no 'beneficiary' participation. Several workshop participants also suggested that they, too, were using the materials in this way.

SFH has never wished to be excessively prescriptive about how the 'Called to Care' materials should be used and indeed, this evaluation report does acknowledge that it is

[17] For Questions B-D of the feedback form, respondents were encouraged to tick as many boxes as appropriate, hence why the total number of responses to (1,456 for Question B, 1,427 for C and 1,316 for D) is shown as being higher than the total number of feedback forms received and analysed (563 forms).

important to allow for a certain degree of flexibility in how users adapt the materials to suit the local context. Nonetheless, with the exception of Book 1: 'Positive Voices', all of the 'Called to Care' workbooks in the series are practical in nature and have been designed so as to encourage participatory approaches to teaching/learning. Indeed, several of the workbooks in the series suggest that they be used to guide training courses: "The *training course* [emphasis added] aims to create a highly participatory experience, in which everyone learns from one another, and feels supported by one another." *(Introduction to Book 6: 'The Child Within', page 13)* Yet several participants highlighted some challenges and constraints during the evaluation with regards to using the materials in this way (related, for example, to lack of time, resources and/or adequate facilitation capacity – these challenges are outlined more fully in Section 6 of the report: "Constraints and challenges.")

5.6 Structure, presentation and acceptability of materials

5.6.1 Structure: simple and easy to understand

Each of the workbooks in the 'Called to Care' series covers different topics related to HIV and the series includes a mix of personal testimonies; basic facts on HIV transmission and prevention; practical guidance (for example on how to facilitate a workshop, plan a community-based project or write a funding proposal and budget); and participatory group-based activities and exercises. Despite these variances, each workbook was intended to be relevant and accessible to church groups and communities **at different levels of awareness and experience** in relation to the HIV epidemic.

The feedback received during this evaluation process strongly suggests that this objective has been achieved: out of all 563 feedback forms received over this period, of those who provided a response to Question J ("On a scale of 1 to 5, how useful is this booklet to your organisation?") 83% answered "very much" and 14% answered "much." A very high number of comments were recorded under Question H ("Particular comments") regarding the simplicity and accessibility of the language in which the materials are written ("easy to understand"; "ambiguity free"; "clear and easy to interpret with easy English to understand"). This feedback was universal across the series. This feedback was echoed by participants of the workshops, especially those held in Kenya and Uganda.[18] Notably, the simple style was appreciated by many as it was seen as being in contrast to other didactic materials: "We found that it was so difficult before. For instance, we had maybe in our lessons maybe handout...but now, with the coming of these books…we are able to get it in the simple language and it's easier to follow and it's easy to read and easy to share." *(Patience Banda, Evangelical Association of Malawi, Lilongwe)*

Only one participant recruited to the evaluation suggested that she had found the language of one of the workbooks (Book 2: 'Making it Happen') slightly too challenging: "I found that book not very relevant…too high level just to do it in a village. I discovered that more background knowledge was necessary" *(telephone interview with Lia Verboom, former teacher at St Philip's Theological College in Tanzania)*. Interestingly, this same interviewee suggested that the level of language of Books 1: 'Positive Voices' and 4: 'Pastoral Action',

[18] As noted under 'Methodology', more emphasis was placed in the workshops in Kenya and Uganda on assessing 'process', given the limitations in applying the "Batteries" Method in these two settings. See Annex VII for summary tables of topics discussed during the workshops held in Kenya and Uganda and participants' responses/comments.

in contrast, was perhaps *too* simplistic: "especially for my students who studied the Diploma classes, the level was a bit too low." Nonetheless, the evaluation does note that this was not seen to pose a serious constraint to using these two books ("…but this is not a problem, as I gave them as a tool, to use in their Parishes") and this particular interviewee was overwhelmingly positive about the toolkit in every other sense.

5.6.2 Presentation: practical, participatory and helpful for facilitation

Although some workbooks in the toolkit are written by different authors and in varying styles, all of the materials except Book1: 'Positive Voices' are very practical in nature: they provide clear guidance on how the information and messages, once digested, can then (1) be disseminated to others via participatory, group-based methods such as workshops and community-based activities and (2) be translated into practical community-based actions. Several participants highlighted how this helps to **make facilitation easier**, especially where the facilitator is required to translate the messages into local language(s) for participants of workshops or meetings who may not be able to read English. This was noted in both the written feedback reports ("it [Book 3] has facilitated my trainings in the field"; "a teaching material [Book 5] which we have been lacking"*)* and also elaborated upon during workshops. For example, as one participant of the Lilongwe workshops explained: "The materials in 'Called to Care' books are well outlined with very clear understanding. This makes facilitation very easy for presenters at all levels of education. The stuff has been outlined in such a way that it is practical and easy to emulate. The material outline makes life easier for presenters and participants to interact at the same wavelength of understanding." *(Danny Gondwe, Plan International)* To enable understanding and facilitate participation, one participant suggested that, "activities and discussions need to be repeated more than once." *(Cheryl Parrett, Emmanuelle International, email to SFH dated 16th March 2009)*

5.6.3 Acceptability of materials: attractive and appealing

The desk-based analysis of feedback documents received from users of Books 1-7 provided strong evidence that the messages contained in the 'Called to Care' materials have been very well received: in response to Question G ("What did participants thinks of the booklet?"), 68% of all responses "strongly agreed" that participants had found the workbook(s) *thought-provoking;* 57% "strongly agreed" that participants had found the workbook(s) *moving* and 24% ticked "agree"; 71% "strongly agreed" that participants had found the workbook(s) *inspiring;* and 66% "strongly agreed" that participants found the workbook(s) *challenging* [19] (See Appendix IV, Question G.)

A significant number of comments was received - in the written feedback reports, interviews and workshops – to suggest high acceptability of the general look and the feel of the 'Called to Care' materials. The colourful covers, for example, were considered to be attractive and eye-catching ("I really liked the look of them: they're so colourful, with the pictures around the edge" - *Interview with Cheryl Parrett, Emmanuel International, Kasanga, Uganda*) and several positive comments were also received in relation to the pictures and illustrations inside the workbooks ("The participants were really impressed by the drawings and the tables" - *feedback form on Book 3: 'Time to Talk' from STOP Misoneisme, Sangololo, DRC)* which were described as especially helpful in terms of disseminating the

[19] Note that not all those who completed feedback forms had chosen to answer Question G; to better understand how these percentages have been calculated, see Annex IV for full breakdowns of all responses received.

information to others: "The illustrations/diagrams in the books are very much self explanatory…and very much in place for cascading." *(feedback form from Aruna Rashid Karoma, Rafutha Development Association (RODA), Sierra Leone, recipient of Books 3-7)* Again, this was seen as a real benefit of the 'Called to Care' toolkit, over other existing materials that address related topics: "Other books do not have pictures. When you go maybe to Government, you don't find the books with the pictures to train on HIV and AIDS, with which to facilitate. But these books, you have many stories and the way it is written, it is very easy. That is the value of the whole book… it really gives chance to facilitate, gives chance to how to train. It is not very difficult." *(Pastor Gregory Magaisa, Mitundu, Malawi)*

One participant helpfully suggested "that some of the sessions or issues in the book [Book 4 'Pastoral Action'] could be organised in picture drama or cartoons in order to capture the readers' interest more" *(Nelson Chiziza, PASADA, Tanzania)*. Meanwhile, a recipient of Books 2 and 3 was keen for "the book to contain the photos of participants at educational sessions" *(8th CEPAC Church office (Mungu), DRC)*.

5.7 Languages (international and local)

This evaluation acknowledges that an overwhelming number of participants expressed a desire for the 'Called to Care' workbooks to be translated into vernacular languages(s) [20]: in response to Question H of the feedback form ("Particular comments") for example, at least 20 comments were received overall on Books 1-7 (with six of these comments made specifically in relation to Book 4 and five in relation to Book 7) requesting copies in local languages. Similarly, in all five workshops and three FGDs facilitated, this issue was raised as a constraint. Notably, two evaluation participants claimed that they had been unable to use copies of the workbook(s) which they had received from SFH for reasons associated with language: one expatriate doctor working at a Catholic hospital in southern Malawi – a recipient of Books 1, 3, 6 and 7 – explained in an email to SFH dated June 15th 2011 "I do not have the Chichewa language so I have been handicapped and unable to actually use the Toolkit." One feedback form was received from a recipient of Book 2 in Tanzania who stated they had "not yet used due to language barrier – Swahili is needed" (although the consultant notes that, in actual fact, this particular workbook in the series has been available in Swahili since March 2009.)

[20] Of the 128,158 copies of 'Called to Care' books distributed between October 2005 and March 2011, 75% of these were English editions. 14% were French editions and the remaining 11% either Portuguese, Swahili or Maragoli editions.

6. Constraints and challenges

This section of the report assesses:

- **What internal shortcomings and external constraints have affected the implementation of the project and how could these be addressed in future?**

Throughout the course of the evaluation, certain constraints and challenges were raised by participants in relation to both (i) the process of using the 'Called to Care' materials and (ii) ensuring that the content of the materials is kept up-to-date and relevant. Consideration of these challenges and constraints is necessary in order to help SFH maximise the effectiveness of the project in the future.

6.1 Re-occurring challenges around using the materials most effectively

6.1.1 Limited number of copies available

Throughout the evaluation process - in the various forms of written feedback received from users of Books 1-7 and in workshops and FGDs – participants of the project lamented the fact that they have only a limited number of copies of the materials and that they wished for more. During a "fly-on-the-wall" session in Mitundu, Malawi, for example, the pastor leading the session explained: "the books are not adequately distributed as they come and are very few. Only pastors have access to the books but we'd also want them to get to community members if possible. Also, they don't come very often." (*Pastor Gregory Magaisa, Tingathe Christian Agency for Development)* As one way around this challenge of meeting demand and reaching out to more people, many users have been paying heed to the authorisation given on the inside cover of all of the books in the series to "freely reproduce for non-profit purposes" extracts from one or more of the books. Yet this has not entirely solved the issue; high numbers of people continue to request their own original (and colour) copies of the workbook(s).

Given budgetary constraints, SFH has concentrated to date on the production of 'Called to Care' books in international languages, namely English, French, Portuguese and Swahili. Yet the evaluation found that the demand for copies in vernacular languages is incredibly high among evaluation participants. These perceived needs, around both quantity and language, have already been raised by SFH as challenging for the project: "There is an urgent need now to produce many more copies, in more languages, of the 'Called to Care' handbooks and for these to be made available free of charge to the churches, faith-based organisations, community groups and local NGOs who need them"*(SFH Annual report on the 'Called to Care' project for the period 2008-09).*

6.1.2 Limitations around people's time, resources and capacity

Book 1 in the 'Called to Care' series ('Positive Voices') is fairly straightforward to use: since it consists only of narrative text, facilitating a session using this book requires minimal preparation and resources. In contrast, workbooks 2-7 are practical in nature and

encourage participatory approaches to teaching/learning. Such participatory approaches necessitate greater commitment and skills on the part of the facilitator. Challenges were consistently raised during the evaluation around delivering the content of some of these more "action-oriented" books effectively. The main issues cited were lack of: (1) time; (2) resources; and (3) confidence/capacity to facilitate sessions.

Time constraints were described both in terms of time to read the workbook(s) fully ("there is a need for commitment and being selective over what you use and what you leave out as us clergy have a lot to read" - *Reverend Grace E Sentongo, Nairobi, Kenya)* and also time to organise, prepare for and facilitate a session using the workbook(s): "it needs time and commitment among members and people to be more forward"*(Calvary Evangelist Fellowship Church, Kenya, feedback form received on Book 2).*

Lack of resources required to effectively deliver many of the activities suggested in the 'Called to Care' books was also cited by several participants; several requests were made in response to Questions H or I of the feedback forms specifically for Bibles to accompany the workbooks, for example, and during workshops and FGDs in Malawi some participants spoke of a need for pens, pencils, paper and flip charts. More pressing, however, is the fact that issues were raised several times in the written feedback and also during field visits around difficulties convening sessions without adequate resources: "This tool [Book 3] makes it easier to approach the topics…but financial support is required to hold the session" *(feedback form from Community Seat for Rural Development, DRC).* In particular, as highlighted during the observational "fly-on-the-wall" session in Mitundu, Malawi, gathering participants together without the resources to pay for transportation costs and/or refreshments during the session(s) is often very challenging.

Finally, whilst several of the workbooks in the 'Called to Care' toolkit specify that they have been "designed so that they can be used by a person with some experience of training at community level…" (Book 4, page 7) and that "no special trainings should be needed in order to use these books" (Introduction to Book 7, page 8), many evaluation participants expressed a need and desire to receive training from SFH on how to most effectively facilitate sessions contained in the workbooks: "the books are sent to me to interpret, but how do I know I am interpreting the books correctly?" (*Interview with Robert Bwambale, Uganda)* However, there was very little consensus from participants on what this training should look like: who should facilitate the training(s)? How should it be delivered? And, crucially, who would finance it? Organising any sort of training(s) would, of course, present various challenges for SFH, not only financial challenges: "To train people differently is a challenge and we haven't done it much…the concept of standardised training is, of course, beset with complications in itself: "You are talking about disparate groups whose attitudes are so different. The question is, who is doing what, who to call together, who does that training and what resources do I have…?... That's a challenge." *(Interview with Bishop James Tengatenga, Malawi)*

6.2 Understanding and/or overcoming these challenges

Time spent by SFH reflecting more deeply on these most-commonly identified challenges will be important for the future of the project, to ensure that there are no constraints serious enough to place the full achievement of the project goals in jeopardy. In doing so, this evaluation suggests that SFH may wish to consider that these challenges may in fact be – in whole or in part - indicative of much deeper underlying challenges that are linked,

for example, to the cultural context in those countries where the materials are predominantly distributed. These may not necessarily be immediately obvious, yet may have a large bearing on the way in which the materials are regarded and/or used.

For example, the evaluation suggests that it is important to take cultural factors into consideration when thinking about people's main motivations for wanting a copy/copies of the workbooks. The co-author of Book 3: 'Time to Talk' explained, for example, how in the sub-Saharan African context – where the majority of 'Called to Care' materials are distributed: "A book is a precious thing, whether you read it or not. There is a tendency for people to want their own book, for their own sake…and that book is seen as a trophy." *(Bishop James Tengatenga, Anglican Diocese of Southern Malawi)* With this in mind, there is some risk that the materials may end up being distributed to those who have little or no intention to deliver the messages. This was observed by the consultant during a field visit to Balaka in Malawi, where materials had been distributed by Reach Out Ministries to a significant number of community members unable to read English.

Similarly, SFH Trust receives many requests for copies of the workbooks from organisations or individuals who, although well motivated to deliver the messages, may simply not have the capacity or the resources to utilise the resources well, and this also often presents the project with difficult decisions. For example, in August 2011 an NGO in Elburgon, Western Kenya, requested 100 copies of 'Called to Care' book 8: 'My Life – Starting Now', which is designed for use in workshops with young adolescents. After SFH requested more information on how the books would be distributed and used, the NGO explained that the books would be distributed to "secondary school and college leavers" (i.e. young people aged 18-25 years), who would be trained in September and October in a rural setting ("The books will be offered on the basis of training, to help them become future trainers as they go back to their communities.") However, there is a risk that these young people being trained will struggle to organise training workshops in their own communities.

Additionally, it is important to recognise that "for most people, the lecture thing is the mode…people [in sub-Saharan Africa] don't learn from books, they learn from presentation. This is related to the way we are taught: all the way from primary school we are told and we listen"*(Interview with Bishop James Tengatenga).* Traditional ideas around power and control, he went on to explain, are also important determining factors in how people choose to use the 'Called to Care' workbooks: "Lecturing is the default style of those who are in authority and the bearers of information. Participation is not encouraged because then you cease to be the authoritative figure. Often, it is participatory only in so far as you listen and you sing the chorus. Of course the chorus is of different types, but by and large the information is disseminated by just one person and the learning is subliminal." *(Bishop James Tengatenga, Anglican Diocese of Southern Malawi)* Those who have been taught to teach in such a style may therefore find it challenging to adapt and adopt more participatory approaches to community-based learning, such as those encouraged in the 'Called to Care' workbooks.

6.3 Re-occurring challenges related to content

Another challenge identified by this evaluation relates to how SFH ensures that the content of the 'Called to Care' materials remains up-to-date and relevant over time.

Although this is a general challenge, it appears to be a particular issue for Book 1 ('Positive Voices') – the oldest workbook in the toolkit. Whilst the personal testimonies of people living with or affected by HIV in this Book – originally published in October 2005 - still have relevance today, some workshop participants expressed a desire to know what has happened in the years intervening to the people who so bravely told their stories. Where are they now and what other developments have happened in their lives as a result of featuring in the book that readers of the 'Called to Care' books might take further solace and inspiration from? Also, one pastor whose testimony appears in Book 1 articulated a need to update some of the existing language: "It was done very fast; the language we were using at that time, it wasn't very polished. We were just learning the HIV language. I could have said it differently…"*(Pastor Ephraim Disi, Malawi)* An interesting comment was received from a user of Book 1 in Tanzania that "those who gave their testimonies from number 1-12 … did not tell how to avoid or protect from infection" *(Somamemba Foundation, Tanzania).*

Secondly, the evaluation suggests that the inclusion of more real-life testimonies, and from a wider cross-section of society, in any potential future new editions of workbooks produced could potentially help to increase the effectiveness of the materials even further. A key finding from this evaluation is that the inclusion of testimonies of people living with or affected by HIV has been extremely powerful. Including only the testimonies of adults, however, does run the risk that some users of the materials may misinterpret this as implying that HIV affects only adults. There was some evidence from the written feedback reports, for example, of such misunderstandings ("Why is it that AIDS only affects adults?" and "We only see adults contracting the virus, not young people"*(feedback received on Book 1 from 8th CEPAC Church office (Mungu), DRC).* It also risks limiting the appeal of the workbooks. As one participant of the workshop held in Kampala, Uganda, explained: "this weekend we had an outing but one youth leader said [in reference to Book 1] 'it's not friendly' – it doesn't relate to young people, it addresses issues of older people who are 50 years plus.'" Some therefore suggested that the potential of the 'Called to Care' books might be maximised if they were to also include children's testimonies. Testimonies from guardians of orphans and vulnerable children (OVC), some felt, might also be helpful, so that other guardians "can see 'oh, they have raised this person from 6 to 24 [years]…how have they managed?'" *(Pastor Ephraim Disi)* A related point is that, whilst the 'Called to Care' workbooks are primarily intended for use in sub-Saharan Africa and the inclusion of testimonies from Africans is therefore culturally relevant, the non-inclusion of testimonies from persons affected by HIV from outside of the continent may risk perpetuating the harmful perception of HIV as an 'African problem'. This was highlighted by comments made by users of Book 1 such as: "Europe is not concerned with AIDS, as in this book there are only images of Africans" *(MJCN Church, Democratic Republic of Congo).*

Several stakeholders suggested that the 'Called to Care' books could perhaps be updated to more fully include new prevention strategies that have emerged and been found to be effective since the books were first written. Most commonly cited were prevention-of-mother-to child transmission (PMTCT) – although the evaluation does acknowledge that this is covered in Book 7) and surgical male circumcision. Some also suggested that the terminology used within the books could be updated in order to reflect new knowledge and understanding around HIV-related issues. More specifically: one person suggested that the word 'widow' could be complemented by the word 'widower' and some of the acronyms could be updated. For example: VCT (standing for 'voluntary counselling and

testing') is now more commonly referred to as HCT[21] ('HIV counselling and testing', to include services that are both client-initiated and provider-initiated). These points could perhaps be addressed should SFH secure future donor funding for new editions of the 'Called to Care' materials: nonetheless, they are not deemed by the consultant to be particularly threatening to the likely achievement of the project goals.

[21] For example, HTC is now standard terminology in World Health Organization documents. Nonetheless, many practitioners still prefer 'VCT' because of its 'voluntary' nature.

7. Conclusions

HIV poses particular challenges for the church in its commitment to uphold God's covenantal relationship with His people. In the face of widespread human physical suffering and death associated with the epidemic, many faith communities have found it difficult to discern a God of love and compassion. In many settings, in the absence of clear and evidence-based knowledge and information around the virus and how it is spread, HIV-related illness has been equated with wrongdoing: the idea of HIV-related illness as a form of punishment for behaviours deemed 'immoral' gained particular ground in some developing countries, where the idea that misfortunes are a punishment from God or from evil spirits is deeply rooted, not least among the clergy.

Yet as the silence surrounding HIV has begun to be broken, it has become increasingly evident that HIV does not discriminate: in the worst-affected regions in sub-Saharan Africa, few families or church congregations are left untouched by HIV. The faith community therefore has a responsibility to offer spiritual, moral, practical and social support to those living with and affected by HIV in a loving and responsible way: by providing trustworthy information in place of silence or myth; showing love and compassion rather than preaching a theology of punishment; and offering hope to those infected and affected, by reassuring them of their own worth and helping them to overcome their feelings of guilt and shame. This evaluation acknowledges that the 'Called to Care' toolkit is unique in that it offers a clearly articulated theological framework within which to view critical life issues in the face of great and widespread suffering brought about by HIV in the modern world. The toolkit gives a particular emphasis on Christian belief relating to faith, love and hope in God as well as social justice and equality, where all people are viewed as equal before God. It combines this with practical advice on how to apply such an analysis of the biblical context to the injustice that affects people living with and/or affected by HIV.

The evidence from the evaluation is that:

- **Encouraging progress has been made towards the achievement of all three project goals:**

Progress against goal 1:

(1) The materials have been timely in providing faith leaders and their communities with trustworthy, evidence-based information on HIV transmission. This has greatly helped to increase people's basic knowledge and understanding of the virus;

(2) Increased understanding of the ways in which HIV is transmitted has helped to demystify the virus and challenged misconceptions around HIV as a punishment for sin. This has helped to reduce HIV-related fear, stigma and discrimination, and feelings of guilt (before God) and shame (towards oneself and before other people);

(3) The 'Called to Care' toolkit project is unique in that it provides a clearly articulated theological framework within which to understand critical issues of life and death. By rooting simple, practical information on HIV-related issues in the faith context, the materials have helped to: (a) disassociate HIV from sin; (b) encourage more

compassionate interpretations of the Scriptures, which promote a theology of social justice and of love and compassion; and (c) highlight the role and responsibility of the Church and/or faith-based organisations and communities in acknowledging that the virus is in their midst, and empower faith leaders to speak openly and positively about issues related to HIV with their congregations.

Progress against goal 2:

(1) A key achievement of the 'Called to Care' toolkit project is that it has helped to break the silence around HIV, especially within faith communities. In particular, the fact that the materials are well grounded in reality and introduce a "human face" to HIV, through the inclusion of real-life personal testimonies, has been very powerful and has helped people to connect to the messages;

(2) The 'Called to Care' materials have also helped to highlight that the Scriptures condemn all forms of discrimination. In particular, that in theological terms, stigmatisation and discrimination of people living with HIV represent a breaking of covenantal relationships. This has promoted more inclusive attitudes and behaviours;

(3) By helping to break the silence surrounding HIV, and by increasing levels of knowledge and understanding of how the virus is transmitted, the evaluation also finds that the 'Called to Care' materials have helped to reduced fear – both fear of people living with HIV and fear of contracting the virus oneself;

(4) Through good and proper interpretation of the Scriptures, the workbooks have also offered encouragement and hope to those living with HIV. In particular, the materials have enabled people living with HIV to see in human suffering not the wrath of God, but the love of God. This has helped to reduce self-stigma.

Progress against goal 3:

(1) The evaluation found substantial evidence that the 'Called to Care' materials have supported faith leaders to promote positive attitudes, as seen by a deepened commitment among faith leaders to translate a theology of love and compassion into practical actions, for example integrating HIV-related work into their ministry and providing more holistic pastoral care;

(2) The 'Called to Care' materials – and especially Book 3: 'Time to Talk' - have provided an enabling framework for individuals, couples, congregation members and leaders to talk more openly about "taboo" subjects such as sex and sexuality, by demystifying sex as a source of shame and embarrassment;

(3) The evaluation also acknowledges that the toolkit has better enabled people to make the practical connections between behaviours and practices that put them at risk of HIV infection and to change their behaviours accordingly, to mitigate such risks. In particular, the evaluation found evidence of increased intentions of participants to: (a) delay sexual debut and/or abstain from sex until marriage; (b) remain faithful to one's partner; (c) use condoms during sexual intercourse; (d) view marriage as a respectful partnership, in which men and women are equal; (e) question and/or reject traditional cultural practices which also contribute to HIV transmission (such as polygamy, female circumcision, inheritance and early marriage of girls and 'cleansing').

(4) The evaluation finds some evidence of the materials appearing to have increased the acceptability and uptake of voluntary counselling and testing (VCT), and increased the awareness of participants of the importance of sharing the results with others;

(5) Many participants in the evaluation spoke of the 'Called to Care' materials as helpful "tools" that have provided a sense of focus and direction for HIV-related work within the Church and community, and the skills necessary to turn ideas into community-level actions (of many types, including outreach work, counselling and forming discussion groups). The evaluation also finds that equipping people with skills to solve problems has also helped to increase motivation and joint action;

(6) The evaluation finds that the guidance and templates in Book 2: 'Making it Happen' for developing funding proposals, budgets and reports for external donors have been especially helpful and in some cases have contributed to successful proposals.

- **The workbooks are being used in a variety of ways:**
  - Broadly speaking, the 'Called to Care' workbooks were designed for use by "church leaders, especially in sub-Saharan Africa." Evidence from over 500 feedback forms submitted by users of workbooks 1-7 suggests that church congregations and other church institutions such as schools and training centres are the main users of the materials, followed by secular organisations such as colleges, community organisations and NGOs. The toolkit appears to have most commonly been used by pastors/priests; trainers; directors/coordinators; and development workers;
  - During the workshops held in Kenya, Malawi and Uganda, and "fly-on-the-wall" sessions in Malawi, it was clear that users of the materials are employing a wide variety of teaching methods and styles. Although the toolkit is designed to be used in a participatory way, several participants confirmed that they were using the workbooks as reference materials, from which to gain knowledge to pass on to others via more traditional teaching methods such as lecturing;
  - The simplicity and accessibility of the language in which the materials are written was highly appreciated by a significant number of evaluation participants. Notably, the simple style was seen as being in contrast to other didactic materials on HIV;
  - The practical nature of the workbooks (Book 1: 'Positive Voices' excepted) was seen as particularly helpful for facilitation;
  - A significant number of comments were received from users of the materials – both in written feedback reports and during interviews and workshops – that suggested high acceptability of the look and feel of the materials. In particular, the pictures and illustrations were appreciated, and seen as useful for passing the messages on to others. Again, this was seen as a real benefit of the toolkit over other existing materials addressing HIV-related topics;
  - Finally, an overwhelming number of evaluation participants expressed a desire for the 'Called to Care'; workbooks to be translated into vernacular language(s). Two evaluation participants suggested that they had been unable to use copies of the workbook(s) received by Strategies for Hope Trust due to language barriers.

8. Recommendations for Strategies for Hope Trust

This section of the report explores:

- **How can the potential of the project be maximised?**

8.1 Fundamental constraints underpinning future decisions and actions

It is important here to highlight some of the fundamental constraints that are likely to underpin any of SFH's future decisions and actions with regards to the 'Called to Care' toolkit initiative:

1. The Strategies for Hope Trust has been largely reliant on financial support from external donors to initiate and maintain the 'Called to Care' project since its inception in 2003. This funding has come from a variety of sources, mainly from ICCO/Kerk in Actie, but also from CAFOD, Christian Aid, the Lutheran World Federation, the Maurice & Hilda Laing Trust and World Vision International.[22] The period covered by these grants is due to end in March 2012. By that time, however, the potential of the project will be only partly realised. There will still be considerable demand for 'Called to Care' workbooks - especially for those published recently, of which relatively few copies will have been distributed. There will also be a need for editions of these in French, Swahili and Portuguese. SFH will therefore need to seek new funding to maintain – and build upon - the achievements of the project to date.

   SFH will need to spend time reflecting on where the focus of any future investment should be. Given limited resources, what strategy is most likely to contribute towards the achievement of the project goals: investing time and money into developing and delivering training aimed at key individuals? Editing and/or updating some or all of the existing workbooks? Translating the workbooks into international and regional languages? Producing more copies of existing workbooks? Or producing copies of new workbooks or manuals altogether?

2. This evaluation suggests that the project goals as they stand are very broad. In addition, measuring progress against these goals was challenging in the absence of a baseline and/or verifiable indicators of achievement. The evaluation recognises that many of the changes that the 'Called to Care' materials seek to bring about are qualitative in nature (changes in attitudes, behavioural change) and are therefore, by their very nature, difficult to measure. Nonetheless, the development of verifiable indicators against which to measure progress towards the three project goals would be helpful for future monitoring of the project, to better help determine if the intervention is as effective as it is could be. There is a substantial body of literature

[22] In addition, several donors have funded reprints of certain 'Called to Care' workbooks and the production and distribution of editions in other languages (French, Swahili, Portuguese, Maragoli).

around the most reliable and effective ways of qualitatively measuring concepts such as HIV-related stigma for evaluating programmes that SFH may wish to draw on.[23]

8.2 Potential areas for future reflection and action

Taking these constraints into consideration, the evaluation recommends the following areas of future reflection and action to Strategies for Hope Trust:

1. Whilst the evaluation acknowledges a great demand for more copies of the 'Called to Care' materials, especially copies in local languages, it is vital that SFH ensures that those to whom it is distributing the books are clear on the purpose of the materials, how the materials are intended to be used and the responsibilities that come with possessing a copy/copies. In this sense, this evaluation invites SFH to consider whether or not a more structured and tightly regulated distribution process may in actual fact help to maximise the potential of the project. Additionally, or alternatively, some participants suggested that it might be useful for SFH to develop a guidance booklet to accompany the series for users. This could contain, for example: some documentation of the various ways in which the materials have been used, where and by whom, and recommending ways of getting the most out of the materials. This could be along the lines of the 'Implementing Stepping Stones' document developed by the Agency for Cooperation and Research in Development (ACORD) a few years ago, and could draw upon the findings of this evaluation. This would also help to encourage shared learning and sharing of experiences among users of the materials, something that many workshop participants expressed they would find helpful.

2. The evaluation also notes that, whilst the overwhelming majority of participants reported finding the 'Called to Care' materials simple and easy to understand, a significant number also expressed a need for dedicated training: firstly to ensure that they were delivering the messages correctly, and secondly for consistency of approaches among facilitators. Whilst the evaluation acknowledges that the funding and managing of training programmes is likely to be beyond the financial and technical capabilities of SFH, it is nonetheless important to the achievement of the project goals that those receiving the materials have the relevant knowledge, confidence, and skills to deliver messages accurately and consistently and in a way which is empowering for others, to influence both Church-led and community-based approaches to/action on HIV. This evaluation therefore recommends that SFH considers carefully the extent to which any such challenges may or may not limit the potential future impact of the project. One option is for SFH to seek to develop more partnerships in the future with organisations that specialise in training.

3. An intervention such as the 'Called to Care' toolkit project, which is used in various ways by many different organisations and individuals throughout sub-Saharan Africa (and beyond) requires a well structured yet very flexible monitoring and evaluation (M&E) instrument – or combination of instruments. SFH Trust could explore the possibility of establishing a working relationship with the international development

[23] See, for example, 'The People Living with HIV Stigma Index', which provides a tool that will measure and detect changing trends in relation to stigma and discrimination experienced by people living with HIV: http://www.stigmaindex.org/

programme of a (UK) university to seek expert advice on the feasibility of a flexible M&E system that might enable SFH Trust to monitor the 'Called to Care' project on a more regular basis in the future.

4. Regular follow-up with users of the materials is also vital to ensure that the materials are being used as effectively as possible. This will also serve the dual purpose of helping to encourage and motivate users. Whilst many workshop participants suggested that they would wish for SFH to pay monitoring visits, to see first-hand how the materials are being used, any challenges and so on, sadly this is unrealistic given the budgetary constraints on the project. Other ways and means of addressing this challenge may include: encouraging (and seeking donor funding for) exchange visits between users of the materials; developing a more robust set of indicators to help measure progress against the three project goals (this evaluation suggests that the project goals as they stand are very broad, which makes measuring impact challenging); adapting the feedback form template in line with this, so that it includes more qualitative questions specifically designed to assess impact against these indicators.

5. In its communications with existing and/or potential new donors and supporters, SFH should place strong emphasis on the unique advantage of the 'Called to Care' books over other resources, as evidenced by this evaluation. Namely that the 'Called to Care' series is grounded in a Christian approach and explicitly links the care and support of people living with and affected by HIV with the basic tenets and teachings of the Christian faith. This evaluation report should help to provide a good base from which to draw out evidence of impact in this area. There is also perhaps a need for SFH to be more focussed and to think carefully about what the project is aiming to achieve, how and by when (and to set this out very clearly) – this relates to the point on the previous page about the project goals being inescapably broad.

6. SFH is strongly encouraged to consider new, innovative ways of marketing the 'Called to Care' materials in order to attract new supporters and/or donors. For example, SFH has a Justgiving site[24] but this could perhaps be more fully utilised. SFH could also consider exploring new social media opportunities, such as creating Facebook and/or Twitter sites, in order to reach new audiences. The organisation's website should also be updated to include links to any newly established SFH social media sites. SFH may also wish to consider the feasibility of making some resources downloadable directly from the site in electronic version.

7. Finally, SFH is also encouraged to continue to seek funding for motivated and inspiring users of the toolkit to attend relevant conferences in order to present/share their experiences of having used the materials and changes that have occurred as a result. Indeed, one pastor in Malawi was very keen to share his own personal testimony with others in this way: "This can be a powerful testimony for them, to show the impact of the 'Called to Care' books. If I stand and say 'you know, from these books this is what I've done', it can be powerful." *(Pastor Gilbert, Mitundu Malawi)* This might be achieved by including in any future funding proposals a budget line specifically related to SFH Trust's own capacity building/learning.

[24] http://www.justgiving.com/stratshope/

References

Bayley, Anne and Walter Nyika, Mugove, (2011); "More and Better Food: Farming, climate change, health and the AIDS epidemic" (Called to Care No. 9, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-1-905746-01-9)

Byamugisha, Gideon and Williams, Glen (ed), (2005); "Positive Voices: Religious leaders living with or personally affected by HIV and AIDS" (Called to Care No. 1, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-0-9549051-3-2)

Byamugisha, Gideon; Steinitz, Lucy. Y., Williams, Glen and Zondi, Phumzile (2002); "Journeys of Faith: Church-based responses to HIV and AIDS in three southern African countries" (edited and produced by Strategies for Hope Trust, Oxford UK. ISBN 0-9543060-0-7)

Byrne, Clodagh (2010); "Assessing the Quality of Life of People Living with and affected by HIV: A Participatory Approach" (CAFOD)

Christian Aid, (2004); "God's children are dying of AIDS: Interfaith dialogue and HIV", Working Paper
http://www.heart-intl.net/HEART/092504/Faith/GodchildrenaredyingofAIDS.pdf

Clifford, Paula (2004); "Theology and the HIV/AIDS epidemic"
http://www.christianaid.org.uk/images/hiv_theologyfinal.pdf

Lubaale, Nicta, (2008); "Pastoral Action on HIV and AIDS" (Called to Care No. 4, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-1-905746-04-0)

Lubaale, Nicta, (2008); "Community action on HIV and AIDS" (Called to Care No. 5, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-1-905746-05-7)

Mchombo, William, Larko Steiner, Joyce, Milanzi, Dennis and Sebahene, Alfred, (2010); "Call to Me: How the Bible speaks in the age of AIDS" (Called to Care No. 7, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-1-905746-14-9)

Moyo, Fulata Lusungu, (2011); "Parenting: a Journey of Love" (Called to Care No. 10, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-1-905746-19-4)

Rankin, Judy, with Cochrane, Rev Renate and Khulakahle Child Counselling and Training Forum, (2008); "The Child Within: Connecting with children who have

experienced grief and loss" (Called to Care No. 6, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-1-905746-08-8)

Smith, Ann et al, (2010); "A Participatory Approach to Assessing the Quality of Life of People Affected by HIV," Abstract for Poster presented at Vienna Conference, 21st July 2010.
http://www.aidsportal.org/repos/Vienna%20Poster_ParticipatoryApproachCAFOD.pdf

Steinitz, Lucy Y., with Karanja Kamaara, Eunice, (2010); "My Life - Starting Now: Knowledge and skills for young adolescents" (Called to Care No. 8, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-1-905746-15-6)

Steinitz, Lucy Y., (2005); "Making it Happen: A guide to help your congregation do HIV/AIDS work" (Called to Care No. 2, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-0-9549051-1-8)

Strategies for Hope Trust, (2010); "PROGRESS AND FINANCIAL REPORT: The Called to Care Toolkit (1 April 2009 - 31 March 2010)"

Taylor, Nigel (2007); "DFID, faith and AIDS: A Review for the Update of Taking Action", A desk review prepared for: UK Consortium on AIDS and International Development Faith Working Group

Tengatenga, Bishop James, and Bayley, Anne, (2006); "Time to Talk: A guide to family life in the age of AIDS" (Called to Care No. 3, edited and produced by G and A Williams, Strategies for Hope Trust, Oxford UK. ISBN 978-0-9549051-8-7)

UNAIDS (2010); "Report on the Global AIDS epidemic"
http://www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf

Annex I: Full details of the 'Called to Care' workbooks (1-10) [25]

No. 1: "POSITIVE VOICES Religious leaders living with or personally affected by HIV and AIDS": Personal testimonies by 14 African religious leaders (12 Christians, 2 Muslims) who are living with or personally affected by HIV. (40 pages)

No. 2: "MAKING IT HAPPEN A guide to help your congregation do HIV/AIDS work": A mini-manual to help church leaders establish and manage an HIV project. Includes sections on planning, decision-making, writing a project proposal, preparing a bud- get, accounting for funds, and monitoring and evaluation. (44 pages)

No. 3: "TIME TO TALK A guide to family life in the age of AIDS": A handbook to enable churches and communities to discuss family life and sex in the context of the global AIDS epidemic. Contains role plays, games, quizzes, discussion guidelines, Bible studies and other participatory exercises. (44 pages)

No. 4: "PASTORAL ACTION ON HIV AND AIDS": Developed by the Organisation of African Instituted Churches (OAIC), a handbook designed for training pastors and lay church leaders in addressing the pastoral challenges of the AIDS epidemic. (48 pages)

No. 5: "COMMUNITY ACTION ON HIV AND AIDS": Also developed by the OAIC, this book is designed to help church leaders deal with social, cultural and economic issues related to the AIDS epidemic at community level. Covers topics such as the sexual abuse of children, domestic violence, widow inheritance and property grabbing by relatives. (48 pages)

No. 6: "THE CHILD WITHIN Connecting with children who have experienced grief and loss": Developed in South Africa's Eastern Province, this handbook breaks new ground in promoting resilience in children who have suffered grief and personal loss, by enabling adults who are child care-givers to rediscover and appreciate their own 'child within'. (68 pages)

No. 7: "CALL TO ME How the Bible speaks in the age of AIDS": Designed for use by churches, FBOs, NGOs and community groups. Consists of 20 Bible studies on topics related to HIV and AIDS, e.g. sex and sexuality; healing; death; grief and mourning; stigma, discrimination and denial; church leadership; marriage; children; fear and anxiety. (76 pages)

No. 8: "MY LIFE - STARTING NOW Knowledge and skills for young adolescents": Focuses on knowledge and life skills for young people aged 10-15, with special emphasis on reproductive health as part of growing up. Takes a participatory approach to teaching and learning, using roleplay, case studies, games, stories, quizzes, Bible study and artwork. (80 pages)

No. 9: "MORE AND BETTER FOOD": For people living with HIV, good nutrition is just as important as medical care. Yet in sub-Saharan Africa most people living with HIV suffer from food and nutrition insecurity. This book demonstrates how small-scale farmers can grow more food in sustainable ways that also address the challenge of climate change. (88 pages)

Book No. 10: "PARENTING AS A JOURNEY OF LOVE": Focuses on the knowledge and skills which parents and guardians need to provide their children with protection against threats to their health and wellbeing, and to give them the best possible start in life. Uses stories, poems, quotes, Bible studies, games and participatory exercises. (56 pages)

[25] See Strategies for Hope website: http://www.stratshope.org/b-books.htm

Annex II: Terms of Reference (ToR) for the evaluation

TERMS OF REFERENCE
EVALUATION OF 'CALLED TO CARE' TOOLKIT PROJECT,
2003 - 2011

1. Background

The 'Called to Care' toolkit initiative began in 2003, with the overall purpose of "empowering church leaders, their congregations and their communities with the knowledge, attitudes, skills and strategies they need to plan and implement effective responses to the challenges of the HIV epidemic, especially in sub-Saharan Africa".

The initiative aimed to produce and distribute a 'toolkit' of 10 practical, action-oriented workbooks on issues related to HIV and AIDS, designed for church leaders, especially in sub-Saharan Africa. The books would be written in simple, easily understandable style, with numerous group exercises and activities.

By November 2010, eight workbooks (each 40-80 pages long) had been published, and nos. 9 and 10 were nearing completion. Over 100,000 copies of 'Called to Care' workbooks - all in English and some in French, Portuguese, Swahili and Maragoli - had been produced. It is expected that, by April 2011, all 10 'Called to Care' workbooks will have been published in English.

The specific goals of the 'Called to Care' project are to enable pastors, priests, religious sisters and brothers, lay church leaders, and their congregations and communities to:

(a) Reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion.

(b) Overcome the stigma, silence, discrimination, fear and inertia that inhibit church action to address HIV and AIDS effectively.

(c) Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of AIDS.

Each 'Called to Care' workbook is designed to enable church leaders to guide their congregations through a process of learning and awareness-raising about HIV and AIDS, leading to decisions and practical activities in the fields of HIV prevention, care and support. The workbooks are also used by many other people, for example, schoolteachers, community development workers, health professionals and community leaders.

So far, feedback on the 'Called to Care' workbooks has been obtained in two main ways: first, through completed, two-page forms (enclosed with each book); and second, through responses to very short questionnaires sent out by email. The

information thus obtained has been included in progress reports on the 'Called to Care' project, and has also been incorporated into Strategies for Hope's annual reports.

2. PURPOSE OF EVALUATION

The evaluation will address the following questions:

(a) How have church leaders and others used the 'Called to Care' workbooks?

(b) To what extent have the three main goals of the project been achieved?

(c) What internal shortcomings and external constraints have affected the implementation of the project and how could these be addressed in future?

(d) How can the potential of the project be maximised?

3. METHODOLOGY

It is proposed that the evaluation should adopt four methodologies, namely:

(a) Feedback forms: About 550 completed feedback forms have been received from users of 'Called to Care' workbooks so far. In addition, about 150 letters and mini questionnaires have been received. These provide useful information about the churches and community groups that have been using the books, the numbers of people involved, what people thought of the books, how the books have impacted on their lives, and the decisions they made as a result of using the books. They now need to be processed electronically (SFH to handle) and analysed by the consultant.

(b) Telephone interviews: The consultant will interview key informants in several African countries by phone. The SFH Trust will provide names and contact details.

(c)Questionnaire: This would involve sending, by email[26], a short questionnaire (to be designed by the consultant, in collaboration with the SFH), to approximately 600 organisations on the SFH database that have been sent at least one of the 'Called to Care' workbooks. This would aim to ascertain what changes have occurred in local attitudes and behaviour as a result (at least in part) of the 'Called to Care' workbooks. It would also explore what follow-up activities (e.g. translations into French, Portuguese, Swahili and other languages) might be needed to expand and consolidate the achievements of the project to date.

(d) Field visits: It is proposed to use the 'Batteries Methodology' developed by CAFOD for programme impact assessment. This will enable users of the 'Called to Care' workbooks to compare the situation before and after the materials began to be used with regard to a set of 'domains of change', e.g.

[26] It was agreed with the consultant to drop this questionnaire from the evaluation methodology.

- Knowledge of HIV and AIDS transmission and effects
- Awareness of gender issues
- Sexual behaviour
- Openness about discussing sex and AIDS
- HIV-related stigma and discrimination
- Support for people living with HIV and their families.

The consultant will visit one African country - possibly Zambia, Malawi, Tanzania, Uganda or Cameroon - and conduct workshops with 40 to 50 persons from at least 20 different organisations that have been using the 'Called to Care' workbooks. The consultant will also interview a few key informants individually.

The consultant will work in close collaboration with one or more local SFH partner organisations, who will contact other local users of 'Called to Care' workbooks and handling the logistics of the workshops. The SFH Trust will assist the consultant with information about the 'Called to Care' project and partner organisations in sub-Saharan Africa.

The consultant will compile a report consisting of description, analysis, conclusions and recommendations.

4. TIME SCHEDULE

6 April - mid-June:	developing research tools; liaison with local SFH partner organisations; processing and analysing feedback forms and letters; telephone calls to key informants; questionnaire development, mail-out and analysis (20 days); liaison with local partner organisation(s)
18 - 30 June:	visit to African country (12 days)
1 July - 15 August:	data analysis & report writing (10 days)
16 September:	presentation of report (1 day).

5. EXPECTED OUTPUTS

- a short plan at the beginning of the assignment, outlining the activities to be undertaken and the schedule for completing them
- a short progress report after the country visit
- a draft and final report (40 to 50 pages) outlining the key findings and recommendations, plus an appendix containing details of the discussions held with users of 'Called to Care' materials in the African country visited.
- presentation of the findings of the evaluation to a meeting of Strategies for Hope's trustees and donor partners.

Annex III: Key informants & affiliation

Name:	Organisation:
Interviewees:	
Robert Bwambale	Coordinator of MAHAFA, Maliba, Kasese District
Pr. Jones Chamangwana	Reach Out Ministries – Balaka, Malawi
Melton Luhanga	Churches Action in Relief and Development (CARD) – Blantyre, Malawi
Jacqueline Ngonzi	HIV Prevention Officer, Uganda Catholic Secretariat
Howard Nkhoma	Christian Aid – Lilongwe, Malawi
Caren Owiti	KWEDEVCO - Kisumu, Kenya
Cheryl & Alan Parrett	Emmanuel International - based in Kasanga, Uganda
Clare Stevens	(Formerly) Evangelical Association Malawi (EAM)
Bishop James Tengatenga	Anglican Diocese of Southern Malawi - Blantyre, Malawi
Lia Verboom	(Formerly) St Philip's College - Tanzania
Glen Williams	Strategies for Hope Trust – Oxford, UK
Workshop Participants:	
Nairobi, Kenya (21.03.11)	
Bev Howell	Serving in Mission (SIM)
Stephen Muguga	African Holy Zionist Church, Vihiga (West Kenya)
Benard Mwinzi	Organisation of African Instituted Churches (OAIC), Nairobi
Edwin Livugu	Matopeni People Living with HIV/AIDS – Nairobi, Kenya
Philip Mihava	Facilitator, Western Youth Group AIDS Forum, Kakamega
Apollo Ougo	Elba Health, Elburgon
Martha Nthenge	Coordinator of ESSIE – Nairobi, Kenya
Jane Ng'ang'a	Coordinator of INERELA for Kenya
Joseph Wangai	Health/HIV Coordinator, Anglican Church of Kenya
Susan Maovu Mumbua	Ukambani Women Living with HIV/AIDS, E Kenya
Chrispo Mwaleh	Crespo Care – Nairobi, Kenya
Pastor Nyambuto Marube	Kayole Church of Christ
Kampala, Uganda (31.05.11)	
Rev John Atiku	Okuvu
Rev Canon Mica Bwami	St Paul-Mulago
Rev Kitto Kagodo	Mukono Diocese
Rev Fred Kisitu	Kalerwe
Rev Canon Y Lubanga	Kampala Diocesan office
Rev Grace E Sentongo	Head of Department of Social Transformation, HIV/AIDS and Planning, Kampala Diocesan office
Davis	Data Entrant, Kampala Diocesan office
Banabus Kisitu	Field Officer, Kampala Diocesan office
Mrs Kisitu	Head Mistress, Kalerwe
Kwagala	Field Officer, Njeru
Christine Mary	Intern, Kampala Diocesan office
Anna Mwesigwa	Coordinator for Children, Kampala Diocesan office
Racheal	Youth worker

Lilongwe, Malawi (29.06.11)

Ridge P Aliwama	Living Fountain Commission
Alpheus Banda	Evangelical Association Malawi (EAM)
Patience Banda	Evangelical Association Malawi (EAM)
Francis Botha	Ecumenical Counselling Centre, Lilongwe
Milward Chanza	MANASO, Lilongwe
Danny Gondwe	Plan International, Kasungu
Pastor Gregory Magaisa	Tingathe Christian Agency for Development
Herbert Makanjira	Bless Bay Foundation, Salima
Bernard Makupete	Act4Africa, Lilongwe
Tionge Munthali	Plan International, Kasungu
Pastor Grey Mwalabu	Evangelical Association Malawi (EAM)
Andy Nyirenda	Christian Youth Ministries, Chilumba
Jabess F Nyirenda	FOCUS, Karonga
Peterkins Tiyesi	Mchinji District Interfaith AIDS Committee

Blantyre, Malawi (02.07.11)

Mike Ayilu	Mangochi Orphans Education and Training (MOET)
Pastor Ephraim Disi	INERELA+
Mrs Temwa Kalinde	Diocese of Southern Malawi
Pastor Gilbert Momora	Kwatukumbuchire
James Nenani	Nchemo
Pyton Marko Nyandula	Penya Grace of God
Duncan Nyozani	Searchlight Orphan Care

Balaka, Malawi (07.07.11)

Rev. C. M. Banda	Pentecostal Assemblies of Malawi
Rev. G. Chisale	United Living Gospel Church, Balaka
Pastor Solomon Chauma	Christ-Citadel International, Balaka
Rev. Maxwell Jabili	Malawi Assemblies of God Church
Pastor Elwyn Edson Maliwa	Holy Life Family Church, Balaka
Pastor Edward Maonga	Christ-Citadel International Church, Balaka
Pastor Victor Nankhata	Lords Gospel Church, Balaka
Rev. S. Wanja	Free Methodist, Balaka

Focus Group Discussions:

HIV support group members – Balaka, Malawi (05.07.11)	25 people
Nurses, facilitators and teachers – Balaka, Malawi (06.07.11)	18 people
People with disabilities – Balaka, Malawi (06.07.11)	15 people

"Fly-on-the-wall" sessions:

Mitundu, Malawi (30.06.11)	Led by Pastor Gregory Magaisa, Tingathe Christian Agency for Development (30 people – pastor and community facilitators)
Liwonde, Malawi (04.07.11)	Led by Pastor Gilbert Momora, Kwatukumbuchire Youth Centre (19 members of youth group)

Annex IV: Breakdown of feedback reports, Books 1-7

(NB: Does not include responses to H, I, K or L, which were open-ended questions)

QUESTION A: "Which Called to Care booklet are you reporting on?"

	No of responses	% of total
No 1: Positive Voices	171	27%
No 2: Making it Happen	133	21%
No 3: Time to Talk	119	18%
No 4: Pastoral Action on HIV and AIDS	69	11%
No 5: Community Action on HIV and AIDS	29	5%
No 6: The Child Within	29	5%
No 7: Call to Me	24	4%
Not specified or more than one book	71	11%
TOTAL:	**645***	**100%**

** 563 feedback forms, 56 mini feedback forms & 26 letters or emails (367 English, 206 French, 24 Maragoli, 6 Portuguese, 42 Swahili)*

QUESTION B: "How would you describe the organisation in which you are involved?

	No of responses	% of total
church congregation	257	18%
church training institution	143	10%
church hospital or health centre	70	5%
church youth group	165	11%
church school	76	5%
church women's group	112	8%
faith-based group	165	11%
college or university	63	4%
community organisation	185	13%
NGO	193	13%
other	27	2%
TOTAL:	**1,456**	**100%**

QUESTION C: "What is your position in this organisation?"

	No of responses	% of total
pastor/priest	208	15%
lay church leader	95	7%
religious sister	49	3%
health worker	77	5%
youth leader	97	7%
development worker	154	11%
women's leader	51	4%
trainer	192	13%
community leader	101	7%
teacher	104	7%
social worker	69	5%
director/coordinator	187	13%
other role	43	3%
TOTAL:	**1,427**	**100%**

QUESTION D: "With whom have you used this booklet?"

	No of responses	% of total
church congregation	336	26%
church training institution	169	13%
church hospital or health centre	77	6%
church school	128	10%
college or university	92	7%
community organisation	250	19%
NGO	188	14%
other	76	6%
TOTAL:	**1,316**	**100%**

QUESTION E: "How many times have you used this booklet with a group?"

	No of responses	% of total
Less than 5 times	190	34%
5 - 9 times	207	37%
10 - 14 times	103	19%
15 or more times *(PLEASE SPECIFY)…...*	56	10%
TOTAL:	**556**	**100%**

QUESTION F: "How many people, in total, have taken part in these meetings?"

	No of responses	% of total
Fewer than 10	49	9%
10 - 29	159	28%
30 - 49	144	26%
50 - 99	100	18%
100 or more *(PLEASE SPECIFY)…...*	112	20%
TOTAL:	**564**	**100%**

QUESTION G: "What did the participants think of the booklet?"

...thought provoking	No of responses	% of total
strongly agree	339	68%
agree	74	15%
Neither agree not disagree	26	5%
disagree	11	2%
strongly disagree	49	10%
TOTAL:	**499**	**100%**

...moving	No of responses	% of total
strongly agree	276	57%
agree	118	24%
Neither agree not disagree	58	12%
disagree	16	3%
strongly disagree	14	3%
TOTAL:	**482**	**100%**

...inspiring	No of responses	% of total
strongly agree	353	71%
agree	90	18%
Neither agree not disagree	31	6%
disagree	10	2%
strongly disagree	14	3%
TOTAL:	**498**	**100%**

...challenging	No of responses	% of total
strongly agree	323	66%
agree	65	13%
Neither agree not disagree	44	9%
disagree	20	4%
strongly disagree	35	7%
TOTAL:	**487**	**100%**

QUESTION J: "On a scale of 1 to 5, how useful is this booklet to your organisation?"

	No of responses	% of total
1 - Very much	448	83%
2 - Much	75	14%
3 - Not sure/average	11	2%
4 - Not really	1	0%
5 - Not at all	6	1%
TOTAL:	**541**	**100%**

NB: **'Very much'** was reported by 83% of total, broken down as:

84% of all responses related to Book 1 (146 responses to this Q in total)
77% of all responses related to Book 2 (129 responses to this Q in total)
86% of all responses related to Book 3 (98 responses to this Q in total)
80% of all responses related to Book 4 (64 responses to this Q in total)
97% of all responses related to Book 5 (29 responses to this Q in total)
81% of all responses related to Book 6 (26 responses to this Q in total)
86% of all responses related to Book 7 (22 responses to this Q in total)

Annex V: The 'Batteries' Methodology

What is it?

The Terms of Reference (ToR) for this evaluation of the 'Called to Care' toolkit project (see Annex II) suggested that the consultant use the 'Batteries Methodology' developed by CAFOD for programme impact assessment during the main field visit: "This will enable users of the 'Called to Care' workbooks to compare the situation before and after the materials began to be used with regard to a set of 'domains of change', using the "Batteries" Methodology during workshops." This methodology was developed by CAFOD "to support partners in assessing changes in the quality of life of programme clients, and to increase participation of clients in programme monitoring and design."[27]

Adapting the methodology for the CtoC evaluation

The methodology was adapted and used in 3 workshops in Malawi: Lilongwe, Blantyre and Balaka (those where the consultant had sufficient time to apply the methodology and where participants had prior experience of using one or more 'Called to Care' materials). In total, 27 participants took part – 14 in Lilongwe, 7 in Blantyre and 6 in Balaka (8 pastors took part in the workshop in Balaka but only 6 completed this methodology as 2 out of the 8 had insufficient experience of having used the materials.)

(i) Brainstorming: adapting the 'domains'

In CAFOD's application of this methodology, quality of life (QoL) is categorised into four domains, or components that an individual needs to have a full and happy life: (1) Health; (2) Psychosocial/spiritual; (3) Legal and human rights; (4) Livelihood security. Guidance documents produced by CAFOD suggest that workshop participants should first be invited to brainstorm on the different components needed for a good QoL by reflecting on the following question "What elements do you need to have a full and happy life?"; ideas should be recorded on post-it cards or notes; and each categorised into one of the four domains above. For the CtoC workshops, the introductory question was adapted to the context; participants were asked **"What changes have occurred – either at a personal level or changes you have observed in others – as a direct result of you having used one or more of the 'Called to Care' workbooks?"** Ideas from the group brainstorm in each of the three workshops were recorded on post-it notes, but the domains were adapted to: (1) changes that indicated progress towards goal 1 of the 'Called to Care' toolkit project; (2) changes that indicated progress towards goal 2; (3) changes that indicated progress towards goal 3; and finally (4) a fourth sheet of flip-chart paper was used to represent 'any other' changes that did not neatly fit into these domains. In all three workshops, participants had different ideas on which 'change' identified sat within each domain and there was lively debate around this. Some changes were felt to reflect progress against more than one project goal at once.

[27] Byrne, Clodagh (2010); "Assessing the Quality of Life of People Living with and affected by HIV: A Participatory Approach" (CAFOD)

(ii) Personal reflection: adapting the 'batteries'

To assess how an individual's QoL has changed, the "batteries" methodology requires participants to consider their QoL at two or more points in time. To aid this thinking, two or more sets of batteries are compared; one for each point in time. Each battery is divided into levels (1-10 representing low-high energy levels) to help record and measure this thinking. For the 'CtoC' workshops, these batteries were altered to 'ladders' to help visually represent how participants' levels of knowledge, understanding and action had moved up (or down) from before using the 'Called to Care' materials to after (present day). The consultant also made the following addition to the methodology: to help participants make decisions on how far they had 'climbed', they were each asked to state to what extent they agreed or disagreed with various statements (5 per 3 goal areas) both before and after exposure to the materials.

The blank templates that participants were asked to complete are reproduced below (one template per 'Called to Care' goal area.) A breakdown of the results from this exercise (results have been broken down per goal area, and combined for all participants – 27- who took part) then follows. These results are referred to through the 'Impact' section of the evaluation report.

CHANGE AREA 1 ('Understanding')

Workshop:	
Participant's Name:	
How long been using the book(s)?	

Thinking back to <u>before</u> you used the 'Called to Care' workbook(s), please rate how much you agree or disagree with these statements by sticking a dot in the relevant box:

I was easily able to identify Scriptures that spoke positively of HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I believed the Church/FBOs had a role to play in supporting people living with/affected by HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I believed that anyone was vulnerable to HIV infection, regardless of faith or morality

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I believed that faith leaders could be affected by or infected with HIV, just like anyone else

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I thought that HIV was punishment from God for sin

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

ANNEX V: (i) Blank templates of adapted "Batteries" Methodology

Thinking about <u>now</u>, please rate how much you agree or disagree with these statements by sticking a dot in the relevant box:

I am able to identify Scriptures that speak positively about HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I believe the Church/FBOs have a role to play in supporting people living with/affected by HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I believe that anyone is vulnerable to HIV infection, regardless of their faith or morality

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

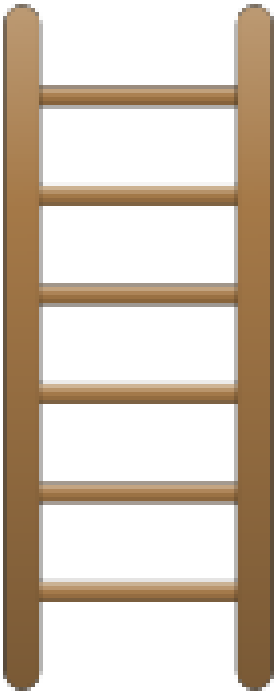
I believe that faith leaders can be affected by or infected with HIV, just like anyone else

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

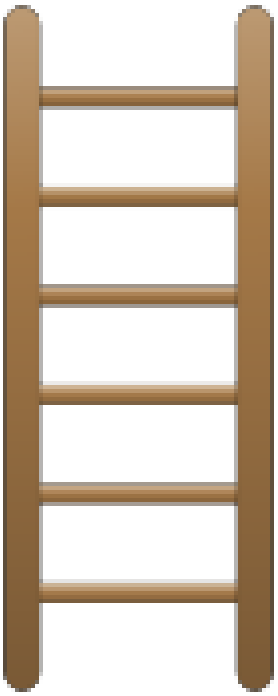
I think that HIV is punishment from God for sin

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

Looking now as your responses ‘before’ using the ‘Called to Care’ books, use a sticky dot to mark on the ladder below to what extent you feel you had a good understanding of the relationship between faith and issues related to HIV BEFORE you used these books. *(1 means ‘a very poor understanding’ and 5 means ‘an excellent understanding’)*



Repeat this exercise to show how great you think your understanding is NOW on the relationship between faith and HIV and AIDS issues:



ANNEX V: (i) Blank templates of adapted “Batteries” Methodology

FINALLY:

Use the box below to include any reasons for this change:

THANK YOU!

CHANGE AREA 2 ('Stigma & Discrimination')

Workshop:	
Participant's Name:	
How long been using the book(s)?	

Thinking back to <u>before</u> you used the 'Called to Care' workbook(s), please rate how much you agree or disagree with these statements by sticking a dot in the relevant box:

I found it very difficult to talk openly about issues related to HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I was fearful of HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I felt that people living with HIV were sinners/ I did not want to associate with them

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I used to openly welcome people living with/affected by HIV into my church/community

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I felt that the Church/FBOs had a role to play in fighting HIV-related stigma and discrimination

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

ANNEX V: (i) Blank templates of adapted "Batteries" Methodology

Thinking about <u>now</u>, please rate how much you agree or disagree with these statements by sticking a dot in the relevant box:

I find it very difficult to talk openly about issues related to HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I am fearful of HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I feel that people living with HIV are sinners/I do not want to associate with them

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

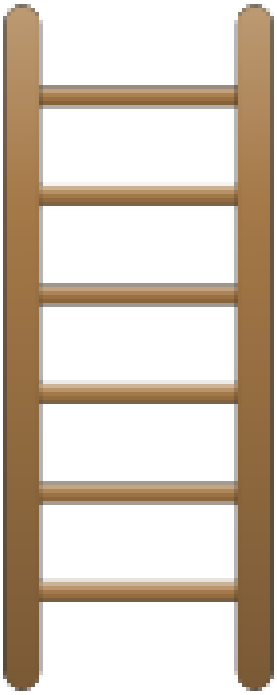
I openly welcome people living with/affected by HIV into my church/community

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

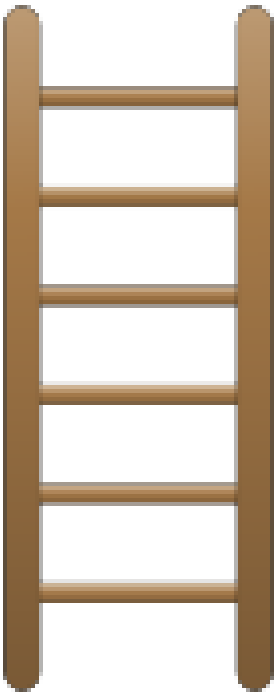
I feel that the Church/FBOs have a role to play in fighting HIV-related stigma and discrimination

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

Looking now as your responses ‘before’ using the ‘Called to Care’ books, use a sticky dot to mark on the ladder below to what extent you feel you openly welcomed people living with HIV BEFORE you used these books. *(1 means ‘not at all’ and 5 means ‘very much so)*



Repeat this exercise to show how welcoming you feel you are NOW towards people living with HIV:



ANNEX V: (i) Blank templates of adapted “Batteries” Methodology

FINALLY:

Use the box below to include any reasons for this change:

THANK YOU!

CHANGE AREA 3 ('Practical church-based actions')

Workshop:	
Participant's Name:	
How long been using the book(s)?	

Thinking back to <u>before</u> you used the 'Called to Care' workbook(s), please rate how much you agree or disagree with these statements by sticking a dot in the relevant box:

I/we had a strategic plan

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I actively included people living with/affected by HIV in the preparation of activities

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I found it easy to write funding proposals

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I organised events or activities within my church/community that reached out to people living with/affected by HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I felt that the Church/FBOs had a role to play in organising events that benefitted people living with/affected by HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

ANNEX V: (i) Blank templates of adapted "Batteries" Methodology

Thinking about <u>now</u>, please rate how much you agree or disagree with these statements by sticking a dot in the relevant box:

I/we have a strategic plan

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I active include people living with/affected by HIV in the preparation of activities

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

I find it easy to write funding proposals

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

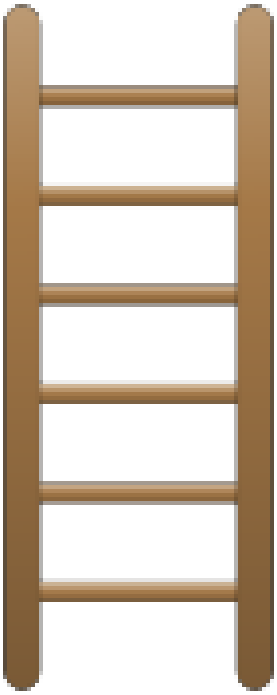
I organise events or activities within my church/community that reach out to people living with/affected by HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

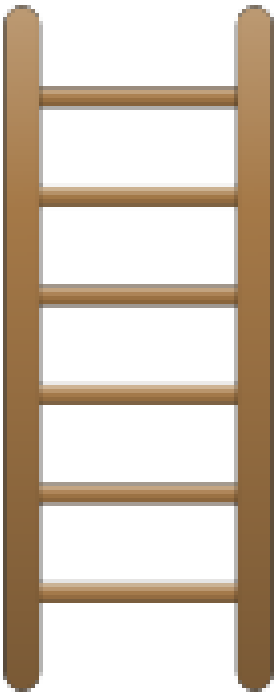
I feel that the Church/FBOs have a role to play in organising events that benefit people living with/affected by HIV

Completely disagree	Disagree	Not sure/prefer not to say	Agree	Completely Agree

Looking now as your responses ‘before’ using the ‘Called to Care’ books, use a sticky dot to mark on the ladder below to what extent you feel you were able to organise and plan events BEFORE you used these books. *(1 means ‘not at all’ and 5 means ‘very much so)*



Repeat this exercise to show how easy and how often you organise Church-based activities that benefit people living with HIV NOW:



ANNEX V: (i) Blank templates of adapted “Batteries” Methodology

FINALLY:

Use the box below to include any reasons for this change:

THANK YOU!

ANNEX V: (ii) Breakdown of results from adapted "Batteries" Methodology (combined for 3 workshops)

Results for Goal 1:

Proxy indicators of impact against project goal 1 - BEFORE 'Called to Care' intervention

1. Were you previously able to identify Scriptures that related to HIV in a positive way?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	0	2	2	7%
I tend to disagree	6	5	1	12	44%
I'm not sure/I neither agree nor disagree	2	2	0	4	15%
I tend to agree	4	0	3	7	26%
I completely agree	2	0	0	2	7%
	14	7	6	27	100%

2. Did you believe that the Church/FBOs had a role to play in supporting PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	0	0	0	0%
I tend to disagree	2	3	2	7	26%
I'm not sure/I neither agree nor disagree	2	0	0	2	7%
I tend to agree	3	4	3	10	37%
I completely agree	7	0	1	8	30%
	14	7	6	27	100%

3. Did you believe that anyone was vulnerable to HIV infection, regardless of their faith or morality?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	0	1	1	4%
I tend to disagree	1	2	1	4	15%
I'm not sure/I neither agree nor disagree	3	0	0	3	11%
I tend to agree	6	3	1	10	37%
I completely agree	4	2	3	9	33%
	14	7	6	27	100%

4. Did you believe that faith leaders could be affected by/infected with HIV, just like anyone else?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	1	2	3	11%
I tend to disagree	3	1	1	5	19%
I'm not sure/I neither agree nor disagree	2	1	1	4	15%
I tend to agree	5	4	1	10	37%
I completely agree	4	0	1	5	19%
	14	7	6	27	100%

5. Did you think HIV was a sin?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	3	0	1	4	15%
I tend to disagree	1	2	0	3	11%
I'm not sure/I neither agree nor disagree	4	1	1	6	22%
I tend to agree	6	4	2	12	44%
I completely agree	0	0	2	2	7%
	14	7	6	27	100%

Proxy indicators of impact against project goal 1 - AFTER 'Called to Care' intervention

1. Are you now able to identify Scriptures that relate to HIV in a positive way?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-7%
I tend to disagree	0	0	0	0	0%	-44%
I'm not sure/I neither agree nor disagree	1	0	0	1	4%	-11%
I tend to agree	5	3	3	11	41%	15%
I completely agree	8	4	3	15	56%	48%
	14	7	6	27	100%	

2. Do you believe that the Church/FBOs have a role to play in supporting PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	0%
I tend to disagree	0	0	0	0	0%	-26%
I'm not sure/I neither agree nor disagree	0	0	0	0	0%	-7%
I tend to agree	2	3	0	5	19%	-19%
I completely agree	12	4	6	22	81%	52%
	14	7	6	27	100%	

3. Do you believe that anyone is vulnerable to HIV infection, regardless of their faith or morality?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-4%
I tend to disagree	0	0	0	0	0%	-15%
I'm not sure/I neither agree nor disagree	0	0	0	0	0%	-11%
I tend to agree	3	3	1	7	26%	-11%
I completely agree	11	4	5	20	74%	41%
	14	7	6	27	100%	

4. Do you believe that faith leaders can be affected by/infected with HIV, just like anyone else?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-11%
I tend to disagree	0	0	0	0	0%	-19%
I'm not sure/I neither agree nor disagree	0	0	0	0	0%	-15%
I tend to agree	3	1	1	5	19%	-19%
I completely agree	11	6	5	22	81%	63%
	14	7	6	27	100%	Goal

5. Do you think HIV is a sin?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	6	4	5	15	56%	41%
I tend to disagree	3	2	1	6	22%	11%
I'm not sure/I neither agree nor disagree	2	0	0	2	7%	-15%
I tend to agree	2	1	0	3	11%	-33%
I completely agree	1	0	0	1	4%	-4%
	14	7	6	27	100%	

ANNEX V: (ii) Breakdown of results from adapted "Batteries" Methodology (combined for 3 workshops)

Results for Goal 2:

Proxy indicators of impact against project goal 2 - BEFORE 'Called to Care' intervention

1. Did you find it very difficult to talk openly about issues related to HIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	0	0	0	0%
I tend to disagree	3	0	2	5	19%
I'm not sure/I neither agree nor disagree	2	3	0	5	19%
I tend to agree	9	4	4	17	63%
I completely agree	0	0	0	0	0%
	14	7	6	27	100%

2. Were you previously fearful of HIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	0	0	0	0%
I tend to disagree	2	0	2	4	15%
I'm not sure/I neither agree nor disagree	3	1	0	4	15%
I tend to agree	7	5	1	13	48%
I completely agree	2	1	3	6	22%
	14	7	6	27	100%

3. Did you feel that people living with HIV were sinners/you did not want to associate with PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	1	1	0	2	7%
I tend to disagree	2	1	2	5	19%
I'm not sure/I neither agree nor disagree	4	0	0	4	15%
I tend to agree	4	4	3	11	41%
I completely agree	3	1	1	5	19%
	14	7	6	27	100%

4. Did you previously welcome people living with HIV openly in your Church/community?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	0	0	0	0%
I tend to disagree	3	3	2	8	30%
I'm not sure/I neither agree nor disagree	4	1	1	6	22%
I tend to agree	3	2	3	8	30%
I completely agree	4	1	0	5	19%
	14	7	6	27	100%

5. Did you previously feel that the Church/FBOs had a role to play in fighting HIV-related S&D?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	0	2	2	7%
I tend to disagree	3	2	0	5	19%
I'm not sure/I neither agree nor disagree	3	3	1	7	26%
I tend to agree	4	1	2	7	26%
I completely agree	4	1	1	6	22%
	14	7	6	27	100%

Proxy indicators of impact against project goal 2 - AFTER 'Called to Care' intervention

1. Do you find it very difficult to talk openly about issues related to HIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	9	3	3	15	56%	56%
I tend to disagree	4	3	2	9	33%	15%
I'm not sure/I neither agree nor disagree	0	0	0	0	0%	-19%
I tend to agree	1	1	0	2	7%	-56%
I completely agree	0	0	1	1	4%	4%
	14	7	6	27	100%	

2. Are you now fearful of HIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	6	2	2	10	37%	37%
I tend to disagree	6	2	3	11	41%	26%
I'm not sure/I neither agree nor disagree	0	3	0	3	11%	-4%
I tend to agree	1	0	0	1	4%	-44%
I completely agree	1	0	1	2	7%	-15%
	14	7	6	27	100%	

3. Do you feel that people living with HIV are sinners/that you do not want to associate with PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	9	5	5	19	70%	63%
I tend to disagree	4	2	1	7	26%	7%
I'm not sure/I neither agree nor disagree	0	0	0	0	0%	-15%
I tend to agree	1	0	0	1	4%	-37%
I completely agree	0	0	0	0	0%	-19%
	14	7	6	27	100%	

4. Do you now welcome people living with HIV openly in your Church/community?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	1	1	4%	4%
I tend to disagree	1	0	0	1	4%	-26%
I'm not sure/I neither agree nor disagree	0	0	0	0	0%	-22%
I tend to agree	2	2	2	6	22%	-7%
I completely agree	11	5	3	19	70%	52%
	14	7	6	27	100%	

5. Do you feel that the Church/FBOs have a role to play in fighting HIV-related S&D?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	1	1	4%	-4%
I tend to disagree	1	0	0	1	4%	-15%
I'm not sure/I neither agree nor disagree	0	0	0	0	0%	-26%
I tend to agree	1	3	1	5	19%	-7%
I completely agree	12	4	4	20	74%	52%
	14	7	6	27	100%	

ANNEX V: (ii) Breakdown of results from adapted "Batteries" Methodology (combined for 3 workshops)

Results for Goal 3:

Proxy indicators of impact against project goal 3 - BEFORE 'Called to Care' intervention

1. Did you previously have a strategic plan?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	4	2	4	10	37%
I tend to disagree	2	2	0	4	15%
I'm not sure/I neither agree nor disagree	4	1	0	5	19%
I tend to agree	3	2	2	7	26%
I completely agree	1	0	0	1	4%
	14	7	6	27	100%

2. Did you previously actively include people living with HIV in the preparation of activities?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	2	0	2	4	15%
I tend to disagree	2	3	2	7	26%
I'm not sure/I neither agree nor disagree	6	4	0	10	37%
I tend to agree	4	0	1	5	19%
I completely agree	0	0	1	1	4%
	14	7	6	27	100%

3. Did you previously find it easy to write funding proposals?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	0	3	3	6	22%
I tend to disagree	4	3	1	8	30%
I'm not sure/I neither agree nor disagree	6	1	0	7	26%
I tend to agree	2	0	2	4	15%
I completely agree	2	0	0	2	7%
	14	7	6	27	100%

4. Did you previously organise events/activities in Church/community that reached out to PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	1	1	4	6	22%
I tend to disagree	3	4	0	7	26%
I'm not sure/I neither agree nor disagree	3	1	0	4	15%
I tend to agree	5	1	1	7	26%
I completely agree	2	0	1	3	11%
	14	7	6	27	100%

5. Did you feel that the Church/FBOs had a role to play in organising events benefitting PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%
I completely disagree	1	1	2	4	15%
I tend to disagree	2	2	2	6	22%
I'm not sure/I neither agree nor disagree	5	2	0	7	26%
I tend to agree	4	1	2	7	26%
I completely agree	2	1	0	3	11%
	14	7	6	27	100%

Proxy indicators of impact against project goal 3 - AFTER 'Called to Care' intervention

1. Do you now have a strategic plan?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-37%
I tend to disagree	1	0	0	1	4%	-11%
I'm not sure/I neither agree nor disagree	2	1	0	3	11%	-7%
I tend to agree	4	4	2	10	37%	11%
I completely agree	7	2	4	13	48%	44%
	14	7	6	27	100%	

2. Do you now actively include people living with HIV in the preparation of activities?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-15%
I tend to disagree	1	0	0	1	4%	-22%
I'm not sure/I neither agree nor disagree	1	0	0	1	4%	-33%
I tend to agree	6	5	3	14	52%	33%
I completely agree	6	2	3	11	41%	37%
	14	7	6	27	100%	

3. Do you find it easy to write funding proposals?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-22%
I tend to disagree	0	1	1	2	7%	-22%
I'm not sure/I neither agree nor disagree	3	2	1	6	22%	-4%
I tend to agree	6	3	2	11	41%	26%
I completely agree	5	1	2	8	30%	22%
	14	7	6	27	100%	

4. Do you now organise events/activities in Church/community that reach out to PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-22%
I tend to disagree	0	0	0	0	0%	-26%
I'm not sure/I neither agree nor disagree	2	0	0	2	7%	-7%
I tend to agree	4	2	4	10	37%	11%
I completely agree	8	5	2	15	56%	44%
	14	7	6	27	100%	

5. Do you feel that the Church/FBOs have a role to play in organising events benefitting PWHIV?

	Lilongwe	Blantyre	Balaka	TOTAL	%	% change
I completely disagree	0	0	0	0	0%	-15%
I tend to disagree	0	0	0	0	0%	-22%
I'm not sure/I neither agree nor disagree	2	0	0	2	7%	-19%
I tend to agree	2	2	1	5	19%	-7%
I completely agree	10	5	5	20	74%	63%
	14	7	6	27	100%	

Annex VI: Methodology & summary of discussions from workshops in Lilongwe, Blantyre and Balaka, Malawi

Summary of discussions in Lilongwe workshop (14 participants)

Group Brainstorm

When asked to reflect "what changes have you seen since you have been using the 'Called to Care' books?" participants in the Lilongwe workshop wrote down individual responses confidentially onto sticky notes. The consultant then explained the 3 goals of the project to the participants. The consultant read aloud each of the answers to the group who worked together to group theses answers according to whether they demonstrated change(s) against one or more of these goals. Participants found it difficult to assign some of the changes to one goal, since there is overlap between the goal areas – but the following groupings were decided upon:

Goal 1:

- "Acceptance on the social impact on HIV."
- "Rich in HIV/AIDS knowledge and skills."
- "My knowledge has increased and I carry out my project well."
- "The group I am leading is able to deliver messages of HIV/AIDS properly."
- "My training skills are now boosted up with the great knowledge I read from the books."

Goal 2:

- "Moved that pastors can openly disclose their sero status e.g. Pastor (sic) Gideon of Uganda – that was my first time to read about it."
- "Many people whom I have trained are geared to encourage their behaviours to the people who are found HIV positive in terms of: stigma, discrimination, judging."
- "Through these books I have also learnt that stigma can kill faster than HIV/AIDS itself."
- "The community responds positively to the project of fighting against HIV."
- "People living with AIDS able to speak openly on their status."
- "Church: Preachers delivering non judgemental messages (PLWHAs). Churches accepting doing something on HIV/AIDS work."

Goal 3:

- "Change on me: use of art has become a powerful resource in meeting my trainees and counselees emotional needs."
- "Organisation workplace: mainstreamed in programmes that already exist."
- "In my community: before I began to use the toolkit, I had no idea on how I can get my community together and work together in the fight. But now I am able to see a lot of change in number of families and their way of life."
- "I have chosen to dedicate much of my energy spreading the Called to Care messages to any setup, starting with Church setup."
- "At first I did not know how to help others to help others. But with the Called to Care, I am now able to facilitate programmes to help others to help others on HIV/AIDS."
- "Got inspired by the series and went for couple VCT."

- "Change to my institution: through the books I have influenced colleagues to adopt HIV testing at the end of our trainings."

Other:

- "I am convinced that when you are found HIV positive it is good to speak it to the public."
- "I need to have DVDs for the same so they should complement, supplement print materials."

Small group discussions on the 3 goal areas

After using the "Batteries" Methodology (see Annex V for explanation and breakdown of results), participants were organised into three small groups of 4-5 people per group. The consultant deliberately mixed the groups so that participants who had used different materials, for different lengths of time and/or using different approaches had the opportunity to work together and learn from one another's experiences. Groups were asked to reflect on any changes they had either encountered in relation to goal 1 & 2– either changes in themselves or changed they had observed in others – and to note down any 'stories of change.' The groups then nominated one speaker to report back to the wider group. The same exercise was repeated for goal 3 (although groups were mixed up again).

The following is the feedback written on flip charts (reproduced here word for word). Discussions were had around this feedback and key 'stories of change' discussed in more depth (and some recorded).

Small group feedback on goals 1 and 2:

Group 1:
Stigma + discrimination reducing PLWH are being accepted (Time to talk) PLWHs are being used as change agents (Community Action) Couple counselling for HIV has been taken unlike before when we spiritualised faith & HIV (Time to Talk & DVD Canon Gideon) Reality & simplicity in practicality of relating scripture to HIV. Easy to read, use. (Call to Me + My Life Starting Now + Pastoral Action)
Group 2:
I. There was a great sense of misunderstanding and misinterpretations about HIV/AIDS. Results: a Stigma & discrimination b Self-righteousness But now – more understanding – more acceptance – more sense of care II. Through the CtC series, we have gained more understanding and confidence to live a productive and recognisable life – where we are able to help <u>ourselves</u> see our role in the problem and help <u>others to see their</u> role in the problem. This has been so through books like: a Positive Voices (Vol 1), b Time to Talk (Vol 3), c Child Within (Vol 8) Testimony of a girl and her family in Chilumba – tested +ve - chased from home (hopeless, lonely) - counselled – using vol. 8 skills - Accepted (returned to hope and acceptance)
Group 3:
Through bok 1 wich is positive voices we learn the following: - People and us we are not afraid of voicing out the sero status - We are able to translate HIV into a better way of achieving God's purpose for human society - Now we have admit our ignorance and create room for caring, loving and supporting

people living with HIV
- And many more

Making it Happen
- This book has helped us in writing proposals and managing HIV programmes
- And how to write a report to donors
- It helps us to generate ideas and solve them

Pastoral Action
- This has helped our pastors to create a room for HIV/AIDS programmes in different churches
- Stigma and discrimination reduction in our churches/Muslims
- Pastors are also taking part in caring the sick people within the church and their communities

The Child Within
- Making stories of encouraging vulnerable children
- Gosping reduction among the vulnerable children – and who are staying with their parents

My Life Starting from Now
- No fear living positve
- God loves me for being me Salimo 139 v 13-14

Small group feedback on goal 3:

Group 1 feedback:
Book 2 "Making it Happen" 1. Partnership with government e.g. DAC 2. Workshops made with element of gender, HIV 3. We are made to create more Income Generating Activities e.g. vegetable gardens 4. Motivated so much that I intend to persuade the Church leadership to incorporate HIV issues in the strategic plan 5. After training youths, they have formed youth groups where they discuss HIV and sexuality
Group 2 feedback:
1. The book helped in the development of a proposal which was funded (book 2) - Guidelines were adopted from the book in the development of the proposal 2. Managed to establish an HIV action group 3. Helped in establishment of IGAs within the groups 4. The trainings conducted using the books motivated participants to take action by establishing church committees aiming at HIV issues
Group 3 feedback:
- Establishment of Bible Study group for the youth (from the book "Child Within" and "My Life Starting Now") - Establishment of IGA for the youth in primary school as well as secondary schools (from "Making it Happen") - Establishment of village savings and loans associations - Establishment of permaculture clubs (both from "Making it Happen') - Inclusion of church activities relating to HIV e.g. visiting the sick, helping the orphans - Parenting session for families (from "Time to Talk") - Establishment of HIV training session done by the villagers themselves using the materials ("Making it Happen.")

Summary of discussions in Blantyre workshop (7 participants)

Group Brainstorm

When asked to reflect "what changes have you seen since you have been using the Called to Care books?" participants in the Blantyre workshop wrote down individual responses confidentially onto sticky notes. The consultant then explained the 3 goals of the project to the participants. The consultant read aloud each of the answers to the group who worked together to group theses answers according to whether they demonstrated change(s) against one or more of these goals. As in Lilongwe, participants found it difficult to assign some of the changes to one goal, since there is overlap between the goal areas – but the following groupings were decided upon:

Goal 1:

- "HIV is not far from us."
- "Before, the theological aspect was really difficult."
- "System of convincing someone who is in worries."

Goal 2:

- "The books have given me hope on living positively with HIV/AIDS."
- "Communities: Most people know the goodness of living positive (knowing their status). I said to them 'there is life after tested and found HIV positive."
- "Community: PLWHA support groups living positively with hope of life."
- "Changed my fears on HIV/AIDS."

Goal 3:

- "Am able to develop a project proposal on my own."
- "Changes brought to me by Called to Care books: they have given me passion to train my congregation in the cruel reality of HIV/AIDS and encourage them to live positively."
- "Youths able to make their plan/goal of their life."
- "Am able to manage HIV/AIDS programmes in our organisation."
- "Change on people's attitudes: More participants attending our trainings ask for HIV testing and now it has become a routine to have testing kits during my trainings (this wasn't there before.)"
- "These books have helped me so much in leading discussions."
- "To my side: Am happy because I have been tested and I know my sero status, even my fellow friends and family. Am one step forward to encourage some communities to go for VCT."

Other:

- "Translate books from English to Chichewa."
- "[A challenge is] lack of standardised approach to facilitation."

Small group discussions on the 3 goal areas

Finally, participants were organised into two small groups (one group of 3 people, one of 4 people). The consultant deliberately mixed the groups so that participants who had used different materials, for different lengths of time and/or using different approaches had the opportunity to work together and learn from one another's experiences. Groups were asked to reflect on any changes they had either encountered in relation to goal 1 – either changes in themselves or changed they had observed in others – and to note down any 'stories of change.' The groups then nominated one speaker to report back to the wider group. Groups were re-arranged for discussions on goal 2. Changes against goal 3 were discussed as a large group, as preferred by the participants.

The following written feedback was received on flip charts around goals 1 and 2 (reproduced here word for word – except for participants' names, which have been removed for confidentiality reasons). Discussions were had around this feedback, and key 'stories of change' discussed in more depth (and some recorded).

Small group feedback on goal 1:

Group 1 feedback:
1. The theological aspect at first was really difficult, because we thought HIV was as a result of sin. 2. It lead (sic) to more stigma, because people were not able to express how they got HIV. CHANGES: 3. The casestudies (sic) in the books explains more on HIV and the biblical context again relate to this using some verses. 4. The books tell us that we are not far from HIV, regardless of faith or morality.
Group 2 feedback:
- After tested + had self stigma but now dealt: - able to share with religious leaders without fear - State functions - facilitate to faith based org. & others - Societal stigma reduced. People access HTC & able to go for couple counselling - Testimony available - Women encouraged through PMTCT

Small group feedback on goal 2:

Group 1 feedback:
Eagles Relief equiped (sic) by Gilbert ready to welcome him after being stigmatised by his own. [Name of participant] have even learnt something on his cancer situation
Group 2 feedback:
1. Due to Positive Voices has helped to break the silence and stigma – <u>story of a pastor</u> 2. Through Called to Care materials, we have built a HIV competent church

Wider group discussions on goal 3:

"Because of the nature of the ministry of work we do, people have to choose which book should I use. It will depend; there is, like, dealing with orphans…" (Reverend)

"Facilitation is also a skill, that needs to be parted to them, so that you are no longer the same person coming over and over again. If we pass it on, we know that you have so many team.." (Reverend)

"Just pick the book and see which part it is applicable to what you want to do that day." (Pastor)

"I think the idea of linking…can come maybe after the meeting, because I have never been in a meeting like this one before. So everybody was kind of just doing according to what they think can be done at that time…so, it would be welcome." (Pastor)

Summary of discussions in Balaka workshop
(6 participants – all religious leaders)

Group Brainstorm

When asked to reflect "what changes have you seen since you have been using the Called to Care books?" participants in the Balaka workshop share verbally their responses (not all participants were able to write in English). The consultant then explained the 3 goals of the project to the participants and the group decided together how to group theses answers according to whether they demonstrated change(s) against one or more of these goals. As in Lilongwe and Balaka, participants found it difficult to assign some of the changes to one goal, since there is overlap between the goal areas – but the following groupings were decided upon:

Goal 1:

- "Lack of knowledge is the same as being dead."
- "Before, I thought there were certain groups exempt from HIV."
- "Luke 15: now feel we can associate with anybody."
- "Before it was very easy to find Scriptures talking of judgement (i.e. Deuteronomy 28 (15-28)."

Goal 2:

- "Breaking the silence, living positively."
- "The Church is there to give hope."
-

Goal 3:

- "Books have helped to break taboos/challenged traditional customs and practices (wife cleansing, not having sex during menstruation, wide inheritance)"
- "These books are guides: we know where we are going."
- "I am now able to have a strategic plan."
- "We approach people positively."
- "Helped me to encourage the Church that it is very good to assist those who were suffering."

Discussions on the 3 goal areas

Since there were only 6 participants in this workshop, it was not considered feasible to organise participants into small working groups, as had been done in Lilongwe and Blantyre. Instead, participants were asked as a group to reflect on any changes they had either encountered in relation to the 3 goal areas – either changes in themselves or changed they had observed in others – and to recount any 'stories of change.' The following feedback was recorded by the consultant on flip charts during the workshop:

Wider group discussions on goal 1:

"It is the role of the Church, because the Church is also affected one way or another: if a person dies, that also means the Church has lost a member – the Church must take a step."

"Now: we are taking HIV/AIDS as any other disease. Before: It was just because God commanded us to love them. Welcoming people living with HIV into the Church was a commandment from God so we pretended all was OK. But this was a pretence, an obligation. Now we welcome PWHIV."

"Before it was difficult to talk about HIV in the Church (a "worry") but now I am free to talk about HIV in the Church."

"Now it is easy to identify positive Scriptures: Psalms 103 (3); Luke 10 (30:37)."

Wider group discussions on goal 2:

"AIDS is real: we need to meet the real people and understand the real situation."

"Before, HIV diagnosis was seen as a death sentence. Now, ART and knowledge is helping to dispel fear."

"Before, at gatherings, we felt that PWHIV should eat separately. But now we feel differently: PWHIV are welcome in the Church and we pray together."

Wider group discussions on goal 3:

"Book 7: Matthew 25 – Care and support and encouraging the Church to take care of those living with HIV."

"More PWHIV coming forward and disclosing their status to pastors and also being involved in committees."

"Now in our church committees we include PWHIV so they can contribute ideas. Many more people coming out as HIV positive whereas before we were ashamed."

"HIV is now being discussed more in existing Bible study groups: now using these groups as a forum for discussing HIV."

"Before: No strategic planning. Now I know what I am doing. These books are like tools."

General observations:

"In Africa, most people go to church on a Sunday and go together [man and wife] so it's a good opportunity to learn together."

"I have been using the books as manuals and taking from them what I need. But when you are trained, it can take you to a different platform to pass on the information."

"The books have been so practical to accommodate those living with HIV more than ever before."

"The Church is a force to be reckoned with. A pastor is somebody who has the word from God."

Annex VII: Methodology & summary of discussions from workshops in Nairobi, Kenya and Kampala, Uganda

It was only possible to use the "Batteries" methodology (see Annex V) in three out of the five workshops (those held in Lilongwe, Blantyre and with the pastors in Balaka) since these were the only occasions when the consultant had sufficient time and opportunity to use it.

In the workshop held in Nairobi, Kenya, time was too limited for this methodology and in Uganda participants did not have sufficient knowledge of experience of having the used the 'Called to Care' materials for this methodology to be feasible. Instead, these two workshops focused more heavily on assessing 'process'. The consultant developed a set of indicators to assess this. These were written on to flip chart paper and participants requested to personally reflect on these and to write down their reflections on sticky notes, which they were asked to place on the flip chart paper under the relevant headings. The consultant then shared with the wider group the answers that the group had given and highlighted those that were most common. Group-based discussions were then facilitated on these themes.

The tables below provide a summary of the questions asked of participants in these two workshops and a summary of the individual written responses provided on sticky notes.

ANNEX VII (i): Methodology used during workshop in Nairobi, Kenya

Summary of questions and responses – Workshop in Nairobi, Kenya (21st March 2011)

(see Annex III for list of workshop participants)

'Process' indicators:

Who do you think these materials are mainly aimed at?	Which target groups have you mainly used these materials with?	In what setting (where) have you mainly use the materials?	How (what methods) have you used the materials?	How would you describe the reaction(s) of the group(s)?	Have you received any feedback from target group(s) on the materials?
• "Bk 5: Community congregational members." • "Bk 4: Pastors, church leaders, trainers." • "Bk 4: Church groups, Christian individuals." • "Bk 1: (i) married couples, (ii) infected persons." • "Bk 2: Church members, youths and community members." • "Bk 1: Youth, those living with HIV/AIDS AND those not. Elderly people." • "Bk 3: HIV/AIDS trainers; Church ministers involved in HIV/AIDS; Community focal persons/elders."	• "Bk 3: Women." • "Bk 1: I have used the book in training religious leaders and members of support groups in combating HIV and AIDS-related stigma." • "Bk 1: Church organisations, schools, most organisations are gender-based (women.)" • "Bk 4: AIDS Educators – being distributed to Christian workers." • "Bk 5: Congregational members, youths, women." • "Bk 1: Religious leaders; Bk 2: Religious leaders to cascade information to those supporting them; Bk 4: RLs."	• "Bk 1: Groups – getting them in groups of 20 sand discussing with them the details." • "Bk 1: Distributing to youths in meetings and workshops; Using teachers mainly from secondary schools to educate teenagers." • "Bk 5: Used in Church set-ups, women and youth groups, meeting forums, schools." • "In trainings." • "Bk 4: In Church and conference forums." • "Bks 4 & 5: Seminars, welfare groups, small house-based groups." • "Bk 1: Forums aimed at SSDDIM."	• "Bk 4: Facilitating and then distributing to them. Reading together." • "Bk 5: Distributing to participants & going through together." • "Bk 1: (i) Lecturing, (ii) lending some of the members to use and discussing the issues later" • "As a resource for my team (presenting AIDS info in cultural and easy way.)" • "Book 1: Notes from it; reading in small groups; giving out copies to religious leaders." • "Book 1: Reading the story to them, interpreting in my local language." • "Book 1: Introduced to RLs and allowed them to use the information and give feedback."	• "Bks 4 & 5: Most people have expressed confidence, joy and mental renewal after going through the books." • "Bk 1: Participants receptive; asked for own copies; it was an eye-opening experience." • "Bk 4: Very excited and pleased." • "Bk 4: Very positive and informing." • "Bk 1: very helpful, simple & practical. Book 2: Simple tool for support at congregational planning."	• "Easy to understand, size is OK." • "Language is simple and user friendly. Bk 2 very simple and to the point." • "Bk 1: Format and size is ideal, content well researched, Bible references are thought-provoking." • "Bk 5: There has been positive feedback: information as power." • "Bk 7: Simple language, size is okay." • "Bks 4 & 5: Yes, people say the books are well thought and written." • "Bk 4: Content, language, size – OK. Time: challenging."

ANNEX VII (i): Methodology used during workshop in Nairobi, Kenya

'Impact' indicators:

What do you think are the main issues affecting the target communities/groups?	Why do you think these are the main issues?	Which of the issues identified have the CtoC materials helped you to address?	How (what means) can/do you currently address these issues?	Thinking about when you have used the materials as an additional tool…how has it helped you to address issues more effectively?	Thinking back to before you received/used the materials…what changes have you seen as a result of using these materials?
• "Books 4 & 5: Fear; stigmatisation; rejection at both family & community level; ignorance." • "Book 8: Parents do not know what to say, nobody tells us anything ("Adolescents")" • "Book 1: denial; lack of accurate information." • "Poverty & semi-literacy; stigmatization and discrimination." • "Wrong/inaccurate information about HIV/AIDS; reckless behaviour; fear of stigma." • "Unemployment; gender discrimination; age/peer pressure; teenage pregnancies; stress & depression." • "How can the Church respond positively to the AIDS epidemic?" • "Marriage breakups."	• "Lack of enough capacity building; wrong theology." • "HIV is associated with sin; immorality/shame/ • blame; curse; witchcraft." • "Not many people willing to share about the HIV status. Church leaders propagating myths on HIV & AIDS; levels of stigma are high." • "Many are illiterate in the rural areas." • "Bk 8: Lack of knowledge/information on body changes." • "People have wrong interpretation due to inaccessibility of correct information."	• "Those living with HIV have learned how to plan ahead and achieve their goals." • "Coping with self & enacted stigma; giving HIV a human face; accessing available services; low mortality rates." • "Bk 8: This book is specific on the changes in the body." • "Christians can also be HIV positive; correct info reduces fear; how to take practical action; Biblical mandate to act." • "Book 1 helped reduce SSDDIM; 'Pastoral Action' has helped shape sermons." • "Social acceptance."	• "Counselling; anti-stigmatising messages from the pulpit; other trainings." • "Government strategy – helps in refocusing of M&E and national level directions." • "Watching the 'What can I do?' video; visiting members at home or workplace." • "Bible stories." • "Informal meetings; home visits; group therapies; communication-phone/mail."	• "The impact of these books to my life is to make sure I educate as many people in the society as possible." • "Info provided to target group written within culture; great and well thought out resources so enabling more impact & action." • "Methodology used in these books makes it easy to focus closely on issues." • "The book has real life stories from persons affected by HIV and this gives a human face to HIV."	• "Content of training deeper so great change in attitude." • "Happiness in the families; happy reunion." • "They have helped bring out discussions on issues which would otherwise be difficult to deal with – SRHR, GBV." • "Helped RLs draw non-stigmatising sermons." • "The community is more receptive than before. Many go for VCT. Gradual behaviour change." • "Bks 4 & 5: People are open to discuss issues." • "Bks 1-3 Community participation has been bolstered." • "Less questions."

ANNEX VII (ii): Methodology used during workshop in Kampala, Uganda

Summary of questions and responses – Workshop in Kampala, Uganda (31st May 2011)

(see Annex III for list of workshop participants)

'Process' indicators:

Who do you think these books are mainly aimed at?	Which target groups would you use these book with?	In what setting (where) would you use the books?	How (what methods) would you use the books?
• "Faith-based leaders"/ "Religious leader (Church leaders)" • "The small group leaders in faith organisations" • Elderly people • "They are aimed for the community" "Community members" • PWHIV • NGOs, CBOs, FBOs • Youth/youth groups • "The project coordinators/Parish Priests" • "All caregivers of PWHIV" • "Families" • "To an extent, political leaders" • "To all Church leaders, all Priests, lay leaders, youth leaders and volunteers who work to bring change to the community." • "These books are aimed at assisting the Church leaders and volunteers who have the heart of helping."	• "I think the younger people" • "Church leaders, community-based organisations, youth and hospitals." • "Faith leaders, youth, opinion leaders and ToTs" • "Everybody" • "Youth leaders in Church" • "[I would] use Book 2 to target: staff for project and women group (Christian women, Mothers group)" • "The congregations in: Churches, schools, homes, Department Heads." • "I would like to use this book with the Executive members that make decisions for the Church to run the HIV/AIDS program." • "Old people and the youth, teenagers and adolescents." • "Church leaders, youths, PWHIV and Government leaders."	• "Organised groups like Fellowships in the Church" • "Youth meetings/organise a sermon for Church service/students." • "To all levels in the Church structure." • "In the Church in various group members e.g. Mothers' Union, Fathers' Union." • "The setting in which the book can be used: schools, Church, family" • "This book can be best used by selected members of the Church who have knowledge about planning and Team of Clergy." • "To be used in workshops, fellowships, group meetings." • ""Local Churches, schools, home study groups, road side."	• "Establish appropriate systems and do workshops. Integrate the ideas into sermons/teachings." • "Give Church leaders to read through and then teach others. Make photocopies of some pages and distribute them during training sessions." • "What kind of procedure? People can read the books themselves. Fellowships at Church." • "Through teaching and having workshops or seminars with the people who are HIV positive." • "Methods of usage: photocopy training manuals; formulate drama participation from them; workshop sessions." • "Short forums in schools/institutions; half-day sensitisation training; 2-3 days capacity building workshop for Book 2."

ANNEX VII (ii): Methodology used during workshop in Kampala, Uganda

'Impact' indicators:

What do you think are the main issues affecting the target communities/groups?	Why do you think these are the main issues?	Which of the issues identified might the CtC books help you to address?	How (what means) do you currently address these issues?	What changes do you expect to see?
• "Problems that affect these groups: poverty, language barriers, rejection." • "Making up time to attend trainings, getting funds to facilitate." • "HIV transmission and the importance of VCT" • Concerning HIV: peer group with young people and mistrust with married people." • "Poor culture to read and internalise and later use the books." • "Volunteerism is falling away: now people ask for facilitation." • "Lack of senstitisation." • "Illiteracy, lack of sufficient information, poverty therefore can't fundraise for any project." • "Lack of interest."	• "Lack of jobs (unemployment), lack of education, chronic diseases that drain the family." • "People already have many commitments at Church, home and work." • "Lack of education, lack of compassion." • "Literature is not adhered to, without volunteers these books CANNOT be well disseminated and later used!" • "Lack of enough materials required to sensitise people about their health; over congestion resulting to sexual immorality like prostitution." • "Lack of sustainable plans for the projects."	• "How to write a funding proposal." • "Poverty - through writing project proposals to funders." • "Regular training and monitoring and evaluation." • "Planning, sustaining of the projects." • "Financial planning, partnership and networking with assisting partners in CtC, oriented support from Church structures." • "Proposal write up, needs assessment." • "Skills building to people, writing proposal."	• "Drama shows, using songs that speak about HIV/AIDS, integrating HIV/AIDS messages into sermons." • "Sensitising people through seminars, teach on Sunday to the congregation, drama to the community." • Including the ideas in the sermon and teachings." • "Currently using: skills building to people, developing IEC, community sensitisation." • "Youth CBOs for supplementation, religious leader/Church, dramas, IEC materials."	• "A more vibrant." • "Behaviour change among the community." • "People who have learnt will be able to change their sex behaviours. The infected will be able to live positive living methods." • "Sustainability, de-stigmatisation." • "Co-operation among members, positive living among members." • "Change in attitudes about life – living confidently/positively with HIV/AIDS." • "Openness about people's HIV status, people becoming more creative while disseminating health messages."