

Strategies for Hope Trust



An Evaluation of the 'Called to Care' Toolkit Project

*Assessing achievement made towards project
goals over the period 2005-2011*

SUMMARY

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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.

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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.

Please note that this is a summary of the evaluation report of the 'Called to Care' project. For a copy of the full report please contact the Strategies for Hope Trust at the above address.

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 into 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. 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.
- **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.

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