

FBOs:

A Matter of Faith



SECTION 5

FBOs: A Matter of Faith

“Right from the beginning of the HIV/AIDS crisis, local communities have been at the very forefront of caring for those affected by HIV/AIDS. Faith-based organizations are rooted in local structures and are therefore in an excellent position to mobilize communities to respond to the HIV/AIDS crisis. In many cases, religious organizations and people of faith have been among the first to respond to the basic needs of people affected by the disease, and indeed have pioneered much of the community-based work.”

Statement by FBOs attending UNGASS in 2001

This collection of stories and experiences features faith-based organizations (FBOs), which are vitally important to the response to HIV/AIDS at the community level. FBOs are sometimes the most respected and stable organizations operating in resource-constrained settings, and they often provide a range of essential health and social services in addition to attending to the spiritual needs of their communities. Given that FBOs and leaders are esteemed and trusted by the communities they serve, they are also in a unique position to confront and speak out against the stigma and discrimination surrounding HIV/AIDS and to appeal to values of care and compassion.

At the same time, the nature of HIV/AIDS has posed a major challenge for communities of faith. The HIV/AIDS pandemic touches on several issues that are central to religion and faith, including sexuality; the family; death, dying, and the afterlife; caring and compassion; morality; and the meaning of life and faith itself. The ways in which FBOs approach these sensitive issues can serve as examples for other advocacy groups.

As with the advocacy approaches that originate from women’s groups and PLWHA associations, advocacy within the faith-based sector begins with the experiences, values, and institutions of a particular community of faith. Accordingly, faith-based approaches to HIV/AIDS issues can be extremely diverse and range, for example, from improving life skills and HIV prevention awareness among youth to strengthening home-based care efforts to denouncing attitudes that stigmatize or condemn those affected by HIV/AIDS.

Organizations—such as the **Islamic Medical Association of Uganda** (IMAU), **The Balm In Gilead** of New York City, and **Wat Norea Peaceful Children** (NPC) based in Cambodia—are demonstrating how FBOs are playing a leading role in addressing the HIV/AIDS pandemic across the globe. Representing Muslim, Christian, and Buddhist faiths, they have found a way to ground their work in the values and tenets of the communities they serve; and they have used the strength of faith-based institutions and networks to develop strong advocacy campaigns.

Some of the significant advocacy issues and strategies that are evident in the stories of FBOs are the importance of knowing oneself and demonstrating a clear understanding of your organization’s goals and values; the need to confront stigma and discrimination; the importance of framing advocacy messages for particular audiences; and the benefits of building on existing organizational structures and networks.

▣ Featured in This Section		
Name of Organization	Country	Advocacy Focus/Strategies
5.1 Islamic Medical Association of Uganda	Uganda	<ul style="list-style-type: none"> ▪ Awareness raising ▪ Networking across the faith-based and public health sectors ▪ Capacity building for Islamic leaders
5.2 The Balm In Gilead	United States of America	<ul style="list-style-type: none"> ▪ Awareness raising ▪ Stigma and discrimination ▪ Developing a network of Black churches ▪ Policy development and leveraging resources
5.3 Wat Norea Peaceful Children	Cambodia	<ul style="list-style-type: none"> ▪ Stigma and discrimination ▪ Care and support for children affected by HIV/AIDS ▪ Women's empowerment ▪ Establishing a Buddhist leadership network



5.1 Islamic Medical Association of Uganda Kampala, Uganda



Background

The Islamic Medical Association of Uganda (IMAU) was founded in 1988 to establish a community of peers for Islamic health professionals. Drawing on its expertise in both Islamic principles and medical science, IMAU also seeks to promote healthy and enlightened communities. The organization has established branches in 12 districts across Uganda and has worked to increase collaboration with national, regional, and international groups. IMAU first began to address HIV/AIDS issues in 1989.



Advocacy Environment

Uganda is often noted as an HIV/AIDS success story. Multisectoral collaboration, strong political will, broad-based community involvement, and open dialogue are integral aspects of a comprehensive response that has helped to slow the spread of the country’s HIV/AIDS epidemic. Beginning in the mid-1980s, Ugandan President Yoweri Museveni became an early, proactive HIV/AIDS policy champion and has continued to provide charismatic leadership on HIV/AIDS issues to this day. Uganda was the first country in sub-Saharan Africa to offer anonymous voluntary counseling and testing for HIV. The AIDS Service Organization (TASO) was an early model for providing comprehensive, compassionate care and support for PLWHA and their families. Influenced by a “complex set of epidemiological, socio-cultural, political, and other elements,” Uganda has witnessed significant declines in both HIV prevalence and the number of new infections, including among younger age groups.³

It is within this enabling context that IMAU’s unique approach to HIV/AIDS advocacy emerged. Religion plays an important role in the lives of Ugandans, and a majority considers itself to be “religious.” Uganda is home to a variety of communities of faith, with Muslims comprising 20 to 25 percent of the general population. The Muslim community historically has had less access to resources, and it was not until the 1970s and early 1980s that a significant number of Muslim health practitioners began to appear. IMAU was able to occupy a distinct niche by serving as a network for these new professionals and combining Islamic principles and medical knowledge to promote the health of local communities.

³ U.S. Agency for International Development (USAID). 2002. *What Happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response*. Washington, DC: USAID and the Synergy Project.

▣ Advocacy Focus and Strategy

IMAU began addressing HIV/AIDS issues early in its history. Given that its members were familiar with Islamic teachings, equipped with medical knowledge, and enjoyed access to the existing health care infrastructure, IMAU was well positioned to catalyze a Muslim response to HIV/AIDS. It was able to facilitate discussions within Muslim communities on several issues. Its first major effort was to help enable faith-based leaders to talk about HIV/AIDS in their communities. Dr. Magid Kagimu, the director of IMAU, recalls that the imams, spiritual leaders who head local mosques, and other religious leaders were grateful to receive information on HIV/AIDS. The imams recognized a growing problem in their communities and realized that they were unable to respond adequately; consequently, they welcomed the involvement of IMAU. Important moments in IMAU's advocacy work are highlighted below.

Linking Faith-based and Public Health Responses to HIV/AIDS

IMAU immediately understood the value of involving faith-based leaders in a coordinated response to HIV/AIDS and therefore quickly reached out to Islamic leaders. In September 1989, IMAU convened a National HIV/AIDS Education Workshop that brought together Islamic leaders from all over Uganda to explore HIV/AIDS issues and share experiences. Participants included every Ugandan district khadi, Muslim health professionals, and representatives from the Ministry of Health and the World Health Organization.

One of the primary insights resulting from the conference was the realization that Islamic teachings provide an existing and highly relevant framework for HIV/AIDS prevention activities. For example, the emphasis on control of sexual behavior as the primary means for preventing HIV transmission could be easily integrated into prevailing teachings regarding self-control, obedience to God, fidelity, and the importance of chastity in Islamic life. Prompted by the experiences shared at the conference, His Eminence the Chief Khadi declared a jihad on AIDS, a pronouncement that has set the stage for a vigorous response within Uganda's Muslim communities.

Building on Core Values and Using Trusted Leaders

IMAU's HIV/AIDS education and communication efforts are based on the understanding that interventions in Muslim communities are more likely to be effective if they reflect the core values of the community and the community's faith. To some degree, the public education campaigns crafted by the government in the early 1990s did not resonate with members of the Muslim community. For instance, religious Muslims did not respond to an emphasis on condom promotion. Similarly, a singular focus on monogamy did not acknowledge the role of polygamy in Muslim communities. Accordingly, IMAU looked to Islamic teachings and cultural traditions, such as mutual fidelity and moral responsibility not to endanger others, to frame culturally appropriate and relevant HIV/AIDS awareness campaigns for its constituents. IMAU also recognized that, in order for its campaign to have maximum impact, the "message bearers" should be trusted members of the community—hence the importance of involving faith-based leaders. In addition, IMAU underscored the importance of working at the



"We all knew about the preventive measures needed to stop one from getting AIDS, but the support given by the top leaders allowed others to accept them and bring discussion on HIV/AIDS in the open and started the process on how to actually prevent the problem within the Muslim community."

Dr. Magid Kagimu
Interview with Inter Press Service
June 9, 1999



community level to design and carry out programs that would be as responsive as possible to local needs, assets, and concerns.

Extending the Reach of Advocacy Messages

With the support of the most prominent members in the Muslim community, IMAU designed its HIV/AIDS education projects to reach Muslim families through imams, other religious leaders, and educators who had trained with and were endorsed by imams. One of the organization's main programs is the Family AIDS Education and Prevention Through Imams (FAEPTI) Project, which began in 1992. The FAEPTI Project strives to build the capacity of imams to reach out to their community members through mosques and home visits. The project trains imams to integrate relevant HIV/AIDS information into their spiritual teachings and provide basic care and spiritual counseling to individuals through home visits. Together with the imams, the FAEPTI Project also trains Family AIDS Workers to use the opportunity of home visits to provide education, basic counseling, and motivation for behavioral change. District khadis and county sheiks also attend the training workshops. In addition, FAEPTI gives bicycles to all leaders (including imams, county sheiks, and district khadis) and provides resources for income-generating activities in the form of hens and goats, or the financial equivalent, in order to promote sustainability and to provide incentives to volunteers. As of November 2001, the FAEPTI Project covered 15 districts and had involved over 1,000 mosques and trained over 7,000 community volunteers.

Other IMAU programs use similar methods to reach people at the grassroots level. The Community Action for AIDS Prevention Project operates in urban areas and is designed to train representatives from a variety of faiths to reach out to communities through mosques, churches, and other local gatherings. The project also develops the capacity of bicycle transporters (“boda boda boys”) and market vendors to raise HIV/AIDS awareness during the course of their typical interactions with customers. Another IMAU project seeks to reach Muslim youth through informal schools, called Madarasa schools, associated with mosques. Through the Madarasa AIDS Education and Prevention Project, imams and youth assistants are trained to integrate an HIV/AIDS education curriculum into their regular teachings on Islamic faith and culture.

Demonstrating Results, Achieving Visibility, and Moving Forward

IMAU has been able to demonstrate the positive impact of its programs, thereby increasing its credibility and influence. For example, before initiating the FAEPTI Project, IMAU conducted a baseline survey in its pilot districts to measure HIV/AIDS awareness, knowledge, and attitudes as well as behaviors that might put people at risk for HIV. The resulting information allowed IMAU to assess the existing situation and use the findings to inform program and materials development. Another survey conducted two years into the FAEPTI Project revealed increases in HIV/AIDS-related knowledge and decreases in self-reported risk behaviors among people in the areas served by the program.⁴

In 1998, UNAIDS profiled IMAU and its effective approaches as a part of its “Best Practice Collection,” a series that highlights best practices and lessons learned that have emerged in the HIV/AIDS field. The president of Uganda has also applauded the work of IMAU. Its increased visibility allows others to learn from IMAU's approach and inspired other Muslim leaders to ask IMAU to organize and host the First International Muslim Leaders' Consultation on HIV/AIDS in Uganda in November 2001. The consultation, which received technical and financial assistance

⁴ Islamic Medical Association of Uganda. 1998. *AIDS Education Through Imams: A Spiritually Motivated Community Effort in Uganda*. Best Practice Collection. Geneva: UNAIDS.

through the USAID-funded POLICY Project, created an opportunity for leaders to share information and learn from each other and produced the report *Jihad on AIDS: Self Discipline Using Allah's Guidance*. Some of IMAU's additional efforts include the development of a training curriculum template for an Islamic approach to HIV/AIDS and the delivery of training internationally. As another next step, IMAU is planning to establish an International Resource Center that will coordinate and promote an Islamic approach to HIV/AIDS prevention, control, and care and support.

▣ Questions for Dialogue

1. Target audiences for IMAU's HIV/AIDS advocacy messages have been faith-based leaders, the Muslim communities they serve, and other partners (e.g., Ministry of Health, international conferences). How did IMAU frame issues to reach its target audiences? What are the target audiences for your organization? How might you frame your advocacy messages to make them relevant for these various groups?
2. IMAU's organizational mission and membership helped define its advocacy approach. Can you identify a distinct niche that is served by your organization? What are your organization's unique strengths, objectives, or approaches?
3. The structure of Islamic institutions and Muslim communities also facilitated IMAU's work. How might you identify and build on existing structures in your community to expand the reach of your advocacy efforts?

This story was based on an interview with Dr. Magid Kagimu, director of IMAU. For further information about the organization, please visit www.imauganda.org.



5.2 The Balm In Gilead *New York City, New York, USA*



▣ Background

The Balm In Gilead, a not-for-profit organization, was founded in 1989. Its mission is to mobilize churches serving African American communities to become centers for compassion, education, and prevention in the struggle against HIV/AIDS. It has also expanded its mission globally, seeking to build capacity of faith-based communities to address HIV/AIDS issues in Africa and throughout the African Diaspora.



▣ Advocacy Environment

During the late 1980s, at the height of HIV/AIDS epidemic in New York City, it was commonly thought that HIV/AIDS was a disease confined to gay white men and was, therefore, not something that would affect the African American community. As an immunologist at Harlem Hospital, Pernessia Seele—the founder of The Balm In Gilead—knew differently. She saw black people dying from HIV/AIDS all the time, often alone in the hospital. Because of stigma and denial, those living with HIV/AIDS were left with no family, no community, and no church or spiritual support. It was in this area that Ms. Seele felt she could make a difference. She herself was a church-goer and knew the importance of faith and church within African American communities.

▣ Advocacy Focus and Strategy

In working to mobilize a church-based response to HIV/AIDS in the African American community, Seele faced immediate obstacles. To begin, there was a general lack of awareness of HIV/AIDS within the African American community. In addition, African American church leaders were reluctant to address HIV/AIDS as a consequence of denial, mistrust, and stigma. The challenge was how to engage in a conversation with ministers when many did not know about HIV/AIDS in the first place and, at the same time, were unwilling to recognize that their fellow community members were being infected through unprotected sex and injecting drug use.

Meeting Ministers on the Grounds of Their Faith

Seele knew that ministers might not agree with or feel comfortable discussing the behaviors that increase a person’s vulnerability to HIV—such as unprotected sex and multiple sex partners—or acknowledging that groups that had been more heavily affected by HIV/AIDS, such as gay men and IDUs, were also in their communities. But she did have faith that ministers would come together to pray. In 1989, Seele organized the first-ever Harlem Week of Prayer for the Healing of AIDS in New York City; representatives from nearly 60 churches attended. The success of the prayer week



"As we move forward in this fight against AIDS, let us be mindful that it is the silence, denial, and stigma of AIDS that continue to cripple our community's response to AIDS education, HIV testing, and treatment. The involvement of all churches in this battle against AIDS is imperative if we are to conquer this epidemic here at home and throughout the global village."

Pernessa Seele,
Welcome Message,
www.balmingilead.org



gave rise to the development of education seminars for the church community. Subsequently, when the Centers for Disease Control and Prevention (CDC) approached Ms. Seele to replicate the program in seven cities throughout the United States, The Balm In Gilead's reach began to grow.

In the beginning, as a way to educate ministers, The Balm In Gilead developed a series of seminars on HIV/AIDS. Along with basic facts about HIV/AIDS prevention, transmission, and treatment, the seminars inspired the faith-based leaders to explore questions such as "What would Jesus do?" with regard to HIV/AIDS. By exploring important values of the Christian faith, The Balm In Gilead was able to open a window through which ministers could begin to see and understand the need to develop HIV/AIDS ministries.

Building Support from Within Individual Churches

With a mission of reaching out to and educating black churches, The Balm In Gilead developed its own style for building support. Its members learned about the religious uniqueness of each church and its internal structure and then tried a number of ways to form bonds of mutual trust with the ministers. In some cases, this meant going through an educational committee; in other cases, it meant meeting with a member of the church and then encouraging that member to start a dialogue with the minister. Outreach also involved inviting delegates from a church to an informational meeting. Through these different strategies, The Balm In Gilead learned the value of building relationships and working from within the different churches—understanding their unique contexts and guiding principles—rather than trying to approach the churches as an outsider.

Providing Locally Relevant Information and Encouraging Small Steps

Members of The Balm In Gilead also learned that they needed to know the facts about HIV/AIDS in the communities served by the different churches. The available information made it possible to counter the silence and denial surrounding HIV/AIDS that was rampant in many congregations. The use of statistics compiled by local health departments also enabled members to facilitate learning at the community level through a strategy that emphasized enhancing "factual education" as opposed to trying to show people that they were "wrong."

In addition, The Balm In Gilead found that encouraging people to take that first small step builds the foundation to take the next steps and helps others join the effort. Members of The Balm In Gilead gave ministers suggestions as to how they could start the process of talking openly about HIV/AIDS. For example, a minister might offer prayers during Sunday services or make leaflets available on an information table. Each small gesture would let community members know that they, too, could talk about the issues surrounding HIV/AIDS. When a minister offered a prayer for PLWHA, others from the church would approach the minister to share his or her own story of living with HIV/AIDS, thus further helping ministers understand that the epidemic had indeed touched their own congregations. And church-goers, after having the opportunity to gain a greater awareness of and information on HIV/AIDS, could see that faith-based leaders respond in a compassionate way to the realities of the parishioners' experiences.

Expanding the Network

The Balm In Gilead has been working for almost 15 years to raise awareness of HIV/AIDS in African American communities and to develop strategies for improving health in these same communities. Seele was a member of the group of activists that lobbied the Congressional Black Caucus of the U.S. Congress for \$54 million to go to an HIV/AIDS initiative targeting African Americans. To expand its reach further, The Balm In Gilead has convened national and international conferences to help mobilize a diverse community of FBOs to address HIV/AIDS. The Balm In Gilead now has 74 service partners and has earned the endorsement of 17 major church denominations and coalitions and of independent churches. In addition, approximately 10,000 black churches participate in the annual Week of Prayer for the Healing of AIDS—the signature mobilization strategy of The Balm In Gilead. The organization has also branched out and is partnering with other churches in a number of countries, such as Nigeria and South Africa and in the Caribbean.

▣ Questions for Dialogue

1. How was The Balm In Gilead able to overcome the silence, denial, and stigma surrounding HIV/AIDS that was common when it began its work? How might you adapt these tactics to your own advocacy work?
2. The Balm In Gilead's approach of organizing an annual prayer week builds on the values, traditions, and cultures of the communities it sought to reach with HIV/AIDS advocacy messages. How might your organization design symbolic events that raise awareness of HIV/AIDS yet are culturally appropriate for your target audiences?
3. Using local data on people living with or affected by HIV/AIDS was an important aspect of The Balm In Gilead's efforts to build support at the community level. What types of information or data would help promote the issues your organization focuses on? Is it readily available? If not, how could you gather the needed information?

This story was based on an interview with Reverend Alberta Ware, Director of Church and Community Mobilization of The Balm In Gilead. For further information about the organization, please visit www.balmingilead.org/home.asp.



5.3 Wat Norea Peaceful Children *Battambang Province, Cambodia*



▣ Background

Wat Norea is a Buddhist monastery that enjoys a long history in Cambodia’s Battambang Province. In April 1992, the wat established Norea Peaceful Children (NPC), an NGO that provides shelter and support to children orphaned during times of conflict, children affected by domestic violence and unstable homes, and children who had been trafficked as part of the sex industry. Since 1998, NPC has pursued two additional goals—providing care and support to AIDS orphans and other children affected by HIV/AIDS and establishing a Buddhist leadership network to help communities cope with HIV/AIDS. NPC was among the first faith-based organizations to address HIV/AIDS in Cambodia and has earned recognition for developing successful models and approaches that can be adapted by other organizations.



▣ Advocacy Environment

Cambodia is still working to rebuild and repair both its institutions and national psyche following suppression and mass killings by the Khmer Rouge in the 1970s, occupation by Viet Nam throughout the 1980s, and continuing insurgency and government instability during the 1990s. Several factors—such as displacement, resource constraints, the loss of a generation, the presence of a large United Nations peacekeeping force, and the growth of the sex industry—have all converged to lay the groundwork for the explosive spread of HIV/AIDS. During the mid- to late 1990s, Cambodia witnessed one of the fastest-growing HIV/AIDS epidemics in the world and had the highest HIV prevalence in Asia. Only recently, with prevention interventions targeting groups that practice high-risk behaviors and a National AIDS Authority charged with coordinating a multisectoral response, has the country started to show signs of slowing the tide of rising HIV prevalence.

About 95 percent of the population in Cambodia practices Buddhism, and the country’s Buddhist organizations have been undergoing a resurgence after having been forced underground by the Khmer Rouge. Wat Norea is based in Norea Commune of the Sangke District of Battambang Province in northwest Cambodia. Battambang Province has historically been a spiritual and intellectual center and has been able, in some ways, to revitalize more quickly than its neighboring provinces. At the same time, however, HIV/AIDS has ravaged the province. While the government has sought to develop Provincial AIDS Committees and has placed new emphasis on care and support in its latest national strategic plan, a lack of resources—both human and material—continues to impede progress such that much of the response to the epidemic has become the responsibility of civil society groups. As a new culture of citizen participation emerges to advocate for issues such as

peace and the removal of landmines from Cambodia’s countryside, so too are community- and faith-based groups responding to the challenge of HIV/AIDS.

▣ Advocacy Focus and Strategy

Building on compassion and reflection, Wat Norea’s monks recognized that HIV/AIDS was not an issue about which the faith-based community could remain silent. NPC’s decision to take on HIV/AIDS issues arose as a natural extension of its organizational mission and role within the community. By tradition, Buddhist monks are teachers, counselors, spiritual guides, and healers, all roles particularly relevant for HIV/AIDS work. A community’s pagodas are sites for pursuing education, enlightenment, meditation, support, and learning. Buddhist monasteries have also historically provided support to orphans, both boys and girls, thus providing NPC’s entry point for beginning to address HIV/AIDS. In addition, the Buddhist faith itself—as a religion that is more of a way of life than a passive set of beliefs and with its emphasis on wisdom, loving-kindness, tolerance, and identifying suffering and the paths to end suffering—represents a strong foundation on which to mobilize culturally appropriate efforts to respond to HIV/AIDS.



"One monk can feed seven children. . . . We [also] want to give them a very good education."

Venerable Muny Vansaveth,
Director of NPC,
Cambodia Daily, Oct. 6–7, 2001



When Actions Speak Louder than Words

NPC began in 1992 as a program of Wat Norea to provide shelter and educational opportunities for orphans and other vulnerable children, such as those who had experienced domestic violence or were involved in the sex industry. Since 1998, NPC has expanded its mandate to provide support for AIDS orphans and to build the capacity of Buddhist leaders and communities to respond to

HIV/AIDS. Over the past decade, the monks and nuns at NPC have raised more than 350 children; in fact, AIDS orphans account for the majority of children currently in their care. The monks also visit PLWHA in their homes, accept offerings from those affected, and seek to spread HIV/AIDS awareness and education in villages. In particular, the care provided to AIDS orphans and the monks’ personal relationships with PLWHA—visiting them, counseling them, meditating with them, demonstrating no fear in accepting alms from them, and presiding over their funerals—send a powerful message to the rest of the community. These actions help others in the village see that they should not fear or discriminate against those affected and their families.

Early on, NPC recognized the need to build its own internal capacity to take on HIV/AIDS issues, including strategic planning, networking, advocacy and communication skills, training and facilitation skills, basic facts about HIV/AIDS, and greater understanding of Cambodian laws and policies regarding HIV/AIDS. To that end, it has leveraged technical and material resources from local and international organizations and is sharing its experiences with other Buddhist organizations, teaching institutions, and leaders. For example, NPC has established the Buddhist Leadership Network for Coping with the Spread of HIV/AIDS. Developed under the auspices of the National AIDS Authority, the network covers six districts that have been particularly affected by HIV/AIDS. In addition, using a training curriculum that it developed in collaboration with the POLICY Project, NPC has conducted training workshops for about 240 Buddhist leaders on the role of monks in relation to Cambodia’s new Law on the Prevention and Control of HIV/AIDS adopted in 2002.

Overcoming Challenges

In conducting its HIV/AIDS work, NPC has had to overcome a variety of challenges and obstacles. To begin, while striving to combat the stigma and discrimination often directed toward PLWHA, monks from NPC soon found that they too were experiencing stigma and discrimination from the community because they were engaging with PLWHA. The monks collected smaller quantities of food during daily begging, community members avoided the NPC office and residential area when visiting the pagoda, and some people directly questioned NPC staff members as to why they were bringing HIV/AIDS into a sacred place. Given the highly revered status of Buddhist monks in Cambodian society, that people might hold negative attitudes toward them for assisting PLWHA and their families illustrates the magnitude of the stigma and silence associated with HIV/AIDS. To address the stigma, the monks have worked day by day to educate the community, holding discussions with those who come to the pagoda and speaking out during community visits and cultural and religious ceremonies. NPC's recent strategic planning process (discussed below), which involved community representatives and prominent individuals from government and the royal family, also helped to reduce stigma.

In addition, discussing HIV prevention and the behaviors that place an individual at risk for the virus has meant that the NPC monks must negotiate some sensitive issues. For example, according to Buddhist custom, monks are not allowed to discuss sex with or in front of women. Such discussions are considered inappropriate for monks, who are viewed as sacred and existing outside the realm of such earthly affairs. Monks may, however, discuss these matters with men in the lay community only if they use a specialized style of the Khmer language—described as the “language of Buddha.” To address more sensitive topics or information regarding HIV/AIDS, the monks involve and rely on others from within the community.

Leveraging resources is an important aspect of NPC's ability to conduct its HIV/AIDS programs. Typically, pagodas in Cambodia, especially in rural areas, are resource-constrained institutions. They rely on donations from the community, which itself may have limited resources. NPC has succeeded in drafting proposals to gain support from international donor organizations, such as UNICEF, and from private donors that have heard about NPC's work. NPC also receives support through the regular community mechanisms of donation and contribution. In these ways, NPC has been able to mobilize the resources needed to enhance the long-term sustainability of its efforts to support AIDS orphans, train Buddhist leaders, and care for those affected by HIV/AIDS.


Taking the Next Steps

NPC has developed a three-year strategic plan that will guide its future HIV/AIDS activities. The strategic plan is the result of a community planning workshop held in April 2002 that brought together about 40 key participants, including monks and nuns, village leaders, and government representatives from the district departments for religious affairs and social action. In attendance, too, were the Minister and Secretary for the Ministry of Women's and Veterans' Affairs, the Deputy Provincial Governor, and Princess Rattana Devi, who has become a prominent HIV/AIDS advocate in Cambodia. The strategic plan lays the groundwork for a Buddhist-led response to HIV/AIDS but also seeks to build links with broader community development efforts.

Concerns central to the strategic plan are the importance of promoting human rights, the necessity of addressing the interrelationships between gender inequality and HIV/AIDS, and the need to develop community-level solutions to improve care and support. In particular, the priority action areas for this next phase of NPC's work are to:

- Establish a network of provincial and district government authorities, NGOs, FBOs, media, and other major stakeholders to foster an environment of cooperation and communication in order to strengthen the integration of human rights and gender issues into HIV/AIDS interventions;
- Reduce the gender inequalities in the decision-making processes related to HIV/AIDS issues by initiating dialogue on the Women’s Code (the Chbap Srey), a traditional code that describes the proper roles and behaviors for women;
- Encourage attitude and behavior change in rural communities as a way to reduce stigma and discrimination toward PLWHA; and
- Facilitate the development of pagoda-level networks for fundraising and resource management activities to enable communities to self-fund the care and support of PLWHA, their widowed spouses, and orphaned children.

NPC is currently preparing to implement its strategic plan. UNICEF will fund the components of the plan related to service, and the POLICY Project will fund the advocacy components.



The Impact of Monks Working to Address HIV/AIDS in Cambodia

In August 2002, the POLICY Project sought to evaluate the impact of small grants to support HIV/AIDS capacity building for four Buddhist organizations in Cambodia, including Wat Norea Peaceful Children. Here is a selection of what the monks from the different organizations said about the impact of their work:


"A woman with HIV who had left her home with her young child, after being rejected by her husband, stayed in the building area. The child would go begging. No one cared about them. When people saw me visiting them, just staying near them the whole day, conversing and meditating, people started to approach. This was a way of showing the community not to be afraid of people living with HIV/AIDS."

"Now that we have gained knowledge, we can spread this knowledge and help the community gain confidence in and give support to people living with HIV/AIDS."

"In the past, a man in one village would run away every time he saw my truck coming. He was afraid that he will be asked if he has HIV. Now, that has changed. When people see me, they approach me and offer information about people living with HIV/AIDS in their families and community. Previously, we had to ask people to search for people living with HIV/AIDS. Now, people approach us monks. This is the result of greater involvement of monks in HIV/AIDS work, including announcements during ceremonies for people living with HIV/AIDS to avail of support being offered."

"Being monks, we have compassionate hearts, but now we have learned to be more sympathetic to people living with HIV/AIDS and their families."

Source: Milado, C., and D. Singiser. 2002. "Report on the Small Grants Program Review: The POLICY Project in Cambodia." Phnom Penh, Cambodia: POLICY Project.



▣ Questions for Dialogue

1. Particularly due to their revered status, NPC monks set a powerful example for confronting stigma and discrimination. Who are the influential leaders (e.g., from FBOs, businesses, women's groups, and so forth) in your community? How might you work with and encourage these individuals to become policy champions and advocates for change?
2. NPC has sought to develop its own capacity to address HIV/AIDS and has designed materials and training curricula to build capacity of other Buddhist leaders. What skills and capabilities could enhance your advocacy work? How could you go about building the capabilities of your organization's staff and your partners?
3. Strategic planning processes have enabled NPC and its partners to take the next steps to address HIV/AIDS in the community. In particular, the inclusion of advocacy as an important part of the plan allows the monks to work to confront the silence and stigma surrounding HIV/AIDS that often serve as barriers to the success of more service-delivery oriented programs. What have strategic planning processes looked like for your organization? Has advocacy been integrated as a central component of your plan? How might integrating advocacy into your plan enhance your organization's ability to meet its objectives?

Due to logistical constraints, this story is based on interviews with POLICY Project staff who have been providing technical assistance to NPC since early 2002. It also draws on information from NPC documents (such as project proposals, workplans, and progress reports) and on newspaper articles.

Lessons Learned

- **Addressing HIV/AIDS is often a natural extension of the FBO's mission and core values.** As with other organizations, successful advocacy by and targeted to faith-based groups requires the identification of issues that fit the groups' values and mission. The core values of many communities of faith—such as compassion, respect for life, tolerance, and care for one's neighbor—are highly relevant to strategies for addressing HIV/AIDS. An important first step is to provide faith-based leaders with a safe and enabling environment in which to explore the natural links between the tenets of their faith and the need to respond to the pandemic. Framing HIV/AIDS issues in ways that are both culturally relevant and appropriate is a pivotal strategy for building support among these communities.
- **Building on their trusted status in communities makes FBOs powerful advocacy messengers.** FBOs are a vital component of comprehensive approaches to address HIV/AIDS, particularly at the community level. Faith-based leaders in particular are in a unique position to confront silence and stigma, to promote behavior change, and to encourage care and support for those affected by HIV/AIDS. In the case of the NPC, Buddhist monks provide care and support to AIDS orphans and welcome them in the daily activities of the monastery, providing an example to others of the importance of reaching out to one's fellow community members. Involvement of and interactions with people living with or affected by HIV/AIDS is a particularly powerful way to help faith-based groups understand the importance of addressing the disease.
- **Using data about their own communities can help faith-based leaders and the communities they serve to understand fully the impact of the pandemic.** In The Balm In Gilead and IMAU stories, groups used data—such as surveys of knowledge, attitudes, and behaviors as well as statistics from the local health department—to highlight the reality of HIV/AIDS within the community. Raising awareness of the local impacts of the pandemic helped to inspire community leaders to see the importance of addressing HIV/AIDS within FBOs.
- **Drawing on existing networks and community ties among faith-based groups provides a powerful infrastructure for advocacy efforts.** FBOs often have existing structures—such as national and community-level institutions, religiously affiliated schools, women's and youth clubs, social service programs, hospices, and coalitions or networks with like-minded groups—that provide tremendous potential for mobilizing broad-based action and support. Starting from a shared faith, as in the case of IMAU and The Balm In Gilead, groups can reach out to and build relationships with mosques, churches, temples, and other FBOs and the communities they serve. Shared beliefs and cultures provide an initial opportunity to develop strong networks with other faith-based and social service organizations. And, beyond reaching out to local communities, FBOs—given their respected status, the number of people they represent, the values they promote, and the strength of their networks—are often well positioned to advocate for change at national, regional, and international levels.

