



# Keeping Faith

Faith responses to HIV & AIDS:  
Mapping the Future

# Keeping Faith

Faith responses to HIV & AIDS:  
Mapping the Future



## Foreword

We believe this discussion on faith and HIV takes place at a critically important time. Faced with uncertainty in global financial markets, western governments reducing public expenditure, and a mood in development which suggests that the fight against HIV has somehow been 'won', there is a risk that we will fail to achieve our goal of Universal Access to prevention, treatment, care and support by 2015. This must not happen.

The good news is that faith-based groups will always be present among people living and affected by the HIV pandemic. Faith-based groups do not have the option of closing down the project office, disposing of the land-cruisers and heading for the airport. Faith is not a project. It is a way of being, living and doing. As a result, faith-based groups have a presence in communities long before donors arrive. Sometimes they are the only point of call long after the money has run out.

This report shows faith-based groups are listening and responding to the concerns of the wider community committed to the fight against HIV and AIDS. Although there is certainly more to do, issues of stigma and discrimination are being addressed by many religious leaders. Faith based groups have unparalleled access to many of the key populations most affected by the HIV pandemic. This asset must not be undervalued or ignored. Faith based groups therefore welcome further collaborations with all stakeholders.

However, there are risks in the current climate for faith-based initiatives. If the space for all actors to operate is curtailed by the demand to prove "value-for-money", harder-to-measure activities may become less attractive. Faith-based groups do provide value for money and have a large volunteer constituency who often work in hard to reach areas that most international NGOs do not get to. Of course, donors need evidence that money is well invested but the lessons learned in the response to HIV in the past 25 years must not be forgotten. The multifaceted complexity of the HIV pandemic demanded and received a multi-faceted response. These lessons must not be forgotten. Complex phenomena such as stigma and poverty do not always fit neatly into managerial frameworks measuring "value" or "outcomes". A nuanced approach is required. The resources and experience of faith communities need to be heard.

Therefore, the pressing issue for urgent dialogue is how the contribution of faith-based groups can be improved, enhanced and evidenced in a time of donor austerity without losing their distinctive, resilient, faithful characteristics. The survival of many of the poorest people in the world depends on the answer. We hope this report, and our discussions at Lambeth Palace, will go some way towards providing some answers.

Kola Akinola  
Chair, Faith Working Group

Ben Simms  
Director

UK Consortium on AIDS and International Development

This report was commissioned by the Faith Working Group, UK Consortium on AIDS and International Development.

Author: Jennifer Courtney

Design: Mark Read

© 2011 UK Consortium on AIDS and International Development

Photo: The Salvation Army ©  
Photo: Cover - Tearfund ©

# Keeping Faith

## Faith responses to HIV & AIDS: Mapping the Future

Author: Jennifer Courtney

Photo: Progressio ©

There is much common ground between people of faith and people working in development. The shared focus on the poor, concern of social exclusion and disappointment in unfulfilled human potential provides a compelling platform for collaboration and interdisciplinary partnerships. There is also a distinctive element that the faith sector — with assets of physical, human and community support — brings to the table in addressing the HIV pandemic. In the on-going debate of secular and faith agendas in addressing HIV and AIDS, there is a need to bring the spotlight back to the common ground and to highlight the value-added components that faith-based organisations (FBO) contribute in the response to HIV and AIDS.

Significant steps have been taken towards creating successful partnerships between FBOs and a wide range of secular development agencies. Most recently, this dialogue has found its place within the UK Department for International Development (DFID) through an announcement in February 2011 of a working group created to develop partnerships with faith groups; in the recent United Nations General Assembly Special Session on HIV and AIDS (UNGASS) held in June 2011; and in continued initiatives of the Washington DC based Center for Interfaith Action on Global Poverty. This report identifies and evaluates the distinctive contributions made by FBOs to the overall response to HIV and AIDS. It does this by reviewing experiences and literature on the performance of FBOs. The term FBO is used here to refer to a broad range of organisations influenced by faith. This includes “religious and religion-based organisations and networks; communities belonging to places of religious worship; specialised religious institutions and religious social service agencies; and registered and unregistered non-profit institutions that have a religious character or mission. They might be small, grassroots organisations with simple structures and limited personnel or large, global institutions with highly sophisticated bureaucracies, wide networks, substantial financial resources, and significant human capacity” (Lux and Greenaway 2006, p.4).

The report begins by setting the context with a brief summary of the progression of this dialogue in recent years. The next section reviews the strengths of working with FBOs, highlighting the significance of social capital. This is followed by a summary of the challenges of partnership, drawing attention to potential differences in language and targets between secular development agencies and FBOs. The report then presents a summary of the recommendations that have been made and showcases useful examples of initiatives to strengthen collaboration between FBOs and development agencies. The final section summarises and concludes.



## Context

There has, in recent years, been an increasing interest in the contribution that FBOs make to health care, and in particular to global, national and local responses to HIV and AIDS. Discussions have taken place within the World Health Organization (WHO), World Bank and UNAIDS, as well as groups of non-governmental organisations (NGOs) in all parts of the world, so that an increasing body of literature now exists in which attempts are made to document and evaluate this contribution.

The landscape for faith and development efforts is different today than it was 30 years ago. While in 1980, religion was nowhere to be seen on the radar of development analysts, in 2010, acknowledgement of its presence and influence in development is unavoidable (Severine and Rakodi 2010). A secular assumption that change happened in spite of organised religion has evolved to one which recognises the importance of the faith sector in development.

This shift in paradigm has been shaped by changes in development thinking that view poverty as a multi-dimensional phenomenon rather than simply as a lack of material resources. These ideological changes have drawn attention to the important role of religion in many people's lives in developing countries. The World Bank's Voices of the Poor (Narayan et al. 1999), a study based on thousands of interviews with people living in poverty in developing countries, found that religion profoundly shaped people's conception of wellbeing. It stated that for many, “spiritual life and religious observance were woven in with other aspects of wellbeing. The importance to poor people of the church, mosque, temple and sacred place was repeatedly evident from their comparisons of institutions, in which these frequently ranked high, if not highest, as key supports in their lives.” (p.3)

More recently, a growing international focus on the faith sector is also driven by factors of effectiveness and efficiency. The failure of existing systems to deal effectively with HIV, coupled with the need to find more capacity within the system, but without costing more, has highlighted the need to look outside of the system for answers. This is set in the current light of global spending cuts and the 30th anniversary marking the discovery of the HIV virus, thus drawing attention to the progress of prevention, treatment, care and support. In a time of austerity, talk of value-for-money has become an increasingly important part of the dialogue on HIV (The Economist 2011).

The recent UNGASS meeting in June 2011 reflected this by expressing deep concern that the global financial and economic crisis continues to have a negative impact on the HIV response at all levels. Heads of state and governments welcomed the leadership and commitment shown by faith-based organizations, naming them as one of the key actors (UNGASS 2011, p.3).

It is rarely contested that FBOs are uniquely placed, touching the heart and soul of many communities in developing countries, to offer effective and efficient means of addressing the needs and challenges presented by the pandemic. While the language of value for money can be useful to measure some of the impact of FBOs, it also misses an important contribution that cannot be captured on a financial spread sheet. Thus, in recent years, many activists and practitioners have worked to create a space for dialogue and understanding to bridge the gap between secular and faith institutions working on parallel trajectories (see Marshall and Van Saanen 2007).

This shift has seen the formation of coordinating bodies that represent both faith and secular institutions, reports and books explaining the benefits and challenges that the faith sector brings to development, and recommendations charting the way forward for the faith sector and development agencies. This dialogue, however, does not sit comfortably if it does not translate into action.

Photo: Progressio ©



# Contributions of FBOs

A review by the World Health Organization on FBOs finds that collaboration with FBOs will add greater potential for breadth and effectiveness of more sustainable systems of health servicing and delivery, particularly with regards to the HIV pandemic (Bandy et al. 2008). Numerous reports have stated the same, listing many benefits that FBOs bring to the table. These include:

- Moral motivation and shared values among faith groups; teachings of faith groups that underpin engagement in development (social justice, human value and dignity, injunction to loving one's neighbour, etc).
- Holistic perspective in caring for individuals affected by HIV that integrates physical, economic, spiritual and social components of wellbeing.
- Pervasive presence of faith groups at all levels of society in both developing and developed countries.
- Women — particularly in rural areas - may have their only form of non-kin association through membership in a faith community. Women's groups make a significant contribution to providing home-based care for people living with HIV.
- Highly committed network of staff and volunteers. This provides inexpensive or free labour and the ability to reach people in remote areas.
- The growth of networks of religious leaders affected by HIV which have mobilised faith communities to respond to HIV.
- Infrastructure assets (schools, clinics, community centres, hospitals, etc). These facilitates voluntary counselling and testing, diagnosis and treatment of opportunistic infections, antiretroviral therapy, palliative care and prevention of mother-to-child-transmission.
- Sustainability of community responses that precede any formal funding arrangement and will continue on after it has come to an end.

A common theme in this edited list is the contribution of social capital from bodies of faith. Social capital, a hot topic in development circles, refers to "features of social organisation, such as trust, norms and networks [of civil engagement], that can improve the efficiency of society by facilitating co-ordinated actions" (Putnam et al. 1993). In other words, social capital comes from the bonds between people that enable them to take certain actions and get things done that they would not have been able to accomplish on their own. This is different from physical capital that deals with measurable and tangible economic figures, and human capital which refers to skills and knowledge (Coleman, 1990).

Social capital has been coined the 'missing link' in understanding development by international organisations such as the World Bank, UNDP and OECD. There has been a growing recognition that for lasting change, there must be interaction with civil society organisations, including faith groups. A report by the African Religious Health Assets Programme (ARHAP) captures the contributions of social capital from faith groups, stating that increasingly, bodies of faith are being seen as "the most viable institutions for responding to health crises as they have developed experience in addressing the multidimensional impact of epidemics such as HIV, are seen to have access and infrastructure where other organizations do not, command extensive networks of people, and could effect behaviour change more effectively through the authority they hold with their members" (Olivier 2006, p.32).

Furthermore, representatives from the faith sector have made the case that the contributions of FBOs stem beyond the provision of social capital and serve as powerful motivators of human wellbeing and reconciliation (Paterson 2009). They do not simply offer a distribution network to deliver health services more effectively. "FBOs can make a more important contribution when they are orientated by their particular faith tradition. There are many examples of faith developing and sustaining character, values and virtues. Reservoirs of faith are essential in developing resilient households and socially cohesive neighbourhoods with the capacity to enable the flourishing of healthier people" (Pallant 2011, p.5).

## Recent state partnerships with FBOs

There is a wide range of government development agencies that have acknowledged the importance of partnering with FBOs. The World Bank has been a significant advocate for US government collaboration with FBOs, emphasising that the key factor is the results of FBOs in development (see Marshall 2009). Another example from the US is the President's Emergency Plan for AIDS Relief (PEPFAR) which committed \$15 billion over five years (2003—2008) to fight the global HIV pandemic. While significant achievements have been made through PEPFAR funding, it has also been highly controversial in development circles due to its emphasis on Christian values.

More recently, DFID has recognised the contribution of faith groups by supporting the University of Birmingham's 'Religions and Development' Research Programme (see Jodhka and Pradyumna 2009 and Odumosu et al. 2009) and is currently establishing a working group that will explore how to build partnership with faith groups. The announcement for the working group was made at the General Synod of the Church of England on February 7, 2011, where it was explained that the objective of the working group is to produce a set of practical Partnership Principles on working with faith groups by the end of the year (Battcock 2011).

Other development agencies, such as DANIDA (Denmark), NORAD (Norway), SIDA (Sweden) and various UN agencies, have also formed partnerships with FBOs, stemming from the rationale that faith communities are vital and effective partners in international efforts to reduce poverty (Severine and Rakodi 2010).



# Understanding the challenges of partnership between secular international development agencies and FBOs

The challenges of collaborating with FBOs are also real and cannot be addressed and overcome without first acknowledging them. These include:

## Internal to FBOs

- Some FBOs are perceived to be good at offering care, but poor in prevention due to unhelpful attitudes and values towards sex and gender.
- Some religious and moral beliefs can contribute to stigma and discrimination of people living with HIV.
- Lack of capacity among some faith communities to engage effectively with HIV-related issues.
- Challenges of inter-faith competition, suspicion and misconceptions.
- Recent growth of 'healing ministries' which can undermine care, treatment and prevention messages.
- A concern for FBOs about being controlled and restricted through partnerships.
- Limited or unconvincing evidence-based research that shows the impact of the faith sector's response to HIV.

## External to FBOs

- Potential for different targets: secular development agencies tend to look for results and think in terms of fixed time frames for project cycles while some FBOs may be more focused on individual and community well-being over the long-term, which is difficult to measure.
- Preconceptions and stereotypes of the faith sector i.e. religion is out-dated, the faith sector's primary motivation is to seek converts, FBOs exclude individuals who do not adhere to religious norms, etc.
- Lack of understanding of what comprises the faith sector (both intra- and inter-religious distinctions) and how this sector functions. This is also phrased as a lack of 'faith literacy' among development agencies and international organisations.
- Lack of a shared language between the sectors.
- Ignorance of would-be partner's strengths and potential.
- Development agencies' desires to maintain boundaries of church/state relations.
- Historic association between missionary activity (especially Christian missions) and colonialism.

A major challenge for collaboration has been the lack of a common language and terminology between people of faith, representatives from international agencies and health workers. This has often resulted in misunderstandings and frustration. Furthermore, dominant paradigms and discourses from secular agencies often fail to account for a significant part of the faith community that do not fit into their scheme or frameworks (Olivier 2011).

International development agencies tend to think in terms of fixed project cycles and concrete numbers. They may approach the HIV pandemic with an attitude of quickening the pace and accomplishing the tasks, measured numerically. Many FBOs function in similar ways with regards to project cycles and fixed targets, yet differ in their focus on the spiritual component that involves a long-term commitment. Secular development agencies may not see all that the faith sector did before or will continue to do after the funding has finished. The long-term commitment to the people, expressed through care for the dying, prayers with the sick, etc. are not numerically measurable and may go unnoticed by secular international agencies (Taylor 2006).

On the other hand, discourses from within bodies of faith can also be unclear and create challenges for development practitioners who work alongside of, but not within the faith community. For example, the meaning of religion does not only differentiate between different religious traditions, but also has varying influences within economic, political, social and cultural contexts in which people live. "Religion' has a different meaning for a Muslim woman caring for her children in India than a Pentecostal woman who leads prayers in a church in Brazil. It has a different meaning for a man in a village in Uganda and a male member of a Muslim political party in Bangladesh" (Severine and Rakodi 2010). It is important that development practitioners acknowledge the religious dimension of people's lives and appreciate the organisational expression of faith traditions through FBOs. However, given the depth and sometimes ambiguity of terms and meanings, it is also necessary to assess whether the potential for collaboration outweighs the pitfalls (ibid).



Photo: Progressio ©

## The risk of ignoring the faith dimension

An article in a Dutch daily newspaper, entitled 'Why do I have AIDS and not my neighbour?' states that many experts have blamed HIV on the political misrule of African governments, and have failed to account for the cultural and religious factors of envy and witchcraft. "In Africa illnesses or premature death are related to limits being exceeded, to debts and negligence, and consequently to envy and witchcraft. AIDS is a perfect example of an illness where this connection is made. With its lengthy incubation period years can go by between being infected and contracting the disease. Therefore no connection can be found between (biological) cause and effect, leaving plenty of room for supernatural explanations."

The author writes that the big question for many Africans is not how, but why some people become infected and others do not. He attributes the failure of many attempts to combat the disease to the lack of a framework that engages with religious and supernatural understanding — "the most important underlying causes of the epidemic."

(Welmoet et al. 2011, p. 24, referencing David Warndorff, 'Trouw' 28-12-2002)

Whether the failure to engage with the faith dimension of HIV is the most important cause of the spread of the epidemic can be argued and would need evidence to prove. However, it is surely significant that people's viewpoints about faith and spirituality can affect health practices and risks. The failure to address these may undermine medical and public health attempts to effectively respond to HIV.

## Stigma and discrimination

People living with HIV often face stigma and discrimination. There are a number of organisations that are campaigning against this and fighting for improved rights for people living with HIV.

For example, the Catholic Overseas Development Agency (CAFOD) has, in consultation with GNP+, recently incorporated use of a modified version of the stigma index into a three year project with faith leaders in three countries of Africa. The stigma index is a project that has been designed and implemented by and for people living with HIV. It aims to collect information on stigma, discrimination and the rights of people living with HIV to document the experiences within a community or region, compare the experiences across communities and countries with respect to specific issues, measure changes over a period of time and provide evidence base for policy change and interventions (UNAIDS, IPPF, GNP+, ICW 2008). In CAFOD's project, the Stigma Index is being used to collect information that will inform, and subsequently monitor strategies by participating faith leaders to combat stigma.

Another initiative to fight against stigma is INERELA+, an international network of religious leaders — lay and ordained, women and men — living with, or personally affected, by HIV. It aims to provide a framework where stigma of people living with HIV can be overcome and the response of faith communities to end discrimination can be stimulated.



Photo: Progressio ©

## The challenges of stigma confronted by the strengths of FBOs in Nigeria

It had become evident to concerned individuals in Nigeria that the message presented by Christian groups promoting sexual abstinence and fidelity in marriage as prevention was in direct conflict with the social norms of young people they were targeting. A survey showed that despite the efforts to promote abstinence, sexual behaviour of young people in church youth groups was no different from the behaviour of those outside the church. Furthermore, attitudes among church members tended to reinforce stigma about people who use condoms, equating condom promotion with encouraging promiscuity, and about people living with HIV who were often viewed as sinners.

A national FBO that partners with Tearfund took action to address this inconsistency in teaching and practice by reflecting on their faith and cultural beliefs alongside public health principles on HIV prevention. Research was carried out on the scientific, cultural and theological justification for a comprehensive and evidence-based approach to HIV prevention in Nigeria. This was followed up with a series of workshops facilitated by public health specialists, theological experts and representatives from INERELA+, the network of religious leaders living with or personally affected by HIV. Project staff in partner organisations, including two church denominations and a range of Christian agencies, attended the workshop.

This process led to a deeper understanding of why people in their communities are vulnerable to HIV and how FBOs can offer support by providing correct and comprehensive information on HIV prevention. As a result, the scope of HIV prevention among FBOs represented at the workshop has broadened to include promoting safer practices for risk reduction, as well as tackling underlying factors, such as gender inequalities and discrimination.

In addition, the contribution of church leaders from INERELA+ and members of local HIV+ networks had a radical impact on the participants. These people helped to shed light on the challenge of stigma within the church and to explain the realities of people living with HIV and how they can be supported and integrated into church and community life (Evans, 2008).



Photo: Mildmay ©

Significant steps have been taken to highlight the strengths and work through the challenges of partnering with FBOs. The next section summarises key recommendations that have been made to facilitate collaboration between secular institutions and FBOs.

## Summary of key recommendations

- Address the language barriers - improve faith literacy in development institutions and facilitate deeper understanding of development rhetoric and HIV related issues in FBOs.
- Highlight the common ground among the various actors.
- Create space for an open dialogue about responses to HIV between FBOs and secular development agencies.
- Identify intermediaries who understand both sectors and can help to facilitate this dialogue.
- Amplify the advocacy reach and influence of FBOs that represent an enormous grassroots constituency of volunteers and caregivers.
- Mobilise local faith communities to become involved in the local AIDS response.
- Target FBOs that are not working on HIV to mainstream HIV-related activities into their work.
- Facilitate better integration of FBOs into established funding mechanisms for HIV works.
- Review and adapt mechanisms for distribution of funds. Evidence-based research is needed to show whether current resource distribution is effective and to quantify the impact of the faith sector in HIV. This would address the concern of quality standards in service delivery of faith institutions and also provide a platform for FBOs to seek further funding.
- Document and promote examples of good practice.

There have been significant steps in putting these recommendations into action. For example, the World Faith Development Dialogue was set up 10 years ago to connect the worlds of religion and economic and social development. It began by initiating faith dialogues with institutions such as the World Bank and has since emerged as a major forum for leaders from the faith and policy communities to develop joint approaches to global policy challenges including HIV and AIDS. Similarly, The Berkley Center for Religion, Peace and World Affairs from Georgetown University is dedicated to the interdisciplinary study of religion and explores global challenges of economic and social development alongside of inter-religious understanding. Finally, the The Center for Interfaith Action on Global Poverty (CIFA) in Washington DC has supported the Global Initiative for Faith, Health and Development as a commitment to build the collective capacity of the international faith community to increase its impact on poverty and disease.

Other initiatives include the UNAIDS Strategic Framework for Partnership with FBOs, developed in conjunction with ten UN system organizations. This demonstrates a commitment to encourage strong partnerships between UNAIDS, FBOs, governments and other organisations based on clear objectives, common values and measurable outcomes. DFID has also recently announced upcoming steps to promote partnerships with FBOs (see 'Recent state partnerships with FBOs' box, p.4). Similarly, the Joint Learning Initiative into Faith Communities was recently launched in conjunction with the Joint Learning Initiative on Children and HIV and AIDS as the faith communities' contribution to scaling up HIV and AIDS responses. One of the goals is to improve evidence-based research among FBOs and to document and promote examples of good practice.



Photo: Mildmay ©

### △ practical guide to engaging with religion

In 2006, a consortium of Dutch development organizations established the Knowledge Centre for Religion and Development which aims to share knowledge and stimulate religious empathy by combining practical experiences of faith and development with academic reflection. The key recommendations from the practitioner's guide (Welmoet et al. 2011) are:

- Be alert to religion.
- Listen carefully and postpone your judgement.
- Be aware of your own world view, especially regarding ideas of religion and development. Consider how your view influences your opinion of others.

## Conclusion

The contributions from FBOs in the response to the HIV pandemic are significant. Communities of faith are well placed to engage with people affected by HIV in developing countries on a social, spiritual, economic and physical level. They also bring a local army of mobilised volunteers and caregivers who are able to reach marginalised people and remote places that are often inaccessible by agencies that lack a faith dimension. Furthermore, this army of volunteers makes development initiatives highly cost-effective and sustainable. In many cases, the work of faith communities precedes involvement with outside funding and will continue long past the end of the funding cycle.

Yet the challenges of partnership are significant. Unless there are concerted efforts by both secular and faith institutions to create space for dialogue and understanding, the differences will be a stumbling block rather than a rock on which to build strategic collaboration. Both must seek to understand and engage with differences in language, perspectives and end goals.

While progress has been made in acting upon recommendations for partnerships, these initiatives also shed light on significant gaps that have yet to be bridged in joining secular and faith initiatives in a coherent and effective manner. It is timely to address these gaps now in 2011, the thirtieth year since the first reported cases of AIDS Human Immunodeficiency Virus.

# Bibliography

African Religious Health Assets Programme, 2007. *Appreciating assets: the contribution of religion to universal access in Africa*. ARHAP, Cape Town.

"AIDS: The 30 years war." *The Economist*, 2 June 2011, London.

Attawell, Kathy and Drew, Roger, 2011. "UK Civil Society Contribution to Universal Access", Draft Discussion Paper for 2011 UN High Level Meeting on AIDS.

Bandy, G, Karpf, T, and Ross, A, 2008. *Building from Common Foundations: The World Health Organization and Faith-Based Organizations in Primary Healthcare*, WHO, Geneva.

Battcock, Mike, 2011. Working effectively with faith groups to fight poverty: Background Paper, Civil Society Department for DFID, London.

Boender, Wemoet, Dwarswaard, Esther, and Westendorp, Mariske, 2011. *Religion and Development, A Practitioner's Guide*. Kenniscentrum Religie en Ontwikkeling, Utrecht.

Coleman, J, 1990. *Foundations of Social Theory*. Harvard University Press, Cambridge MA.

Deneulin, Séverine and Rakodi, Carole, 2010. "Revisiting Religion: Development Studies Thirty Years On" in *World Development*, Vol. 39, No. 1.

Evans, David, 2008. *Transforming approaches to HIV prevention in Nigeria: A case study*, Tearfund, London.

Global Initiative for Faith, Health and Development, 2010. *Many Faiths, Common Action: Increasing the Impact of the Faith Sector on Health and Development*, Center for Interfaith Action on Global Poverty, Washington DC.

Haddad B and Olivier J, De Gruchy S, 2008. *The potential and perils of partnership: Christian religious entities and collaborative stakeholders responding to HIV and AIDS in Kenya, Malawi and the DRC*. Study commissioned by Tearfund and UNAIDS. ARHAP, Cape Town.

Jodhka, SS and Pradyumna, B, 2009. "Mapping Faith-based Development Activities in Maharashtra, India" in *Working Paper No.28*, Religions and Development Research Programme for DFID, University of Birmingham, Birmingham.

Lux, Steven and Greenaway, Kristine, 2006. "Scaling up effective partnerships: A guide to working with faith-based organisations in the response to HIV and AIDS." Commissioned by Church World Service, Ecumenical Advocacy Alliance, Norwegian Church Aid, UNAIDS, World Conference of Religions for Peace. Ecumenical Advocacy Alliance, Geneva.

Marshall, Katherine, 2009. *Faith and Development: Rethinking Development Debates*. World Bank, Washington DC.

Marshall, Katherine and Van Saanen, Marisa, 2007. *Development and Faith: Where Mind, Heart and Soul Work Together*, World Bank, Washington DC.



Narayan, Deepa, Robert Chambers, Meera Kaul Shah and Patti Petesch, 1999. *Global Synthesis*. Prepared for the Global Synthesis Workshop: Consultations with the Poor. World Bank, Washington DC.

Odumosu, O, Olaniyi, R, and Alonge, S, 2009. "Faith-based Organizations in Development in Nigeria: A Preliminary Mapping. Research Summary" in *Working Paper 38*, Religions and Development Research Programme for DFID. University of Birmingham, Birmingham.

Olivier, J, 2011. "An FB-oh?: Mapping the etymology of the religious entity engaged in health" in *When Religion and Health Align: mobilizing religious health assets for transformation*. Edited by B. Schmid et al. Cluster Publications, Pietermaritzburg.

Olivier, J, 2006. *ARHAP Literature Review: Working in a Bounded Field of Unknowing*. ARHAP, Cape Town.

Pallant, Dean, 2011. "Global Health Provision for Development: The Salvation Army's Experience Working in more than 100 Countries" in *World Bank Development Dialogue on Values and Ethics*. World Bank, Washington DC.

Paterson, Gillian, 2009. *Discovering Fire: Changes in the international thinking on health care: the challenge for religion*. Heythrop College, University of London, London.

Putnam R (with Leonardi R and Nanetti R), 1993. *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton University Press, Princeton NJ.

Taylor, Nigel, 2006. *Working Together? Challenges and opportunities for international development agencies and the church in the response to AIDS in Africa*, Tearfund HIV and AIDS briefing paper, London.

UNAIDS Partnership with Faith-Based Organizations Strategic Framework, Geneva, December 2009.

UNAIDS, IPPF, GNP+, ICW. *The People Living with HIV Stigma Index: User Guide*, London, February 2008.

United Nations General Assembly 2011 High Level Meeting on AIDS, "Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS." New York, June 2011.

Notes and concluding remarks from the Faith and Development Leaders Meeting, Accra, Ghana, July 2009.

Notes from a seminar organised by ACT Alliance and the World Council of Churches, Geneva, November 2010.





This report was commissioned by the Faith Working Group, UK Consortium on AIDS and International Development.

Author: Jennifer Courtney

© 2011 UK Consortium on AIDS and International Development