

Project number	39907134
Title	PMU Global HIV Projects

Countries

Benin, Togo, Zimbabwe

Summary

The HIV Global Project of PMU Interlife that started in 2004 is a response to the HIV/AIDS pandemic that strikes hard on many developing countries. PMU InterLife now has decided to evaluate the project in the transition period between Phase One and Phase Two.

This global thematic project has been implemented by PMU partners in 6 countries: Benin, Zimbabwe, Sarajevo (*in Bosnia*), Nepal, China (*in Yunnan*) and Egypt. The report here is on evaluation of the Benin and Zimbabwe components. PMU intends to learn from local interventions on HIV/AIDS, even those not directed related to the global project. Hence, PMU has provided support and education in HIV/AIDS to partners other than those active in countries included in the project, with the intention of creating a basis for future projects. Togo is one of such other countries. The evaluation team visited the PMU-funded HIV/AIDS activities in Togo and insights from them are also reported here.

In this report, the term 'national project' refers to the project being managed by the Church headquarters as distinct from projects being managed by the other lower structures of the Church – the regional, local assembly, and congregational levels. The Assemblies of God is a federation of semi-autonomous assemblies, and each assembly could and does run self-initiated and self-managed projects.

In the view of the evaluation team, the PMU HIV Global Project, as implemented in Zimbabwe and Benin, progressed as planned. It attained results commensurate to the respective duration of implementation. The project phase (2005-2006) at Benin was consolidation of work that had been going on for some years. In that phase, focus was on care and support to the infected. The Zimbabwe Project started in 2005 and has so far dwelt mostly on awareness creation. It was not yet been facilitating the infected people to form groups. Meanwhile, they are relating covertly – mainly or only to the Pastors and the health professionals to whom they disclosed their status. However, in the next phase, the Project should start facilitating formation of groups and open service to the infected. The Togo Project (2006-2007) was already intensely involved in care and support to PLWHAs and had assisted the formation of several mutual support groups (VAV)

Support to the infected, in the form of funds for medication, school fees and schools stationery for their children, and credit for micro-enterprise was considerable at Benin (and Togo) and have been highly valued. Nonetheless, it should be noted that only a fraction of those in need could be served. The needs are massive, but the Project did make a significant mark.

The Churches engaged in intensive and extensive awareness creation, using mostly talks. Films were shown to a limited extent; despite that the people considered these to be the most touching activity of the Project. Only a single set of film-showing equipment was available in each Project headquarters. Sets of portable laptop-with-projector would be highly valued. The low featuring of creative art messaging is not defensible. The next phase needs to have much of dramas, songs, poetry, puppetry and such other methods.

The evaluators observed great unease on the issue of promotion of condom usage. The indication received is that the generality of members of the implementing Churches are not receptive to the idea of promoting condom usage to the unmarried – not yet. It is worth noting the Project and the generality of the Church membership are essentially two entities. Both started on different end of the polarity viewpoints on HIV/AIDS. The Church has been moving and has shifted significantly, but, on the condom issue, it has

not yet reached the position of wide promotion of condom usage. It remains for the Project in each country to continue to facilitate the implementing Church to keep moving. The point to note is that, if the Church, as project-holder, is pushed insensitively on this issue of condom, it could recoil and go hardened, particularly, if the issue is pushed as 'donor conditionality', as a take-it-or-leave-it matter. Another possibility is that pushing the position could split the Church just like the issue of same-sex marriage has already caused division in some denominations. When people perceive a matter to touch upon their core value, great caution is required.

In each of the 3 countries, there has been ample space for the Churches to serve in HIV work. The part of the Church is not quite considerable on the national scene, but impact is reported to be notable at the villages and suburbs of towns where the individual Church projects target.

- Recommendations
- To enhance effectiveness and sustainability, the central personnel of the Project should concentrate on empowering the lower structures of the Church. And, within the local assembly, the various critical actors (pastor, deacons, teachers of Sunday School and of formal school, youth leaders, women leaders, and the committee of men's association) should be empowered to perform the roles and activities they are best positioned to carry out. Focus should be on training of trainers for each people-category.
 - The management of the Project in each country needs to be very cautious in handling the expressed unease of their Church membership on the issue of public demonstration of condom usage and promotion of condom to young people, including children. Through this Project, the Church has significantly been moving from ultra-conservatism and it is still moving; however there is a risk of sharp reaction if pushed insensitively on the condom issue. PMU needs to be aware that, considering the present stage of the Church's understanding on the issue, placing condom promotion as a 'conditionality for grant making' might generate a backlash from the Church. While there is indication that the Project staff believe in condom promotion to the unmarried including children, the Church as project holder currently does not – not yet.
 - In the next phase, the project leadership in each of the countries should be supported to design differentiated training for each people-category as a step forward on the existing generic ones.
 - It is noted that funding for hardware is scarce to get. Films have been widely recognized as the most effective awareness creation channel. The Churches should be assisted to get portable sets of laptop-with-projector for showing films more widely.
 - Micro-enterprise is very essential for the infected people. PMU should adopt micro-credit for PLWHAs as a regular project component rather than as a supplementary scheme.
 - There is need for the project to design activities that targets the men of the Church. It could start with a series of training workshops and joint reflection forums on 'Church men's Response on the HIV epidemic' aimed at both personal attention and community-focused action. Then let the Church men host community elders in similar joint reflection.
 - The *PMU Interlife Policy and Guidelines regarding HIV/AIDS* is a valuable, relevant and concise document. It lays a firm framework for effective preventive activities and for care and support to the infected and the closely affected. PMU should continue to promote its usage.
 - The Churches expressed concern about PMU's choosing to relate formally with one person who signed project agreement rather than with the Church leadership as a body. This approach is culturally inappropriate. It has already generated internal

challenges.

- As to recommendable structure for effective accountable management of country project, that of a Project or Program Steering Committee reporting to a Church Social Services Board is advisable. In the setting, the Social Services Board should include someone with financial expertise to serve as Honorary Treasurer. This person will oversee financial management of each of the projects or programs and direct the financial policy for all projects. Also, the Church headquarters would have one full-time Accountant and each program could have an accounting assistant. In any event, it is good for donor to deal with a leadership structure (through the Chair of the Project/Program Committee or the Chair of the Social Services Board) rather than with one individual personnel.
- PMU should consider supporting the Churches in their expressed desire to shift from project approach to programmatic approach
- The proposition on enlisting participation of the Community in governance of the Project is not a simple matter in the given context. It is very closely tied to the scope that the available funding could service. That clause in the *Guidelines* needs to be viewed in context. In Africa, involving a high profile committee raises undue expectations. Such a committee is expected to 'bring something' into the community. In the context of limited funding, inclusiveness could be sufficiently observed without raising unattainable expectations. With the unassuming low-profile approach that has been adopted so far, the Project has been touching and serving people from the diverse corners of the community, as evidenced by the heterogeneous composition of the PLWHAs groups.
- The proposition on enlisting participation of the infected people is important, but it should be recognized that formation of PLWHAs comes up only with time, when the individual infected people are emotional ready and when they adjudge the context to be ready for their being publicly identified. And even 'going publicly' is in degrees. For example, many will first go public in places where they are not personally known. And, according to the informants, it is easier in large towns than in rural areas where everyone knows everyone else. It needs to also be noted that the PLWHAs groups require to be accompanied for some considerable distance before they could become self-propelling, as they are progressively given increasingly challenging responsibilities.