

Progress Report

Fostering AIDS Initiative that Heal

[Project FAITH]

**Ecumenical Commission for Human
Development,
House No. 88, Street No. 8, Modern
Colony, Nazareth Road, Kot Lakhpat,
Lahore 54000 Pakistan
Telephone 0092-42-35835750
E-mail: info@echd.org.pk,
Website: www.echd.org.pk**



**FINAL REPORT FORM FOR
WACC-SUPPORTED PROJECT**

This document is for end-of-project reporting. It has two parts: a) Narrative Report; b) Financial Report. You will need to refer to your Project Application Form, the Agreement with WACC, and your bank statement when completing this form. Please return it with supporting documents and materials to WACC. Please answer the questions as fully as possible.

THE NARRATIVE REPORT

1. Project Title: (as appeared in the Agreement)	Fostering AIDS Initiative that Heal – Project FAITH
2. Project Reference Number: (as appeared in the Agreement)	1020
3. Full Name of Project Holder:	Ms. Riffat Rafique, Executive Director Mr. James Rehmat, Program Manager
4. Full Address:	House No. 88, Street No. 8, Modern Colony, Nazareth Road, Kot Lakhpat, Lahore 54000 Pakistan
5. Name of Country:	Pakistan
6. Period the project was implemented: (from month/year to month/year)	1 st March 2010 – 28 th February 2011
7. Project Grant received: [You must include any bank charges deducted]	Amount in local currency: 1,066,367.50 Amount in Euros or US\$ (circle as appropriate): 9,350
8. Date(s) Project Grant(s) were received: (as in your bank statement) 1 st remittance 2 nd remittance	Euro: 9,350 dated 17 th March 2010 Euro: 1,650 till receivable

ACKNOWLEDGMENT

Ecumenical Commission for Human Development expresses its gratitude to individuals and partner organizations who generously contributed their expertise and experience to the project. In a project such as this many people and civil society organizations are to be acknowledged. Among the foremost are the contributors and glides whose expertise and dedication to the project is most appreciated.

The project "Fostering AIDS Initiative that Heal" Lahore has been successfully completed in twelve months at five union councils of Liaqatabad (UC 129), Kot Lakhpat (UC 130), Kanchi Amer Sidhu (UC 134), Attari Saroba (UC 141) and Youhanabad (UC 142) of Lahore district with technical and financial assistance of The World Association of Christian Communication, Canada.

Special thanks are extended to Dr. Sarah Macharia; who is Programme Manager for HIV/AIDS, Communication and Stigma Programme, and Ms. Lavinia Mohr, Director Programmes, for coordination and financial support for the project and their valuable technical inputs for Ecumenical Commission for Human Development. These inputs are a source of encouragement and guidance for us to perform the above mentioned project at grass root level.

We also acknowledge the encouragement and technical assistance provided to us by our Board of Directors. Internally, we acknowledge the tireless efforts and participation of our technical advisor Mr. Joseph Sadiq, who supported us in project implementation process, capacity building of project staff, developing monitoring tools and internal evaluation of the project. We are also acknowledging Mr. Yunis Khuhsi to carry out the Research Study on "Attitudes of Religious Leaders towards People Living with HIV & AIDS."

Special thanks are also extended to Mr. James Rehmat, Programme Manager, Mr. Kamran Yousaf, Mr. Sadique John Mr. Kashif Nawab & Mr. Muhammad Asim (living with HIV/AIDS), Ms. Joyce Alfred, and Ms. Rozina Babar Ali, for their efforts for the project. Last but not least, special thanks are also extended to our pioneer volunteers Mr. Johnson Rehmat, Miss. Misbah Shafqat and Mr. Muddassar Shafqat for their efforts for Ecumenical Commission for Human Development.

Credit of success also goes to all the participants for their keen interest and efforts through the project activities for combating against HIV/AIDS in Pakistan.



RIFFAT RAFIQUE
Executive Director

Project Summary

The project involved in basic sharing to religious leaders in the national response to HIV for reducing discrimination and stigmatization toward HIV-positive people by discouraging the labeling of People Living with HIV and AIDS as immoral and help people courageously face the challenges of the epidemic by providing information, skills and necessary services for HIV prevention and control among different stakeholders in five towns of Lahore. The project was start with the orientation and training of project team. The project team identifies the target population/groups from religious community and organized them to become advocates and serves as second resource persons in their own congregations and parishes.

During the project life level of existing knowledge, attitude and practices was assessed by Participatory Learning & Action technique and carried out different interventions like design, develop and printing of IEC material, training manuals, organized interfaith HIV/AIDS dialogues, traditional performing art, Film Documentary of HIV/AIDS positive people, formation of Interfaith HIV/AIDS Network, hold Interfaith HIV/AIDS Conference on World AIDS Day conduct advocacy seminars and capacity building workshops for youth and religious leaders. Sada-e-Noor Resource Center was also strengthen and provide voluntary counseling, referral and testing services to young people and general community.

Project Background

Pakistan is the second largest country that stands a few steps behind India and Nepal in terms of HIV epidemic. Despite many efforts, the HIV infection rate has increased significantly over the past few years and in fact, the country has moved from a low prevalence to concentrated epidemic with HIV.

The emergence of religious schools in general and particularly in Pakistan is to provide a centre for religious education to future generations. It is also a popular perception that lack of access to formal education and financial resources, families are the pull factors for fostering enrollments in religious schools. Almost all of these religious schools impart religious knowledge only, without a feel of general knowledge, sciences, interpersonal and communication skills and international languages. Children and young people in formal education structures on one the other hand speak and write fluent English, are adept at general knowledge and world affairs, excel in scientific subjects and have a bright future prospects.

Stigma and discrimination have often been identified as primary barriers to effective HIV prevention, as well as the provision of treatment, care and support. Such viewpoints tend to employ stigma and discrimination as a catch-all for the multiplicity of negative beliefs, attitudes and actions related to the disease. Stigma often leads discrimination and this, in turn, leads to human rights violations for people living with HIV/AIDS (PLWHA) and their families.

Discrimination occurs when negative thoughts lead people or institutions to take, or omit to take, action that treats a person unfairly and unjustly on the basis of their presumed or actual HIV/AIDS status. Some examples of discrimination include hospital or prison staff denying health services to a person living with HIV/AIDS; employers terminating a worker from his/her job on the grounds of his or her actual or presumed HIV status; or families/communities rejecting those living with, or believed to be living with, HIV/AIDS. Such discriminatory acts, based on presumed or actual HIV status, are a violation of human rights.

Religious leaders have a great role to play in HIV/AIDS prevention care and support as well as reducing stigma and discrimination. Due to the respect accorded to them, their involvement and role modeling is high visible and can have a strong impact on the general public. As trusted source of information, they can help to increase the level of knowledge and awareness about HIV/AIDS and prevention methods. It is known that knowledge alone is not enough to effect behavior change, particularly related to reproductive health issues like HIV and AIDS, also known as the knowledge-behavior gap.

In March 2010, ECHD initiated a new dimension for its project “Fostering AIDS Initiative that Heal” [Project FAITH] in Pakistan with the financial support of the World Association for Christian Communication, Canada by streamlining and implementing a one year project for youth and religious leaders in Christian and Muslim religious schools.

The rationale was to reach out to young people and religious leaders in religious seminaries and equip them with skills to bridge the gap between the formal education and life skills based education. This effort was initiated to empower them to adopt safe, health-seeking behaviors and protect them from abuse, exploitation, drugs and diseases. These religious scholars were the spokes persons of the project within their respective target areas, and now after one successful year of implementation and observing the positive change in behaviors of young people and teachers the, religious leaders are willing to take up the role of advocating for its replication and up scaling with other religious schools within their areas of access.

Project Goal

The overall goal of the project is to involving religious leaders in the national response to:

- Reduce discrimination and stigmatization toward HIV-positive people by discouraging the labeling of PLWHA as immoral and;
- Help people courageously face the challenges of the epidemic by providing information that serves to acknowledge the existence of HIV and deepen understanding of HIV/AIDS.

Project Objectives

- To involve and sensitize religious leaders, theological seminary students, and people living with HIV and AIDS for reducing stigma and discrimination and HIV/AIDS related issues.
- To design, develop and distribute IEC materials and publications e.g. training manuals, stigma and discrimination related tools, posters, booklets, T-Shirts and Red Ribbon Pin for raising awareness.
- To strengthen an existing Sada-e-Noor Resource Centre as the place for people living with HIV/AIDS and religious leaders to share their problems and knowledge to reducing stigma and discrimination in general public.
- Strengthening the capacity of religious leaders and people living with HIV/AIDS of both genders on focusing communication skills, human rights, gender inequality and social injustice in addressing stigma and discrimination and HIV/AIDS related issues.
- To establish Interfaith HIV/AIDS Network and facilitate information sharing with the participation of government line departments, e.g. National and Provincial AIDS Control Programs, UN System Agencies, UNAIDS, National Association of People Living with HIV/AIDS, International NGOs, faith base organizations and media.

Intervention Strategy

- ❑ Orientation and capacity building of project team on Basic knowledge of HIV/AIDS, strategies and tools for reducing stigma and discrimination and other HIV/AIDS related issues.
- ❑ Identification, registration and selection of target population, and mapping of existing facilities in relation to HIV/AIDS in target union councils of Lahore district.
- ❑ Formation of Local Groups theological students and religious leaders in target union councils, each group comprised on twenty –twenty five individuals of both genders.
- ❑ Strengthen the Sada-e-Noor Resource Center at Head office with fully equipped by inforatory education and communication material and voluntary counseling, testing and referral services to people living with HIV and AIDS, youth and general public.
- ❑ Delivery of HIV/AIDS prevention and stigma and discrimination reducing services e.g. conduct baseline study among religious leaders on KAP, printing of IEC material, interfaith dialogue, interactive theatre, film documentary, Commemoration of World AIDS Day, advocacy seminar and training workshop for stakeholders.

- Developed linkages at local, provincial, national and international non-governmental organizations working for prevention and control of HIV and AIDS.

9. Activities:

Give a summary of the major activities carried out during the reporting period in comparison with those planned. In case of changes from the original objectives, please explain the reasons. Please describe in detail the activities of the project that were implemented such as content of production, programmes, workshops or training

- 9.1 If the project is a workshop, seminar, or consultation, please attach the list of participants, the themes/topics of their speeches/papers, and any statement, declaration, or book published.
- 9.2 If the project is primarily purchase of equipment, please describe what kind of impact / change the equipment is bringing to the beneficiaries.

1. Recruitment of Project Team

The highly professional project team was engaged through the recruitment policy adopted by the organization. The positions were advertised in the local newspaper and other way of communications and a rigorous process of recruitment and interviews were carried out at head office of the ECHD. Therefore, this process became a tiresome, and after a rigorous process a capable and professional team of professionals were engaged for the project that included the following:

- Ms. Riffat Rafique, Executive Director
- Mr. James Rehmat, Programme Manager
- Mr. Kamran Yousaf, Project Coordinator
- Ms. Joyce Alfred, Community Mobilization Officer
- Ms. Rozina Babar Ali, Community Mobilization Officer
- Mr. Sadique John, Community Mobilization Officer
- Mr. Kashif Nawab, Community Mobilization Officer
- Mr. Muhammad Asim, People living with HIV/AIDS, Counselor at Sada-e-Noor Resource Center

2. Capacity Building of Project Team

As working with stakeholders mentioned above for reducing stigma and discrimination related to HIV/AIDS, the following measures were taken by the organization for capacity building of project staff.

- **Project Orientation**

As per policy and induction plan of Ecumenical Commission for Human Development, new staff was hired on one year contract and briefed on the project goal, objectives and interventions along with vision, mission and goal of the organization. The staff was also briefed on policies and procedures of the organization and also given the project document to study and to develop common understanding on the objectives of the project.

- **Training Workshop**

The training workshop was carried out at the Sada-e-Noor Resource Center by Executive Director and Program Manager. During workshop different topics related to HIV and AIDS spread, unsafe practices and STIs, strategies of reducing stigma and discrimination and role of religious leaders and community for prevention of HIV/AIDS were discussed in detail. During these sessions, the mental barriers of the staff regarding the issues coming up in the brainstorming were addressed and discussed. The concepts of use of safe sexual practices were also discussed in detail through which the team was able to identify various methods. This also provided opportunity to the issue which they were to carry out in their regular activities in the field. During the workshop exposure visit was also paid at different organizations working in the field of HIV/AIDS Prevention and control at Lahore. The following organizations were visited:

- The Family Planning Association of Pakistan
- SATHI Foundation, a group of men having sex with men working on HIV/AIDS
- NARI Foundation, a group of female sex workers
- Life Plus & New Light AIDS Control Society, A groups of people living with HIV & AIDS

3. Knowledge, Attitude & Practice Study on HIV/AIDS & related issues

A KAP survey is a representative study of a specific population to collect information on what is known, believed and done in relation to a particular topic. KAP assessment is particularly important to help plan, implement and evaluate the Project FAITH Education courses delivered to the young people and teachers of religious educational institutes. The survey approach assesses the knowledge, beliefs and cultural values and practices relative to a particular topic. It could be used as sustaining the quality of interventions and can help the management to take appropriate measures accordingly.

This study was carried out with the technical assistance of a renowned consultant Mr. Yunis Khuhsi. It was done to collect baseline data on existing social services available in the target areas. To assess existing knowledge, attitude, behavior and practices on HIV/AIDS related stigma and discrimination among religious youth and leaders. The specific objectives of the study are as follows:

- To inquire about the basic knowledge of religious youth and leaders about basic health and HIV/AIDS.
- To inquire about the sources of knowledge of the religious youth and leaders about HIV/AIDS related stigma and discrimination.
- To inquire about the level of knowledge of the religious youth and leaders about the ways and means of spread of HIV/AIDS.
- To inquire about the factors of discrimination and stigmatization against the people living with HIV and AIDS.
- To make recommendations for reducing discrimination and stigmatization against people living with HIV and AIDS and role of religious community.

During the KAP study, a social mapping was also carried out to identify the spots where the health related services are available to young people and community. This social mapping identifies the different facilities and opportunities exist in the project areas for young people. The social mapping was done in following Union Councils of Lahore:

S #	Union Council #	Project Sites	Existing Facilities
1.	UC 129 – Liaqatabad	Q-Block Flats Dilkushah Colony	Basic Health Unit, Youth Clubs, Grounds, Religious Seminaries, Dispensary, CBOs
2.	UC 130 – Kot Lakhpat	Modern Colony Saint Francis Colony	Mother & Child Health Center, Youth Clubs, Religious Seminaries, Dispensary, NGOs, FBOs
3.	UC 134 – Kanchi Amer Sidhu	Gulstan Colony Marriam Colony	Basic health Unit, youth clubs, women organizations, FBOs
4.	UC 141 – Nishter Colony	Awan Market Nishter Colony	Basic Health Unit, colleges, Religious seminaries, youth clubs, grounds,
5.	UC 142 – Youhanabad	Youhanabad Asif Town	Basic Health Unit, colleges, Religious seminaries, youth clubs, grounds,

The results of the courses in religious schools were assessed through KAP approach i.e. Knowledge, Attitude and Practices/Skills. For this purpose a questionnaire was developed having basic questions to assess the knowledge, attitude and skills of the religious schools students and teachers about self, attitude towards HIV/AIDS and stigma and discrimination and communication etc.



To assess the results of the curriculum imparted to students in religious schools of Lahore, pre and post tests were conducted by the implementing organization at five selected union councils. The data was analyzed using Statistical Package for Social Sciences (SPSS) software. Simple frequencies were taken using SPSS and then the frequencies were manually analyzed to assess the effects of HIV/AIDS education on both male and female students in religious schools. The major findings were included:

- The majority of the congregations are not ready to admit that Stigma and Discrimination exists
- Traces of stigma and discrimination could be noted but you needed to go deeper to find the practices and behaviors.
- Stigma and discrimination exist in forms of language and labeling of people living with HIV
- Stigma and Discrimination is perpetuated by lack of information and understanding of the causes and symptoms of HIV and AIDS.
- The faith community has not done much to create a forum for open discussions on HIV and AIDS related Stigma and Discrimination. Thus perpetuating the silence
- Religious leaders are not sufficiently educated on issues of HIV and AIDS within their congregations, even through policies and guidelines
- Theological orientations and practices are laden with judgementalism leading to increase in Stigma and Discrimination.

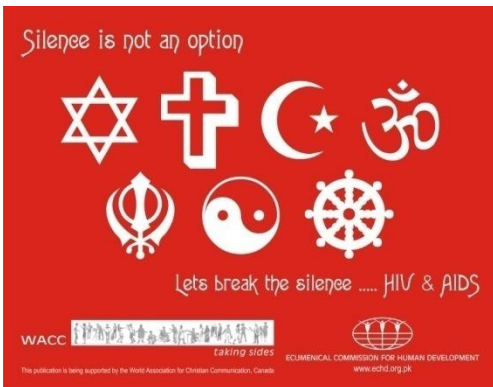
Conclusion: Given proper training, religious leaders can become strong allies in HIV/AIDS prevention and control programs focused on awareness creation, behavioral change, and the elimination of stigma and discrimination against people living with the virus.

Recommendations: It has been shown that religious leaders can play an important role in HIV/AIDS prevention in view of their influence and acceptance among their respective congregations; it is thus critical to meaningfully involve them in prevention and care and support endeavors. Development of culture- and religion-specific training materials to empower them and provision of technical support are crucial strategies.

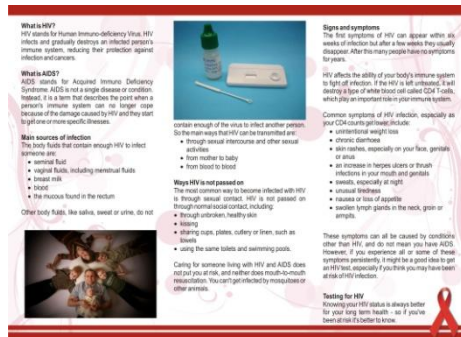
- Religious leaders are found to participate most actively at the beginning of the program and less during later stages. Most leaders were active in communities beyond their immediate jurisdiction and are most effective in rural communities. The majority of them spoke openly to their congregations about HIV/AIDS, with only a few reluctant to discuss this topic in churches and mosques. According to the communities, investigators' observations, and the religious leaders themselves, leaders were very effective in breaking the silence, overcoming various misconceptions about HIV/AIDS, and addressing the stigmatization problem. Nevertheless, sensitive subjects such as sexual transmission of HIV and use of condoms proved difficult to discuss.

4. IEC Material Development

HIV/AIDS remains un-curable, only marginally treatable, and yet completely preventable. In spite of encouraging statistics on AIDS awareness, incidence is likely to continue rising due to complacency and failure in behavior change. As long as cultural norms around sex and sexuality, health seeking behavior, attitudes towards people living with HIV/AIDS and others do not change, the messages in the campaigns against AIDS will continue to be of limited effect.



Ecumenical Commission for Human Development have conclusively demonstrated that information, education and communication (IEC) interventions that are reflective of and responsive to local cultures and conditions are far more effective than approaches reflecting western contexts. This is particularly true in the area of HIV prevention programmes for targeting groups. The major problem with past approaches is that they do not adequately address the complex socio-cultural context that targeting groups live in and that affects their reproductive behavior. Many target groups do not have the power to make independent decisions regarding their sexuality because they live in social environments, which are not always conducive to independent decision-making.



IEC materials comprise a wide range of brochures, posters, information leaflets and booklets. This material is increasing the knowledge regarding HIV and AIDS as well as also reducing stigma and discrimination in the society. ECHD facilitates target groups to play an important role in the collecting information, designing and development, production and dissemination of IEC materials in their respective target schools. The IEC material included brochures, poster and booklet to enable us for a positive changed in the community. The IEC materials develop by government and over organizations was also distributed duration of the interventions of the project.

5. Interfaith Dialogue

Religion and religious leaders have great influence in our project target areas and making a positive contribution to ongoing debates on HIV/AIDS and other Health related issues. A high percentage of the population is participating in faith-based activities. ECHD is playing a meaningful and far-reaching role in the development process, especially where religions collaborate closely with policy-makers and grassroots organizations and institutions. ECHD believe that working across religions is a key to response the crisis that confronts us all. We understand that churches, mosques, temples and others work together, they can disseminate information about HIV to the broadest possible cross-section of the population, thus reducing the risk of leaving out isolated groups, be time and cost effective, because they use social networks that are already well established and eliminate inconsistency between the religions in the messages that are communicated about HIV and AIDS.



The interfaith dialogue also develop, between different faith traditions, a critical mass of knowledge to influence decision and policy-makers, empower women to raise HIV awareness, challenge gender stereotypes and improve their decision-making power in communities, by involving them in HIV education, prevention and care and use People Living with HIV and AIDS as role model to challenging stigma and promoting non-discrimination at community level.

During the project life, interfaith dialogue technique was used as a platform for young people and religious leaders of different faiths and communities to get together and exchange their opinion regarding HIV/AIDS and reducing stigma and discrimination. Total of eight (8) dialogues were organized to share and explore such values, religious teaching, cultures and tradition for human dignity and respect. The contents of the interfaith dialogue included the following;

S#	Topic of Performance	No. of Beneficiaries
1	Communication and Leadership skills	44
2	Concept of Basic Health/Disease and HIV and AIDS and religion	42
3	Faith based approach to prevention and control of HIV and AIDS	38
4	Strategies for reducing stigma and discrimination	40
5	Reducing HIV/AIDS stigma and discrimination and religious leaders	44
6	People living with HIV & AIDS and Role of religious leaders	42
7	HIV & AIDS, Religious Leaders and Vulnerable Communities	45
8	HIV & AIDS, Male & Female Sex Workers & Religious Leaders	42
TOTAL BENEFICIARIES		337

6. Performing Art

Performing art is a tool to raise awareness for the prevention of HIV and AIDS among target communities along with young people and religious leaders. We are in agreement with our local partner "**Kawish Resource Center**", which has the theatre groups and spread the message by conducting eight interactive theatre performances both at World AIDS Day and International Candle Light Memorial Day. These performances were designed to raise awareness and reducing stigma and discrimination and also challenge to local communities and religious leaders to take appropriate steps and action to help people living with HIV and AIDS. These performances also encourage to religious leaders to change their behavior and male love and caring response towards people living with HIV and AIDS. The following performances were organized:

S #	Topic of Performance	# of Beneficiaries
1	Basic of HIV/AIDS. Role of community	135
2	HIV/AIDS related stigma & discrimination on World AIDS Day	165
3	HIV/AIDS related stigma and discrimination at community level	154
4	HIV/AIDS and role of stakeholders at community level	127
5	HIV/AIDS & PLWHA on International Candle Light Memorial Day	133
6	HIV/AIDS related stigma and discrimination at community level	121
7	Reducing stigma and discrimination of HIV/AIDS at community	119
8	Young People and HIV/AIDS	133
TOTAL BENEFICIARIES		976

7. Film documentary

The documentary "**Faith in Action**" is comprises on the series of the sermons of religious leaders in response to reducing stigma and discrimination and prevention of the disease at local level. It monitors the activities and the efforts in such area, necessary to mobilize as many leaders as possible for more proactive effective policies, and creating enabling environment for People Living with HIV and AIDS. Religious leaders are thought to be the most influential in changing the hatred in the current religious discourse, into a more positive and humane discourse, through their heavenly based messages. The documentary was also on aired at local cable networks in target areas of the project and the community responds it positively.

8. HIV/AIDS Conference

Ecumenical Commission for Human Development was organized a conference on the theme of “Reducing Stigma and Discrimination, HIV/AIDS and role of Religious Community” with a focus to uniting youth and religious leaders of different faiths for ensuring their meaningful participation in the prevention and reducing the stigma and discrimination in relation to HIV and AIDS in the country.

The objectives of the conference platform to advocate for meaningful leaders participation in prevention by using different tools to reducing discrimination and enhance the role different levels. The focus was to various youth groups, using cultural Summit resulted in formation of a Network to carry forward the young delegates to develop and recommendations. The Project FAITH valuable experience to the which it continues working in this field youth and religious leaders.



were to develop a youth and religious and control of HIV/AIDS stigma and of religious leaders at create harmony amongst diversity as strength. The Local Interfaith HIV/AIDS recommendations of 150 implement proposed focused has provided organization based on with a focus expanded

9. Advocacy Seminar



While taking it in view the thinking style of the general population it is find that the general population is feared of the HIV/AIDS that is why their attitudes cause stigma and discrimination of HIV positive persons and they are ignored in the society and they are not given human status in the society and in the family as well. Therefore, it is in accordance with the project interventions to aware the general population so that they hate HIV/AIDS disease but love positive people because they need our support which will reduce stigma and discrimination. During the project life, we were organized three advocacy seminars as following:

S #	Topic of Advocacy Seminars	# of Beneficiaries
1	HIV/AIDS and People living with HIV and AIDS	151
2	Reducing Stigma and Discrimination & Care and Support Services for People Living with HIV and AIDS	177
3	HIV/AIDS and Role of Religious Leaders	169
TOTAL BENEFICIARIES		497

10. Training Workshop

Capacity Building Training workshops were conducted by involving religious leaders and young people of all ages both men and women, with a theme “reducing stigma and discrimination towards HIV and AIDS” explaining preventive measures and methodologies. Young people and religious leaders are keen interested to learn more about HIV/AIDS. A number of young people and religious leaders and students were attended these workshops, but due to social taboos, some people are reluctant to talk openly on this topic, as people only have the concept of sex activities when they come across the term HIV/AIDS. Therefore, a series of four training workshops were conducted comprising an average of 25 participants from the local community on the following topics:

S #	Topic of Training Workshop	# of Beneficiaries
1	Teaching Religious Leaders to Communicate Young People	24
2	Guidelines for Reducing Stigma and Discrimination & Care and Support Services for People Living with HIV and AIDS	25
3	HIV/AIDS and Role of Religious Leaders	24
4	HIV/AIDS and Young People as "Peer Education"	23
TOTAL BENEFICIARIES		96



10. Was the project successful? (If possible, please give measurable indicators.)

CONTENT OF KNOWLEDGE	% BEFORE PROJECT	% AFTER PROJECT
Knowledge - Religious leaders & Young People can correctly identify		
Two ways that HIV infection is transmitted	47	89
Three ways to prevent transmission of HIV infection, including use of condom	46	82
The increased risk of transmission of HIV infection through sex with injecting drug users	39	72
That the use of condom during anal sex (of course vaginal sex also) can prevent the occurrence of other sexually transmitted infections	41	79
At least three sites for obtaining condoms and water based lubricants	31	80
A local clinic or private doctor that provides treatment for sexually transmitted infections	29	74
The location of a center for voluntary counseling and testing services	15	83
Attitudes - Religious leaders & Young People express positive attitudes towards		
Personalized risk of HIV infection	33	76
Risk of HIV and other sexually transmitted infections through sex with multiple sex partners	41	89
Their own use of condoms in sex with multiple partners	32	90
The use of condom by fellow individuals	37	88
Getting prompt treatment for symptoms of sexually transmitted infections	34	84
Avoid having sex with injecting drug users	32	92
Know to be an injecting drug users	38	82
Getting tested for HIV sero-status	36	72
Skills - Religious Leaders and Young People can		
Demonstrate correct use and disposal of a condom	27	78
Explain two ways of convincing client or partners to use a condom and water-based lubricants.	24	80

11. Project Beneficiaries: Please describe the actual direct beneficiaries and indicate the number of women and men. Please also mention any indirect beneficiaries.

The primary beneficiaries of the project are the more than 500 young people of different religious institutes, religious leaders of different congregations, people living with HIV and AIDS, media representatives and government and civil society representations, who obtain the advanced information and knowledge, regards HIV and AIDS and related discrimination and stigma. These trained young persons and religious leaders now able to source for latest information and in a better position to guide people at grass root level.

The secondary beneficiaries of more than 3,000 are the target communities of five union council's congregations, youth groups, church women organizations, students of religious institutions, media representatives, government officials and local civil society organizations working on health and related issues. They have updated information, knowledge and regular access to the services e.g. voluntary counseling, HIV testing and referral services for sexually transmitted infections. These secondary beneficiaries now easily communicate with congregations and train the local leaders on HIV/AIDS and related stigma and discrimination of the disease.

Local civil society organizations started new grassroots initiatives which are contributing to the general improvement of the quality of life of the people in the target communities. Trained health activists and local potential community leaders are future parents and decision makers in their homes and surrounding communities. The training skills prolonged access to these facilities and continuing to benefit not only men and women but also their children and other members in their families as well as other community groups and congregations.

12. How have the beneficiaries reacted to the programme activities? What were the impacts of the project and different effects on women and men in the project?

Rev. Rana Ajmal Jacob, District Superintendent, Diocese of Raiwind,

When I see the devastation that HIV and AIDS are wreaking across the country, I can understand why people talk of losing hope. My wife and I have seen evidence of this terrible scourge in Lahore, Karachi, Peshawar, Sargodha, Faisalabad, Gujarat and number of other districts. Families and communities are in the grip of an appalling pandemic which is gnawing away at the very fabric of society.

But there *is* hope, even in remote communities decimated by disease and largely overlooked by the rest of humanity. I have seen it first-hand. And much of this hope lies in the hands of Pakistani churches and organizations which, for years, have been on the front line of care for thousands of people living with HIV and AIDS. For these people of faith, hope is not abstract: it's something practical and powerful. It is seen when someone holds a child's hand as his mother slowly slips away; and it is seen when a church leader risks his reputation by having an HIV test and sets the example for others to do the same.

The churches and their vast networks of volunteers are one of the few groups which are wrestling with the pandemic at lose quarters every single day. And yet they receive little recognition and scant funding from outside sources; in some cases churches' capacity is being stretched to breaking point.

And yet churches are also part of the problem. Many people of faith need to think long and hard about the part they have played in feeding the stigma and discrimination surrounding HIV and AIDS. Churches represent vast untapped potential to change behavior and attitudes. If we put our own house in order and if we are properly resourced and trained, churches and other faith groups could become one of single most effective strategies for tackling the pandemic.

We are at a critical juncture: we have international targets for halting the relentless march of HIV and AIDS, and a consensus among donors and governments that this is a real possibility. The funding and political will are falling into place. The challenge now is to ensure that international action translates into results in the worst-hit areas – and in this, I believe, churches have a crucial role to play.

Sister Mercedes RJM, Convent of Jesus & Mary

'[Churches] must bear a heavy responsibility in relation to the crippling issue of stigma, and its attendant problems of fear, denial and silence, which too often prevent treatment just as for any other disease.

We have too often espoused destructive theologies that inexorably link sex and sin and guilt and punishment. We must take the lead in overturning these distortions. Of course we must uphold sexual morality, but we must do so in a way that gives people, especially the young, a holy, healthy and holistic view of life, not merely a list of 'don'ts'. We must also do so in a way that does not allow people to be marked out, labeled, judged and ostracized.

Too often it is the faithful wives of unfaithful husbands who are most at risk – and their children, whether infected or affected, also suffer through no fault of their own from belonging to stigmatized families. Yet our Christian tradition teaches us to give special care to abandoned women, widows and orphans.

Stigma has become the silent killer: it decimates families, who cannot speak to each other about the illness in, their midst. Stigma brings fear of alienation and rejection. People shun testing and even exclude themselves from treatment, since this would give the game away. So, often unwittingly, they continue to spread infection.

If we are to defeat this 'sleeping giant' we must break the silence and end the stigma. We must ensure we are no longer part of the problem and instead help lead the solution.'

13. Outcome and Outputs of the project: What has your project achieved and what has changed?

If your project produced media, please send a sample copy of audio/video cassettes, CD, VCD, or DVD and label it with title, duration, language used, and date of production. If you can, please send photos with informative captions (digital photos, if possible), newspaper/radio clips, homepage links, etc.

Ecumenical Commission for Human Development was developed different training manuals, which we used in training workshops are following:

Training Manual: Teaching Adults to Communicate with Youth from a Christian Perspective

The church has long been a safe environment that organizes and sponsors activities for young people. Christian institutions are places where moral values are formed and strengthened, self-esteem is cultivated, and life's lessons are taught using the Bible. In the public health field, research has found that a connection to religion is a protective factor for youth in terms of healthy behaviors in the future. Youth often go to church and expect direction and leadership from adults. Yet, many adults in Christian communities need training and resources in order to feel prepared to provide guidance to youth about reproductive health, including the prevention of HIV.

To address the needs of adults who wish to provide accurate public health information in collaboration with faith-based organizations, Ecumenical Commission for Human Development has produced "*Teaching Adults to Communicate with Youth from a Christian Perspective*". This manual has two purposes: 1) to educate adults about reproductive health and HIV issues and 2) to help adults learn how to communicate with youth about these issues within the context of shared faith.

The manual is intended to encourage open discussion about sexuality, reproductive health, and HIV in the context of faith communities. It provides a forum to clarify Christian values around reproductive health and HIV prevention, while providing accurate technical information on these topics. The contents of the manual are following:

Introduction	
Section 1	Skill to Communicate with Young People
Section 2	Five CFLE Communication Steps
Section 3	Sexual Development of Boys
Section 4	Sexual Development of Girls
Section 5	Menstruation
Section 6	Preparing for Reproduction
Section 7	Sexual Desire
Section 8	Sexually Transmitted Infections
Section 9	HIV and AIDS
Section 10	ABCs of HIV Prevention
Section 11	Voluntary Counseling and Testing
Section 12	Ten Ways Young People Can Avoid Unwanted Sex
Section 13	Helping Youth Choose Abstinence before Marriage
Section 14	Common Drugs and Alcohol
Section 15	Healthy Relationships
Section 16	Helping Young Couples Understand Faithfulness
Section 17	Preparing for a Baby
Section 18	Fertilization
Section 19	Pregnancy
Section 20	Family Planning
Additional Sources for Reflections	

Training Manual: Guidelines for reducing stigma and discrimination and enhancing care and support for people living with HIV and AIDS

This training manual aims to provide guidelines on HIV and AIDS stigma reduction strategies for use by non-governmental organizations and the communities that they work with. The guidelines cover four thematic areas:

- Stigma and the family
- Stigma in faith based organizations
- Stigma in the workplace
- Stigma in the media/communication

The guidelines have been developed to contribute information to support organizations working to achieve the following results:

- Reduce stigma and discrimination in the Family through attitude changing education that enhances care and support for people living with HIV and AIDS
- Broader and increased involvement of faith based organizations in the fight against HIV and AIDS, in order to contribute to the reduction of HIV/AIDS prevalence, and the restoration of positive values in society.
- Create a workplace environment that encourages prevention, treatment and care, promotes voluntary counseling and testing and is supportive to all workers irrespective of their HIV and AIDS status.

- Increase the capacity of National Networks to use the Media, social networks, Media personnel and all forms of communication in raising awareness and promoting action to challenge HIV and AIDS related stigma and discrimination.

14. Evaluation

- 14.1 What were the results of evaluating the project?

Pakistan is the second largest country that stands a few steps behind India and Nepal in terms of HIV epidemic. Despite many efforts, the HIV infection rate has increased significantly over the past few years and in fact, the country has moved from a low prevalence to concentrated epidemic with HIV. HIV & AIDS epidemic which has given rise to life threatening infections and lastly the Stigma and Discrimination, which has proved to be the biggest challenge. To fight against stigma and discrimination, Ecumenical Commission for Human Development decided to conduct the project final evaluation and take steps in addressing it. The evaluation aimed at unveiling HIV and AIDS related stigma and discrimination being perpetuated within the faith communities in order to contribute to the prevention of spread of HIV and mitigate the impact of AIDS.

The evaluation was qualitative and five operational union councils were covered basing on their Religious, cultural and socio-economic diversity. These union councils were Kot Lakhpat, Youhanabad, Nishter Colony, Kanchi Amer Sidhu and Atari Darbar. Key informant interviews were conducted for the different categories (Religious leaders) focus group discussions (Men, Women, PLWAs, Youth) and individual interviews. Data was collected by use of PRA tool. The tools included Semi structured interviews, structured interviews and direct observation. A total of one month was devoted for consultations and discussions with different groups of respondents in each union council. A total of 150 people were interviewed, 5 focus groups discussions were held.

The major findings were included:

- The majority of the congregants are not ready to admit that Stigma and Discrimination exists
- Traces of stigma and discrimination could be noted but you needed to go deeper to find the practices and behaviors.
- Stigma and discrimination exist in forms of language and labeling of people living with HIV
- Stigma and Discrimination is perpetuated by lack of information and understanding of the causes and symptoms of HIV and AIDS.
- The faith community has not done much to create a forum for open discussions on HIV and AIDS related Stigma and Discrimination.
- Religious leaders are not sufficiently educated on issues of HIV and AIDS within their congregations, even through policies and guidelines
- Theological orientations and practices are laden with judgementalism leading to increase in Stigma and Discrimination.

The final recommendations were;

- The faith communities are best placed to provide accurate, unbiased information, ways should be identified to ensure frequency and regular provision of HIV and AIDS related information to dispel myths, fears and anxiety on issues of Stigma and Discrimination
- Policies should be introduced and implemented to the faith communities in relation to the National AIDS Framework and global principles on PLWAs
- There should be greater empowerment of PLWAs and involvement in activities.
- Faith communities should collaborate and network with other stakeholders in the fight against HIV and AIDS.
- Religious leaders have to be trained for theological transformation and practices so as to enable them to fight HIV and AIDS and assist in the mitigation.

- Faith communities have to protect the rights of women and children so that they are able to decide responsibly on issues of sexuality.
- Faith communities need to produce a set of guidelines for stigma –mitigation interventions

Comments

14.2 What were the challenges, difficulties, and/or failures in carrying out the project? Please explain how you addressed these issues.

- Pakistan is a frontline state of war against terrorism and government plays an active role and a huge amount of annual budget is being spent on this war. Very limited financial resources are available for health sector especially prevention and control of HIV and AIDS.
- Last year, Pakistan faced devastating flood in the history. The flood badly hit many areas in all provinces of the country. More than 2,000 lives have been lost, considerable numbers are still missing and millions are displaced. Government and other agencies are busy in paying full attention to rehabilitate the victims of flood and the war against terrorism and the funds are transferred for purchasing food, shelters and other non-food items for affectees.
- Cultural and other restrictions on focusing sexual transmission of HIV and promotion of condom use for STIs, IEC messages through mass media are inadequate and the civil society organizations lack the enabling environment that is so crucial for an effective response.
- Condom use is one of the single most important factors in an effective and successful response to HIV/AIDS. Although condoms are promoted as an integral part of service delivery to target populations, usage levels are woefully low.
- Religious leaders and congregations of different faiths are still reluctant to accept that there is a danger of a generalized epidemic in the country. Due to limited information and knowledge, they still discuss to talk about sex and related issues are considered as a sin.

Ecumenical Commission for Human Development, a faith based national agency sought such a solution through information, education and communication (IEC). The proposed solution was three-fold i.e. (1). Involve and sensitize religious leaders, theological seminary students, young leaders, women rights groups and people living with HIV and AIDS for reducing stigma and discrimination through orientation meetings, IEC material dissemination, interfaith dialogue and interactive theatre (2) Advocacy and access to voluntary counseling and testing services to people living with HIV and AIDS; (3) and Capacity building of religious community, young leaders and people living with HIV and AIDS to serve as resource persons and later become an agent of change.

Through these interventions Ecumenical Commission for Human Development encourage religious leaders to pay full attention on the disease and help to community and positive people to adopt and maintain positive living practices, increase the disclosure of HIV status, if s/he is living with disease, and improve community involvement in HIV/AIDS related services.

15. Other comments, if any.

The success story of the project is available at the website of the World Association for Christian Communication, Canada.

16. Name of the person submitting the report: JAMES REHMAT Position: Head of Programs

Date: April 08th 2012

Signature: 