



## **AIDS Community**



### **AIDS COMMUNITY Consolidated Reply**

***Query: Roles for Faith Based Organizations, Emmanuel Hospital Association, Delhi, (Advice)***

**Compiled by E. Mohamed Rafique, Resource Person; research provided by Seema Kochhar, Research Associate.  
22 November 2005**

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**Original Query: Dr. Shantanu Dutta, Emmanuel Hospital Association, Delhi.**

**Posted: 8 November 2005**

I am doing some work on behalf of a UK-based Faith Based Donor who wants to explore whether there could be a unique role for FBOs in dealing with HIV/AIDS in India, in order for them to position themselves in that context and obtain maximum return. Here by FBOs, I am not talking of Christian groups alone as is often implied, but about any FBO. Specifically, in what areas would a Faith Based Organization have a particular strength, and in what areas would its ideology or belief system be a handicap? Any insights from members would be greatly appreciated.

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#### **Responses were received, with thanks, from:**

1. [Dr. David Solomon](#), SHADOWS, Andhra Pradesh.
2. [Mr. Shafique-ur-Rahman](#), KBN College of Engineering, Karnataka.
3. [Mr. Augustine Veliath](#), UNICEF, New Delhi.
4. [Mr. V. Sridhar](#), Amity Humanity Foundation, Noida.
5. [Ms. Gitanjali Singh](#), UNIFEM, New Delhi.
6. [Dr. L. Ramakrishnan](#), SAATHI, Chennai.
7. [Mr. Ashok Row Kavi](#), Humsafar Trust, Mumbai.
8. [Mr. S. Narendra](#), Centre for Media Studies, New Delhi.
9. [Dr. Rachna Bhardwaj](#), WHARF, Mumbai.
10. [Ms. Indhu Sudhakaran](#), Chennai.
11. [Dr. Deeksha Meher](#), Vasavya Mahila Mandali, Andhra Pradesh.
12. [Dr. Abha Jha](#), Catholic Relief Services, Lucknow.
13. [Dr. Rajaratnam Abel](#), Christian Medical College, Vellore.
14. [Mr. Raja Solomon](#), SHADOWS, Andhra Pradesh.
15. [Mr. B. Ragupathy](#), AIRTIDS, Andhra Pradesh.
16. [Dr. Shantanu Dutta](#), Emmanuel Hospital Association, New Delhi.
17. [Mr. Sunil George](#), Peoples Health Movement, Banagalore.

18. [Dr. Ganesh.P. Rane](#), RRR Industries, Mumbai.
  19. [Dr. Amitrajit Saha](#), DMSC, Kolkatta.
  20. [Ms. Seema Khanna](#), New Delhi.
  21. [Mr. Ashok Kumar Paikaray](#), Mahavir Yubak Sangh, Orissa.
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## Summary of Responses

Member contributions touched on the advantages and drawbacks of faith-based organizations (FBOs) in dealing with HIV and AIDS in India, and offered additional insights on ways to strategically promote the more effective involvement of FBOs in the response to AIDS.

Member contributions and supporting literature highlighted significant potential comparative advantages of FBOs in HIV and AIDS intervention efforts:

- **Infrastructure**, including manpower, facilities and monetary resources.
- **Organization and reach** to different sections of the population. For example, the Church can reach women and children through programmes such as Sunday school, women's groups etc.
- **Influence** – FBOs and their associated leaders enjoy profound trust and faith among their followers which can be used positively in prevention efforts as well as in reducing stigma and discrimination associated with HIV.

From these advantages, members identified FBOs strengths in the following areas:

- **Treatment and Care of people living with HIV:** Since religions generally advocate looking after the sick and needy, FBOs can provide treatment and care to people living HIV. This advantage can be particularly useful in resource-constrained settings. For example, **Andhra Pradesh State AIDS Control Society** was able to bring down the cost of **institutional treatment** through a partnership programme with all mission hospitals where APSACS bore the running cost while the local churches provided the hospitals with some staff and part time doctors and infrastructure such as beds etc. Also, involvement of religious institutions and leaders in **home-based care** can provide the infected persons with a sense of relief and comfort. FBOs can also have a very useful role in providing **palliative care** to the sick and dying.
- FBO can also be a source of **spiritual support, comfort and strength** to people living with HIV.
- **Care of orphans** and children infected or affected by HIV being without family support.
- **Education of children**, whereby schools run by FBOs can inculcate family life education in their curriculum.
- **Advocating change in behaviour:** The monthly religious magazine, '[Yog Sandesh](#)' by Sri Param Poojya Swami Ramadevjee Maharaj which reaches out to millions of people has addressed issues related to HIV and AIDS. FBOs potential for influencing a public behavior has been demonstrated by the Punjab Voluntary Health Association, which got a *hukumnama* issued by **Akal Takh** (Sikh religious order) to say that female foeticide was against the Sikh ethics. FBOs can also play a major role in convincing young people about abstinence and adults about being faithful to one's partner.

On the other hand, contributions pointed out that FBOs may not be as helpful in areas that challenge their ideology and value systems. Prevention efforts focused towards both key populations as well as general populations are likely to be compromised by judgmental attitudes of FBOs based on moral grounds. For example, FBOs that shun any form of 'non-procreative' sexual activity would not be in favour of HIV prevention efforts that **promote condom use**.

Similarly, FBOs have been known to promote resistance to outreach groups **working with key target populations** such as men who have sex with men and others sexual minorities, injecting drug users and sex workers. FBOs generally promote **centrality of the 'family' and patriarchy** advocating heterosexual families with a patriarch as head as the only 'normal' social units, leading to stigma against any other forms of family units.

Members identified work they are doing to mitigate the drawbacks of involving FBOs. Some are involved in advocacy efforts to change the mindsets of the top religious leaders towards HIV and AIDS on issues such as condom use, sex workers, IDU, and alternate sexualities. Useful strategies include getting religious leaders involved in care and support programmes, or convincing them from making public statements (such as on condom use) that set back prevention campaigns. **Vasavya Mahila Mandali** in Andhra Pradesh is involved in advocacy with the religious leaders to maximize their support. In Andhra Pradesh, **SHADOWS hospital**, with support from **Christian Medical Association of India (CMAI)**, trained local religious leaders to include HIV awareness in their religious messages. **Amity Humanity Foundation** conducts sensitization programmes for religious leaders on the need of their involvement in home-based care and support for people living with HIV. Additionally, local FBOs, which have **faith based educational institutions or medical facilities** where faith based leadership can play a role model-setting role are also being sensitized. The precedent set by **Red Cross and Red Crescent Societies** across the world can be used to encourage FBO in India to adopt similar strategies suiting the local needs.

A point highlighted in the contributions is that the scope of this issue should not be limited to Church based FBOs, since to reach the entire population FBOs of all religions must be involved. Services offered by organisations such as Ramakrishna Mission Hospital, Bharat Hindu Samaj, Arya Samaj, Satya Sai Seva Sansthan and Mata Amritamayee should be acknowledged and utilized. Also, religious leaders such as Asaram Bapuji, Satya Sai Baba, ISKON etc and **media channels such as 'AASTHA'** can be involved in HIV and AIDS campaigns. The wide publicity given to *Fatwas* issued by Islamic Clerics or healing techniques propagated by Swami Ramdev shows that FBOs and their leaders have an influence among different sections of the population. Members felt, however, that efforts towards building a consensus among different religious groups would not be productive, and that using AIDS campaigns to promote religious propaganda would generate negative reactions among other actors. Similarly, it was also pointed out that the reach of FBOs can only be limited to certain sections of the population who subscribe to religious values, and there is much more ground to cover with secular organizations.

On balance, the advice provided seems to point towards building on strengths of FBOs in their roles as providers of care and treatment and in advocating behaviour change, but leaving secular institutions to work in areas that run counter to their value systems and religious beliefs. Perhaps the greatest area of future opportunity for developing an effective faith-based response to HIV and AIDS lies with influencing religious leaders, promoting their sensitization towards various issues related to HIV and AIDS.

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## **Related Resources**

### ***Recommended Documents***

**Streams of Compassion:** (From [Augustine Veliath](#), UNICEF, New Delhi)

Catholic Bishop Conference of India, New Delhi, August 2005.

Available at: CBCI Centre, 1, Ashok Place, New Delhi – 110001. Contact: James Velliath Tel: 91-11-23344470, Fax: 91-11-23361022.

*Contains information on contributions of Churches in HIV and AIDS including case studies from eleven Indian states*

**Culture Matters – Working with Communities and Faith-based Organizations.** (From [Gitanjali Singh](#), UNIFEM, New Delhi)

United Nations Population Fund (UNFPA), India. 2004.

[http://www.unfpa.org/upload/lib\\_pub\\_file/426\\_filename\\_CultureMatters\\_2004.pdf](http://www.unfpa.org/upload/lib_pub_file/426_filename_CultureMatters_2004.pdf) (size: 509 KB)

*Contains examples on tapping the Buddhist monks and nuns to halt the spread of HIV from which lessons can be drawn for similar programmes.*

**"AIDS as a Challenge"** (From [Ganesh P. Rane](#), RRR Industries, Mumbai.)

By, Sri Param Poojya Swami Ramadevjee Maharaj, Yog Sandesh, Issue No 12, page no 23-26, August 2005; Editor: Acharaya Balakrishna

Available at: Divya Yoga Mandir Trust, Kapalu Bagh Ashram, Kankhal, Haridwar- 249408

Uttanchal. 01334240008/244107/246737 Fax- 01334-244805

For Subscription visit: <http://divyayoga.com/mag.htm> email: [divyayoga@rediffmail.com](mailto:divyayoga@rediffmail.com)

*The article "AIDS as a Challenge", available in nine languages including English and Hindi, highlights the role of religious leaders in AIDS campaign.*

**Identified by [Seema Kochhar](#), Research Associate**

**Commitment to Compassion and Care**

Commission for Healthcare. Catholic Bishops' Conference of India. New Delhi. August 2005.

<http://theindiancatholic.com/cbci/hiv aids.pdf> (size: 580 KB)

*Contains information for comprehensive understanding of AIDS policy of Catholic Church in India and its strategy towards prevention, care and support.*

**Faith Communities and the Development Agenda**

By, Revd Professor Richard Bonney and Mr Asaf Hussain. Centre for the History of Religious and Political Pluralism. Leicester University. January 2001.

<http://www.dfid.gov.uk/pubs/files/faithdevcomagenda.pdf> (size: 183KB)

*The report reviews and records the work being done to promote awareness of development issues within the different faith groups.*

**Faith in Action: Examining the role of faith based organisations in addressing HIV and AIDS**

Global Health Council. U.S.A. 2005.

[http://www.globalhealth.org/images/pdf/faith\\_in\\_action/faith\\_in\\_action\\_final.pdf](http://www.globalhealth.org/images/pdf/faith_in_action/faith_in_action_final.pdf) (size: 1.25 MB)

*Reports on the in-depth analysis on the past, present and optimal future roles of Faith Based Organisation based on surveys in six countries including India.*

**Faith Community Responses to HIV/AIDS**

By, Laurette Cucuzza, Laura Moch. The Centre for Development and Population Activities (CEDPA), U.S.A.

[http://pdf.dec.org/pdf\\_docs/PNACU198.pdf](http://pdf.dec.org/pdf_docs/PNACU198.pdf) (size: 2.45 MB)

*This training manual helps faith-based groups to determine the best ways that they can address the HIV/AIDS pandemic through the traditional or more broad approaches.*

**Increased Partnership between Faith Based Organisation, Governments and Inter-Governmental Organisations**

By, Christoph Benn. World Council of Churches. U.S.A. June 2001

<http://www.wcc-coe.org/wcc/what/mission/ny-statement.html>

*Contains a statement on the important role played by FBO in response to AIDS, declared at the UN Special General Assembly on HIV/AIDS held in June 2001.*

### **Guidelines for Caribbean Faith-Based Organisations on developing policies and action plans to deal with HIV/AIDS**

Caribbean Conference of Churches, November 2004.

Available from the CCC website at <http://www.ccc-caribe.org/eng/resources.htm>

*A paper issued as part of a project for building a faith based response to HIV/AIDS to help Caribbean FBOs prepare policies and action plans to deal with the issue*

### **What Religious leaders can do about HIV/AIDS**

UNICEF, New York, August 2003.

Available at: 73, Lodi Estate, New Delhi 110 003. Ph: 011-24690401

Download at: [http://www.unicef.org/publications/Religious\\_leaders\\_Aids.pdf](http://www.unicef.org/publications/Religious_leaders_Aids.pdf) (size: 5.68 MB)

*This book draws from information sources of various faith communities. It has been tested and reviewed by religious leaders in Africa and Asia as well as by others FBOs*

### **Recommended Organisations**

#### **Amity Humanity Foundation (AHF), Noida (From [V. Sridhar](#),)**

Contact: AMITY Campus, J Block, Sec 44 Noida – 203 303 (U.P.) Fax – 0120-2431421 Ph.: 0120-2431461 – 63-66/ Extn.282, Direct: 0120-5391414/334 Email: [ahf@amity.edu](mailto:ahf@amity.edu)

*AHF HIV/AIDS projects works on bringing together the religious leaders of all community and faith to motivate their devotees to fight against HIV / AIDS*

#### **Catholic Relief Services (CRS), Lucknow (From [Abha Jha](#))**

[www.catholicrelief.org](http://www.catholicrelief.org) Postal Address: D-1, HAL Township, Lucknow, UP

*CRS uses a multi-pronged strategy to increase awareness of HIV, promote safe behaviours, reduce stigma and discrimination and support home based care.*

#### **Christian Medical Association of India (CMAI), New Delhi (From [Dr. Solomon](#), SHADOWS, Andhra Pradesh )**

<http://www.cmai.org/activities/healthdev/aidsdesk.htm>

A-3, Local Shopping Centre, Janakpuri, New Delhi-110058. Phone: 25599991, 25599992, 25599993. -mail: [cmai@cmai.org](mailto:cmai@cmai.org), [cmaidel@vsnl.com](mailto:cmaidel@vsnl.com)

*CMAI works on enhancing the involvement of the church in addressing HIV related stigma discrimination, HIV prevention and care and support activities.*

#### **Population Services International (from [Seema Kochhar](#), Research Associate)**

[http://www.psi.org/our\\_programs/fbo.html](http://www.psi.org/our_programs/fbo.html) email: [info@psi.org](mailto:info@psi.org)

*PSI combines its social marketing strategies with the influence of faith-based organisations to reach people through churches, mosques and other houses of worship.*

### **Recommended Websites**

From [Seema Kochhar](#), Research Associate

#### **Voluntary Health Education & Rural Development Society (VHERDS)**

<http://www.vherds.com/aidsawareness/bangaloreju.htm>

*The website contains information on inter-faith round table on prevention and control of HIV organised by VHERDS in Bangalore.*

#### **AIDS Education and Global Information System (AEGIS)**

<http://www.aegis.com/news/ips/2004/IP041202.html> e-mail: webmaster@aegis.org

*It contains information on coming together of religious leaders in India against HIV and AIDS.*

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## **Responses in Full**

### **Dr. Solomon, SHADOWS, Chirala, Prakasham Dist, Andhra Pradesh**

Faith Based Organizations (FBO) in India are very strong whatever be their denomination. Their denomination has a strong capability and they have a sway over their denomination which is much stronger than political, union, employment, or other affiliations.

Most of the FBOs have very good infrastructure, which includes manpower and buildings. The barrier that surfaces is the values of the FBOs. If here we can convince the FBOs on our agenda, be it in prevention of HIV or Care and support for People Living with HIV, then it becomes the strongest platform for social action and work.

Any religious organization is well-organized and has reach with all groups or sections in the society. For example the Church has good reach to the congregation, the women group, the youth as well as with children, by means of various programs like Sunday Schools, Women's meetings, etc., So, if all these groups are made to participate in the HIV and AIDS programs the coverage will be maximum, and thereby the effectiveness of returns will also be the maximum.

We at Chirala, in Andhra Pradesh are having a Community-based Care and Support Program. We requested the Christian Medical Association of India (CMAI) to provide support for about Ten Thousand Rupees. With this we trained the Local Religious Leaders so that they in their evangelism will mention also about HIV and AIDS. Most of the religious groups feel that HIV is a curse. If we can change this thinking there is a great scope for working together.

APSACS identified all mission hospitals and started a partnership program. In this program APSACS would bear the running costs, while the Local Church would provide the hospital, some staff and part-time doctor, as well as some infrastructure like beds. By this the usual cost of Rupees Sixteen to Eighteen hundred Thousand for a Care and Support program of this size was carried out with a budget of just under Rupees Five Hundred Thousand. The major contribution towards this reduction in costs was by utilization of the organization's infrastructure.

When we target any one religious FBO it is very important that we cover the FBOs of all other religions in that area. This is the only way to cover the entire population. However, while working with different religious groups we have to bear in mind that we should never try to bring a consensus between them. for instance if we talk about condoms, then one group can criticize another based on their different ideologies. This can lead to serious disruptions and disturbances to the program.

Another challenge is in replication or scaling-up of the program because the crux of the problem is to change the mindset of the top echelons in the religious hierarchy. Once there is conviction amongst the top hierarchy then others lower down mostly the toe the line that is adopted. Thus Care and Support programs can become a more proactive strategy. Hence, in conclusion I must say that Advocacy strategy is the prime requirement that provides the key to starting FBO based Interventions. So, it is also a key that unlocks the maximum returns.



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**Mr. Shafique-ur-Rahman, K B N College of Engineering, Gulbarga, Karnataka.**

My thanks are to Dr. Solomon for his experience-based views on the role of Faith Based Organizations in India. I would like to add a few more points:

- As elsewhere in the world the major FBOs in India are also church-based. Considering that the majority of Indians are not Christians, donors having only Church-based FBOs on board would unnecessarily be restricting their reach to only a percentage of the Indian population.
- **The areas in which Faith Based Organizations would have strength are:**
  - o They are very strong in advocating the 'Abstinence before Marriage' (A) and 'Being mutually faithful to one's spouse after marriage' (B) of the ABC strategy in HIV Prevention as these see eye to eye with all religious ideologies.
  - o The A and B strategy followed by the FBOs is justified as the groups they deal with are mostly from the general population and so are relatively in the low or no-risk groups. This A and B strategy should be seen to complement the Condom (C) strategy used for the High Risk Behaviour Groups. However, FBOs should not make any anti-Condom statements as this would still lead to spread of HIV.
  - o Care of the sick, weak, poor, needy and those who are terminally ill are strongly advocated by all the major religions of the world. So, there will be no conflict with ideology for caring for People Living with HIV, using religious institutions to treat the sick, services for the dying, funerals and mitigating the bereavement, looking after the orphans and children affected with HIV.
  - o Schools run by FBOs could inculcate Family Life Education Skills in their curriculum. In the majority of the states the Directorate of Education has not made this compulsory in all schools yet.
  - o The strong hierarchical systems in all religious institutions should make training of religious leaders in HIV and AIDS an easy implementation once it is made compulsory through a strong advocacy strategy.
  - o The precedent set by the Red Cross and Red Crescent Societies elsewhere in the world must be highlighted. Then similar strategies dovetailed to local needs can be adopted. As the ideologies are the same everywhere, religious leaders would be at ease to follow precedents that have not attracted criticism.
- **The areas in which Faith Based Organizations would have a handicap are:**
  - o Those who practice risk behaviours and have different sexual preferences are also the ones unlikely to go to religious places of worship or attend programs held by religious institutions. This is actually self-denial. So, generally the more the risk behaviour the harder it is to reach by FBOs. So strategy like visits to the house of the suffering in the community will help to bring those in self-denial within the reach of the services of FBOs.

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**Augustine Veliath, Communication Officer, UNICEF, New Delhi**

A significant step in documenting the contributions of faith-based organizations is a publication called 'Streams of Compassion', brought out by the Catholic Bishops' Conference in India (CBCI) Commission for Health, the Futures Group and USAID. Eleven case studies from States such as Kerala, Karnataka, Tamilnadu, Andhra Pradesh, Maharashtra, Rajasthan and Manipur are included. There are lessons for all of us. More importantly these are models which can be emulated by other faith groups, civil society organizations and Government institutions. Copies must be available from the Futures Group.

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**V. Sridhar, Director, Amity Humanity Foundation, Sector 44, Noida (UP)**

I am from Amity Humanity Foundation (AHF) and our project office is at Sec. 44, Noida (UP) and our registered office is at Defence Colony, New Delhi. On 1st December 2004, on the evening of World's Aids Day, we had organized "International Interfaith Conference on Prevention & Control of HIV/AIDS" which was duly supported by NACO, World Bank, IAVI, USAID, UNAIDS and other organizations. During this conference a Delhi Declaration was signed by all the Religious Leaders who committed themselves to work for this cause.

As you are all aware, majority of the NGOs providing health services are located in urban areas. There are several examples of successful referral systems in the NGO Sector. There is a high demand for provision of care through institutions like care homes, hospices, etc. and this can be achieved by involving religious institutions as they are traditionally involved in caring for the sick. Institutional care by the public and voluntary sectors is very low and inadequate and does not meet the demands of the people seeking treatment. HIV and AIDS in India is still a hidden infection. Caregivers forget professional ethics and carry their own biases to their workplace. The reaction to HIV among healthcare workers is often dependent on what they believe they know. Here the need for home care arises, where the infected can get love and care within the family, community and from their spiritual leader which will give them a sense of relief and comfort.

Swami Agnivesh says "Taking care of children who have become the victims of HIV and AIDS indeed is from a spiritual point of view, a sacred duty".

In continuation of commitment to this cause by AHF, we intend to organize a Regional Level Round Table Conference of local religious leaders from Delhi & NCR Areas as a follow-up step of the previous one. This Round Table would be the first step towards the follow up activity by AHF in involving Faith based organizations in care and support. The objective of the conference is to sensitize the Religious Leaders on the need of their involvement in home based care and support of People Living with HIV. Religious representatives will also be briefed about the project that AHF is going to take up in training selected Religious Representatives from various Religions on home based care.

I am sharing this with the AIDS Community in India with a hope that you will all encourage us to work for this cause and any technical support is most welcome. In fact if you can provide us with the list of prominent Religious Leaders who could be invited for this Round Table Conference, we will be highly thankful. We will also be thankful if some of you can volunteer and speak on this occasion. The date and venue of this conference will be intimated later.

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**Gitanjali Singh, Programme Officer, UNIFEM, New Delhi, India**

UNFPA's publications "Culture Matters - Working with Communities and Faith-based Organizations". The case study from India focuses on the restoring the sex ratio balance in India by focusing on sex selective abortions. But there are other examples in it from Cambodia on tapping the Buddhist monks and nuns to halt HIV - that may have lessons for us to draw from. The publication is available on the UNFPA website.

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**Dr. L. Ramakrishnan, Country Director (Programs and Research), SAATHII, Chennai**

I feel that a Faith Based Organization would have particular strength specifically in areas such as:

- Care, including palliative and end-of-life care.
- Support, especially spiritual support.



Also my thinking is that in the following areas its ideology or belief system would be a handicap:

- Allowing clients to retain their own belief systems, or lack thereof.
- Prevention Interventions, both targeted towards so-called high-risk groups and towards the 'general' population, are likely to be compromised by judgmental attitudes from persons or organizations claiming a moral high ground, mixed in with stifling doses of sex-negativity or erotophobia and homophobia. Of course it is not only the FBOs that are guilty of these.

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**Ashok Row Kavi, Humsafar Trust, Mumbai**

Greetings from Humsafar Trust and thank you for mentioning the role of Faith Based Organizations (FBO) in the fight against HIV and AIDS. I am very disappointed at the total domination of this e-list as is the case elsewhere by FBOs of the Christian denominations. At least in our country which gave birth to great Indic religious thought like Brahminism, Buddhism, Jainism, Sikhism, Ramakrishna-Vedanta and the various materialistic thought processes like Charvakas and Kapalika or Aghoras, it is high time we discuss also of the services rendered by other FBOs apart from the "contributions" of organizations of the Christian denominations. As somebody who has travelled through both India and South-East Asia, I am struck by how little information is coming about temple chowpals, Gurudwaras and dharamshalas and the vast expanse of traditional medicine which the Indian people are now falling back upon because of the WTO liberalism that places allopathic medicine out of the range of the masses.

We must mention to the AIDS Community of the silent and superb services offered by the numerous Ramakrishna Mission Hospitals of whom over a hundred are spread out in both rural and semi-urban areas. There is not even a spokesman who recounts the many services by the biggest order of monks of the Hindu orders incorporated under the Bharat Sadhu Samaj. Neither are the many Arya Samaj centers mentioned nor are those belonging to various sects like the Satya Sai Seva Sansthan and Mata Amritamayee. It is time all these services by Non-Christian FBOs are detailed and documented. It is very objectionable to find that such recordings or documentation are being avoided as if on purpose and possibly there is a conspiracy of silence not to talk about them and only talk about the achievements of the Catholic Bishops meetings.

Many Christian denominations influence by offering the poor and suffering monetary benefits and temporary help at the end of their lives, basically as they refuse the use of both condoms during sex or abortion to stop unwanted pregnancies. Though the Christian FBOs have a core of "charity", there is little by way of "compassion" because of their hard-value-based judgmental attitudes against same-sex loving sexual minorities like homosexuals, lesbians, bisexuals and transgendered persons (LGBT) and the core of this religion is basically anti-sexual and fearful of any form of non-procreative sex. In Christianity lies no hope for those who do not "repent" that they have done wrong and this is disastrous for both the morale and mental health of the sick whose only hope lies in some kind of "salvation" .

It may be very profitable and also enriching if more attention was paid to the native religious organizations of this old and venerable civilization. Towards this I urge researchers in this virtual Community to come forth with information, then let this space be flooded with information only of one religion's work. I protest this and would like to bring it to the notice of all those who have been replying to this query, that unless we support all FBOs irrespective of their religious affiliation we cannot cover the entire population.

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**S. Narendra, Centre for Media Studies, New Delhi.**

I am responding to the Query on the Role of Faith Based Organizations (FBOs) in India. Most of

the initiatives to involve FBOs are in Event Mode. Often most of the case studies are from a particular faith or FBO. We need a bottoms-up approach for sensitizing the FBOs in disparate locations that do not have a congregational approach to religion. Many of them have faith based Educational Institutions or Medical facilities where Faith leadership can play a role model-setting role.

I had prepared a paper on how to approach this to UNICEF and World bank. I am interested in accessing the eleven case studies mentioned by Dr. Augustine Veliath. Any leads?

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**Dr. Rachna Bharadwaj, WHARF, Mumbai, Maharashtra.**

Faith based organizations in India can play a very vital role in the HIV epidemic.

Our religious leaders have a huge fan following. To name a few they are: Asaram bapu, Murari bapu, Satya Sai Baba, Maa Amrita, ISKCON, Dr.Joshi and not to forget the AASTHA channel which is viewed by millions of people in India.

What needs to be done is advocacy on a war footing with these religious leaders. Their word has a far wider reach than media. People have tremendous faith in these individuals.

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**Indhu Sudhakaran, Free lance Consultant, Chennai, Tamil Nadu**

I would like to bring out a couple of positive outlook in the roles FBOs could do in the community with regard to HIV.

Helping the needy and the distressed is nothing that the FBOs have just recently begun, but the yeomen service is there in an extensive and elaborate manner. While religious organizations have long delivered social, educational and health services around the world, what has been lacking was their foothold in the field of HIV. They are pioneers who have worked in the areas where many people would dread to go.

Than the question may arise, why they have not come to work in the field of HIV. I personally feel it is due to the stigma attached to the sexual mode by which HIV is transmitted. This leads to a void. However, in today's context, many care consortiums are utilizing resources from FBOs. I necessarily don't mean that Churches are only doing it, but the other religious sectors are also vying to be a part of the group.

The role of these invaluable faith-based networks with extraordinary reach, most often enjoying profound trust among communities often hold the person in his/her place firmly. For a believer, his or her religion offers a set of moral guidelines to live and interpret life. These guidelines and the faith that dictates them often become an anchor in a time of rapid social change.

The FBOs could very well not alone put their foot prints in the field of Palliative care but also would be able to provide psychological support to the infected and affected, giving them a recourse. A spiritual backdrop could provide the much needed support to uplift them for their betterment,

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**Dr. Deeksha Meher, Medical Director, Vasavya Mahila Mandali Hyderabad**

We at Vasavya Mahila Mandali, Andhra Pradesh, are working with various religious leaders in the Home and Community Based AIDS Care and Support program though for advocacy only. Now all the religious leaders are part of the program. But still the gap is wide as their involvement is

limited to extending support and also referral to the program. One of my friends always says that the faith based organizations are "Sleeping Giants". It is important to do advocacy with the people involved in the various faith based organizations. All religions should be made a part of the program of HIV and AIDS. Women and children will be benefited most if we involve the FBOs. So, let us all do advocacy with FBOs at different levels.

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**Dr. Abha Jha, Coordinator - Health and HIV/AIDS, Catholic Relief Services, Lucknow**

First of all let me thank you for raising a very valid question. There has always been some doubts in the minds of stakeholders working in the area of HIV and AIDS regarding the strength of faith-based organizations.

Catholic Relief Services (CRS) was founded in 1943 by the United States Conference of Catholic Bishops to assist the poor and disadvantaged. One of the policies of CRS program is to support self-help programs which involve people and communities in their own development and also in alleviating human suffering, removing its causes and promoting social justice. At present, CRS uses a multi-pronged strategy to increase awareness, promote safe behaviours, reduce stigma and support home based care. In 2004, CRS supported fifty-five partners to implement sixty four HIV and AIDS projects which reached out to over a half million people. The strength of CRS is in the area of monitoring, bringing about innovations in its programs and capacity building of all those who are involved in the HIV and AIDS programs.

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**Dr. Rajaratnam Abel (Retd.), RUHSA Department, Christian Medical College, Vellore,**

I believe that by sidelining the faith based organizations in the HIV prevention and control programmes so far valuable time has been lost. It is surprising that all three major religious groups have a common value that is promoted regarding sexual behaviour. I would call it an India value and not a faith-based value. Even now from the responses coming to your query I get the message that FBOs should be involved in only certain areas and not in others like condoms. It would be most effective if FBOs are taken into confidence and their reluctance on certain areas are factored in while planning HIV and AIDS programmes. There will then be greater measure of success than keeping them out completely or even partially.

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**Raja Solomon, Coordinator, SHADOWS, Solomon Hospital, Chirala, Andhra Pradesh.**

I have had some good experiences working with FBOs; especially with the Church-based ones. These FBOs provide additionally spiritual support, which many-a-time makes a great difference. Training the FBOs to be faith-sensitive is not problematic, yet needs great care. This is because FBOs are driven by strong values and concept clarity without interfering with their doctrine is required. My experience lies in conducting programs for the CMAI. In the past it was very hard to make a start but today the process is carried out very easily. Please do contact me for further clarifications.

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**B. Ragupathy, AIRTDS, Tenali, Guntur Dt., Andhra Pradesh.**

It's quite a wonder to talk about faith based organizations in a secular nation and involve them against a disease that can affect any person. Our idea is to reach people and make them understand the mechanism of spread of HIV and prepare them to prevent it. Faith based organizations can do little as they reach and preach actually to only one section of a population. Gone are the days when the pastors and priests in churches, mosques and gurudwaras or in any other place of worship held a great sway or influence over the people. The number of terrorists' incidences and its said to be affiliations to many religious outfits is sufficient to say that the FBOs receive less respect than before. Probably these FBOs may help in drawing money from donor

agencies. Then what about atheist agencies like Periyar movement in Tamil Nadu and Atheist centre in Vijayawada. Kindly let us involve with our NGOs and a newly emerging HIV field-specific CBOs. The work is not with whom we need to involve but with how effectively we take our efforts to people of different traditions and culture. Let us concentrate on our work and let us reach people and let us be the leaders in our work.

We do not negate any support from any corner. But the FBOs who presume that they have hold, also have the wherewithal to work in the field on their own. It will be a foolish attempt to dictate to them or to get them involved in our work thinking that it will be helpful to us. Most of the religions have no faith in the possibility of humans making errors and every religion believes in ideals which are utopian. Whereas HIV plays with humans' most essential biological needs and this requires help from people with understanding and not from moral preachers. So, I request every social worker and activist in the field not to bring in a faith culture in the service of prevention and care in HIV.

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**Dr. Shantanu Dutta, Community Health Director, Emmanuel Hospital Association, Delhi**

Although I had posed the original query, I would like to refute the statement that FBOs have no relevance at all. I am just back from the North East, where the church has a lot of influence on all walks of life. In an unrelated case, the Punjab Voluntary Health Association had got a hukumnama issued by the Akal Takht to say that female foeticide was against the Sikh Rahat Maryada (Sikh ethics). Fatwas issued by various Islamic clerics on a range of issues are often in the news as are healing techniques propagated by persons like Swami Ramdev. To say FBOs or their leaders have no influence at all is to deny some thing very obvious though there can be questions on the extent of influence that they have.

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**Sunil George, Peoples Health Movement, Banagalore**

To say that FBOs have no relevance or role in the fight against HIV and AIDS is not only to deny the obvious but also to blindly pass over the valuable role FBOs have played in Care and Support world over as well as in combating Stigma and Discrimination. One only has to look at the invaluable role played by Buddhist monks in South East Asia as well as the Church in Africa. When HIV and AIDS first reared its head, it was the Church and its network of hospitals that came forward to take care of positive people. While a few individual religious leaders may have a negative attitude towards positive people we should not mix up individual attitudes with the whole religious community. Let us remember that one sparrow does not make a summer. Here the individual view is his own and in all such cases against the ideology of the religion itself.

The Role of FBOs in HIV is an important area of partnership that has not yet been explored sufficiently and one that can make a vital difference in the fight against HIV and AIDS.

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**Dr. Ganesh P. Rane, RRR Industries, Mumbai**

Greetings. I appreciate the e-mail from Gitanjali Singh on UNFPA's publications "Culture Matters - Working with Communities and Faith-based Organizations". It is indeed interesting and its worth making it known to FBOs in India by a special circulation.

Talking about FBOs involvement and their action on HIV and AIDS, one good example that I have come across and which has now been seen by millions in India is from Sri Param Poojya Swami Ramdevjee Maharaj. While talking and advocating on healings at Public Camps through the length and breadth of the country, he sent the message to his followers, devotees and readers through the popular "YOG SANDESH" a monthly magazine in nine Indian languages. "Yog

Sandesh", issue No. 12, August 2005, page no. 23-26 has a coverage on "AIDS a Challenge" with the red ribbon prominently shown. These articles by religious leaders really deserve appreciation and encouragement. Such initiatives are welcome in India and certainly make a difference.

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**Dr. Amitrajit Saha, DMSC, Kolkata, West Bengal**

I fully agree that FBOs have played and continue to play a major role in care and support of PLWHA in our country. They also do play exemplary roles in prevention of stigma and discrimination as well. However, what I am apprehensive about FBOs are:

- Dogma: I am not certain whether FBOs (and here I mean all faiths - the "Great Indic" as well as the "Great Middle-Eastern" ones) will change their dogmas to increase acceptance of alternative sexualities, sex workers, IDUs etc. within their communities as equal humans.
- Centrality of the "Family" and patriarchy in most faiths: As an extension of the above, all faiths are patriarchal and see the heterosexual "family" with the patriarch as "head" in the unit of social life. Is it then possible for any faith to really prevent stigma and discrimination? If they do, it is within the purview of "brotherly love" ("sisterly love" does not really exist as a dogmatic construct!) or "compassion" and not by accepting alternatives to "normal" social units - as all these are threats to any "dogmatic faith".
- Propagation of the only effective way of preventing HIV infection: The use of the male and female condoms: I really don't see any FBO and its priests/ulemas/pastors/granthis/bhikshus, etc. doing this actively. Rather recent incidents in Uganda and elsewhere in Africa has revealed that the "ABC" approach to HIV prevention which is much loved by Evangelical FBOs, can harm the condom promotion drive and jeopardize HIV prevention activities. (Ref: <http://www.genderhealth.org/uganda.php>)
- A specific example regarding the North-east states of India: I recently have had interactions with two ex-IDUs from Manipur and they said one of the barriers they face as Out-Reach Workers (ORWs) is resistance from community groups and church groups who hound them for providing access to needle-exchange and/or methadone substitution. The ORWs are seen as people who are "encouraging" the drug habit. I agree that this is anecdotal, but even one such incident is worth a rethink.

Having said all the above, I would like to reiterate that FBOs should have active roles to play: and we must figure out how to advocate positively among them to accept condom use, sex workers, alternate sexualities, IDUs, etc. As we all know, people affected by HIV/AIDS in our country need all the assistance they can have.

In solidarity,

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**Seema Khanna, Freelance Journalist and Consultant, Delhi,**

Having written a number of articles analyzing how HIV could be curbed, especially in young people, I am sure that faith and ideology have a major role in convincing adolescents about abstinence and adults about being faithful to one's partner. Having had interactions with Principals, teachers and parents, as a resource person on HIV, has also strengthened my belief that a HIV prevention programme can only succeed if it acknowledges faith, ideology and sentiments of people belonging to varied cultures and religions.

Please refer to my attached articles:

- [Save the children](#) published in **The Pioneer**, Editorial Page, Second Opinion Column, 5th April, 04

- [Fighting HIV indigenously](#), published in **The Pioneer**, Editorial Page, Second Opinion Column, 11th April, 05

However looking at the present scenario, where people especially youngsters in urban areas are getting swayed over by too much consumerism, sex, substance abuse highlighted via media, how the above has to be done is a challenge for FBOs.

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**Ashok kumar Paikaray, Mahavir Yubak Sangh, Orissa.**

Greetings. We are working in an area named Mayurbhanja in Orissa. On the roles of faith based organizations working in the community they should be cautioned against religious propaganda of any sort. Ultimately this becomes communal and leads to divisions within the community. So, more attention is to be taken on what FBO should not do, while working in areas like HIV prevention or Care and support of People Living with HIV.

**Many thanks to all who contributed to this query!**

*If you have further information to share on this topic, please send it to Solution Exchange for the AIDS Community in India at [aids-se@groups.solutionexchange-un.net.in](mailto:aids-se@groups.solutionexchange-un.net.in) with the subject heading 'Re:QUERY: Roles for Faith Based Organizations, Emmanuel Hospital Association, Delhi, (Advice)*

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