



Clague, J. (2013) Annex: Database of faith-based responses to HIV and maternal health. Project Report. Joint Learning Initiative on Faith and Local Communities.

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HIV and Maternal Health

Faith groups' activities, contributions and impact

Annex 1: Database of faith-based responses to HIV and maternal health

Researched and compiled by

Julie Clague

Annex 1: Database of data on FBO responses to HIV and maternal health from selected literature

Information source	Organisation	Faith	Geographical focus	HIV responses	Maternal health responses	Evidence of impact	Challenges identified
(Berkley, 2010)	Muslim Aid created the Women's Resource Centre (Nepal), along with a local partner, the Young Muslim Women's League	Muslim	Nepal		Focused on economic opportunity, education, and maternal health and nutrition caused by conflict. No further details		
(Berkley, 2010)	Global Network of Religions for Children (GNRC)	Inter-faith	Global		In partnership with UNICEF for the World Day of Prayer and Action, included a focus on focused on promoting maternal health, child survival and the benefits of breastfeeding for infants and young children. Religious leaders from various faith traditions spoke to their respective communities, encouraging women to breastfeed children, and couched their instruction in the theological language of their particular faith.		
(Berkley, 2010)	The Asia Foundation in partnership with Afghan Ministry of Women's Affairs & UNFPA	Muslim	Afghanistan		Focuses on lowering maternal and infant mortality. Following the education of religious leaders, some mullahs began distributing condoms while others used the Quran to support a method of birth control through prolonged breaks between births.	C.f. Rahim Kanani, 'Islam and Maternal Mortality in Afghanistan: A Religious and Cultural Approach to Saving Lives', Huffington Post, June 21, 2010	

(Berkley, 2010)	Masjid Council for Community Advancement	Muslim	Bangladesh	HIV prevention education, aiming to reach 50% of the Bangladeshi population in 3 years (with PEPFAR support). Training of 600 imams in 2010. Production of 40 Islamic TV shows discussing HIV and AIDS.		C.f. Page 32 of Report.
(Berkley, 2010)	The Imam Training Academy of the Islamic Foundation of Bangladesh	Muslim	Bangladesh	Training curriculum of Imams includes reproductive health, gender empowerment and HIV-related topics. 40,000 imams trained to deliver HIV prevention messages.	Training curriculum of Imams includes reproductive health, gender empowerment and HIV-related topics. 40,000 imams trained to deliver HIV prevention messages.	The Report discusses child marriage, boy preference, and other issues as challenges within Bangladesh which affect maternal health and HIV responses (c.f. P. 30)
(Berkley, 2010)	The Islamic Research Cell of the Family Planning Association of Bangladesh (an NGO affiliated to the International Planned Parenthood Federation)	Muslim	Bangladesh	Since 1993, the Islamic Research Cell with 750 professionals and 3,000 volunteers has trained imams in reproductive health, equal rights for wives and the importance of condom use.	Since 1993, the Islamic Research Cell with 750 professionals and 3,000 volunteers has trained imams in reproductive health, equal rights for wives and the importance of condom use.	Report states: 'Only 16 percent of adolescent girls in Bangladesh understand how HIV is transmitted and prevented' (p. 30), citing UNICEF, 'Early Marriage' in <u>Bangladesh: The Children</u> .
(Berkley, 2010)	The Christian Commission for Development in Bangladesh (CCDB), founded 1973.	Christian	Bangladesh		The CCDB has trained 30,000 practicing traditional birth attendants through an 11 day basic training course.	C.f. P. 33 of Report
(Berkley, 2010)	World Vision	Christian	Bangladesh	HIV prevention education with: over 10,000 adolescents; deep sea fishermen and their spouses; spouses of migrant workers.		C.f. P. 32 of Report.
(Berkley, 2010)	Caritas	Christian	Bangladesh	HIV education		C.f. P. 32 of Report.
(Berkley, 2010)	Salvation Army	Christian	Bangladesh	HIV education		C.f. Page 32 of Report
(Berkley, 2010)	The Nepal Christian Society	Christian	Nepal	HIV education		Caste-based discrimination affecting Dalit women in particular.

(Berkley, 2010)	Millat-e-Islamiya	Islamic	Nepal		runs health clinics in Kathmandu		
(Berkley, 2010)	Regional Buddhist Leadership Initiative	Buddhist	Bhutan	Developing a country-wide network of monks and nuns as health educators, including on issues of HIV.			
(Berkley, 2010)	RamaKrishna Mission	Hindu	India		Operates 14 hospitals with 93 out-patient dispensaries and 30 mobile dispensaries in Bihar. Operates maternity clinics for women in remote areas.		
(Berkley, 2010)	Indian Christian NGOs including: Christian AIDS/HIV National Alliance (CANAN); Christian Organizational Response and Networking in HIV (CORINTH); Christian Medical Association of India (CMAI); Catholic Health Association of India; Emmanuel Health Association (EHA); Salvation Army; National Lutheran Health and Medical Board (NLHMB).	Christian	India	The study by Grills found (citing Berkley Report) 'many Indian Christian FBOs could make valuable partners for governments, the World health organization, and donors in responding to HIV in India and should be assisted to increase the scale of their activities'.		Nathan Grills, "Believing in HIV": Recommendations for scaling-up the response to HIV of Faith Based Organizations in India', Oxford University Department of Public Health, CDC Global AIDS Program, HIV Department of the WHO, 2008.	
(Berkley, 2010)	Christian NGOs	Christian	Pakistan				Report states some Christian organizations in Pakistan have been accused of proselytization.

(Berkley, 2010)	Edhi Foundation	Islamic	Pakistan		Edhi Foundation runs 250 centres across Pakistan offering various services including medical and maternity services		
(Berkley, 2010)	Pakistani Red Crescent Society	Islam-related	Pakistan	HIV education	161 health facilities across Pakistan, of which 61 are specifically dedicated to maternal health and childcare.		
(Berkley, 2010)	Center on Mental Health and HIV/AIDS	Islam-inspired	Tajikistan	Imam training on HIV prevention			
(Berkley, 2010)	World Vision	Christian	Uzbekistan	HIV prevention education			
(Berkley, 2007)	Survey of 77 FBOs engaged in HIV and AIDS work	multi-faith	global	38% of the FBOs were engaged in advocacy, prevention and education. 23% of FBOs surveyed were engaged in home-based care programs. 14% of the FBOs were engaged in PMTCT or voluntary testing and counselling programs.		The data came from the following research: German Institute for medical Mission, World Council of Churches, Caritas Internationalis, Ecumenical Advocacy Alliance, & Norwegian Church Aid, 'Global Assessment of Faith-Based Organizations' Access to Resources for HIV and AIDS Response, January 2005	
(Berkley, 2007)	The Christian AIDS Network Alliance (CANA)	Christian	India	A membership of over 350 organizations conducting work including HIV advocacy, training, & prevention.			
(Berkley, 2007)	Buddhist Child Home	Buddhist	Nepal	A small children's home which also offers support services and HIV training.			
(Berkley, 2007)	The Emmanuel Hospitals Association	Christian	India	Runs 25 projects in 12 states in North and North-East India offering a diverse range of HIV services.			

(Berkley, 2007)	The Community of Sant' Egidio	(Catholic) Christian	Sub-Saharan Africa	DREAM program (Drug Resource Enhancement against AIDS and Malnutrition) offers community-led HAART and nutrition therapy with a focus on PMTCT.	DREAM program (Drug Resource Enhancement against AIDS and Malnutrition) offers community-led HAART and nutrition therapy with a focus on PMTCT.		
(Berkley, 2011)	World Relief	Christian	Global		World Relief's Care Group Model uses a cascade approach to train volunteers who deliver community health, and runs maternal and child health programs in 9 countries.		
(Berkley, 2011)	Serving in Mission (SIM)	Christian	Global	Pioneered oral and visual tools for educating about HIV for the non-literate.			
(Berkley, 2011)	World Vision	Christian	India		Collaborating with the Indian Ministry of Health and other NGOs, from 2003-07, World Vision developed an effective method of delivering health messages to pregnant women in Uttar Pradesh which has since been replicated across the region.		
(Berkley, 2011)	Serving in Mission (SIM)	Christian	Ethiopia	A successful home based care model for patients living with HIV in Addis Ababa which focuses on the entire family rather than the individual patient.			
(Berkley, 2011)		Traditional religious worldviews	Global				With reference to South Africa, Mozambique and Ghana, the Report (p. 29) points to the role that local cosmologies can play on maternal and child health.

(Berkley, 2011)	Christian Connections for International Health	Christian	Global		A survey of its member organisations conducted by CCIH revealed that none of its members opposed family planning.		The CCIH survey found tensions could arise when US-based staff and donors held more conservative views on family planning than their international partners.
(Berkley, 2011)		Hindu	India				A study by the Nepal Safer Motherhood Project showed higher caste women were more likely than lower caste women to access emergency obstetric care.
(Berkley, 2011)	Lutheran Aid to Medicine	Christian	Bangladesh		Developed a training program for birth attendants and community-based maternal care, which has become a national training centre for health workers	Gill, Z., and Carlough, M. "Do mission hospitals have a role in achieving Millennium Development Goal 5?" International Journal of Gynecology and Obstetrics 102 (May 2008) 198-202.	
(Berkley, 2011)	Mercy Ships	Christian	Primarily Africa		A ship which docks at ports across West Africa offering free medical training and surgical procedures - such as fistula repair.		
(Berkley, 2011)	World Vision	Christian	Ethiopia		World Vision supported the training of traditional birth attendants. The number of births attended by TBAs increased from 0.3% to 30% in just 2 years.	World Vision, 'Chapter 2: Maternal Health', WV Global Health Campaign Technical Brief, 2008	
(Berkley, 2011)	IMA World Health	Christian	Africa		Safe Motherhood sermon guides produced for Muslim and Christian leaders to educate congregations about maternal and child health.		

(Berkley, 2011)		Muslim	Nigeria			C.f., page 37 of report and Wall, L. Lewis, 'Dead Mothers & Injured Wives: The Social Context of Maternal Morbidity and Mortality Among the Hausa of Northern Nigeria', Studies in Family Planning 29 (1998): 341-359	A study found that maternal mortality rates for Hausa-Fulani Muslims were greater than for their Christian counterparts, because cultural beliefs & strict religious views led to practices that made childbirth more life-threatening for these women.
(Berkley, 2011)	The Christian Health Association of Kenya (CHAK)	Christian	Kenya		Major provider of healthcare in Kenya, including maternal health & PMTCT.		
(Berkley, 2011)	The Aga Khan Foundation	Muslim	Pakistan		In rural Chitral, where 82% of deliveries take place at home, the Chitral Child Survival Programme established a midwifery school which in addition to improving maternal outcomes, offers an income stream to the trained midwives.		
(Berkley, 2011)	Mission hospitals	Christian	Africa			Perkins, M. Et al, 'Out-of-pocket costs for facility-based maternity care in three African countries', Health Policy and Planning 24 92009): 289-300	A study found that mission hospital care -though often preferred - was often more expensive to access than state-run health facilities.
(Catholic Bishops Conference of India, 2007)	Amala AIDS Research & Treatment Centre, Amala Hospital, Thrissur, Kerala	(Catholic) Christian	India	Various HIV services are offered, including testing and use of ayurvedic treatments. Partners and offspring of those who test positive are also offered free tests.	Partner identification, testing and follow-up, plus routine screening of pregnant women and surgery cases (with those found positive offered ART) has 'drastically reduced' to 3% mother-to-child transmission of HIV.		

(Catholic Bishops Conference of India, 2007)	Bel Air Sanatorium and Hospital, Maharashtra	(Catholic) Christian	India	Various HIV services are offered. Spousal testing & counselling is mandatory. Prevention methods are taught: 'It is mandatory for the patient and the spouse to demonstrate the usage of the condom in the presence of a male and female counsellor' (p. 27).			1. 'Financial constraints' hinder HIV+ women's take-up of safer C-section deliveries (p. 27). 2. Males are more likely to be the recipients of ART when both spouses are infected: 'Hospital records revealed that those who had undergone ART during January 2003-2004, included 390 men, in contrast with 110 women' (p. 33).
(Catholic Bishops Conference of India, 2007)	Holy Redeemer Hospital, Theni	(Catholic) Christian	India	A range of hospital and hospice HIV care.	PMTCT programme began in December 2003 with support from Tamil Nadu State AIDS Control Society. Of 5 deliveries, one baby was HIV+ (p. 44).		Information on condoms as a means of prevention is also provided, though condoms are not distributed' (p. 45).
(Catholic Bishops Conference of India, 2007)	Snehadaan, Bhagwandas Mangalore	(Catholic) Christian	India	A range of HIV services provided at this specialised care centre. Condoms are not distributed but are discussed with clients 'not as a birth control device but as a life saving device' (p. 122).			
(Catholic Bishops Conference of India, 2007)	St Ann's health Centre, Vijaywada	(Catholic) Christian	India	Snehasadan care and support centre for PLWHA opened in Dec. 2001.			
(Catholic Bishops Conference of India, 2007)	St Francis Hospital, Ajmer	(Catholic) Christian	India	HIV services offered.	A multi-pronged PMTCT program operates.		The PMTCT program does not address risks associated with drug resistance and postpartum treatment non-compliance (p. 154).

(Catholic Bishops Conference of India, 2007)	St John's National Academy of Health Sciences, Bhagwandas Mangalore	(Catholic) Christian	India	Various HIV services offered.	The PMTCT program offers pregnant women free ART but only until delivery; the child receives ART until 18 months old (pp. 167 & 170). C-sections are avoided.		
(Catholic Bishops Conference of India, 2007)	St Joseph's Hospital, Pratipadu	(Catholic) Christian	India	Prevention, treatment, care and support services offered. Conflicting statements on condom policy (compare pp. 182 & 183).	Pregnant women are referred to the PMTCT unit in the government hospital (p. 183).		Condom use is discussed as part of a wider prevention strategy, but contradictory statements concerning whether condoms are distributed.
(Vitulo, 2009)	Churches	(Catholic) Christian	Lesotho	40% of health services is provided by 9 church-related hospitals and 75 health centres (not HIV specific)			
(Vitulo, 2009)	Churches	(Catholic) Christian	Zambia	30% of health services is provided by 30 church-related hospitals and 66 rural health centres (not HIV specific)			
(Vitulo, 2009)	Catholic diocese of Ndola	(Catholic) Christian	Zambia	(Not HIV specific) - operates in 5 towns, 32 shanty compounds, covering a population of more than 400,000; - involves 11 different agencies in providing home care to patients with chronic illness, including HIV/AIDS; - engages 750 community volunteers; - provides home-based care to 9,000 people during 2005; - identified and serves 15,000 orphans; - responds to the needs of an estimated 77% of chronically ill patients in the surrounding area.			

(Vitillo, 2009)	Church-related health facilities	Christian	Kenya	40% healthcare provided by 780 church-related health facilities (non HIV specific).		
(Vitillo, 2009)	Choose to Care	Christian	South Africa, Swaziland, Botswana, Lesotho, Namibia	HIV prevention, care and support in 140 sites, 20 of which serve as ART centres for c. 18,000 people (as of March 2009). The Choose to Care Program was independently evaluated by the Univ Pretoria Sociology department in 2003, and by Tessa Markus in 2006: 'To live a decent life: bridging the gaps' in Vermeer, A. & Tempelman, H. (eds), Health Care in Rural South Africa: An innovative approach, Amsterdam: VU Univ. Press.		Vitillo, R.J., (2006) A Faith-based response to HIV in Southern Africa: the Choose to Care Initiative. UNAIDS Best Practice Collection, Geneva
(Vitillo, 2009)	Catholic Bishops Conference of India	(Catholic) Christian	India	With other Catholic organisations, the CBCI offers support to 137 Catholic HIV centres across India.		
(Vitillo, 2009)	Caritas Internationalis	(Catholic) Christian	Global		In March 2009, CI launches HAART for Children, an advocacy campaign to promote access to HIV and TB testing and treatment and PMTCT programmes.	
(Vitillo, 2009)	Unions of Superiors General of Religious Orders of Priests, Brothers and Sisters	(Catholic) Christian	Global	In 2008, a mapping exercise to evaluate the extent of HIV work among Catholic religious orders received 446 responses indicating: c. 4 million recipients of education/information provision; 348,169 recipients of care and support services and 90,154 recipients of ART services in the year prior to the survey.		Research conducted in collaboration with UNAIDS, Caritas Internationalis, & Georgetown University: 'In Loving Service: a global analysis of the commitment of religious institutes against HIV and AIDS', Bologna, Italy: EMI del Coop, SERMIS (2008).

<p>(Myanmar Catholic HIV/AIDS Network, 2011)</p>	<p>Myanmar Catholic HIV/AIDS Network</p>	<p>(Catholic) Christian</p>	<p>Myanmar</p>	<p>The MCHAN questionnaire to map Catholic HIV service provision in Myanmar received responses from 12 out of 16 dioceses, capturing most but not all HIV service provision. All of the 12 HIV programs offer information, care and support, 4 support income generation, 2 offer microcredit. Most refer to other agencies for VCT and ART.</p>	<p>The HIV Sentinel Survey (2008) reports prevalence rate of 1.3% in pregnant women tested at Myanmar antenatal clinics (p.7). 183 PMTCT programs established by 2008, according to government figures. 'In 2009, 1,697 pairs of mothers and babies received a complete course of antiretroviral (ARV) prophylaxis /prevention. Only 280 pregnant women were already on ART when they delivered their babies' (p. 9). No PMTCT programs run by the Catholic agencies: pregnant women are referred to NGOs for PMTCT.</p>		
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(Vitillo, 2009)	Catholic Bishops Conference of India	(Catholic) Christian	India	As of 2008, 107 centres across 19 states in India provide Catholic Church-sponsored HIV services, comprising prevention, care and support, mitigation and programme management (p. 57), with a further 45 community care centres to be financed through the Global Fund (p. 58).	13 Catholic-run PMTCT centres - most supported by the Catholic Medical Mission Board (CMMB) in Adhra Pradesh, Tamil Nadu & Karnataka. 'Between September 2005 and August 2006, 4590 pregnant women were counseled and tested in a pilot PMTCT project supported by CMMB and the Abbott Foundation and implemented by the CBCI Health Commission in seven rural hospitals in Karnataka and Andhra Pradesh. 438 (9.5%) of the expectant mothers were found to be HIV positive and received Cotrimaxazole and Nevirapine prophylaxis. No cases of mother-to-child transmission were reported...' (p. 37).	
(EAA, 2010)	Various FBOs	Christian (except for 1 Muslim FBO)	Sub-Saharan Africa and India	Interviews conducted with 19 FBOs in June 2010. 3 of these FBOs are major providers of ART in their countries of operation: the Southern African Bishops Conference; the Churches Health Association of Zambia; Sant' Egidio (100,000 on treatment).	11 of the 19 FBOs indicated PMTCT is a substantial focus of their HIV-related services: World Vision, East Africa Region & Southern Africa; Caritas Internationalis; Christian Health Association of Ghana; Uganda Muslim Medical Bureau; Churches United Against HIV & AIDS; Churches Health Association of Zambia; SIDA Service; Christian Services Commission Tanzania; Christian Health Association of Kenya; Christian Health Association of Nigeria.	

(TBFF, 2012)	Various faith-inspired groups	Multi-faith	Africa	<p>The Report - which assess the knowledge base on faith and health in Africa (extent, effectiveness, distinctiveness), identifies gaps in knowledge and proposes future research priorities - cites CIFA's 2010 estimate that FIOs provide c. 40% of HIV health services in Africa. Citing C. Benn (in Cochrane, Schmid & Cutts 2011) FIOs currently receive c. 6% of GFATM funding. PEPFAR directs c. 10% of total annual disbursement to FIOs (US\$7bn in FY2010), though primarily to the largest FIOs. GFATM (2009) supported 26 FIOs as primary recipients and over 461 FIOs as secondary recipients (over 200 of which through CHA Zambia) (p. 41 of Report).</p>	<p>This study found many instances of effective faith-inspired health work and cases where FIOs serve the poorest communities. However, and not surprisingly, the evidence of overall comparative advantages or disadvantage is limited and mixed... That said, FIOs may have particular strengths and weaknesses that are worth keeping on the radar. For example, FIO-run community-based health and behavioral change communication programs seem to work well. What has not been explored is how far CBO and BCC efforts work because (i) they leverage churches' networks and other spiritual capital, (ii) the program is designed with a faith inspiration and references; (iii) they draw on the personal religiosity of the individuals served - or because of something else. Nor have CBO or BCC health programs been compared systematically to those that rely more on secular networks and messages' (pp. 69-70).</p>	<p>Despite much work... There are still major gaps in knowledge. The gaps matter because they impede Africans, their governments, and the international community from making the best choices to improve public health in Africa. Notably, the gaps impede the integration of FIOs' work in national health systems and international health initiatives and funding. Many articles and reports lament how little is known about faith-inspired health work, but this study found that substantial research, data, and knowledge exists. The problem is that information is locked into silos; driven by contending minsets; compromised by problems of definitions; or is highly theoretical' (p. 69).</p>
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(TBFF, 2012)	5 mission hospitals	Christian	Tanzania	The USAID-funded project published by Rutta et al (2006) evaluated the use of policies and guidelines for HIV and AIDS service delivery at 5 mission hospitals in Tanzania. It found 'all the hospitals had sound audit systems', 'policies for care were available and appeared to be in regular use', 'all the facilities had functional computers in daily use and offered continuing medical education', but that 'weaknesses included shortfalls in pharmaceutical storage and stock records' (citing TBFF Report p. 60)	Rutta, E., J. McCollum, and S. Mwakisu. 2006. "Rapid ART Pharmaceutical Management Assessment in Five Mission Hospitals in Tanzania." Submitted to USAID by the Rational Pharmaceutical Management Plus Program.
(TBFF, 2012)	Reach Out Mbuya Parish HIV and AIDS Initiative	Christian	Kampala, Uganda	Chang et al evaluated the Reach Out Mbuya Initiative and found 72% of patients maintained their regimes over the 2-year study period, with survival rates of 84% at year 1 and 82% at year 2. Of those tested at the end of the evaluation period, 86% had undetectable viral loads. The authors concluded this was a highly successful program when compared to international benchmarks.	Chang, L. W, S. Alamo, S. Guma, J. Christopher, T. Suntok, R. Omasete, J. P. Montis, T. C Quinn, M. Juncker, and S. J Reynolds. 2009. "Two Year Virologic Outcomes of an Alternative AIDS Care Model: Evaluation of a Peer Health Worker and Nurse-Staffed Community-Based Program in Uganda." Journal of Acquired Immune Deficiency Syndromes 50 (3)

(TBFF, 2012)	Sant' Egidio DREAM program	(Catholic) Christian	Africa	<p>Magnano et al (2009) evaluated the "Drug Resource Enhancement against AIDS and Malnutrition" (DREAM) program of the Community of Sant'Egidio, also publishing in a peer-reviewed journal (See Keough and Marshall 2007; http://santegidio.org; and Supplement 2). DREAM provides a comprehensive treatment approach to HIV and AIDS that includes ART, diagnostics, strategies for treatment adherence, attention to opportunistic diseases that co-exist with HIV and AIDS, and prevention of mother-to-child transmission (MTCT). DREAM may be the most rigorously studied faith inspired HIV and AIDS program in the world, and the Community's website provides a list of the 100 or so papers on the program, many of them peer-reviewed studies attesting to its efficacy. Magnano et al found that 95 percent of DREAM patients knew how HIV was transmitted and 94 percent knew that it was necessary for them to take their HAART therapies at the same time every day. During the one year evaluation period, 87 percent of patients completed their treatments, and 84 percent had undetectable viral loads (<400</p>	Magnano San Lio, M, S Mancinelli, L Palombi, E Buonomo, A Doro Altan, P Germano, N A Magid et al.. 2009. "The DREAM model's effectiveness in health promotion of AIDS patients in Africa." Health Promotion International (March).	
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copies/mL) at the end of the year, compared with only 5.4 percent at the beginning of treatment, indicating a highly-effective program compared to relevant benchmarks.

(TBFF,

FIOs in general

various

Africa

In Widmer et al (2011), the

Widmer, Mariana, Ana P.

2012)

authors, who have affiliations to WHO, UNDP, and Johns Hopkins University, reviewed five evaluations and one descriptive overview article on maternal and newborn health and concluded that faith-based organizations provide higher quality of care and engender better patient satisfaction in maternal/newborn services compared to government providers. The Widmer et al review confirms the scarcity of robust comparative studies of FIOs' performance, since the five evaluations on which it reports were gleaned from a search of the literature from 1989 to 2009. The conclusions of a review can, of course, only be as strong as the underlying analyses, and the team for this present study found the studies underlying Widmer et al relatively weak. For example, the finding of better care by FIOs in one study is based on a satisfaction rate of 96.9 percent at government facilities versus 99.1 percent at FBOs, a difference that is probably not statistically significant. Moreover, in the underlying reports, sample sizes were very small.

Betran, Mario Meriardi, Jennifer Requejo, and Ted Karpf. 2011. "The role of faith-based organizations in maternal and newborn health care in Africa." *International Journal of Gynecology & Obstetrics* (June).

(TBFF, 2012)	Ogbomoso Baptist Medical Centre	(Baptist) Christian	Nigeria			<p>Iyun, F. 1989. "An assessment of a rural health programme on child and maternal care: the Ogbomoso Community Health Care Programme (CHCP), Oyo State, Nigeria." <i>Social Science & Medicine</i> (February).</p>	<p>One of the studies reviewed by Widmer et al (2011) was in fact an independent evaluation of a BCC program, namely Iyun's 1989 study of a maternity and child health education program run by the Ogbomoso Baptist Medical Centre in Nigeria. While Widmer et al note positive findings from the report, the evaluation also reports that the use of Baptist church structures for the health education alienated Muslims and non-Baptists and that reception of home health visits was "lukewarm" (Iyun 1989).</p>
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(TBFF, 2012)	FIOs in general	Christian	Africa	<p>'Gill and Carlough (2008) also surveyed the literature on maternity care by mission-based health providers, including two of the papers covered by Widmer et al and a few other reports that were not comparative evaluations per se. They concluded that the management and clinical care provided by FBOs are often of higher quality than that provided by government hospitals. They suggest but do not test that the findings could be tied to features of FIOs such as having more resources, greater access to expatriate staff, and flexibility in hiring and managing staff and procuring and managing medicines and supplies. In reading the underlying reports, the team for this present study felt that in some cases information was selected for inclusion in the review that tended to reflect positively on FIOs.' (TBFF Report p. 62)</p>	<p>Gill, Z., and Carlough, M. "Do mission hospitals have a role in achieving Millennium Development Goal 5?" International Journal of Gynecology and Obstetrics 102 (May 2008) 198-202.</p>
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(TBFF, 2012)	Federation of Muslim Women Association of Nigeria	Islam	Nigeria		<p>'An evaluation of a USAID-funded project to increase the use of family planning services that partnered with the Kano, Nigeria Section of the Federation of Muslim Women Association of Nigeria (FOMWAN) found that the program was effective (Lane et al 2010). The Extending Service Delivery Project (ESD) aimed to reach young married women, their husbands, and mothers-in-law through household visits with information about the benefits of using family planning to practice healthy timing and spacing of pregnancy. A community survey implemented in June 2010 found high recall on the recommendations on timing and spacing of pregnancy and indicators of program efficacy.'</p> <p>(quoting TBFF Report p. 65).</p>	<p>Lane, Cate, Yaikah Jeng-Joof, Aisha Hassan, and Shannon Pryor. 2010. "Reaching young married women in northern Nigeria with information on healthy timing and spacing of pregnancy". Washington, DC: USAID (September)</p>	
(TBFF, 2012)	4 FIOs and 3 secular NGOs	Muslim; Christian and secular	Africa	<p>'Davis et al (2011), of the RaD programme at the University of Birmingham, undertook a highly detailed and lengthy comparison of four FIOs (two Christian and two Muslim) and three secular NGOs engaged in HIV and AIDS work in Nigeria. Since the authors used a case study approach, the analysis is qualitative, but the level of detail supports a credible comparison of the different providers. The authors noted that the high degree of religiosity of</p>		<p>Davis, Comfort, Ayodele Jegede, Robert Leurs, Adegbenga Sunmola, and Ukoha Ukiwo. 2011. "Comparing religious and secular NGOs in Nigeria: are faith-based organizations distinctive?" Birmingham, England: Religions and Development Research Programme.</p>	<p>'However, the authors found no clear difference in the effectiveness of the faith-based versus secular organizations as measured by patient assessments of the quality of care. The authors conclude that government and funders should decide on using FIOs on a case by case basis and that FIOs and NGOs are not necessarily alternatives but might rather</p>

Nigerians could limit the ability to discern differences between FIOs and secular organizations, e.g., the staff of both would be likely to be personally faith-inspired. However, they also noted that they selected organizations working on HIV and AIDS because it is a health issue where differences in FIOs' and secular approaches could be particularly clear. The authors found that the NGOs had a predominantly material focus that emphasized physical wellbeing while FIOs combined physical and spiritual aims. Many patients felt that the FIOs had advantages over secular NGOs, and the list of their reasons for these perceptions comprised the standard purported comparative advantages of FIOs such as greater credibility and commitment. One of the FIOs, Al-Noury Specialist Hospital, is a Muslim facility that incorporates religious messages, practices and symbols in its program delivery. The authors report that this does not alienate non-Muslim clients who continue to use the facility because of the low health care costs and the confidentiality it guarantees to HIV and AIDS patients. The hospital's performance indicators are shaped by the Islamic beliefs, and include as positive indicators, conversion to Islam, more positive views of Islam by non-Muslims, or

work collaboratively in religiously-sensitive contexts' (citing TBFF Report, p. 63).

strengthening of the faith of Muslims.' (citing TBFF Report, p. 63).

(Adams, et al., 2009)	various religious congregations	Christian and Muslim	Malawi	The Malawi Religion Project (MRP) is a large-scale cross sectional, mixed methods data collection project which studied the AIDS-related activities of religious congregations in three districts of rural Malawi in 2005. The principal aim was to examine how these organizations influence responses to the epidemic.	leaders are actively addressing HIV in these communities, and these messages appear to have an influence over the AIDS-related behavior of individuals who hear them... individuals who are frequently exposed to messages about AIDS within their congregation show: higher odds of reported abstinence among unmarried adolescents, higher rates of reported condom use among sexually active respondents, and lower odds of testing positive for HIV'	'Early analyses of these data indicate the presence of wide gaps between national denominational authorities – to whom external intervention efforts are targeted – and the local congregation leaders who are often supposed to implement them... At each level of leadership, Muslim leaders are more isolated than their Christian counterparts with respect to the flow of AIDS-related information, raising important questions about the position of Muslims in diffusion processes that demographers have identified as crucial for conveying information about prevention and treatment.'
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(UNFPA, 2009)	Chamara	Islam	The Arab and wider Muslim world	<p>The high esteem accorded to religious leaders in the Arab world makes them essential partners in tackling HIV. The interfaith Arab HIV&AIDS religious leaders' network, Chahama, which comprises more than 250 religious leaders, was established with the support of UNDP's Arab Regional Programme on HIV and AIDS. Chahama holds consultative courses with religious leaders, to educate about HIV prevention and treatment. Courses directed towards female religious leaders have reached over 80 women. Guidance notes have been produced for use by imams during Friday prayers. Publications for Muslim and Christian readerships adopt culturally sensitive approaches to reproductive health rights and HIV. Courses for the public on HIV and AIDS have been held in Tunisia, Somalia, Syria and Lebanon. A drug treatment centre has been established in Alexandria, Egypt. (pp. 30-31)</p>	<p>A member of Chahama remarked upon how progress has been made in reducing maternal mortality in the Northern districts of Syria (p. 31).</p>
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(UNFPA, 2009)	Mutakalim	Islam	Kyrgyzstan	<p>Following the demise of the Soviet Union, Islam plays a more prominent role in Kyrgyzs life. Religious leaders are of central importance in educating about HIV, family planning, and reproductive health because they command a higher degree of trust than do physicians. Mutakalim, a religious women's NGO, therefore plays an important role training religious leaders about key health messages, who then educate the wider community. Youth training sessions are also held. Mutakalim conducts research and publishes on issues such as the attitudes of religious leaders towards secular policies. It has produced five brochures on family planning and reproductive health, which address themes such as the family in Islam; the rights and responsibilities of men and women; the legal foundation of women's rights; and reproductive rights and motherhood. (p. 29)</p>	
(UNICEF, 2008)	various	multi-faith	East Asia and Pacific region	<p>The Report presents the outcomes of an Interfaith Consultation convened by UNICEF East Asia and Pacific Regional Office on Children and HIV held in Bangkok 15-17 January 2008, attended by 80+ FBO representatives from 13 countries. The aim of the meeting was to develop an interfaith regional framework to strengthen the role of FBOs in responding to</p>	<p>Neglect of FBOs in regional policy and planning; FBOs lack capacity in programme management, monitoring & evaluation; insufficient FBO networking with NGOs & government (p. 28). Insufficient collaboration between FBOs; FBOs do rapid response well; long-term strategic direction less well (p. 29).</p>

HIV & AIDS and in addressing the needs of children affected by HIV.

<p>(UNICEF, 2008)</p>	<p>Buddhist Leadership Initiative (BLI)</p>	<p>Buddhist</p>	<p>East Asia</p>	<p>The Buddhist Leadership Initiative (BLI) is based in Thailand, Cambodia, China, Lao PDR, Myanmar and Viet Nam. It was established in 1997/98 with support from UNICEF EAPRO. By using the moral standing and extensive reach of monks in these countries, the BLI aims to offer care and support for people living with HIV; reduce vulnerability; and increase Sangha capacity to address HIV and community welfare. BLI activities include: capacity-building for religious leaders; advocacy for the role of monks in HIV & AIDS; Buddhist Life Skills for young people; community campaigns for compassion; facilitating fund raising and building self-help groups of people living with HIV; activities for children affected by AIDS (CABA); monitoring and evaluation. New challenges for BLI include: expanding multi-sectoral and interfaith coordination; developing policies and a framework on religious</p>	<p>BLI assessment methods include focus group discussions and documentation review. Initial results from Cambodia, Lao PDR and China revealed the following: 27% of monks have received HIV training; 22% have reported having received training from BLI; Monks who participated in training have a better understanding of HIV and are more likely to participate in activities; 30% of monks are involved in prevention activities. Findings in relation to PLHIV include: 66% of PLHIV were aware of monks' activities regarding HIV; 22% said that emotional support was provided by monks/temples (29% by family members); people with BLI exposure had higher knowledge of HIV than those without exposure (pp. 17-18)</p>	
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				organizations and HIV & AIDS work, and integrating these into larger frameworks of community-based HIV programmes (pp. 1 & 17-18).			
(UNICEF, 2008)	Sangha Metta	Buddhist	Thailand	Sangha Metta, has been a large component of the Buddhist Leadership Initiative in Thailand. In 2004, Sangha Metta established the Novices AIDS Intervention and Rehabilitation Network (NAIRN) to train novice monks (12-20 years) as peer educators on HIV and narcotic harm reduction. The novice monks act as spiritual leaders for youth and promote a safe lifestyle. NAIRN activities include meditation, education and training, analytical and critical thinking, life skills education and development, harm reduction, living blood bank, community training for youth, and Buddhist art for AIDS. According to the evaluation conducted in September/October 2007, NAIRN has reached 2000 youth through education and awareness-raising camps and school discussions and debates (pp. 1 & 12).			
(UNICEF, 2008)	Pink Triangle Foundation	multi-faith	Malaysia	The Pink Triangle (PT) Foundation, a volunteer community-based organization in Malaysia, works with five vulnerable sectors: drug users, sex workers, transgender, men who have sex with men, and people living with HIV & AIDS. Its services include education,			

prevention, care and support and sexuality awareness. PT created a space for young marginalized groups, especially men, to discuss their sexuality in a non-judgmental setting. Working in collaboration with the Government and other Islamic groups, the Foundation has been running outreach services, a drop-in centre and providing referrals that have started to make an impact in reducing the risk of HIV transmission (p. 1). Since 1997, PT has worked to sensitise JAWI, the Religious (Islamic) State Department. At the request of the transsexual community, JAWI offers religious classes twice weekly. Transsexuals have been taught how to conduct religious rites for burials. Raids on sex workers and transsexuals have ceased in Kuala Lumpur, and PT's outreach programme is no longer interrupted. Some joint programmes are now being undertaken with JAWI (p. 39).

(UNICEF, 2008)	World Vision	Christian	Asia	<p>World Vision's Channels of Hope (COH) programme carries out advocacy, prevention work with 5-24 year olds and parents, and offers home-based care and OVC. Equipping churches and other faith communities to expand and sustain their response to HIV & AIDS is a central priority of the Hope initiative. This includes identifying HIV & AIDS responses already underway by churches, faith communities and other groups in the community, and sharing successes, failures and lessons learned. COH has been implemented in 47 countries. In 2007 it reached 50,500 people from 5,242 congregations. The programme is currently being implemented in India, Philippines and Indonesia (p. 19).</p>
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(UNICEF, 2008)	Catholic Medical Missionary Board	(Catholic) Christian	Kenya		In Kenya, the Catholic Medical Mission Board (CMMB) works with PMTCT. CMMB undertakes many outreach services (in communities, schools, churches and public gatherings) because many women don't give birth in clinics or hospitals. Outreach services include provision of cotrimoxazole prophylaxis, assessment of children, counseling and testing, and referral for PMTCT plus. In Zambia, CMMB works with men within the community so that they are empowered to become part of the solution (pp. 23-24).		
(UNICEF, 2008)	Partners in Compassion	Multi-faith partnership	Cambodia	Partners in Compassion now counsels and supports over 1000 families affected by HIV & AIDS. It has five Home Care teams and several PLWA support groups throughout Takeo. Its volunteer force has over 70 Buddhist monks who are actively involved in prevention or home care. The Relationships Education and Development (READ) programme works to strengthen local public schools. Its 'Children's Community', where both HIV negative and positive children eat, play, and sleep together without separation, now has 64 members, one-third of them HIV positive (p. 25).			

(UNICEF, 2008)	Anglicare stopAIDS	(Anglican) Christian	Papua New Guinea	<p>Founded by the Anglican Church Anglicare StopAIDS is a community-based organization with 6 full-time employees. It works in remote areas of Papua New Guinea (PNG) providing HIV & AIDS services such as: voluntary and confidential counseling and testing (VCCT); drop-in center; home-based care; STI service for sexual and reproductive health; peer education training; condom education and distribution; awareness and advocacy; adult literacy programme; school awareness programme; and drama and multi-media presentations (pp. 2 & 24).</p>		<p>Poor coordination by the National AIDS Council in PNG. Lack of coordination and limited partnership among churches (p. 24)</p>
(UNICEF, 2008)	Salvatorian Pastoral Care for Children (SPCC)	(Catholic) Christian	Philippines	<p>Salvatorian Pastoral Care for Children (SPCC), founded by the Sisters of the Divine Savior (SDS) in the Philippines, implements a new parish-based child protection programme that also offers counselling and other HIV-related services. The parishes provide direct services to children and families affected by abuse, exploitation, discrimination and trafficking (p. 21).</p>		

(UNICEF, 2008)	Asian Muslim Action Network (AMAN)	Islam	Asia	<p>The Asian Muslim Action Network (AMAN) (est. 1990) promotes intercultural and interreligious dialogue and cooperation. AMAN's membership includes 800 associations, organizations and individuals. It has offices in 5 countries, with the head office in Bangkok. AMAN's work with HIV & AIDS commenced in 2002. In 2006, AMAN started a community-building programme, which includes the following activities: consultation with religious and community leaders (imams) and provision of training programmes to develop their skills and knowledge; networking with religious schools, secular schools, youth clubs; youth training of trainers; small-scale children's activities that aim to build confidence and life skills and raise awareness on general health and HIV; supporting community-based awareness-raising activities (e.g. speeches during Jummah prayer, school activity days, World AIDS Day activities); service delivery (currently small scale). In Thailand, the programme includes home visits, ensuring basic needs (monthly food parcels), linking families with health care and support services, and scholarships for children affected by HIV & AIDS. Currently AMAN is being supported by a Catholic organization in the UK. A further</p>			
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				goal is therefore to encourage local communities to mobilize resources: collecting zakat (religious taxes) and a Muslim fund for HIV & AIDS (pp. 11-12).			
(UNICEF, 2008)	The Christian Conference of Asia (CCA)	Christian	Asia	The Christian Conference of Asia (CCA) founded 1957 is a regional ecumenical organization representing 15 National Councils and over 100 national churches in 20 countries in Asia. CCA's HIV & AIDS programme (est. 1993) focuses on awareness and capacity building, advocacy, ecumenical networking and inter-religious and inter-sectoral cooperation (p. 10).			
(UNICEF, 2008)	The World Council of Churches	Christian	Pacific area region	HIV & AIDS activities supported by the World Council of Churches (WCC) in the Pacific include: raising awareness about HIV & AIDS; supporting affected families; being an implementing partner of the Pacific Regional Strategy Implementation Plan; partnership with the Asia Pacific Leadership Forum (APLF); continued cooperation with UNAIDS (Pacific). WCC member churches in the Pacific continue to award internship positions to HIV positive people to work at WCC offices, thereby giving a face to positive people in the			

Pacific (p. 11).

(UNICEF, 2008)	Asian Interfaith Network on HIV & AIDS (AINA)	Inter-faith	Asia	Composed of various faiths groups in Asia, the Asian Interfaith Network on HIV & AIDS (AINA) was formed to encourage religious leaders and FBOs to develop an effective response to the epidemic. It is supported by non-governmental, governmental and international organizations, people living with HIV & AIDS and multi-sectoral organizations. AINA activities include: Orientation, education and training of religious communities; Development and dissemination of information; Networking with alliance-building efforts; Advocacy and lobby work with policy makers from different sectors (pp. 12-13).
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(UNICEF, 2008)	various	various	Uganda	<p>In Uganda, several community-based intervention models are being implemented. The community mobilization intervention model for PMTCT and ART taps religious leaders of different faiths and local council leaders, and uses key religious teachings to bring out messages. It also trains community educators, gives sermons and mini-lectures in churches and mosques, conducts group talks and home visits, as well as print and broadcast media. The Hope Initiative Core Programming model implements child-focused prevention intervention for children and youth, and mobilizes faith communities to provide care for orphans and vulnerable children. Family Health International (FHI) leads the implementation of the community faith-based regional initiative for orphans and other vulnerable children (FABRIC) model, a child-focused, family-centered and community-based initiative that is integrated within the continuum of HIV & AIDS management. The model encourages early diagnosis of HIV, conducts training workshops for FBO staff, provides on-the-job technical support and guidance, facilitates exchange visits for organizational learning, facilitates links between local FBOs and government and other local</p>			
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				community-level structures, supports linkages to government and other stakeholders, and emphasizes provision of quality services. The Inter-Religious Council of Uganda adopts multi-sector and community-based approaches to comprehensively address the needs of orphans and other vulnerable children. ZINGO has been implementing OVC interventions since 2003, has integrated a rights-based approach, and has initiated a programming component that exclusively deals with adolescent sexual health (pp. 23-24).		
(Kaybryn, et al., 2011)	various	various	CAMBODIA	The review documents faith-based responses to HIV across 17 provinces in Cambodia (14 Buddhist, 16 Christian, 1 Muslim and 5 multi-faith) and also includes 4 secular organisations and 11 provincial government departments. 6 faith-based initiatives are highlighted as examples of good practice: Buddhism for Development; Buddhism for Social Development Action (BSDA); Caritas Cambodia; Partners in Compassion; the Islamic Local Development Organisation (ILDO); Vision Fund Cambodia (microfinance).	72% reported implementing Prevention of Mother-to-Child Transmission (PMTCT) activities (typically focused on awareness-raising and referrals rather than provision of HIV testing and PMTCT services to pregnant women).	Most FIOs reported reaching between 100 and 2,000 clients. 97% of survey respondents reported engaging in HIV awareness-raising interventions. 91% indicated they worked to reduce HIV-related stigma and discrimination. 89% reported providing psychological and spiritual support to people living with and affected by HIV. 76% of respondents reportedly promoted the meaningful involvement of people living with HIV. 75% reported providing home-based care services to people living with and affected by HIV. 69% reported engaging in sexuality and family planning education. 58% were engaged in advocacy. 27% undertook

research. 11% provided hospice, respite or palliative care services. Very few organisations reported providing ART or OI services (these are provided free by the government).

(UNICEF, 2012)	Sangha Metta	Buddhist	Asia	<p>Through its Regional Buddhist Leadership Initiative Sangha Metta, UNICEF has worked with governments and Buddhist leadership on HIV and AIDS prevention and care efforts in Bhutan, Cambodia, China, Lao People's Democratic Republic, Mongolia, Myanmar, Thailand and Viet Nam. Specific programmes include prevention programmes with young people, spiritual counselling and healing, community education in temples and supporting vulnerable families and children affected by HIV and AIDS. UNICEF supported a process in which Buddhist leaders developed a training approach that related key learning about HIV responses with their own religious beliefs about the Four Noble Truths. This approach was central to</p>			
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mobilizing the wider Buddhist leadership to engage with this initiative.' (p. 30)

(UNICEF, 2012)	Imam Sadeq University, Tehran	Islam	Iran	'In 2007 UNICEF Iran and religious academics from Imam Sadeq University addressed practical challenges for children's rights and well-being in a book: What Can We, Religious Leaders, Do in Response to HIV/AIDS?, providing recommendations based on Quranic and Shia religious references. The following year the text was distributed among leading national religious organizations. High-level advocacy events for selected key religious leaders raised their awareness
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concerning the fight against HIV and AIDS.' (p. 30)

<p>(UNICEF, 2012)</p>	<p>Theological and Social Research Centre and Acción Medica Cristiana</p>	<p>Christian</p>	<p>Nicaragua</p>	<p>'In Nicaragua in 2010 UNICEF partnered with the Theological and Social Research Centre and Acción Medica Cristiana to promote theological-pastoral reflection on the HIV epidemic. This has succeeded in mobilizing churches, mainly on the Caribbean Coast, regarding the rights of people living with HIV. Prominent Nicaraguan theologians produced a book on the theological foundation for church participation in the national response to the epidemic. Educators from 10 biblical institutes and religious leaders from 200 churches have been trained on the theological approach to the HIV epidemic.' (p. 30)</p>			
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(WFDD, 2010)	various FIOs	various	Cambodia	<p>'The 2008 national census estimates Cambodia's MMR at 461, which translates into roughly 1,800 deaths per year due to pregnancy-related complications... Cambodia's MMR does not appear to have improved in the past 15 years, and according to the UN, the country is "off track" in its progress towards the 2015 goals. (UNDP 2010b)... Cambodia's Ministry of Health has made improving reproductive, maternal, newborn and child health their top priority in their strategic plan for 2008–2015.' (p. 104)</p> <p>'In 2008, an estimated 78 percent of women delivered their babies at home, with 44 percent of those receiving assistance from a skilled birth attendant.' (p. 105)</p>	<p>The Report, based largely on 140 in-depth interviews conducted August 2009–August 2010, set out to understand and map the complex and diverse ways FIOs promote development in Cambodia. 'Faith inspired organizations offer a significant proportion of health services in Cambodia, helping to reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria, and other diseases. Buddhist organizations have played a major role in HIV/AIDS programs in rural areas.' (p. 15)</p>	<p>The Report found that the development work conducted by FIOs is not well known. FIO work tends to suffer from 'poor coordination, fragile financing structures, and inadequate data to measure impact' (p. 12). Proselytism is found in various guises (p. 13).</p>
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(WFDD, 2010)	Malteser International	(Catholic) Christian	Cambodia	Mothers who give birth in hospital are more likely to survive labour. Assisting pregnant women to plan ahead for their delivery day (planning which hospital, and who will child-mind) increases the likelihood of a hospital birth. Malteser International set up pregnancy support groups in its operational area of Oddar Meanchey province. Volunteers from each of the area's 260 villages visit the households of pregnant women to help plan for the birth. The volunteer teams also give presentations on reproductive health issues to the local community. (p. 105)	
(WFDD, 2010)	Kampong Trabek Referral Hospital and Hospital Marguerite-Marie	Multi-faith partnership	Cambodia	The Kampong Trabek Referral Hospital in Prey Veng Province has 92 beds and sees c. 172 births per year. The French-based medical missionary group Hospital Marguerite-Marie, with its focus on assisting with birth deliveries, conducts twice-yearly medical and surgical visits to Kampong Trabek lasting c. 2-3 weeks. This program helps secure medical equipment for the hospital, which it shares with other hospitals in the region. (p. 105)	

(WFDD, 2010)	World Vision	Christian	Cambodia	<p>'WV also has a home-based care program through which WV teams check up on PLHA monthly to ensure that they are receiving the proper government services. As part of the program, WV also covers the cost of laboratory tests, helps with other expenditures related to health care, and provides travel stipends.' (p. 109) 'World Vision's Orphans and Vulnerable Children (OVC) program provides comprehensive support to children and orphans affected by HIV/AIDS in Phnom Penh, Kandal, Kampong Speu, and Takeo provinces. Children in the program receive free education support until they are 18 years old. Children's clubs, analogous to adult self-help groups, provide children with psychological support and the chance to interact with children in similar situations. All of these activities are aimed at reducing the sources of vulnerability of children affected by HIV/AIDS.' (p. 111)</p>	<p>'World Vision trains health care workers to better provide counseling and testing for pregnant women as part of its prevention of mother-to-child transmission program.' (p. 109)</p>	<p>'WV... has been a SR to at least two grants for its HIV/AIDS work. A potential reason for its success in an SR role is that the organization's international office provides technical assistance with writing grant proposals (needed to apply to become a SR) and assists in paying technical consultants to help with project implementation and oversight.' (p. 148)</p>	
(WFDD, 2010)	UNICEF and the Regional Buddhist Leadership Initiative	Buddhist - secular partnership	Cambodia	<p>A religious-secular partnership approach to the HIV-response, linking UNICEF and the RBLI, is described in the WFDD Report as 'an inspirational example of faith and secular groups working together towards a common purpose' (p. 154). 'A decade ago, with Cambodia's HIV/AIDS prevalence rate at nearly 1.2 percent, UNICEF expanded its</p>		<p>'The Initiative is making a significant impact. According to UNICEF's figures, in just the first six months of 2009, monks and nuns counselled nearly 5,000 individuals and referred another 1,450 persons with HIV/AIDS to health centers for further treatment. Moreover, the program provided food supplies and clothing for 2,700</p>	<p>'The Initiative relies on local, on-the-ground actors who are not health care specialists in a field that is constantly evolving. Monks must be re-trained to address these evolving programmatic needs, and the requisite technical knowledge is often difficult for them to absorb.</p>

Regional Buddhist Leadership Initiative to Cambodia, engaging monks and nuns in the battle against HIV/AIDS. The program engages religious leaders to provide spiritual counseling to PLHA and to refer them to health centers for care. It reimburses the transportation costs of participants and provides them with a small allowance for food and incidentals if they are visiting a home or traveling to a different pagoda.' (p. 113) 'A particularly interesting aspect of this initiative is the two organizations' harmonization in approach. UNICEF recognizes the importance of promoting monks' ability to speak out on an issue in a way that is appropriate from a religious and cultural standpoint. To that end, the program crafts the monks' approach to be one that is rooted in Buddhist tradition and belief. Offering spiritual guidance, for instance, is acknowledged as a critical component of the Initiative, fitting well both with decent health care precepts (WHO's leading philosophy) and with the Buddha's teachings on compassion.' (p. 154)

children who had lost one or both parents to HIV/AIDS.' (p. 113)

Exacerbating this difficulty is the reality that monks and nuns, because of their faith-affiliation, simply cannot discuss some messages and words... Finally, for many of the younger monks, the monkhood is only a temporary position. It is nearly impossible for organizations to train only those who pledge to remain in the monkhood for an extended period of time.' (p. 113) 'Compounding the difficulty of engaging monks and nuns is the highly decentralized network of monks, nuns, and pagodas active in the Initiative. UNICEF provides funding to the Ministry of Cults and Religions at the national level, and the Ministry's provincial offices take the lead in identifying the monks, nuns, and pagodas that are willing to participate. The pagodas then assume full responsibility for the program's planning, monitoring, and funds management. While the Initiative is operational in 12 of Cambodia's 24 provinces, not all of the pagodas and monks in these 12 provinces are

							participating. It is possible that a person with HIV/AIDS may live near one pagoda, yet the closest pagoda in the Initiative may be miles away and take many hours to reach, even in the dry season when road conditions are most favorable. One of the greatest challenges in the future may not be motivating monks and nuns to participate or even training them in technical knowledge, but rather getting the multitude of implementing partners to work together, through a comprehensive strategy, towards a common end-goal' (pp. 114-15).
(WFDD, 2010)	Partners in Compassion	Multi-faith partnership	Cambodia	In 1999 Partners in Compassion (co-founded by a Buddhist and a Christian) opened a hospice for children with HIV/AIDS in Takeo province on land donated by the monks of Wat Opot. Today's community houses c. 60 children, half of whom are HIV+. This makes Wat Opot unique: 'it makes no distinction between children who are HIV positive and negative, they all live and learn together' (p. 113).			
(WFDD, 2010)	Salvation Center Cambodia (SCC)	Christian	Cambodia	'Faith-inspired organizations such as Salvation Center Cambodia (SCC) and Partners in Compassion have recruited Buddhist monks and nuns in			'However, the local Buddhist religious leaders see limitations on their capacity to intervene in this area. Monks' inability to

Battambang, Takeo, Kampong Cham and Pursat provinces to receive education on the basics of HIV/AIDS. These organizations provide training on community engagement and encourage monks and nuns to reach out to their communities and hold awareness-raising events at their pagodas... SCC has developed an educational manual that focuses on the five precepts of Buddhism: abstain from lying, abstain from stealing, abstain from killing, abstain from intoxicating substances, and abstain from sexual misconduct. The manual places emphasis on abstaining from sexual misconduct to discourage extramarital sex.' (p. 107-08)

understand or discuss certain topics—it is socially unacceptable for monks and nuns to use words related to sex—can limit their effectiveness. Thus, any discussion of condom usage and related topics is restricted to organization staff and lay volunteers.' (p. 108)

'Partners in Compassion, have trained monks to be part of home-based care teams. It should be noted that this approach may not be the most sustainable, as monks are constantly entering and leaving the monkhood.' (p. 109)

(WFDD, 2010)	Caritas Cambodia	(Catholic) Christian	Cambodia	<p>'Caritas Cambodia provides PLHA in their program an alarm clock to remind them to take their daily ARVs. Home-based care teams visit patients regularly depending on the needs of the individual. Caritas Cambodia has also begun to train PLHA volunteers in home-care so that the program is sustainable' (p. 109). 'Caritas... encourages self-help group participants to start small savings schemes. In addition, Caritas staff choose a key farmer from each group to receive training from CEDAC in agriculture, gardening, and raising fish and chickens. This key farmer is then responsible for training the other self-help group members. Selfhelp groups also provide a forum for PLHA to discuss common problems and share their experiences with issues such as treatment and discrimination.' (p. 111) 'Caritas Cambodia amplifies the voices of poor PLHA patients in Siem Reap: if patients do not receive proper treatment, they can speak with a Caritas worker who can advocate on their behalf.' (p. 109)</p>	<p>'SCC and Caritas Cambodia receive provisions of rice, salt, and oil from the UN World Food Program to distribute to PLHA who fit specific criteria. These organizations distribute food to individuals whose CD4 counts have dropped below a set level. Programs also distribute food to pregnant women in their third trimester to maintain their strength, as it is difficult for them to earn income during this period. Finally, these organizations distribute food support to women with small children, widows who are unable to work, and to guardians of children affected by HIV/AIDS.' (p. 110)</p>		
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(WFDD, 2010)	Buddhism and Society Development Association (BSDA),	Buddhist	Cambodia	<p>Buddhism and Society Development Association (BSDA), in Kampong Cham Province, provides drug addicts with educational and spiritual guidance and helps them design treatment plans to overcome their addiction. The organization also educates local communities about the prevention of and stigmas associated with HIV/AIDS, and carries out livelihood training (pp. 79-80). 'Few faith-actors currently engage [intravenous drug users] directly. An exception is BSDA's program, run through partner pagodas, which encourages harm reduction by providing counseling and treatment to drug addicts. Through peer facilitators, BSDA brings addicts to the pagoda where trained, ordained volunteers provide counseling, education, and meditation classes to help them overcome their addiction. BSDA also provides clean syringes to intravenous drug users to reduce the risk of HIV transmission.' (p. 111)</p>		
(WFDD, 2010)	Maryknoll Sisters	(Catholic) Christian	Cambodia	<p>'Karol and Setha (an abbreviation of "Knowledge and Reflection on Life and Sexuality Through a Holistic Approach"), a program run by the Maryknoll Sisters, aims to help adolescents, young adults, couples, and parents better understand their relationships and sexuality, promoting their capacity to make healthier life choices in order to address HIV/AIDS risks</p>		

				as well as other gender-based social issues.' (p. 107)			
(WFDD, 2010)	World Relief	Christian	Cambodia	'World Relief... is partnering with leaders of local Cambodian churches in rural areas to provide HIV/AIDS training to church members. The organization places particular emphasis on marital fidelity and pre-marital abstinence to prevent the transmission of HIV/AIDS. After training local volunteers, World Relief supports them in their efforts to inform fellow church and community members about HIV and to promote healthy behaviors.' (p. 107)			
(WFDD, 2010)	The Sihanouk Hospital Center of HOPE	Multi-faith	Cambodia	'The Sihanouk Hospital Center of HOPE, a multi-faith hospital in Phnom Penh which runs HIV/AIDS, TB and Malaria programs, has been designated an SR [sub-recipient] six times since it first began receiving indirect Global Fund support in 2003.' (p. 148) The hospital 'make[s] a point to emphasize that their care is rooted in compassion and respect' p. 105			

(Ostrowski, 2011)	the Woodrow Wilson International Center for Scholars; World Faiths Development Dialogue (WFDD); Christian Connections for International Health (CCIH)	multi-faith	various	As part of the Advancing Dialogue on Maternal Health series, the Woodrow Wilson International Center for Scholars' Global Health Initiative collaborated with WFDD and CCIH to convene a small technical meeting on November 15, 2011, with 30 maternal health and religious experts. 4 FBO case studies in Bangladesh, Nigeria, Pakistan, and Yemen yielded 10 recommendations for increasing FBO capacity in maternal health.	<ol style="list-style-type: none"> 1. Move from short-term projects to long-term programs. 2. Country-level oversight could reduce replication and improve coordination of faiths, FBOs & development agencies. 3. Successful programming requires a thorough understanding of local cultures and social norms. 4. Avoid contentious or patronising terminology: "consultative meetings" not "trainings"; "child birth spacing" over "family planning"; "safe age of marriage" not "child marriage." 5. With adequate information and using religious scriptures to promote health and gender equality, religious leaders can bring about behavior and value changes. 6. Winning the trust of religious leaders takes time but is necessary. 7. A human rights-based approach can be used to address issues such as violence against women, nutrition, dowry and child marriage, but can also create controversy. 8. Forums must bring together FBO and development communities to share knowledge and good practice, and to inventory
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existing research. 9. Increase the monitoring and evaluation skills of FBOs to improve evaluation systems and collect data. 10. Greater political will is required for engaging the faith-inspired community.

(Ostrowski, 2011)	Adventist Development Relief Agency	Christian	Bangladesh	Adventist Development Relief Agency (ADRA) in Bangladesh educates men and women about maternal health through women-run community organizations, dispelling myths or otherwise harmful views about pregnancy.		
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(Ostrowski, 2011)	Nigerian Urban Reproductive Health Initiative	Unspecified - comprises a consortium of mainly non-faith-based NGOs	Nigeria	<p>Family planning can help space births and save lives, but can be controversial in a religiously conservative community. The Nigerian Urban Reproductive Health Initiative (NURHI) is a public-private partnership to promote the integration of family planning strategies into maternal health practices. Recognising that family planning interventions require careful assessment of the environment and planning for their introduction, NURHI drew on research (baseline surveys, formative research and net-mapping) in order to understand the social context and refine intervention components.</p>
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(Ostrowski, 2011)	The Pakistan Initiative for Mothers and Newborns (PAIMAN)	Unspecified - comprises a consortium of mainly non-faith-based NGOs	Pakistan	The Pakistan Initiative for Mothers and Newborns (PAIMAN) worked with 800 religious leaders (ulamas) to increase awareness about pregnancy and promote positive behavior change among men. To maximise impact, PAIMAN selected influential ulamas with large congregations. Along with senior religious scholars, the ulamas took part in "consultative meetings" to learn about maternal health interventions and develop key messages for sermon use. More than 200,000 men and women were reached during the sermons. The strategy has been adopted by the government of Pakistan as a best practice, and written into in the Karachi Declaration signed by the Secretaries of Health and Population in 2009.		
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(Ostrowski, 2011)	Pathfinder International	n/a	Yemen	In the Yemen case study, 82% of women said family planning decisions were made by their husband. 22% of women believed contraception to be against their religion, viewing fertility as subject to the will of God. The adoption of behavior change for health therefore required the involvement of key opinion leaders and the alignment of messages based in religious values. In training coordinated by Pathfinder International, religious leaders covered family planning from an Islamic perspective, risks associated with early pregnancy, nutrition and education, and healthcare as a human right.		
(Berkley, 2009)	various	Largely Christian	Central and South America	'According to the World Health Organization, one in five organizations currently engaged in HIV/AIDS programming in the region is faith-based.' (pp. 26-27). According to a 2003 study by USAID: "Religious-based initiatives are pivotal to the success of prevention and care efforts in Latin America as well as globally. Churches are found in nearly all communities in the region and wield a significant level of cultural, political, social, educational and economic influence. The Church can be viewed as the largest, most stable and most extensively dispersed	The Report was prepared as background for a consultation on faith-inspired organizations and global development policy in Latin America held in Antigua, Guatemala in January 2009. It outlines the historic role of the Catholic Church as a crucial provider of health and education and the rapid growth of Pentecostalism (p. 7). In Latin America and the Caribbean, it states, 'faith institutions, by various measures, enjoy higher trust levels than governments. Their service delivery roles and	'A 2003 poll carried out in Bolivia, Colombia and Mexico dramatically demonstrates the divergence between the Catholic Church's hierarchy and their members. In Colombia and Mexico 91% of Catholic respondents expressed their belief that adults and adolescents should have access to contraceptives, including condoms; 79% of Bolivian Catholics supported this view. In addition, 87% of Catholics in Colombia believed that an individual

non-governmental organization in any country." P. 27

capacities are considerable; for example, the Catholic Church alone operates more than 1,200 hospitals and 5,000 dispensaries throughout the region' (p. 9). 'There are numerous examples of successful partnerships between the Church and secular development organizations such as UNFPA and UNICEF. In many cases, the leading international development NGOs are faith-based and partner closely with country and local religious communities.' (p. 9)

can use contraceptives and still remain in good standing with the Church; in Mexico 84% of individuals shared this view, while 81% of those polled in Bolivia were in agreement with the statement.' (p. 29) 'In Chile, the government provides contraception only to married women at childbirth. The strong influence of the Catholic Church, particularly through the Christian Democratic Party, has served to perpetuate the government's conservative policies... The Catholic Church has also had a strong influence on family planning policy in Guatemala. In the early 1990s it was successful at blocking the passage of family planning and reproductive rights legislation.' (p. 30)

(Berkley, 2009)	various	Largely Christian	Haiti	<p>'More than a quarter of a million people (5.6% of population ages 15–49) are living with HIV/AIDS in Haiti. The 2005 Global Health Council report analyzed the role of FBOs in addressing HIV/AIDS in four countries, including Haiti. The report focused on four main issues: the level of care, support and treatment offered by FBOs; how FBO behavior-change communication efforts are perceived; FBO efforts to specifically address gender vulnerability; and opinions surrounding FBO accountability and participation in public policy at the national level. The report found that in Haiti, HIV/AIDS services offered by FBOs are typically aimed at the most impoverished. Additionally, FBOs were found to have made significant efforts to provide psychological care for patients who often suffer from stigmatization as well as provide an example for the community of caring and loving AIDS victims... FBOs in Haiti were found to be effective in educating people about HIV/AIDS, including modes of transmission. The results of this study reveal that in Haiti there is a wide range of views on condom use. While Voodoo leaders are reported to strongly promote condom use, some Christian churches "quietly collaborate" with organizations</p>	'Global Health Council Annual Report 2005', Vermont: Global Health Council, 2005	'However, it was also noted that certain FBOs at times told patients that they were suffering because of their religious beliefs and that conversion would bring about miraculous healing.' P. 31
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				<p>that promote condom use, but do not explicitly condone their use. Just as witnessed in many countries of Latin America, there is a significant difference in the official stance of the Catholic Church on condom use and what is practiced. It was reported that in some instances condom use was promoted in Catholic churches. The report has limited information on the success of FBOs in addressing gender specific issues as they relate to HIV/AIDS. However, it was noted that some FBOs are actively striving to educate female sex workers on the importance of condom use. Finally, the findings of the report in Haiti show that the faith-based community has only recently become actively involved in HIV-related advocacy at the national level. The faith based community is increasingly forming councils to address the issue, as well as becoming more active in consultation with the government'. (P. 31)</p>		
(Berkley, 2009)	various FBOs	Largely Christian	Jamaica	<p>'A recent USAID study on the role of FBOs in Jamaica shows that they have played an instrumental role in the fight against HIV/AIDS. Risk factors in Jamaica, such as early age of sexual debut, multiplicity of partners, and a robust sex industry linked to tourism would seem to predict a higher infection rate than</p>		<p>USAID study cited: Edward C. Green, "Faith Based Organizations: Contributions to HIV Prevention," Harvard Center for Population and Development Studies, 2003.</p>

witnessed. The report argues that two factors contribute to this lower than expected infection rate. The first is the use of highly effective programs of case-finding and syndrome management. The second is the existence of behavioural change communication programs that have resulted in high rates of condom use, reduction in sexual partners, and a slight rise in the median age of sexual debut. Faith-based organizations have been actively involved with the Jamaica National HIV/AIDS Control Program (NHCP) from the early stages of the epidemic. A survey carried out in 1999 in the greater Kingston area showed that 9.5% of churches had a special HIV/AIDS program or ministry, 19.5% of religious leaders had participated in programs, and that 98% of religious leaders expressed desire to participate in future programs. While evidence suggests that FBOs prefer to promote fidelity and abstinence rather than condom use, there was no evidence of FBOs obstructing the work of the NHCP. To the contrary, FBOs and clergy members were found to be very helpful in promoting the country's HIV/AIDS prevention strategy' (p. 32).

(Berkley, 2009)	various FBOs	Largely Christian	Dominican Republic	Similarly [to Jamaica's HIV response], in the Dominican Republic, significant strides have been made in the realm of behavioural changes in the effort to fight HIV/AIDS. Faith-based groups are considered instrumental in bringing about this behavioral change. In the mid-eighties, the Government of the Dominican Republic prioritized its relationship with the church and made efforts to pre-empt Church opposition to the policy by explaining the "life-saving mission" of its HIV/AIDS campaign. In response, religious groups joined the efforts early on and have been instrumental in training HIV/AIDS educators. For example, Prosolidaridad, an interfaith group made up of a number of churches, has trained over 2,500 church and non-religious youth leaders as HIV/AIDS educators' (p. 32)
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(Berkley, 2009)		(Catholic) Christian	Brazil		<p>'Pastoral da Criança is an example of a successful partnership between the Catholic Church and UNICEF. Pastoral's mission statement emphasizes the right of every child to live a rich, healthy life. It thus works through a vast network of volunteers to help children survive by providing expectant mothers and families education about how to care for their young children. A secondary programmatic focus is education aimed at prevention of domestic violence... Since 1983, Pastoral has grown into one of the world's largest NGOs. It utilizes the energy of more than 150,000 unpaid volunteers who reach 1.6 million children under 6 years of age, and 77,000 pregnant women in about 3,000 municipalities across the country. Pastoral provides basic health and nutritional information and promotes awareness of good practices in nutritional supervision, oral rehydration, vaccination, and infant development. The organization reaches the community in a number of ways. The primary method is through volunteers who carry out monthly home visits to families participating in the program. Municipalities also</p>
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sponsor a monthly Weighing Day at which time families bring their children for health checkups and also benefit from workshops that emphasize different aspects of physical, psychological and spiritual wellbeing of the children. In addition, Pastoral has utilized television and radio to reach and even broader audience with information on family planning and related issues. The total cost of Pastoral is approximately USD\$0.50 per child/month, including administrative, production and distribution of educational materials, training and accompanying activities. Since 1995, Pastoral has received nearly a quarter of its funds through an annual television campaign.'

(Berkley, 2009)		(Catholic) Christian	Colombia		<p>'The Pan-American Health Organization (PAHO), the regional office of the World Health Organization (WHO), has been partnering since 2007 with the Catholic Church in Colombia to strengthen ties between Church run health facilities and government health programs. It has also begun joint projects with CELAM as a regional entity of the Catholic Church in Latin America.' (P. 34)</p>		
(Berkley, 2009)		Christian	Latin America	<p>'Food for the Hungry works in more than 26 developing countries providing disaster and emergency relief and implementing sustainable development programs to transform communities physically and spiritually. Its five areas of focus are child development, church development, economic development, food security, health, HIV/AIDS, and water. FHI posts in Latin America include Bolivia, Brazil, Costa Rica, the Dominican Republic, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, and Peru.' P. 55</p>			

(Berkley, 2009)	Christian	Argentina	'La Pastoral Ecu�mica del VIH-SIDA consists of a group of Christians belonging to different churches and denominations. The organization seeks to help HIV/AIDS victims as well as prevent HIV/AIDS in Argentina. It administers a training program for the group's pastors, who serve to increase awareness about HIV/AIDS and to help victims cope spiritually with the epidemic. In addition, the organization runs a hospice for HIV/AIDS patients.' P. 58
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(Berkley, 2009)		(Anglican) Christian	Latin America & Caribbean	<p>The Primate's World Relief and Development Fund (PWRDF) is the Anglican Church of Canada's agency for sustainable development, relief, refugees, and global justice. With the support of Anglican parishes across Canada, PWRDF provides financial and human resources to support its partners' initiatives and to promote actions of solidarity around the world. PWRDF is present in Africa, Asia, and Latin American and the Caribbean. It has initiatives addressing issues relating to youth development, indigenous peoples' rights, refugee relief, HIV/AIDS, and public engagement. Its youth initiative, called justgeneration.ca, is active in promoting the welfare and rights of children around the world, through a worldwide network of partner organizations and with the help of volunteers and students from Canada.' P. 58</p>			
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(Berkley, 2009)		Christian	global	<p>Salvation Army World Service Organization SAWSO 'provides technical and financial assistance in a variety of community-based programs and works through the Army's worldwide network of personnel and facilities in 105 countries. Program areas include health care, HIV/AIDS programming, micro-finance, community development, and relief and reconstruction aid. SAWSO promotes community-based initiatives that improve living conditions and increase skills in poor communities. Programs focus on four areas: (1) village-based health care projects; (2) community development programs; (3) income generation program; and (4) disaster relief and reconstruction aid.' P. 59</p>			
(Berkley, 2009)		Christian	Latin America	<p>World Hope International (WHI) is a faith-based organization that seeks to alleviate suffering and injustice through education, enterprise and community health. It has focused on anti-trafficking and HIV/AIDS programs, but also has projects in the sectors of education, children and youth, microfinance, and rural development. WHI works in many countries in Latin America, including Brazil, Ecuador, Guyana, Guatemala, Honduras, Nicaragua, Jamaica, Haiti, and the Dominican Republic.' P. 59</p>			

(Berkley, 2009)	Christian	Haiti	<p>'International Child Care is a Christian health development organization. Operating in Haiti since 1967 and in the Dominican Republic since 1988, ICC is working to change the conditions of poverty that impact health and well-being. It administers Grace Children's Hospital, HIV testing and treatment, community health programs, and community-based rehabilitation programs.' P. 67</p> <p>'Grace Children's Hospital... is the flagship ministry of International Child Care. Grace Children's Hospital is recognized as Haiti's leading medical facility dedicated to the treatment of children with tuberculosis (TB). Each year, the hospital receives thousands of children who are suffering from TB, HIV and other diseases.' P. 64</p>
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(Berkley, 2009)		Christian	Haiti		'The Hopital Bon Samaritain HBS foundation runs a full service hospital with outreach programs in Limbé, Haiti since 1953. Currently, 6,000 outpatients are being consulted and treated monthly in the clinic. In addition to the hospital, the foundation also built a new ward and home, Kai Mira, for 25 abandoned children with disabilities, started a broad vaccination program, and instituted other public health projects regarding issues such as family planning, pre-natal and post-natal healthcare.' P. 66		
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