Religion as an Asset for PEPFAR-Funded HIV Prevention Programs in Durban

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Declaration

I declare that this thesis is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Master of Theology (Theology and Development) in the Faculty of Humanities, Development and Social Sciences, Pietermaritzburg, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Abstract

Paul Germond and Sepetla Molapo have defined *bophelo* as a particular BaSotho conception of health and religion. This scholarship defining *bophelo* derives several policy principles for public health seeking to appreciate religious entities as assets: 1) should actively engage religious entities and to treat them as potential assets in HIV prevention 2) that the value of religion for health is typically not tangible to western scientific and technical methodologies 3) health and religion are sought at a communal level, at which individuals are united through bonds of trust and a common set of cultural practices, often expressed with reference ancestor reverence. Germond and Molapo argue that conceptions of health and religion in other southern African cultures and nations are closely analogous to *bophelo,* and sketch the relevance of these conceptions for the effectiveness of the public health response to the HIV epidemic in southern Africa.

The President's Emergency Plan for AIDS Relief (PEPFAR) is the United States initiative to prevent HIV and treat AIDS across the globe. PEPFAR is notable for funding a high proportion of faith-based organizations for HIV prevention relative to other major HIV and AIDS initiatives.

This is study of two faith-based organizations, HOPE Worldwide and Youth for Christ. Both received funding from PEPFAR to conduct HIV prevention programs in Durban in 2007. The study assesses the conceptions of religion as an asset for their interventions with specific reference to the principles of Germond and Molapo's *bophelo* scholarship.

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I could not have formulated the questions behind this thesis without the guidance of Prof. Steve de Gruchy. Steve encouraged me to ask tough questions, to upend conventions and to approach learning and research with kindness and humour. He was a great asset to the world. I am sorry that I was not able to complete this thesis during his lifetime. He will always be in my thoughts.

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Table of Contents

Chapter One
General Introduction

1.1 Introduction

This thesis tests the adherence of HIV prevention programs in Durban, South Africa to the health policy principles of *bophelo*, which define how public health promotion in Africa should strongly align with local religion. These principles are described by sociologists Sepetla Molapo and Paul Germond of the University of Witwatersrand.[1] This is a refinement of a broader question, "How can religious institutions contribute to effective public health efforts to prevent HIV transmission in Africa?", taken up by the African Religious Health Assets Programme (ARHAP), an academic partnership to which Molapo and Germond are core contributors.

1.2 Introduction to the HIV and AIDS Epidemic in Africa

These questions are important because of the magnitude of the African AIDS epidemic. The UN Joint Programme on HIV/AIDS (UNAIDS) estimated that in 2009 there were 22.5 million people in sub-Saharan Africa living with HIV (5% of the adult population), 1.3 million deaths from AIDS and 1.8 million people newly infected.[2] The comparable figures for the Republic of South Africa are as follows: UNAIDS estimates that 5.6 million people, or 18% of all adult South Africans, are living with HIV and that in 2009, 310,000 South Africans died from complications of AIDS.[3] The province of KwaZulu-Natal, where the research for this thesis took place, has the highest prevalence in the country.[4]

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[1] Paul Germond and Sepetla Molapo, " In Search of Bophelo in a Time of AIDS: Seeking a Coherence of Economies of Health and Economies of Salvation," Journal of Theology for Southern Africa 126 (November 2006.):30.

[2] Kaiser Family Foundation, The Global HIV/AIDS Epidemic: Fact Sheet. December 2010. http://www.kff.org/hivaids/upload/3030-15.pdf
UN Joint Programme on HIV/AIDS, Global Report: UNAIDS Report on the Global AIDS Epidemic: 2010, December 2010.

[3] UNAIDS, 2010.

[4] Olive Shisana, et al, *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008: A Turning Tide Among Teenagers?* (Cape Town: HSRC Press, 2009), xvi.

The Human Immunodeficiency Virus (HIV) is a lentivirus that attacks the human immune system. The most common modes of HIV transmission are through sex, through childbirth and the sharing of intravenous needles.[5] The vast majority of people with HIV infections in South Africa acquired the virus through sexual transmission.[6] When a person becomes infected by HIV, he or she will typically live for six to ten years without serious symptoms. At the end of that incubation period, the virus damages his or her immune system, leading to opportunistic infections and causing death.[7] This illness is called Acquired Immunodeficiency Syndrome, or AIDS. Antiretroviral therapy (ART) is a pharmaceutical treatment aimed at suppressing the action of the virus, which can dramatically extend the life of people with HIV.[8] In 2007, only one third of South Africans eligible for ART received the treatment.[9]

Epidemiologists first described AIDS in Los Angeles, USA in 1981[10], and the first report of the illness in South Africa came in 1983.[11] National prevalence, however, remained low until 1992, when the number of new infections in South Africa rose dramatically, reaching a plateau by 2005, at which point HIV prevalence among pregnant women was 30 percent. [12] This escalating epidemic caused a near-doubling of mortality in South Africa between 1997 and 2006.[13] South Africa has approximately 5.6 million people living with HIV, greater than any other country.[14]

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[5]Tony Barnett and Alan Whiteside. *AIDS in the Twenty-First Century. (Basingstoke:*Palgrave-MacMillan, 2002), 30-39

[6] Catherine Mathews. "Reducing Sexual Risk Behaviours: Theory and Research, Successes and Challenges," in *HIV/AIDS in South Africa, edited by* Salim and Qurraisha Abdool Karim. (Cambridge: Cambridge University Press, 2005), 143.

[7] Barnett, Whiteside, 2002, 32.

[8] Robin Wood. "Antiretroviral Therapy." n *HIV/AIDS in South Africa, edited by* Salim and Qurraisha Abdool Karim. (Cambridge: Cambridge University Press, 2005).

[9] R.P. Walensky, et al. "Scaling up ART in South Africa: The Impact of Speed on Survival," *Journal of Infectious Diseases.* 197:9 (2008), 1-9.

Gray, Andrew. "The Challenges of Implementing ART in South Africa," in *HIV/AIDS in South Africa, edited by* Salim and Qurraisha Abdool Karim. (Cambridge: Cambridge University Press, 2005), 524-537.

[10] Jonathan Engel, *The Epidemic: A Global History of AIDS.* (Washington: Smithsonian Books, 2006), 2-4.

[11] Karim, Salim S, "Introduction." in *HIV/AIDS in South Africa, edited by* Salim and Qurraisha Abdool Karim. (Cambridge: Cambridge University Press, 2005), 31-36.

[12] Gouws, Eleanor and Quarraisha Abdool Karim. "HIV Infection in South Africa: The Evolving Epidemic." in *HIV/AIDS in South Africa, edited by* Salim and Qurraisha Abdool Karim. (Cambridge: Cambridge University Press, 2005), See chart on p. 56.

[13] Avert. "HIV and AIDS in South Africa." Accessed 1/9/2011. http://www.avert.org/aidssouthafrica.htm Statistics South Africa "Mortality and Cause of Death in South Africa, 2006": Findings from Death Notification." 2008.

[14] UNAIDS, 2010

HIV infection, mortality and suffering from AIDS have not been equally distributed across the South African population. People from KwaZulu-Natal, Black Africans and young women are significantly more likely to suffer from AIDS in South Africa.[15] This last pattern holds across sub-Saharan Africa, where 60% of the people living with HIV are female.[16]

This epidemiology and etiology of HIV and AIDS, while crucial as background, are uncontroversial and out of the scope of discourse in this thesis, which will focus instead on the policy and rhetoric guiding the institutional response to the HIV epidemic in Africa. As background to these arguments; a brief history, in broad strokes, of global AIDS funding is necessary.

Faced with evidence of a global epidemic, the World Health Organization (WHO) established the Global Programme on AIDS (GPA) in 1987, which quickly became the largest WHO programme in history, as measured by staffing and funding.[17] In 1996, UN leadership split the GPA off to become an independent agency, called UNAIDS.[18] In 2002 and 2003, with the founding of the Global Fund to Fight AIDS, TB and Malaria (The Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR), respectively, the volume of global funding for the prevention and treatment of HIV and AIDS increased dramatically.[19] This analysis derives from my research conducted during 2007 in Durban, and makes reference to research and theoretical work performed by ARHAP scholars shortly after the disbursements in global AIDS funding rose to more significant levels in 2004-2005.[20] The policy engagement of the *Bophelo* literature argues that earlier donor-funded HIV prevention programmes had neglected religious organizations as sources of power for behaviour change, and that the new funding regime should more rigorously identify religious entities for strategic partnerships. [21] As I will show, the *bophelo* critique of the first decade of HIV prevention

[15] Gouws, 2005, 57-61.
[16] UNAIDS, 2010
[17] Michael Merson, et al. "The History and Challenge of HIV Prevention," *Lancet* 372 (2008), 475-488.
[18] Greg Behrman, *The Invisible People: How the US Has Slept Though the Global AIDS Pandemic, The Greatest Human Catastrophe of Our Time.* (New York: Free Press, 2004), 93-95.
[19] Merson, 2008, 482. ; see also Jennifer Kates, et al, "Financing the Response to AIDS in Low and Middle Income Countries, 2007," Kaiser Family Foundation, July 2008.
[20] Kates, 2008, chart on p. 5
[21] ARHAP, Appreciating Assets, 4

has key similarities with the rhetoric guiding the design of PEPFAR. This thesis attempts to test this cohesion by examining PEPFAR prevention programmes in implementation in Durban.

In the late 1980s and 1990s, the UN expert agencies on HIV and AIDS offered technical assistance to African nations in establishing national plans to respond to the HIV epidemic, and attempted to coordinate funding from western donor agencies, such as the United States Agency for International Development (USAID), to support the global effort.[22] Because of the uniform influence of this institutional expertise, many national AIDS programs in African countries, including South Africa, featured a similar battery of programs: condom promotion, sex education in schools and media campaigns to reduce the stigma of HIV.[23] The proliferation of these programs in Africa and elsewhere fueled the growth of AIDS service organizations; non-governmental organizations (NGOs) devoted to providing condom promotion and other prevention services, some with ties to local human rights organization and others international in origin.[24]

The efforts of this emergent HIV prevention infrastructure in Africa in the 80s and 90s failed to prevent the sharp escalation of HIV prevalence in the region during the same period and, for this reason, historians, and many policymakers, regard them as failed.[25] In the account of historian John Iliffe of the University of Cambridge,

> The chief reasons for the failure of international AIDS policies in Africa during the late 20th century was that they came too late to check an expanding epidemic and had no effective medical remedy with which to do so, but another reason was that the medical thinking underlying international policies often conflicted with the ways in which most Africans perceived the crisis.[26]

The attempt by public health scientists and physicans to change the sexual behaviour of Africans through condom promotion and sex education brought the HIV prevention agenda into conflict with many local religious authorities. These prevention experts, at the end of the 20th century, noted the power of religion, but were concerned about its

[22] Behrman, 47-52
[23] Merson, 2008. 482.
[24] Behrman, 2004. 151-2
[25] John Iliffe. *African AIDS Epidemic: A History. (*Athens: Ohio University Press, 2006), 80.
[26] Iliffe, 2006, 80

effect on their programs in response to the epidemic.[27] Edward Greeley, head of policy in Africa for USAID, expressed this view in a 1988 essay;

> A program for the prevention of HIV transmission associated with Christian teachings, could reinforce avoidance of promiscuous behaviour and, where appropriate, use of barrier contraceptive techniques…(but) issues of morality permeate the topic of AIDS, and a portion of NGOs, especially those with a conservative religious orientation, cannot be expected to address the problem in a systematic manner, at least in the near term. These organizations...may well present barriers to effectively dealing with AIDS.[28]

Rather than engaging with local religious institutions, in order to leverage their perceived power, the expert leadership behind the first stages of HIV prevention in Africa focused on implementing technical interventions, in particular condom promotion, which could be measured and assessed for impact through the quantitative methods of the common public health disciplines: epidemiology and economic modeling.[29] Christoph Benn, a scholar of medical mission, has described the tendency of empirical scientists to have difficulty classifying the value and impact of cultural, or accounting for local context.[30] Notably Benn went on to serve as Director of External Relations at the Global Fund for AIDS, Tuberculosis and Malaria. Edward Green, the development anthropologist whose writings had great influence over the creation of the President's Emergency Plan for AIDS Relief (PEPFAR), had his own account of Benn's framework: calling the reliance of prevention experts on biomedical solutions "technical arrogance."[31] This critique led to structural changes in the second phase of HIV prevention in Africa, and greater engagement with religious institutions. This phase is described here in chapter two, which focuses on the emergence of PEPFAR.

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[27] Iliffe, 2006, 96; Nathan Grills, "Does a Linear-Received Policy of Condom Promotion Result in a Myopic Approach to HIV prevention?," *African Journal of AIDS Research* 5:3 (2006):291.
[28] Edward Greeley, "The Role of Non-Governmental Organizations in AIDS Prevention," in *AIDS in Africa: The Social and Policy Impact e*dited by Norman Miller and Richard Rockwell, (Lewiston: Mellen Press, 1988), 141.
[29] Grills, 2006, 290
[30] Christoph Benn, "The Influences of Cultural and Religious Frameworks on the Future Course of the HIV/AIDS Pandemic," *Journal of Theology for South Africa,* 113: 6 (2004):1-16. ;see also Grills, 2006. and Catherine Campbell, *Letting Them Die: Why HIV/AIDS Prevention Programmes Fail. (*Oxford: James Currey, 2003), 8-9.
[31]Edward Green, *Rethinking HIV Prevention: Learning From Successes in Developing Countries.* (Westport: Praeger, 2005), 8.

1.3 Introduction to *Bophelo*

This critique of the first decades of HIV prevention has served both as an explanation for the failure of the programs and as an inspiration for new rhetoric surrounding HIV prevention in the 21st century. This rhetoric held that in order to wield influence over African sexual behaviour, public health institutions must come to a new understanding, and a new form of collaboration, with cultural and religious organizations whose power, though hard to quantify, had become undeniable. In response to this challenge, the African Religious Health Assets Programme (ARHAP) was founded to formulate a new framework for partnerships between religion and public health: "to quantitatively map and qualitatively understand the scope, scale and significance of 'religious health assets' in sub-Saharan Africa."[32] In the words of ARHAP founder James Cochrane, of the University of Cape Town,

> the logics and power of technological solutions and command-driven medical or health institutions pervade current responses to health crises or challenges….HIV, above all, has demonstrated the limits of purely technological solution...We will fail if we overestimate what technology can achieve through command-driven institutions, while we under-estimate the importance of culture and human society.[33]

The power of technology, ARHAP argued, must be balanced with the power of assets that are social and religious.[34] Rather than, "subjugate such cultures and self-representations to the hubris that accompanies the belief that science and technology will save us,"[35] Cochrane and his colleagues argue that effective public health programming will take guidance from a grounded form of empiricism that has methodologies to measure "the volitional, motivational and mobilizing capacities that are rooted in vital affective, symbolic and relational dimensions of religious faith, belief, behaviour and ties."[36] These they called Religious Health Assets, and have sought to define a methodology, a sociology, and a theory of health policy to allow public health institutions to partner with these assets to improve health.

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[32] James Cochrane, "Conceptualising Religious Health Assets Redemptively." *Religion and Theology*, 13:1 (2006), 108.
[33] James Cochrane.,"Seeing Healthworlds Differently," *Religion and Theology 14 (2007):8.*
[34] Cochrane, 2007, Seeing Healthworlds, 11
[35] Cochrane, 2007, Seeing Healthworlds, 19
[36] Cochrane, 2007, Seeing Healthworlds, 12

ARHAP's report to the World Health Organization, "Appreciating Assets," the term "religious health asset" described a "religious health asset" as "an asset located in or held by a religious entity that can be leveraged for the purposes of development or public health.....We are also using the term broadly to encompass any religion or faith; particularly we include here those assets typical of African religions."[37] This thesis engages most significantly with one branch of ARHAP scholarship that performs this work of defining "assets typical of African religions." Sepetla Molapo and Paul Germond of the University of Witwatersrand led ARHAP's have defined conceptions of health and religion in Lesotho, focusing on the SeSotho term "bophelo" to describe their unity, in contrast to western conceptions.

ARHAP is an academic partnership that unites a group of scholars from Emory University in Atlanta, the University of Cape Town, the University of Witwatersrand and the University of KwaZulu-Natal who share a focus on the intersection between public health and religion in Africa. Since the founding of ARHAP in 2002, these scholars have partnered to produce a diverse slate of research projects.[38] This thesis examines theories articulated in ARHAP publications derived from a close investigation, conducted in 2005-2006, of the engagement of religious organizations with the struggle against HIV in regions of two African countries: Zambia and Lesotho.[39] This research consisted primarily of "Participatory Engagement Workshops" during which invited members of the local community considered, through a series of structured exercises, the relation of religion and health in their communities, ranking a series of factors against each other.[40] Participants then tabulated the local organizations identified as supportive of health and well-being.[41] This method, developed especially for this research, is called PIRHANA (Participatory Inquiry into Religious Health Assets, Networks and Agency).[42] Following the workshops, researchers visited the organizations and entered their coordinates into a

[37] African Religious Health Assets Programme, "Appreciating Assets: The Contribution of Religion to Universal Access in Africa", Report for the World Health Organization, (Cape Town: ARHAP, 2006), 145; defined in glossary as, "an asset located in or held by a religious entity that can be leveraged for the purposes of development or public health.....We are also using the term broadly to encompass any religion or faith; particularly we include here those assets typical of African religions."
[38] "ARHAP Research Projects." http://www.arhap.uct.ac.za/research.php
[39] ARHAP, Appreciating Assets,7
[40] ARHAP, Appreciating Assets, 26-37
[41] ARHAP, Appreciating Assets, 26-37
[42] ARHAP, Appreciating Assets, 26

Geographic Information System (GIS) database, which they then compared with HealthMapper, the existing GIS database of the World Health Organization.[43] This extension of ARHAP's work into technology, beyond theory, manifests the scholars' intent to achieve more than a critique of biomedical discourse, towards an incremental improvement of the practice of public health through the invention of "terms, tools, methods and results drawn from interreligious and public health disciplines."[44] Invested in this interdisciplinary practice, ARHAP seeks to strengthen public health by "break(ing) free of the hegemony of secular biomedicine,"[45] and, in turn to strengthen religious efforts for health through "alignment" with medical resources[46] and epidemiological wisdom.[47]

The origins of the *Bophelo* framework lie in the process of conducting discussions about health and religion in SeSotho, prior to and during the PIRHANA process. Germond and Molapo found in the process of translating questions about religion and health into Sesotho that the two concepts "do not, in seSotho exist as separate and distinguishable words."[48] Rather, SeSotho speakers use the single world "*bophelo"* to refer to "full human life in its complex of expressions and social relationships….the total well being of society in all its elements and relationships."[49] Working with ARHAP colleagues, notably James Cochrane of the University of Cape Town, Germond and Molapo have articulated the significance of *Bophelo, within* the dialogue of Western sociological scholarship, to describe the historical persistence in Africa of cultures and societies in which religion and healing are perceived to be fundamentally related, with both rooted in the strength of social relationships. Germond and Molapo write, "*bophelo* is conceived of in fundamentally relational terms.....at its

[43] ARHAP, Appreciating Assets, 26-37
[44] ARHAP, Appreciating Assets, Executive Summary
[45] Germond and Molapo, 2006, 34
[46] ARHAP, Appreciating Assets, 4
[47] Steve de Gruchy, "Taking Religion Seriously: Some Thoughts on 'Respectful Dialogue' Between Religion and Public Health in Africa," *ARHAP International Colloquium 2007,* Cape Town, South Africa, March 13-16, 2007, 10
Steve de Gruchy. "Re-Learning our Mother Tongue? Theology in Dialogue with Public Health," *Religion and Theology*, 14:1(2007):62, "
[48] ARHAP, Appreciating Assets, 97
[49] Germond and Molapo, 2006, 30

heart a relational ambition. Healthy relationships constitute the basis of life and wellbeing."[50]

Though cautious to define the precise definition of *bophelo* as "contested terrain,"[51] Germond and Molapo lend the term semantic teeth in English by contrasting the concept with the *Cartesian* dualist concept underlying the dominant framework of Western science, technology, governance in Africa dating from the onset of European mission in Africa in the 19th Century.[52] Germond and Molapo argue that institutions rooted in western technological expertise tend to attribute health and disease to physical bodies and regard the discipline of medicine, even when sponsored by religious organizations, as strictly secular and delineated from religion and social ties.[53] By contrast, all three, health, religion and social relationship, are conceptually united in a SeSotho discussion of *bophelo*.

For Germond and Molapo, the "obvious failure" of the public health response to the HIV epidemic in southern Africa is a result of "crucial miscommunication about "the deep structure of Southern African conceptualizations of the economy of life,"[54] and a reliance, by AIDS experts on " (dualistic) conceptions of health which are woefully inadequate for the task."[55] Germond and Molapo offer their description of *bophelo* as a grounding for an alternative, more succesful, effort. Towards this end, they, and ARHAP colleagues, offer a theoretical definition of *bophelo,* an historical account of the engagement of *bophelo* and biomedical traditions of care, and, in PIRHANA, the first cut of tools to "construct health policy from below."[56]

This thesis will offer a definition of the specific claims and policy recommendations about religion and public health made by Germond and Molapo in the *bophelo* literature and then will assess the resonance between these recommendations and the perceptions and strategies of the local leadership of PEPFAR-funded HIV prevention programmes in Durban in 2007. This specific comparison makes sense due to historical coincidence of the *bophelo* scholarship and

[50] Germond and Molapo, 2006. 41
[51] Germond and Molapo, 2006. 31
[52] Appreciating Assets, 94
[53] Germond and Molapo, 2006. 33
[54] Germond and Molapo, 2006. 47
[55] Germond and Molapo, 2006, 46
[56] Germond and Molapo, 2006, 40

PEPFAR's launch and implementation and programming. In addition, ARHAP scholarship and PEPFAR leadership have, at least once, shared a prominent stage, at an important historical moment in the effort to stem the HIV epidemic in Africa. In February of 2007 scholars from ARHAP released the results of their research in Lesotho and Zambia at an event hosted by the World Health Organization at the National Cathedral in Washington, D.C.[57] The ARHAP scholars pointed to the outcome of the PIRHANA process to argue that public health programs must "align with" and "engage" local religion in order to be effective in the struggle against HIV in Africa.[58] Ambassador Mark Dybul, the first United States Global AIDS Coordinator in charge of the United States President's Emergency Plan for AIDS Relief (PEPFAR), was present at the event and chimed in to support the findings of the ARHAP research, noting that, in keeping with ARHAP's recommendations, PEPFAR had distinguished itself from past AIDS initiatives by directing unprecedented levels of funding to faith-based organizations for prevention programs in Africa.[59]

1.4 Outline of the Study

This thesis examines how this rhetoric and high-level commitment in Washington translate into programs in southern Africa. The objective of this study is to describe the scholarship on *bophelo* and the challenge laid out by the authors to public health authorities in the context of the AIDS epidemic in southern Africa. Then, on the basis of interviews with local leadership of prevention programs in Durban, to describe the programs of one public health initiative, PEPFAR, in one area of implementation, behavioural HIV prevention, in one city, Durban. The thesis offers a contextualized assessment of whether and how these programs met the *bophelo* recommendation of alignment with local religious efforts for health. This analysis consists of two case studies, each of a PEPFAR-funded faith-based HIV prevention program in Durban. This close analysis will allow concluding reflections both on PEPFAR programming and suggestions for future *bophelo* scholarship.

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[57] World Health Organization. "Faith-based organizations play a major role in HIV/AIDS care and treatment in sub-Saharan Africa," http://www.who.int/mediacentre/news/notes/2007/np05/en/index.html
[58] ARHAP, Appreciating Assets, 1, 4
[59] 23% of PEPFAR grantees in 2006 were faith-based. See "Ideological Disputes Over Implementation," in John Dietrich, "The Politics of PEPFAR. *Ethics and International Affairs,* 21(3): 2007, 277-292.

Chapter Two

Historical and Theoretical Genealogy of *Bophelo* and PEPFAR

2.1 Introduction

This chapter offers both an exegesis of Germond and Molapo's scholarship on *bophelo* and an historical account of the political forces and academic arguments that have led faith-based organizations, such as HOPE Worldwide and Youth for Christ, to receive unprecedented levels of funding for HIV prevention under the PEPFAR program. Offering this historical and intellectual archaeology mirrors the writings of Germond and Molapo themselves in describing the *bophelo* healthworld. [60]This parallel offering of sources should allow for greater comparability between *bophelo,* the view of the architects of PEPFAR and, later in this text, the views of the local leadership of HOPE Worldwide and Youth for Christ.

2.2 The Theoretical Framework of *Bophelo*

To ground an analysis of *bophelo,* it is necessary to offer a general overview of the ARHAP intellectual project and to detail the interrelated claims of the *bophelo* literature most relevant for this analysis. These are: 1) that religion is often a powerful form of health seeking in Africa and, as such, that African perceive many religious organizations as strong assets for the health of the public; 2) that these religious health assets tend not to be visible to the technical forms of measurement common to public health and medical programmes; and 3) that power of religion to improve health is grounded in the the strength of social relations, often organized through traditional cultural framework.[61]

In *Appreciating Assets* and contemporary publications, ARHAP scholars describe the findings of the mapping research and weave their significance into a set of interpretative theories about the relation of health and religion in southern Africa.[62]

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[60] Germond and Molapo, 2006, 41-47
[61] ARHAP, Appreciating Assets, 2-3
Germond and Molapo, 2006, 41
[62] ARHAP, Appreciating Assets, Chapter 1

Although the mapping research had a quantitative aspect, the main thrust of the writing produced by ARHAP researchers has been theoretical, rather than statistical.

The ARHAP scholars came to their research with a long list of background literature in mind. These sources are detailed in a separate literature review[63] and here I will mention only the most relevant to this thesis and the *bophelo* scholarship. Cochrane and Germond's conception of a "healthworld" (described below), which underlies the description of *bophelo,* was strongly influenced by German social theorist Jurgen Habermas; coming to their view that religious ideas, enshrined in common language, frame the "background knowledge" or "horizon"[64] delimiting rational modern agendas such as the discipline of Public Health facing the AIDS epidemic in Africa.[65]

The work of the theorist of the social determinants of health is equally important as a grounding for ARHAP.[66] Ichiro Kawachi and Lisa Berkman of Harvard University, among others, argue that "the nature of human relationships.....is vital to an individual's health and well-being as well as to the health and vitality of entire populations."[67] In a foundational analysis, Kawachi found a direct correlation between high levels of social trust and low age-adjusted mortality rates.[68] Social epidemiologists, such as Kawachi and Berkman, describe social features that facilitate the achievement of health, and other goods, "social capital," which is a term popularized by sociologist Robert Putnam.[69] The writings of anthropologist and physician Paul Farmer have been valuable in framing the social determinants literature for ARHAP scholar.[70] Farmer draws attention to the role of social and political injustice in determining that the poor have poorer health,[71] and also

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[63] J Olivier, JR Cochrane and B Schmid. *ARHAP Bibliography: Working in a Bounded Field of Unknowing,* (Cape Town, African Religious Health Assets Programme, 2006)
[64] ARHAP, Appreciating Assets, 95
[65] James Cochrane and Paul Germond, "Healthworlds: Conceptualizing Landscapes of Health and Healing," 44:2 (April 2010): 307-324.
[66] Steve de Gruchy. "Re-Learning our Mother Tongue? Theology in Dialogue with Public Health," *Religion and Theology*, 14:1(2007):55; Cochrane, 2007, Seeing Healthworlds, 9-10.
[67] Lisa F. Berkman and Thomas Glass, "Social Integration, Social Networks, Social Support, and Health," in *Social Epidemiology, edited by Lisa F. Berkman and Ichiro Kawachi, (Oxford: Oxford University Press, 2000), 137.*
[68] Ichiro Kawachi and Lisa F. Berkman, "Social Cohesion, Social Capital, and Health," in *Social Epidemiology, edited by Lisa F. Berkman and Ichiro Kawachi, (Oxford: Oxford University Press, 2000), 182*
[69] Kawachi and Berkman, 2000, 175.
[70] James Cochrane, " Of Bodies, Barriers, Boundaries and Bridges: Ecclesial Practice in the Face of HIV and AIDS." *Journal of Theology for Southern Africa,* 126. (2006), 15. ; de Gruchy, 2007, 56
[71] de Gruchy, 2007, 56.

offers a vision of the role of the church in driving towards justice and health through practical actions inspired by liberation theology.[72]

The writings on *bophelo* parse this core intellectual lineage with the findings of the mapping, and an account of the history of Lesotho in order to present the significance of this discourse for an audience of global health experts. Germond, Molapo and colleagues define *bophelo* in at least three ways*:* as sociology, history, theology and public policy.

Germond and Cochrane have worked in the theoretical realm of the sociology of religion to define what kind of a thing *bophelo* is. Inspired by the difficulty of articulating *bophelo* through words in the English language, they invented the term "healthworld," which they define as,

> "an irreducible, experientially pervasive...epistemic force, shaping what is known and how it is known with significant implications for health-seeking behaviour and the efficacy of health interventions…...the healthworld both frames norms and values and attitudes in an action situation, and injects an impulse to act in a situation- with the aim of greater health and, ultimately, comprehensive well-being."[73]

Bophelo represents the predominant healthworld among SeSotho speakers participating in PIRHANA workshops. The *bophelo* healthworld is marked by a refusal to strongly distinguish health and religion. By contrast, western healthworlds, Cochrane argues, are dominated by the practice of medicine, which is reliant on a sharp division between the tangible body, which can be counted and intervened upon technically, and the intangible matter of social relations which is exiled from medicine into the practice of religion and marginal disciplines, such as psychology and social epidemiology[74]. This fundamental distinction between health and religion,[75] he and colleagues argues, is generative of an institutional response to an epidemic that is reliant on biomedical interventions.[76]

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[72] Cochrane, 2006, Bodies, Barriers, Boundaries, 15
[73]Germond and Cochrane, 2010, 310.
[74] Cochrane, Conceptualising, 2006, 112
[75] Paul Germond and Molapo, Sepetla and Reilly, Tandi. "The (Singular) Health System and the Plurality of Healthworlds." *ARHAP International Colloquium 2007*. Cape Town, South Africa, March 13-16, 2007.
[76] B.G. Scheopf, "Culture, Sex Reseach and AIDS Prevention in Africa," in *Culture and Sexual Risk: Anthropological Perspectives on AIDS,* edited by Han ten Brummelhuis and Gilbert Herdt, (New York: Gordon and Breach, 1995), 35.

The second account of *bophelo* undertaken by Germond and Molapo is a history of the clash and synthesis of healthwords in Lesotho, with an account of the role and evolution of *bophelo* within each era. During the earliest era, defined as prior to missionary contact with western missionaries in the 1830s and back " as far back as Basotho memory can recall,"[77] Basotho society was organized by reverence for *badimo*, translated as "the ancestors." At that time, all *bophelo* derived from practices designed to accord with *badimo,* including actions taken to relieve human disease. These practices were called *borapedi.* The practices were enshrined in the 19th century through the leadership of the first Basotho King, Moshweshwe.[78] The King stood at the head of "a series of social organisms that constituted Sesotho society": the nation, the village, the family and the person. The harmonious interaction of these entities, governed by *badimo,* produces *bophelo.* In this healthworld, the person, "*motho"* cannot hold *bophelo* in isolation.[79]

In the succeeding eras, the missionary and colonial period, Westerners entered Lesotho and disrupted and usurped the authority of the King and the centrality of *badimo*. Missionaries won Basotho converts and Christian practice became dominant in Lesotho. A new SeSotho term emerged, *bodumedi,* to describe Christian spirituality, in contrast to *borapedi.* Within this conception, *badimo* (ancestors) were associated with demonic forces.[80] Christian *bodumedi,* unlike *borapedi,* conceived of salvation as distinct from health, and, even where the Church was involved in the administration of hospitals, through what is now the Church Health Association of Lesotho, this practice was perceived to involve distinct expertise from Christian worship.[81] Through this distinction, elements of *bophelo* were split across institutions and the pursuit of harmonious social functioning was split from the pursuit of the eradication of disease. Nevertheless indigenous forms of Christianity emerged and flourished, crafting a concept of *bophelo* within Christian liturgy and theology.[82]

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[77] Germond, Molapo, Reilly, ARHAP Colloquium, 2007, 67
[78] Germond, Molapo, 2006, 31.
[79] Germond, Molapo, 2006, 36-38.
[80] Germond, Molapo, 2006, 33; Germond, Molapo, Reilly, ARHAP Colloquium, 2007, 67-8
[81] Germond, Molapo, Reilly, ARHAP Colloquium, 2007, 69
[82] Germond, Molapo, Reilly, ARHAP Colloquium, 2007, 68; Germond, Molapo, 2006, 33

In the final, post-colonial, chapter of Germond and Molapo's history of *bophelo,* two factors have led to a resurgent prominence of unified b*ophelo.* First, the independent government of Lesotho was required by international financial institutions to dramatically reduce public expenditures, including those for health care.[83] This weakening of the medical systems coincided with the explosion of HIV prevalence and deaths from AIDS in Lesotho in the 1990s. Through ARHAP's PIRHANA process, participants in Lesotho described how the weakening of state power in medical capacity had lead to forms of *bophelo*-seeking that harkened back to traditional *borapedi,* in the communal effort to achieve spiritual and bodily well-being. In particular, Pentecostal Christian churches thrived by offering faith-healing and churches of all denominations became more deeply involved in education, caring and spiritual encouragement to address the rising problems of HIV.[84]

The historical account makes clear that *bophelo,* while fundamentally religious, is neither synonymous, nor incompatible with the practice of Christian faith, or the specific cultural tradition of *borapedi,* but is implicated in multiple BaSotho healthworlds.[85] As such, there are a range of Christian theologies that encompass or conflict with the *bophelo* conception of religion and health. Germond sketches the shape of these variations in a theological meditation on healing in the Gospel of Mark, in which Jesus tells the woman, according to standard translations, "your faith has healed you; go in peace." This translation, Germond points out, reflects a Western tendency to frame healing in individual, cognitive terms. A Christianity that was closer to *bophelo,* might translate from the Greek to reflect the focus on communal relationships; "your trust has healed you."[86]

Germond and Molapo's research is focused on Lesotho but, according to the authors, the description of *bophelo* resonated with accounts of health given to ARHAP researchers in Zambia. There, speakers of Bemba use the term "ubumi" to describe the same holistic concepts. Germond and Molapo also identify words in other southern

[83] ARHAP, Appreciating Assets, 93
[84] Germond, Molapo, 2006, 35
[85] Germond, Molapo, 2006, 40
[86] Germond, Molapo, 2006, 41-45

African languages, such as isiZulu, that correspond with *bophelo.*[87] This extrapolation is borne out by a reading of anthropologist Harriet Ngubane's writings on health and medicine in 1970s KwaZulu. "A Zulu," she wrote, "conceives good health not only as consisting of a healthy body, but as a healthy situation of everything that concerns him. Good health means the harmonious working and coordination of his universe."[88]

On this basis, the ARHAP researchers concluded that *bophelo* and regional analogues describe "a way of understanding health that has cultural purchase across many of the traditional cultural frameworks of Southern Africa."[89] This, in turn, led Germond, Molapo and colleagues to describe southern African *bophelo* healthwords as a "powerful set of cultural convergences with which to build a sustainable social theory and practice of health and well-being that may well change the manner in which health care provision and religion are conceived in a contextually relevant way."[90]

With this insight, Germond and Molapo turn to a discussion of *bophelo* as a policy framework with broad implications for the response to HIV and AIDS in southern Africa. To understand *bophelo* as policy, they write, would be to "construct health policy from below."[91] Drawing from Germond and Molapo's account of *bophelo,* as well as from the "Appreciating Assets" report to the World Health Organizations and other scholarly writings by ARHAP investigators, this thesis identifies three core principles of this healthworld that should inform prevention programmes. These are the principles that this thesis will apply in analysis of prevention programmes in Durban.

The first principle is that, in Africa, public health efforts should actively engage religious entities and to treat them as potential assets in HIV prevention (and treatment). ARHAP scholars argue, on the basis of PIRHANA sessions and participatory GIS mapping [92] that religious entities are "ubiquitous" in southern Africa[93] and that these organizations have a strong, and increasing, focus on health. In the words of Germond

[87] Germond and Molapo, 40
[88] Harriet Ngubane, *Body and Mind in Zulu Medicine,* (New York: Academic Press,1977), 28.
[89] Germond, Molapo, 2006, 39
[90] Germond, Molapo, 2006, 40
[91] Germond and Molapo, 2006, 40
[92] Appreciating Assets, 50-54
[93] ARHAP, Appreciating Assets, 2-3, 123

and Molapo, improving health "in the richest sense of the word.....constitutes a foundational moment in the discursive practice of the religious community."[94]

This assertion is not the same as an argument, made by Edward Green, that "What the churches are inclined to do anyway turns out to be what works best in AIDS prevention."[95] Germond and Molapo describe *bophelo* healthworlds in which, "separation of health and religion does not make sense,"[96] but, referring back to a biomedical perspective that defines health on the basis of HIV incidence and prevalence, the ARHAP scholars acknowledge the likelihood that religious efforts have systematically contributed to the acceleration of the HIV epidemic. [97] James Cochrane writes,

> We would be naïve to downplay the many ways in which religion continues to raise problems, for example, in the way particular traditions promote stigma in relation to HIV infection, or in their negative impact as a result of oppressive gender constructs of women.[98]

Therefore, ARHAP scholars do not wish to set aside this critique of religion, as Green might,[99] but rather to balance it with a careful mapping of the ways in which religious entities serve as assets in preventing HIV transmission and caring for people with AIDS.[100] Their position is akin to that of the theorists of the social determinants of health who argue for the significance of social networks and social organization for health outcomes, and describe how the direction of the effect depends on the context and the disease. For example, there is a broad literature describing the protective effect of social support against chronic diseases, but, with regard to infectious diseases, close social networks may promote more efficient transmission.[101] More specific to local contexts, social psychologist Catherine Campbell and colleagues found that in

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[94] Germond, Molapo, 2006, 28
[95] Edward C. Green and Allison Herling Ruark. "AIDS and the Churches: Getting the Story Right." *First Things.* April 2008.
[96] ARHAP, Appreciating Assets, 98; Germond and Molapo, 2006, 28
[97] ARHAP, Appreciating Assets,
[98] James Cochrane, "Caring For the Canary: Religion and the Political Economy of Health," *ARHAP International Colloquium 2007.* Cape Town, South Africa, March 13-16, 2007, 90; see also Beverley Haddad, "We Pray, But we Cannot Heal": Theological Challenges Posed by the HIV/AIDS Crisis." *Journal of Theology for Southern Africa* 125 (July 2006), 86-7.
[99] Green, 2003, Rethinking AIDS, 296
[100] Cochrane, 2007, Seeing Healthworlds, 24. "The critical issue, given that traditions are never static and always being renegotiated in relation to actual conditions and new possibilities in history, is to identify and support the emancipatory elements in all relevant traditions – 'Western' as well as 'traditional', for example – while separating out those that are reactionary or oppressive."
[101] Berkman and Glass, 2000, 158-64

Carletonville, South Africa, membership in some community groups (sports clubs) was associated in lower levels of HIV risk, whereas other group members (stokvels) had higher levels of risk[102] As such, neither the social determinants framework, nor the *bophelo* scholarship present a "magic bullet," of effectiveness, but present evidence that social and religious features matter for health and must be "appreciated" as potential assets for effective health promotion,[103] particularly in southern Africa, where *bophelo* healthworlds predominate. Accounts of religion offered by ARHAP scholars suggest that, in Africa, "redemption and health/healing are implicated in each other,"[104] and so religious entities should receive particular engagement and appreciation from public health, if interventions are to resonate with local conceptions of health[105]

A second principle emerging from *bophelo* scholarship is that southern African religious efforts to prevent and treat HIV are often invisible to public health agencies, because their information is accumulated by quantitative methodologies more attuned to biomedical interventions.[106] The fact that the vast majority of health assets identified in the ARHAP mapping in Lesotho and Zambia were missing from WHO's HealthMapper database[107] affirms this assertion. The religious entities identified as health assets through the PIRHANA research, have several disadvantages in being counted by the surveys underlying the official datasets, such as HealthMapper, that guide global health resource allocation.[108] First, where religious groups seek to improve health tangibly, as through home-based care for the sick, these efforts often take place at a local scale and may be too small or geographically obscure to be counted.[109] Second, many of the efforts by religious entities identified through PIRHANA fall under the "intangible"[110] categories of "spiritual encouragement," "moral formation," and "knowledge-giving." [111] Under the

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[102]Catherine Campbell, B. Williams, and D. Gilgen, D, "Is Social Capital a Useful Conceptual Tool for Exploring Community Level Influences on HIV infection? An Exploratory Case Study From South Africa," *AIDS Care*, 14:1 (February 2002): 41- 55.
[103] Cochrane, 2007, Seeing Healthworlds, 11
[104] Cochrane, 2006, Conceptualising, 114
[105] Cochrane, 2006, Bodies, Barriers, Boundaries, 19
[106] ARHAP, Appreciating Assets, 1
[107] ARHAP, Appreciating Assets, 46
[108] Cochrane, 2007, Seeing Healthworlds, 12
[109] Godfrey Biemba, " Value-Added and Invisibility of Religious Health Assets." *ARHAP International Colloquium 2007.* Cape Town, South Africa, March 13-16, 2007.
[110] ARHAP, Appreciating Assets, 3, 39
[111] ARHAP, Appreciating Assets, 76

bophelo healthworlds described by workshop participations, these "redemptive elements of life together"[112] take place in religious organizations and drive towards health by maintaining an economy of trusting human relationships in a community. While these activities many not register as health programs to a standard quantitative and biomedical account, they correspond to constructs, such as "social cohesion,' and "collective efficacy," used by social determinants of health theorists.[113] If public health efforts in southern Africa are to "appreciate" and engage with religious health assets, it follows, they must develop more thoughtful technologies and methodologies that "make the invisible visible."[114] The PIRHANA methodology contributes to a growing array of surveillance instruments enabling public health to measure and map social determinants of disease[115]

The third principle is that, in the *bophelo* healthworlds, "healthy relationships constitute the basis of life and wellbeing....(and) trust is central to healing."[116] On this basis the assertion that *bophelo* healthworlds predominate in southern Africa is a challenge for the public health professionals who, as Catherine Campbell writes, "have tended to favour individual-level conceptualizations of the causes of health behaviours."[117] According to this view, many HIV prevention efforts have failed because they have not taken into account that "sex is fundamentally an expression of a relationship between two people."[118] This oversight is manifested in educational interventions that assume the radical independence of individuals to practice safe sex, without reference to social, cultural and economic contexts. Public health experts, as well

[112] Cochrane, Conceptualising, 2006, 119
[113] Kawachi and Berkman, 2000, 178, 184.
[114] ARHAP, Appreciating Assets, 60; Germond and Molapo, 2006, 46
[115] Steve de Gruchy, Sinatra Matimelo, Jill Olivier. "Participatory Inquiry into Religious Health Assets, Networks and Agency for Health Seekers and Health Providers: Practitioners Workbook, Volume 6." *African Religion Health Assets Programme,* August 2007.; Trudy Harpham, Emma Grant, and Elizabeth Thomas, "Measuring Social Capital Within Key Health Surveys: Key Issues," *Health Policy and Planning, 17:1 (2002):110-11.*
[116] Germond and Molapo, 2006, 41
[117] Campbell, 2003, 8
[118] Germond and Molapo, 2006, 47

as ARHAP scholars, have applied this critique to each component of the ABC agenda: condom promotion as well as attempts to instill faithfulness and abstinence.[119]

A unique contribution of the *bophelo* scholarship, however, is to describe specific Basotho (and southern African[120]) cultural traditions that give structure to social relations, and their locally-perceived determination of health. Germond and Molapo describe how,

> the *bophelo*, the well-being, of a person is fundamentally social, for *motho* (a person) cannot exist in isolation, only in relation. Thus for an individual to exist, a prior social form must exist which is *lelapa,* the family or homestead. The bophelo of *motho* is radically dependent on the bophelo of *lelapa*, just as the health of *lelapa* is dependent on the health of it's individual members.[121]

This Basotho description of the social determinants of health is historically rooted in the "pervasive presence of *badimo* (the ancestors)," of whom Germond and Molapo write,

> It is their benefience that lies at the core of social well-being.....keeping the traditions of the elders, fidelity to the past, and the ceaseless labour of sustaining the relationship between batho (people) and badimo (the ancestors) lie at the heart of traditional conceptions of bophelo.[122]

These traditional conceptions, and their focus on ancestor reverence, have been, through the warp of history, bent into multiple southern African healthworlds, many of which are also deeply invested in Christian rhetoric of salvation and in strains of the western biomedical tradition.[123] Unlike Christoph Benn, who differentiates between "religious" and "traditional" perspectives on the HIV epidemic,[124] the study of *bophelo* in southern African healthworlds has led ARHAP scholars to refer to religion and culture as woven together in "religio-cultural" bodies of belief and practice underlying religious health assets.[125] According to ARHAP scholarship, in the HIV and AIDS epidemic in southern Africa, the power held in these assets may harm, in cases of religious support for gender

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[119] Thomas J. Coates, Linda Richter, and Carlos Caceres, " Behavioral Strategies to Reduce HIV Transmission: How to Make Them Work Better," *Lancet,* 372:9639 (2008):679; Chris Collins, Thomas J. Coates and James Curran, "Moving Beyond the Alphabet Soup of Prevention," *AIDS, 22:S2* (2008):5-8.
[120] Germond and Molapo, 2006, 39-40
[121] Germond and Molapo, 2006, 37
[122] Germond and Molapo, 2006, 38
[123] Germond and Molapo, 2006, 28, 40; Cochrane, Conceptualising, 2006, 114
[124] Benn, 2004, 7-9
[125] ARHAP, Appreciating Assets, 98; Cochrane, 2007, Seeing Healthworlds, 13, "a substantive differentiation between what is 'culture', the realm of the anthropologist, and what is 'religion', is nigh impossible."

inequality,[126] or protect and nourish healthy sexual relations through knowledge-giving, spritual encouragement and moral formation,[127] or both. The policy principle emerging from a study of *bophelo* is that actions for health in southern Africa must be by, with, and about local cultures and groups, rather than attempts technical attempts to directly fix, protect and clinically manipulate individuals. [128]

2.3 A Brief History of PEPFAR

This section is a brief history of the development of the United States President's Emergency Plan for AIDS Relief (PEPFAR), with special attention to the intellectual foundation of PEPFAR's allocation of funding for HIV prevention to faith-based organizations.

In September 2006, four months before ARHAP's presentation at the National Cathedral, United States Congressman Christopher Smith, the chair of the Subcommittee on Africa, called hearings to highlight the work of a three-year old program, The President's Emergency Plan for AIDS Relief (PEPFAR). The hearings centered on PEPFAR funding of faith-based organizations to prevent HIV infection by promoting abstinence and monogamy in Africa. Congressman Smith's lauded the strategy with these words:

> Faith-based organizations possess a reach and an authority and a legitimacy that makes them natural allies in any effort to provide help to those in need at a grassroots level. Far from being a western intrusion in African life, working with faith-based organizations in Africa is actually a means of connecting with African heritage. African nations have a long history of integrating religion and spiritual awareness and anyone who has spent time in Africa understands that faith is not considered outside the realm of public life there.[129]

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[126] Rachel Jewkes and Robert Morrell, "Gender and Sexuality: Emerging Perspectives From the Heterosexual Epidemic in South Africa and Implications for HIV Risk and Prevention," *Journal of the International AIDS Society,* 13:6 (2010):3

[127] ARHAP, Appreciating Assets, 78

[128] ARHAP, Appreciating Assets, 94. "an instrumental or technical view of health, governed, say, by germ theory or gene manipulation….appears to a Mosotho as one that sidelines the role of human interaction in the world as itself a key determinant of health and health-seeking or health-providing actions."

[129] Christopher Smith. Testimony during "The Role of Faith-Based Organizations in United States AIDS Programming in Africa." A Hearing of the Subcommittee on Africa, Global Human Rights and International Operations; Committee on International Relations, United States House of Representatives. September 28, 2006.

As Chair of the Subcommittee, Smith was instrumental in the crafting of the legislation authorizing PEPFAR in 2003 and wielded oversight on the program until 2007 when the Republican Party lost the majority in the US Congress.[130] This view, that steering PEPFAR funding for HIV programming to faith-based organizations would make the efforts more grounded in local culture and therefore more effective, was central to the thinking of the powerful men and women who created PEPFAR, President Bush and his evangelical Christian allies.[131] The administrators of PEPFAR have reflected this view in public rhetoric explaining and promoting the program, including the 2007 PEPFAR annual report, which stated:

> Local community- and faith-based organizations play critical roles as first responders to community needs..... When trained in program management and HIV/AIDS best practices, these groups often design the most culturally appropriate and responsive interventions. They have the legitimacy and authority to implement successful programs. [132]

What is the pedigree of this view? The expansion of US HIV funding for faith-based organizations through PEPFAR has taken place through the alliance of two different groups, each offering different forms of rhetoric and power.

The first group is conservative Christians, such as Bush and Smith.[133] Christian conservative opposition to HIV funding through the 1990s had been grounded in disapproval of homosexuality, but a new generation of American evangelical leaders, such as Franklin Graham and Ken Isaacs, lobbied conservative lawmakers, such as the powerful Senator Jesse Helms, to reverse their opposition to increased HIV funding, which Helms publicly did in 2002, the year before the creation of PEPFAR. [134] This switch was a late response to the shift in the public view of AIDS from a disease primarily afflicting gay men to a generalized epidemic disproportionately causing the deaths of women and children in sub-Saharan Africa.[135] But there has been a long and general shift in the mainstream of evangelical leadership towards a synthesis of

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[130] Todd Moss. "US AID to Africa After the Midterm Elections?" CGD Notes: Center for Global Development. January 2007.
[131] Helen Epstein, *The Invisible Cure: Africa, The West and the Fight Against AIDS.* (New York: Farrar, Strauss, Giroux, 2007), 185-6.
[132] PEPFAR, "The Power of Partnerships: Third Annual Report to Congress." 2007, 110.
[133] Raymond Copson, *The United States in Africa: Bush Policy and Beyond. (*London:Zed Books, 2007), 58. 62.
[134] Behrman, 2004, 270.
[135]Adam Clymer, "Helms Reverses Opposition to Help on AIDS," New York Times, March 26th, 2002.

evangelism and charitable or social efforts, exemplified by an apology issued by the Lausanne Conference on Evangelization in 2004 for Evangelical inaction on AIDS.[136] Many American evangelicals active in mission came to see the global HIV epidemic as both a tragedy demanding Christian charity, and an opportunity for evangelism. From "The Hope Factor," Tetsunao Yamamori's 2003 collection of evangelical essays on HIV and AIDS, comes the consistent message that the sexual transmission of HIV in Africa was casting a light on the power and value of Christian spirituality and teachings on marriage and sexuality, which, in turn, would attract adherents and strengthen the spirits of the faithful.[137] Wrote Ken Isaacs, President of the American evangelical NGO Samaritan's Purse,

> We need to shine our light, the light of Christ in us, before men and women. We need to show unconditional love, compassion and grace to the people around us. This means being true to the gospel and speaking the truth that sex is ordained to be between a husband and wife in a monogamous relationship. It means saying that AIDS is spread through human behaviour and the only way to defeat AIDS is for people to change the way they behave...AIDS has created an evangelism opportunity for the body of Christ unlike any in history. However, regardless of the number of people who do or do not accept Christ as Lord and Savior, Christians are responsible to act.[138]

This equation of evangelism and HIV prevention led American evangelicals to view counterpart evangelical churches in Africa, and global mission institutions, old and new, as assets for the struggle against HIV. Evangelical groups, such as World Vision and their 450,000 members in the United States, lobbied strenuously for the passage of PEPFAR, in coordination with African evangelicals, most prominently from Uganda,[139] and the insertion of an amendment that required one third of prevention funding under the

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[136] Stan Nussbaum. "Evangelicals and AIDS," in *Reflecting Theologically on AIDS: A Global Challenge* edited by Robin Gill.,(London: SCM Press/UNAIDS, 2007), 123. "What is missing is the global commitment of Evangelicals to provide what God has given them to fight against this scourge," affirming both that Evangelical support had been lacking, but that this was changing.

123 For background on this view see David Moberg, *The Great Reversal: Evangelism Versus Social Concern. (*Philadelphia:Lippincott, 1972).

[137] Deborah Dortzbach, President of World Relief, suggests that AIDS created the possibility of "bold African Christians vaulting barriers of race and language to take the gospel to a continent nearly devoid of church—Asia." Dortzbach, "Growing Glood, Growing Grace: Pervasive Consequences of the Crisis" in *Hope Factor. Engaging the Church in the HIV/AIDS Crisis, edited by* Tetsunao Yamamori. World Vision Press, 2003, 60.

[138] Isaacs, Ken, "Can Christian Organizations Ignore the Crisis," in *The Hope Factor: Engaging the Church in the HIV/AIDS Crisis,* edited by Tetsunao Yamamori. (Federal Way: World Vision Press, 2003), 194.

[139] Amy Patterson, *The Politics of AIDS .(*Boulder*:* Lynne Riener Press, 2006).

program to focus on the promotion of abstinence and faithfulness, to the exclusion of condom promotion.[140] Almost 90% of the funds allocated to faith-based organizations by PEPFAR through 2006 would fall within this "AB" stipulation ("B" standing for "Be Faithful").[141]

The second group whose support was pivotal for the creation of PEPFAR was a group of public health and development experts who studied the decline of HIV prevalence in Uganda in the early 1990s and concluded that the promotion of abstinence and faithfulness by religious groups was an effective HIV prevention strategy.

By the end of the 1990s, HIV education and condom promotion programs coordinated by the World Health Organization had been in place across Africa for almost ten years.[142] The South African government, for example, established AIDS Training Information and Counseling Centres in urban areas starting in 1988.[143] Yet, by the late 90s the funding of these programs continued despite a growing acceptance among global health experts that they were not preventing the rise of HIV prevalence in most southern and eastern African countries.[144] Into this rising sense of powerfulness came surprising reports from epidemiologists in Uganda that HIV prevalence there had declined dramatically since the beginning of the decade.[145] Further investigation by a broadening network of experts retrospectively confirmed the validity and scope of these declines. According to yearly measures of routinely-administered HIV testing offered to pregnant women, Ugandan HIV prevalence had declined by over half, roughly from 20% to 8% between 1990 and 1998.[146] It was through analysis of this marked decline that these experts amassed a credible evidence base for the effectiveness of faith-based promotion

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[140] Copson, 58-60
[141] Oomman, Nandini, et al. "The Numbers Behind the Stories: PEPFAR Funding for Fiscal Years." *Center for Global Development.* 2008, 10.
[142] Merson, 2004, 481-2
[143] John Iliffe, *African AIDS Epidemic: A History. (*Athens: Ohio University Press, 2006), 73.
[144] Iliffe, 2006, 78
[145]Alex Opro, et al. "Declining Trends of HIV Transmission in Uganda." 12th International Conference on AIDS, Vancouver, July 1996. Cited in Epstein, 2007.
[146] see chart, "figure 1" from David Wilson's presentation, "What's the Data," at the the 2002 ABC technical meeting at USAID, found in United States Agency for International Development. "The ABCs of HIV Prevention: Report of a USAID Technical Meeting on Behaviour Change Approaches to Primary Prevention of HIV/AIDS." September 17, 2002. ;The chart shows the ascent of ANC prevalence in virtually every African capital city with the exception of Kampala.

of abstinence and faithfulness that would serve as a reference point for evangelical leaders and lawmakers in their creation of PEPFAR.

Although Ugandan epidemiologists filed the initial descriptions of the decline in Uganda, global health and development elites based in the West took the lead in building this evidence base in the first years of the new millennium. These were Edward Green and Vinand Nantulya of Harvard,[147] Daniel Halperin of the United States Agency of International Development,[148] David Wilson of the World Bank,[149] Norman Hearst of the University of California, San Francisco,[150] and Daniel Low-Beer and Rand Stoneburner of Cambridge University.[151] These experts took on the task of coming up with a hindsight explanation for this unique Ugandan decline in overall HIV prevalence and the yearly rate of HIV infections (incidence). They did this by comparing the declines in prevalence to trends in World Health Organization population surveys of sexual and health behaviour from the late 80s and 90s and arguing that increased abstinence among teenagers and general reductions in the average number of sexual partners per person drove the declines in prevalence.[152] Norman Hearst, in particular, developed an argument that increases in Ugandan condom use later in the 90s occurred too late to account for the success, which served as the cornerstone for the view that condom promotion was ineffective for HIV prevention in Africa.[153]

Edward Green played a groundbreaking[154] role in shaping these sources of evidence into the foundational linkage between effective prevention and the power of local religious groups later articulated by PEPFAR architects such as Congressman

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[147]Edward C,. Green, Vinand Nantulya, Rand Stonburner, and John Stover. "What Happened in Uganda?: Declining HIV Prevalence, Behaviour Change, and the National Response," edited by Janice Hogle. Synergy Project, USAID, 2002, 1-13.

[148] Edward C. Green, Daniel Halperin, Vinand Nantulya and Janice Hogle. " Uganda's HIV Prevention Success: The Role of Sexual Behaviour Chance and the National Response." *AIDS and Behaviour*, 10:4, (July 2006): 335-347.

[149] David Wilson, "Partner Reduction and the Prevention of HIV/AIDS." *British Medical Journal.* 328:828. (2004): 848-9.

[150] Norman Hearst and Chen, S. "Condom Promotion for AIDS Prevention in the Developing world: Is It Working?." *Family Planning Studies*, 35 (2004): 39–47.

[151]Daniel Low-Beer and Rand Stoneburner . "Behaviour and communication change in reducing HIV: Is Uganda unique?" *African Journal of AIDS Research, 2*,(2003): 1–13.

[152] Green, et al. 2002, 7-10; Green and Halperin, l. 2006, 337, 341.

[153] Hearst and Chen. *2004, 39-47.*

[154] In *Rethinking HIV Prevention*, Green vigorously emphasizes the institutional pressures that were at work against him as he began "speaking out" and disputing the effectiveness of condom promotion in Africa in favor of behaviour change. 7,19,87

Smith.[155] The Ugandan government, Green argued, under former rebel leader Yoweri Museveni, was unusually open about the wide spread of HIV as early as 1986 and unusually proactive in talking publicly about its danger,[156] and that efforts to prevent the spread of HIV were unusually decentralized, with an exceptional prominence held by churches and mosques.[157] The powerful result, in this account, was a HIV prevention strategy that built on the strength of norms for marital fidelity and virginity engrained in religious morality, rather than primarily promoting condom use.[158] And these messages, in contrast to institutionalized media-based communication campaigns in other African countries, were spread through community networks, leveraging the power of social groups to create internal influence.[159] In other words, not only was abstinence and reduction in sexual partners at the epidemiological root of the decline of HIV and AIDS in Uganda, but the the promotion of such "behaviour change" by local religious groups was an important cause of the reductions, and lives saved, precisely because of these local institutions endowed prevention efforts with trusted channels for communication. Prevention experts Stoneburner and Low-Beer termed this approach the "social vaccine," co-opting a biomedical phrase to emphasize the unique power of social relationships and religious dialogue in the face of the African HIV epidemic.[160]

Edward Green is an American anthropologist who has spent his career working on HIV prevention for US development organizations and African governments, with a particular interest in the role of indigenous healers.[161] It was Green, in particular, who

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[155] Epstein, 187-88

[156] James Chin. *The AIDS Pandemic: The Collision of Epidemiology with Political Correctness. (*Oxford: Radcliffe Publishing, 2007), 149-50.

[157] Resistance Councils are so named after Yoweri Museveni's National Resistance Movement, with which he came to power in 1985. Patterson, 30-33; Tom Allen and Suzette Heald, "HIV/AIDS Policy in Africa: What Has Worked in Uganda and What has Failed in Botswana?" *Journal of International Development,* 16(2004): 1150. Low-Beer and Stoneburner, 174, 177. Green, 166-197 (In Green's section he highlights many characteristics of the Ugandan response that he finds to be exception, but the two mentioned above have been most prominent in the discourse)

[158] Low-Beer and Rand Stoneburner. "Uganda and the Challenge of HIV/AIDS," in *The Political Economy of AIDS in Africa,* edited by Nana Poku and Alan Whiteside, (London:Ashgate, 2004), 166; Allen and Heald, 2004), 1141-1154. ; Green, Rethinking HIV Prevention, chapter 6; Deborah Dortzbach and W. Meredith Long. *The AIDS Crisis: What We Can Do.* (Downer's Grove: Intervarsity Press, 2006) 58-9, 89.

[159] Patterson, 31; Green, 2004, 173-4

[160] Low-Beer and Stonburner, 2004, 166-177

[161] Edward Green, "Engaging Indigenous African Healers in the Prevention of AIDS and STDs." *Anthropology in Public Health: Bridging Differences in Culture and Society. (*Oxford: Oxford University Press, 1999).

fleshed out and interpreted the context around the epidemiological evidence of public health success in such a way that would serve as a road map for PEPFAR's HIV prevention strategy of promoting abstinence, being faithful and condom use (ABC), listed in order of priority and emphasis.

Green argued that the "indigenous prevention approaches,"[162] in Uganda were built on what President Museveni described as the "time-tested cultural practices that emphasized fidelity and condemned premarital and extramarital sex,"[163] whereas the relative failure of prevention programs in neighboring African countries could be blamed on misdirection of western experts enacting programs which bore a crippling stamp of "ethnocentrism and technical arrogance."[164] Western experts, in this account, imposed HIV prevention programs that were closely modeled on the programs developed to reduce HIV transmission in the American gay population,[165] with a focus on technical interventions such as condom promotion and an inherited antipathy towards the moral response of religious groups to the HIV epidemic. Green wrote,

> During early years of the HIV pandemic, many people who worked in HIV prevention thought of religious leaders and organizations as naturally antagonistic to what they were trying to accomplish. In many minds, the stereotype of a religious leader was that of a conservative moralist who disapproved of any form of sexual behaviour outside of marriage, to say nothing of nonstandard sexual practices. There were also thought or known to disapprove of what was seen as the only solution to HIV infection, namely, condoms.[166]

Had this expert regime held sway in the early Ugandan epidemic, Green and colleagues argued, condom promotion would have taken place instead of the abstinence and faithfulness campaigns mounted by Anglican, Catholic and Muslim clergy.[167]

In fact, the leaders of early global HIV and AIDS efforts had repeatedly pointed to the importance of local control of HIV and AIDS programming, and the pivotal role of

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[162]Green, 2003, Rethinking AIDS Prevention, 8
[163] Green, 2003, Rethinking AIDS Prevention, 8
[164] Green, 2004, 8. "Who can know more about how to influence the behaviour of Ugandans and Senegalese than Ugandans and Senegalese themselves."
[165] Green, 2003, Rethinking AIDS, 76; Merson, 2004, 479
[166] Green, 2003, Rethinking AIDS, 76
[167] Edward C. Green, "Faith-Based Organizations: Contribution to HIV Prevention." *US Agency for International Development.* September, 2003, 8-9.

culture in shaping the epidemic and an effective response to it. In 1988, Jonathan Mann, who launched the AIDS programs of the World Health Organization, wrote,

> "As we move forward….we must learn to acknowledge the cultural diversity of our societies and of the unique interests of different peoples within those societies. We must involve them in ways that we have rarely done in the past recognizing that their experience and their empirical knowledge is fundamental to the design of effective control and prevention strategies."[168]

But Green's argument is that this language had little impact on the actual interventions funded throughout most of Africa because of an institutionally-engrained preference for technical interventions and distrust of the moral stance of African religious organizations towards the HIV epidemic.[169] Green writes, "With AIDS, it seems easier to work with a medical or a medical-technological solution than one involving intimate forms of behavior and their determinants.....social, cultural, and economic issues."[170] Green's depiction of western-led HIV prevention in Africa has support from the accounts of scholars not immediately involved in the policy debates surrounding PEPFAR. Notably, historian John Iliffe concurs that, despite high-level rhetoric about the importance of engaging with African communities, the first wave of HIV prevention programs were based on those developed in the gay community in Europe and the United States, grounded in a human rights ethic and the broad accessibility of condoms.[171] As a direct result, he argues, local religious leaders were isolated and often alienated from mainstream prevention efforts.[172] James Pfeiffer's ethnography of condom promotion in Mozambique depicts disgust of independent Pentecostal pastors at the *Jeito* condom campaign, funded by the United States Agency for International Development through Populations Services International starting in the mid 90s.[173]

While these scholars critiqued 1990s condom social marketing, Green and his colleagues gave this ethnographic critique a quantitative bite and made it more persuasive

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[168] Jonathan Mann, "AIDS Prevention and Control." *Global Impact of AIDS.*(New York: Alan Liss Inc, 1988.): See also Patterson, 96-7
[169] Green, 2003, Faith-Based Organizations: Contribution to HIV Prevention, 1
[170] Green, 2003, Rethinking AIDS, 79
[171] Iliffe, 2006, 66, 96: Edward Green also makes this case. *Rethinking AIDS Prevention, 2004*, 74-6
[172] Iliffe, 2006, 95-6
[173] James Pfeiffer, "Condom Social Marketing, Pentecostalism, and Structural Adjustment in Mozambique: A Clash of AIDS Prevention Messages," *Medical Anthropology Quarterly.* 18:1 (2004): 91.

through reference to the prevalence decline in Uganda. Starting from the epidemiological proof of a Ugandan decline in prevalence, they built a plausible argument linking this success to a cultural shift in sexual practices towards longer periods of abstinence and few sexual partners rooted in the moral work of locally-trusted religious organizations. The view that the success in Uganda creates a strong case for funding "behaviour change" interventions for HIV prevention has become widely,[174] if not universally[175] accepted among HIV prevention experts.

This account found support among the constituency that would create PEPFAR; socially conservative politicians, US evangelical and Catholic relief organizations,[176] such as World Vision, Catholic Relief Services and World Relief,[177] as well as the Ugandan President Yoweri Museveni and the First Lady, and prominent Ugandan evangelicals such as Martin Ssempa.[178] When George W. Bush became the American President in 2001, his appointees at USAID,[179] notably Anne Petersen, drew heavily on the work of Green and his colleagues to reorganize US HIV and AIDS policy. Peterson arranged for a series of USAID-sponsored publications and an "Experts Technical Meeting" that would tout the success in Uganda and to define what had come to be called the "ABC" approach to prevention in which abstinence and fidelity promotion through faith-based channels played a prominent role.[180] The associated report includes the testimony of Dorothy Brewster-Lee from Catholic Relief Services that, "interventions

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[174] Daniel Halperin, et al., "The Time Has Come for Common Ground on Preventing Sexual Transmission of HIV." *Lancet* 364 (2004):1913–1915.

[175] Maria Wawer takes issue with the epidemiological evidence base, Maria Wawer, et al. "Declines in HIV prevalence in Uganda: Not as simple as ABC." 12th Conference on Retroviruses and Opportunistic Infections, (February 2005). Emily Oster argues that macroeconomic export trends are more predictive than intervention modalities; Emily Oster, " Routes of Infection: Exports and HIV Incidence in Sub-Saharan Africa." National Bureau of Economic Research. (July 11, 2008).

[176] Green, 2004, 19

[177] Green, 2005, 288-9; See the testimony of Dorothy Brewster-Lee at ABC Technical Consultant Meeting, "The ABCs of HIV Prevention," 2002

[178] Patterson, 155

[179] On Green's role see Epstein, 187, "The Republicans cit(ed)….the work of a little-known public health consultant named Edward Green……now Green was a voice in the wilderness no longer. He had the ear of powerful evangelical Christians, who in turn had the ear of key congressman and Bush advisors. According to Amy Patterson, PEPFAR has been dependent on Green's insights to the extent of spending $100,000 for a copy of his book for each of the participants of a 2005 policy meeting. Patterson, 157.

[180] Petersen, Hope Factor, 168; Epstein, 187; see "The ABCs of Prevention: Report of a USAID Technical Meeting on Behaviour Change Approach to Primary Prevention of HIV/AIDS." USAID, September, 2002. And "What Happened in Uganda: Declining HIV Prevalence, Behaviour Change and the National Response." Janice Hogle, Vinand Nantulya, Rand Stoneburner and John Stover. USAID, September, 2002.

that have proven effective in Europe and North America should not be stamped onto African settings without consideration for indigenous culture."[181] The 2007 PEPFAR Annual Report stated:

> There is an urgent need to help communities identify the ways in which they contribute to establishing and reinforcing norms that contribute to risk, vulnerability, and stigma, and to help communities identify interventions that can change norms, attitudes, values, and behaviours that increase vulnerability to HIV. Mobilization and change are most likely when messages are reinforced through…. social and cultural networks; religious and other leaders.[182]

USAID would later purchase a copy of Green's book, *Rethinking AIDS Prevention,* for virtually every PEPFAR staffer and the design of the ABC HIV prevention curriculum took material from his work and reflected the advice of Ugandan officials.[183]

PEPFAR's strategy was influenced and caused by theological and humanitarian arguments arrayed internally within the American evangelical community and the Republican Party; Edward Green's critique of the "technical arrogance," of western health development; and epidemiological accounts of changes in sexual behaviour and HIV prevalence in Uganda. But PEPFAR also evolved in response to the fierce criticism targeted at PEPFAR's funding of faith-based organizations for ABC prevention. This criticism came from US-based HIV and AIDS activists infuriated by the decision to promote abstinence over condoms to young people,[184] and also by members of the global health establishment who were and are skeptical of the efficacy of ABC prevention.[185] In a typical statement, the Global HIV Prevention Working Group, a consortium of experts gathered by the Gates Foundation, concluded in a 2007 report that, "Misallocation of limited resources by donors and affected countries often occurs as a result of ideological non-scientific restrictions imposed by donors on how HIV prevention assistance may be used."[186] Stephen Lewis, the United Nations (UN) Special Envoy for HIV/AIDS,

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[181] "The ABCs of HIV Prevention: Report of a USAID Technical Meeting on Behaviour Change Approaches to Primary Prevention of HIV/AIDS." USAID. September, 17th, 2002, Washington, DC.
[182] PEPFAR, "The Power of Partnerships: Third Annual Report to Congress." 2007, 35
[183] Patterson, 155-7
[184] ACT UP "Protest Uganda's Zero Condom Policy." August 30th, 2005. http://www.actupny.org/reports/uganda_condom05.html (Accessed October 14th, 2009).
[185] New York Times Editorial "Shackles on the AIDS Program." *New York Times.* April 4th, 2007.
[186] Global HIV Prevention Working Group. "Bringing HIV Prevention to Scale: An Urgent Global Priority." 2007. http://www.kff.org/hivaids/upload/pwg062807.pdf (Accessed October 12th, 2009).

delivered some of the harshest criticism when he declared at the International AIDS Conference in Toronto in August 2006 that PEPFAR's prevention programming was not only ineffective, but a form of "incipient neocolonialism. ""We're saying to Africa," he charged, "'This is how you will respond to the pandemic' and that's not appropriate because African governments are eminently capable of deciding what their priorities are and what the response should be…...You do not provide money on the condition that they reflect your ideological priorities."[187]

As ARHAP scholars have detailed, the sanction of secular biomedical expertise is essential for the legitimacy of contemporary public health programmes,[188] in Africa and the West. Therefore, even as evangelicals speculated within their community about the mission potential of the AIDS epidemic, PEPFAR policymakers had to disprove the charge that US tax funding was supporting a program that were anti-scientific, missionary or imperialist. Out of this pressure came the particular emphasis on faith-based abstinence promotion as a local "African solution," that was also rigorously "evidence-based".[189] The linchpin of this argument was that religious groups in Africa have strong local support and credibility and the capacity to mount an effective prevention campaign.

2.4 Conclusion

In describing, sequentially, the *bophelo* policy framework and the PEPFAR ABC prevention agenda, similarities between the two emerge. In essence, both argue that engaging religious entities in the response to HIV and AIDS in Africa could heighten the impact of prevention interventions. Both attribute the potential of religious health promotion to their grounding in local social networks and cultural institutions. However, to point out these topical similarities is not to make the case that ARHAP or PEPFAR have ever been strongly aligned or exerted influence over each other. While PEPFAR

[187] BBC News. "US Criticised for HIV AID Effort." August 16, 2006. http://news.bbc.co.uk/2/hi/health/4797537.stm (Accessed October 14th, 2009).
[188] Cochrane, 2007, 7
[189] Christopher Smith, Congress, September 28, 2006. "As long as faith-based organizations adhere to the rules concerning the separation of publicly funded activities and religious proselytizing and do no discriminate in the provision of their taxpayer-funded programming, the alliance of government and faith-based organizations should continue…"

leadership was aware of ARHAP at an early stage[190], there has not been PEPFAR funding for ARHAP, nor were ARHAP findings central to the crafting of PEPFAR's strategy of funding faith-based organizations for HIV prevention. As described in section 2.3, Edward Green and colleagues's played that role. Where PEPFAR officials, and allies of the ABC strategy did cite PEPFAR's work, this was often was a general reference to the abundance of religious efforts in response to AIDS in Africa, rather than to any specifics of the Healthworlds concept or *Bophelo* theoretical framework.[191] On the part of ARHAP, several affiliated scholars, in noting the broad similarities in focus and argument between PEPFAR and ARHAP, have also been careful to claim distance. For example, Cochrane writes,

> "The most controversial initiative that identifies faith-based organisations as important points of leverage for public health is George W. Bush's President's Emergency Plan For AIDS Relief (PEPFAR), but an interest in faith-based organisations in health predates this initiative, goes far beyond it, and may be found among agencies that do not bring the political baggage with them that PEPFAR carries."[192]

Here, Cochrane refers to PEPFAR's prioritization abstinence and faithfulness promotion, which finds no explicit support in Appreciating Assets research, other than the reporting from Lesotho and Zambia that churches often preferred promoting abstinence and objected to condom promotion.[193]

As such, this thesis does not offer up extended accounts of PEPFAR and *bophelo* because they are similar, but rather because they are different. PEPFAR is an AIDS prevention and treatment funding program, and the largest unilateral single-

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[190] Vesper Society. "Vesper Society President Meets With Bush's Director Of Faith-Based Initiatives In Washington, D.C." VeNews, Spring 2004. (Accessed March 19th, 2011). (http://www.vesper.org/newsletter/2004_spring_venews.shtml).

[191] Ken Hackett, "Perspectives on the Next Phase of the Global Fight against AIDS, Tuberculosis, and Malaria," Written Testimony Before the United States Senate Foreign Relations Committee, 13 December, 2007, 15.
Commenting on the release of Appreciating Assets, "Patrick Purtill, director of New Partner Outreach in the office the President's Emergency Plan for AIDS Relief (PEFPAR), warned that failure to understand the role FBOs played in combating AIDS could undermine efforts to scale up services. "Religion has and always will form part of the foundation of many rural and urban communities.....We [health policymakers] have to acknowledge that FBOs possess an extensive geographic reach and a well-developed infrastructure in the developing world." IRIN Humanitarian News and Analysis, "South Africa: AIDS Response Becomes a Test of Faith," UN Office for Coordination of Humanitarian Affairs, 13 February, 2007. (http://www.irinnews.org/report.aspx?reportid=70154).

[192] Cochrane, 2006, Conceptualising, 107; see also de Gruchy, 2007, 8

[193] ARHAP, Appreciating Assets, 2007, 89, 103

disease funding initiative in history,[194] whereas the history, theory and policy implications of *bophelo,* as defined by Germond and Molapo, are an academic project aimed at informing and critiquing such global health projects. And while Green and his colleagues developed a persuasive description of the Ugandan epidemic to argue that the promotion of abstinence and faithfulness, grounded in local cultural values, would be effective an effective HIV prevention program, they offered only broad guidance in terms of defining what those values were in various regions of Africa, how they operate in relation to health, or how to engage them.[195] ARHAP and the *bophelo* scholarship are considerably more methodical in creating a vocabulary and theoretical framework to guide a practice of public health that appreciates religious entities as assets. For that reason, this thesis draws on the *bophelo* scholarship to assess the role of religion as an asset to PEPFAR programs as funded and implemented in Durban in 2007.

[194] PEPFAR, "About PEPFAR," (http://www.pepfar.gov/about/index.htm).
[195] "The ABCs of Prevention," 2002, 12

Chapter Three

PEPFAR-Funded HIV Prevention Programs in Durban: Two Cases

3.1 Introduction

The successive sections describe the HIV prevention programmes of two PEPFAR-funded faith-based organizations in Durban in 2007. Each of the case studies is divided into five subsections: Methods; History; The Role of Religion; Religion and Expertise; and Local Religion and Culture. The Methods subsection offers a narrative account of the fieldwork with the particular organization and describes other sources contributing to the overall depiction of the programme. The History offers a chronological account of the organization from its origins, determined through interviews and primary and secondary published sources. The Role of Religion subsection gives special attention to the forms of religion that have influenced the organization, with their relevant theologies. The Religion and Expertise subsection is devoted to the HIV prevention intervention itself, the expertise and methodologies that shaped it and the extent to which the religious tradition, described in the previous subsection, contributed practically to the intervention. The Local Religion and Culture section probes into the value and judgements attached by the organization on the predominant culture and religious organizations in Durban. The last three subsections are versions of the central question posed by ARHAP, "What is the contribution of religion and religious entities to health and wellbeing in the context of HIV/AIDS in Africa?,"[196] and, in each case, seek to articulate the extent to which these organizations approach religious organizations as potential assets for public health, in keeping with the principles derived from the *bophelo* healthworld: that religion and health are closely aligned; that religious health assets are often not captured by western expertise and methodologies; and that social systems and culture are strong religious assets for health. Finally, a short concluding section describes the overall contours of the healthworld depicted in the organization and its relation to *bophelo.*

[196] ARHAP, Appreciating Assets, 8

3.2 Methodology

The purpose of this study was to assess the extent to which PEPFAR-funded HIV prevention programmes in Durban, in 2007, engage religion as an asset for improving health. I sought to achieve this objective through the following steps.

1. To obtain a list of PEPFAR-funded HIV prevention projects in Durban, and to discern between faith-based and secular grantees

2. To initiate contact with the leadership of these prevention programmes, explain the purpose of the research and to request participation in a series of interview.

3. To devise a consent document and to obtain written informed consent from willing participants to participate in interviews

4. To conduct one or several background interviews with the leadership of the prevention programmes, focusing on general questions about the activities involved in the prevention programme, the religious background of the organization, and the history of the programme and the organization. Where the leader recommended an interview with other members of the staff, those would be conducted as well, with the requisite consent of those staff members.

5. To attend and observe, with the permission of participants, religious worship sessions affiliated with the HIV prevention programme and programmatic prevention activities. This was intended to allow a deeper understanding of religious foundation of the organization and the nature of the prevention intervention, and to allow for the observation of details and attributes that, while relevant to the research from an outsiders perspective, might not seem worthy of note to participants. In theoretical terms, these observations gave me a glancing

opportunity to assess the "tacit knowledge" underlying the programme, in addition to the "discursive knowledge" recounted during interviews.[197]

6. To review any programmatic material (curricula, annual reports, publications) related to the prevention programme, that the leader was willing to provide.

7. To devise a uniform template of questions for final interviews with the leadership of the HIV prevention programmes. While these questions were not formally validated, the information I gained from steps 4 and 5 allowed me to write questions using terminology and concepts that I knew to be familiar with the interview participants. Secondly, the context and history I gained from steps four and five allowed me to tailor the questions to the specifics of the programmes and their religious foundations. Finally, while these interviews were not participatory mapping exercises in the model of the ARHAP PIRHANA methodology, the PIRHANA documentation, provided to me by Steve de Gruchy, did serve as a model of inquiry in that asked I asked the participant to define the terms under discussion as building blocks to further discussion. For example, the interview would proceed from defining key terms (risk, assets, evidence, faith, culture) to build on these definitions to inquire about the structure and origins of the prevention programme. As with PIRHANA, I would also ask participants to reflect consciously on the timeline of the programme and change over time.[198]

8. To provide the set of questions to participants ahead of the planned date of the interview and make adjustments based on their feedback and clarifying question.
9. To conduct a final interview using the set of written questions

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[197] This distinction between *tacit* and *explicit* knowledges derives from Jurgen Habermas' framework of communicative rationality, which Paul Germond and James Cochrane dealt with in unpublished writings on *Healthworlds* available to members of Steve de Gruchy's *Religion and Public Health* seminar at UKZN SORAT in September of 2007.
Jurgen Habermas, *The Theory of Communicative Action: The Critique of Functionalist Reason, Volume 2. (*Cambridge: Polity Press, 1987.) 131: Paul Germond and James Cochrane. "Healthworlds: Conceptualizing the Human and Society in the Nexus of Religion and Health." Unpublished Manuscript. 2006.

[198] Steve de Gruchy, Sinatra Matimelo, Jill Olivier. "Participatory Inquiry into Religious Health Assets, Networks and Agency for Health Seekers and Health Providers: Practitioners Workbook, Volume 6." *African Religion Health Assets Programme,* August 2007.

The research methodology proceeded according to plan over the period of late July to early December of 2007 with the following details and variations.

Celicia Serenata and Grace Ramafi from the Pretoria office of the United States Agency for International Development provided me with a list of PEPFAR-funded projects in South Africa in 2006, delineated by grant area and province. Grants made in KwaZulu-Natal under the "Abstinence-Be Faithful category fit within my research area. Using this list, I made contact with Youth for Christ, Hope Worldwide, Scripture Union, the HIV/AIDS Office of the Church of the Anglican Province of Southern Africa in Durban, and Dance4Life. Of these five, all but Dance4Life were faith-based organizations at the time of the research. In addition, through Marisa Casale at the Health Economics Research Division at the University of KwaZulu-Natal, I was in touch with a faith-based HIV prevention programme that was not funded by PEPFAR; Ithemba Lethu. After consultation with my academic advisor, I decided to proceed with the interview process with all six organizations, with the hopes of achieving the final stage with an adequate number. The inclusion of the non-faith-based and non-PEPFAR-funded programmes were to serve as an informal "control group" to help understand the implications of these variables on a prevention programme.

While I conducted interviews with leaders of all six organizations, only two, Youth for Christ and HOPE Worldwide, are detailed in this study. I was not able to complete the full methodology with the other four, due to scheduling conflicts and abrupt changes in leadership in the organizations. At the conclusion of the research period I hoped to include the partial research in the findings, but, for reasons of practicality and brevity, I have included only findings from the two fully completed research processes. Therefore this research does not represent a representative sample of PEPFAR-funded faith-based prevention programmes in Durban, but is rather a convenience sample. Nor does the research presented here permit for systematic reflection on the difference between faith-based and secular or PEPFAR-funded and non-PEPFAR funded programmes. It is solely an account of the principles applied within two particular faith-based PEPFAR funded HIV prevention programmes.

3.3 Case Study: Youth for Christ- KwaZulu-Natal

3.3.1 Introduction

Because USAID included Youth For Christ (YFC) on the list of PEPFAR-funded abstinence programmes in KwaZulu-Natal, in July of 2007, I called the YFC office in Durban and spoke to Kanthie Raidoo, the Executive Director of YFC for the province. She recommended that I speak to Jeff Segone, the coordinator of the PEPFAR-funded HIV prevention programme, Change Agents. Segone, she explained, was in the process of launching a new PEPFAR-funded programme focused on preventing HIV among at-risk youth in Durban and Pietermaritzburg.

I wrote to Segone, and he agreed to meet me on August 8th at his office in Durban. The YFC office in Durban is tucked away behind the highway in an industrial area north of the city center in the Umgeni Business District. I explained my project to Segone and we talked about his background and general approach to youth development. He agreed that I could interview him several more times and he suggested that I attend one of the YFC presentations in a school once they came back into session. He read and signed a form of consent to be interviewed (see Appendix B).

On August 28th, I traveled with Segone and members of his staff to Sifunimfundo Middle School in Inanda Township for their presentation and workshops in September. I spent time on other occasions with several YFC youth workers in Pietermaritzburg and Durban and interviewed one youth worker, Mthoko Zulu, at length. I also went with Jeff Segone to attend his Church, Power Dimension, on Point Road in Durban. After the final interview with Segone on November 22nd, I returned to Kanthie Raidoo and interviewed her about the history and larger mission of Youth for Christ in KwaZulu-Natal, on November 23rd.

The YFC programmes do not follow a set written curriculum, but Segone gave me access to the materials used to map out activities for the Change Agents programme. I also reviewed YFC newsletters collected on their web site. Finally, I conducted a literature review of scholarship and commentary on YFC and the evangelical religious tradition in which it stands. In particular, a draft of an oral history of YFC in KwaZulu-Natal, provided by Kanthie Raidoo proved valuable.

3.3.2 History of Youth For Christ

Youth for Christ was founded in Chicago during the Second World War (various accounts put the date from 1941 to 1944) under the aegis of campaigning evangelist Torrey Johnson.[199] The first full time employee of Youth For Christ was Billy Graham, a young graduate of the evangelical Wheaton College, who traveled the United States, and then Europe,[200] leading carefully orchestrated youth rallies with an evangelical Christian message aimed at encouraging American teenagers to become "born again." Through these rallies, Youth For Christ was one of the first hugely successful evangelical efforts to focus specifically on youth and to address them on their own terms, recognizing a distinct "youth culture," as a medium for evangelism, rather than a mar on holiness. In the words of Wheaton scholar of American evangelism, Larry Eskridge, this approach was apparent in Graham's style of preaching "resplendent in the flashy suits, hand-painted ties and bright 'glo-sox' that characterized the YFC style, presiding at hundreds of rallies that catered to teenage audiences with snappy choruses, instrumental solos, magicians, and Bible trivia contests."[201] Recalling this work, Graham later wrote, "We used every modern means to catch the attention of the unconverted-and then we punched them right between the eyes with the gospel."[202]

By the end of the 1940s, Graham had left Youth for Christ to lead his own wildly successful and influential global ministry, Billy Graham Evangelistic Association, but he continued in this spirit of openness to youth-driven popular culture, bringing born-again Christianity towards the mainstream of American society.[203] YFC also continued in this vein, building strength in American high school and college campuses through Bible Clubs, while expanding internationally, throughout the 50s, 60s and 70s.

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[199]Larry Eskridge, "One Way: Billy Graham, the Jesus Generation, and the Idea of an Evangelical Youth Culture," *Church History,* 67:1 (March 1998):83-106.
[200] William Martin, "How The Fundamentalists Learned to Thrive," *Christian Century,* 115:25 (September 1998).
[201] Eskridge, 83-106.
[202] Eskridge, 83-106
[203] Martin, 1999. Eskridge, 1998

Youth for Christ became established in South Africa and Natal in the late 60s and early 70s,[204] working largely in white suburban evangelical neighborhoods,[205] running Christian camps and other activities for youth. Political controversy regarding apartheid consumed the organization in the 80s, and, as a result, YFC closed down temporarily in 1986; with the leadership unable to come to a decision on the question of whether to work with "non-white" youth.[206]

When YFC reopened shortly thereafter, it was as an integrated organization. The opening of L'Abri, a new YFC camp facility outside of Pietermaritzburg, was intended to "create an opportunity for developmental encounters with youth across colour lines."[207] At the time of the fieldwork, members of the YFC leadership recalled their youthful membership in YFC as a startling experience of racial integration. Kanthie Raidoo, who first joined up with YFC by participating in a summer camp in 1990, remembers the camp as a rare opportunity to spend time with young people who were Indian, black and white, and described the shock with which these groups were received in public spaces.[208] Rolf Weichardt, current President of YFC in South Africa, recalled in a recent YFC newsletter, "how difficult it was going in to black and white churches with racially integrated teams, challenging the sins of racism and division and seeing behaviour change."[209]

In this way, the volunteers of YFC cast themselves as members of an idealized, nonracial (and therefore illegal under Apartheid) youth counterculture, aligned with global mission against the entrenched ethnic and racial violence and turmoil that took place in KwaZulu-Natal in the late 80s and early 90s as the country moved towards multiracial democracy.[210] Weichardt's language marks not only this fledgling cultural identity, but also YFC's shift towards a focus on social problems and youth development

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[204] Youth for Christ: KwaZulu-Natal. " Restoring the Beauty of the Family." *The Partnership (*YFC Newsletter). March 2009. http://www.youthkzn.co.za/newsletters/march2009-partnership.pdf (Accessed October 22, 2009).
[205] Interview with Kanthie Raidoo, 21 November, 2007.
[206] Youth for Christ: KwaZulu-Natal. "Youth for Christ in KwaZulu-Natal: Best Practice Project (Incomplete First Draft). April 2006. (Given to author in November 2007).
[207]"Youth for Christ in KwaZulu-Natal: Best Practice Project
[208]Interview with Kanthie Raidoo, 21 November, 2007.
[209] YFC Newsletter, March 2009
[210] Denis, Philippe, Radikobo Ntsimane, Thomas Cannell., *Indians versus Russians: An Oral History of Political Violence in Nxamalala, 1987-1993,* (Pietermaritzburg: Cluster Publications. 2010).

as necessary and godly components of youth evangelism. In Natal in the early 90s, YFC partnered with Yvonne Spain, then a Pietermaritzburg city councilor, when she founded Children in Distress (CINDI), an NGO devoted to the welfare of homeless children that ran shelters in Pietermaritzburg on Pine Street and Loop Street and employed youth outreach workers.[211] In 1996, YFC opened Tennyson House, a shelter for homeless girls at their headquarters in Durban, named after a YFC employee who had been stabbed to death by a homeless youth in the Pietermaritzburg shelter.[212]

This "youth development" work led YFC to own facilities, expand staffing and seek and receive secular funding, forging a different organization than the Apartheid era youth evangelism campaign. Looking back on the decades past, a YFC oral historian observed that, through this process, "a largely informal volunteer structured organisation entered the domain of employment, training, people management, large scale fund management."[213] Whereas the origins of YFC lay in Graham's evangelism that sought to harness informal cultural structures through itinerant road shows, camps and mass media, YFC in South Africa cast a critical view on the sinfulness of the predominant culture. First the sin of racial discrimination in white religion spurred YFC to focus on the black community, where it found a world of youth culture embattled and implicated ethnic violence and the social desolation underlying youth homelessness. This focus on problems led YFC to develop these more permanent programmes to "change behaviour" and lead it into alignment with secular social services, both governmental and charitable (CINDI). YFC built these services from within its own ranks; both Kanthie Raidoo and Jeff Segone were initially participants in evangelical camps, and then joined as volunteers in the evangelizing dance teams before stepping into more formal leadership roles in youth development.[214]

In the first years of the 21st century, YFC in Durban took the next step from a direct response to the problem of homelessness and developed "life skills" programmes to preempt what they saw as the "cycle of poverty" underlying child homelessness and

[211] Youth for Christ in KwaZulu-Natal: Best Practice Project
[212] Youth for Christ in KwaZulu-Natal: Best Practice Project
[213] Youth for Christ in KwaZulu-Natal: Best Practice Project "Key Learning"
[214] Youth for Christ in KwaZulu-Natal: Best Practice Project; Interview with Jeff Segone, 8 July, 2007

other social ills such as teenage pregnancy.[215] This started through a chance contact with the administrators of Ridge Park Girls School in the Durban neighborhood of Overport,[216] which asked YFC to run a life skills programme. This developed into a programme called Phakama ("Rise" in isiZulu), with a focus on "gender empowerment"; improving decision-making by young girls through attempting to strengthen their self esteem. Phakama was implemented in state schools in Pietermaritzburg (Elandskop, Edendale, France) and Durban (Ntuzuma and Inanda) through a partnership with the Department of Education that began in 1997.[217]

Around this time, YFC in KwaZulu-Natal formalized and expanded on a long-standing practice of accepting international volunteers for short-term stints of work on youth development projects. These volunteers are typically involved in Youth for Christ or other evangelical work in America or Europe.[218] Kanthie Raidoo recounted how two particularly engaged volunteers from Ireland spurred YFC in the direction of work more directly on HIV prevention around 2000 by pulling together information on HIV and AIDS to incorporate into Phakama.[219] This led to more formal and well-funded four day HIV educational workshops run in schools and some churches, called Change Agents, launched in 2002.[220] Since that time, Change Agents has expanded, such that, in 2007, the most recent year for which YFC has published data, 3035 students in the province participated in the Change Agents workshop.[221] Over the same period, Phakama was reformulated and renamed as Yazini-Knowledge is Power and reoriented towards HIV prevention life skills and peer educator training.[222] Phakama youth workers found that focusing on girls alone was not enough to improve their outlook and so Yazini expanded to include programmes encouraging boys to change their views on gender, sexuality and

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[215] Youth for Christ in KwaZulu-Natal: Best Practice Project Chapter 5. "Phakama."
[216] Interview with Kanthie Raidoo, 21 November, 2007.
[217] Catherine Ward, "South Africa's Peer Education Programmes: Mapping and Fieldwork Plan," Human Sciences Research Council. (December 2007). see YFC profile, 32.
[218] Youth for Christ- KwaZulu-Natal. "Step Into Our World: Annual Report 2007." (http://www.youthkzn.co.za/publications/annual%20report-2007.pdf) (Accessed November 29th, 2009). 6
[219] Interview with Kanthie Raidoo, 21 November, 2007.
[220] Interview with Jeff Segone, November 1st, 2007.
[221]Youth for Christ- KwaZulu-Natal. "Step Into Our World: Annual Report 2007.
[222] Kindernothlife. "Yazini- Sexuality and Gender Lifeskills Program." (http://en.kindernothilfe.org/Rubrik/Countries/Africa/South_Africa-p-38/South_Africa__YAZINI_lifeskills_program.html) (Accessed November 24th, 2009).

spirituality.[223] In 2007, 2800 students participated in Yazini programmes in the province.[224] During the time of my interviews with Jeff Segone, he was hard at work launching a new school-based life skills programme called May'khethele ("My Dreams"), which was funded by PEPFAR through a partnership with CINDI. This programme reflects public health objectives through a special focus on identifying "orphans and vulnerable children" and linking them to HIV testing, treatment and other social services.[225]

The escalation of YFC social service work in the 2000s was possible due to several new sources of funding. Grants from the city and provincial governments supported some of the youth shelter costs and the provincial Department of Health continued to fund some life skills work.[226] More significant funding, however, came from several international development organizations. The first to contribute significantly to YFC were faith-based charities (Kindernothlife, ChildHope), but with a reputation for competence in running youth programmes in HIV prevention came secular development funding, from Irish AID and then in 2006, YFC in KwaZulu-Natal received PEPFAR funding, in concert with similar grants to other YFC operations in other provinces of South Africa. According to the YFC historian, the acceptance of international development funding meant YFC faced the challenge of "maintaining the flow of funds to keep doing the work, meeting donor requirements and striving to retain the authentic emotional, spiritual and social roots, identity and tone."[227] This has meant a greater focus on measurement and evaluation to comply with PEPFAR's notable oversight, as well as the reporting requirements of other donors.[228] Both Kanthie Raidoo and Jeff Segone expressed a determination that these sources of funding not change the Christian foundation of the organization, or fundamentally obscure the evangelistic purpose of YFC. Looking back, Kanthie Raidoo saw the Christian identity of YFC as pendulum in motion; founded in South Africa for the sole purpose of evangelism in the white

[223] Interview with Jeff Segone, 8 July, 2007
[224] YFC KZN Annual Report, 2008
[225] Children in Distress. "May'Khetele: My Dreams, My Future" Presentation to USAID. 2008. (http://www.cindi.org.za/files/MaykhetheleProgramme20080522.pdf). (Accessed November 19th, 2009).
[226] Youth for Christ in KwaZulu-Natal: Best Practice Project
[227] Youth for Christ in KwaZulu-Natal: Best Practice Project. "Regionalisation."
[228] Youth for Christ in KwaZulu-Natal: Best Practice Project. "Regionalisation."

community, but driven by the challenges of apartheid and the deep social problems of the region into social service, pursuing outcomes besides evangelism, and rewarded for that work by deep donor support[229]. Kanthie Raidoo described the challenge of maintaining a spiritual identity and focus.[230] "Sometimes the funders try to dictate," Jeff told me during our first meeting, "but we assert, this is where we stand."[231]

3.3.3 The Role of Religion in Youth for Christ

Billy Graham never visited South Africa on behalf of Youth for Christ: he left the employ of the organization in 1948, and the board of directors a few years later,[232] well before the 1960s origins of YFC South Africa, or Billy Graham Evangelistic Association's first South African crusades, in Johannesburg and Durban in 1973.[233] Yet his influence on YFC in its early days was crucial to its long-term trajectory and, through his explosive prominence in the global evangelical community,[234] his preaching and evangelical methods remain a touchstone for YFC leadership in Durban. The personal religious narratives of most YFC staff echo Graham's "born again" paradigm, emphasizing an emergent and life-changing establishment of a personal relationship with Jesus Christ.[235] Jeff Segone became an evangelical Christian at the age of 15 and attends a small multiracial Pentecostal Church on Point Road in Durban, called Power Dimension. Although Graham was not Pentecostal, Segone closely identifies with his movement and keeps on his desk a framed picture of himself in prayer at the Billy Graham Archives at Wheaton College in Illinois, taken during a visit to the US with a traveling YFC evangelism team.[236]

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[229] Youth for Christ in KwaZulu-Natal: Best Practice Project
[230] Youth for Christ in KwaZulu-Natal: Best Practice Project
[231] Interview with Jeff Segone, 8 July, 2007
[232] Billy Graham Center. "Billy Graham and the Billy Graham Evangelistic Association- The History." The Billy Graham Center Archives. Wheaton College, 2005. (http://www.wheaton.edu/bgc/archives/bio.html). (Accessed December 4th, 2009).
[233] Sherwood Wirt, "Miracle in Johannesburg." *Decision*, June 1973. (http://www.ccel.us/billy.ch20.html). (Accessed November 22nd, 2009), 8.
[234] George Marsden, *Understanding Fundamentalism and Evangelicalism,* (Grand Rapids: Eerdmans,1991), 69-72.
[235] Youth for Christ in KwaZulu-Natal. "Read About Us: YFC Newsletters."(http://www.youthkzn.co.za/publications_newsletter.html). (Accessed November 18th, 2009). See brief staff biographies.
[236] Interview with Jeff Segone. 8 August, 2007

Yet alongside this strong respect and the indelible influence of Billy Graham and his school of American evangelism, the spirituality of YFC in the current era of PEPFAR-funding is best understood through equal attention to the ways in which the work and teachings of the organization have departed from Graham's evangelical movement. The tremendous prominence of Graham, and the organizations, including YFC, to which he lent his preaching, was driven by, a singular focus on the conversion. Graham describes this process as the forging of a relationship between Jesus and an individual. This takes place in a moment as a person is "born again"[237] and at Graham's rallies, for YFC, and later in his career, thousands of people experienced this conversion instantaneously, in response to his message.[238] In pursuit of mass conversion, Graham was theologically and politically pragmatic, within bounds, regarding the implications of his methods. The prominent evangelical preachers since the American Civil War had been "dispensationalist."[239]: invested in the view that human civilization was locked into a stage of historical moral decline that could be remedied only by the apocalyptic emergence of the new dispensation: Christ's Kingdom on earth.[240] This theology led evangelicals to be highly critical of mainstream American culture, which they saw as riddled with sexual and moral vices. This critique was absolute. Dispensationalists fervently opposed the "social gospel" of liberal Protestant theology, which sought to assimilate Darwinian and Freudian accounts of human origins and human psychology and turn the churches towards systemic social reform to improve public health and alleviate poverty.[241] Therefore, even the most successful pre-Graham evangelists understood their efforts as necessarily marginal to an irredeemable culture. As Dwight Moody, among the most successful evangelists of the late 19th century, often said, "I look upon this world as a wrecked vessel. God has given me a lifeboat and said to me,

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[237] Billy Graham, *How to be Born Again. (*Nashville: Thomas Nelson, 1989).
[238] Douglas Sturm, "You Shall Have no Poor Among You," in *The Legacy of Billy Graham:Critical Reflections on America's Greatest Evangelist,* edited by Michael Long, (Westminister: John Knox, 2008), 65-68.
[239] Martin, 1998
[240] Marsden, 1991. 39-40
[241] Marsden, 1991. 34-37, 55; see also James Morone, "Morality, Politics and Health Policy," in *Policy Challenges in Modern Health Care,"* edited by David Mechanic, Lynn Rogut, David Colby and James Knickman. (New Brunswick: Rutgers University Press, 2005), 18-19.

"Moody, save all you can."[242] In this view health was too worldly to count as a concern for the church.

Against this background, Graham's co-option of forthrightly modern trappings of youth culture for his campaigns was radical. In the analysis of George Marsden, the American scholar of evangelical history:

> Fundamentalist separatism, insistence on strict doctrinal purity, and incivility toward persons with other beliefs seemed to the new evangelicals to hinder the spread of the gospel. The evangelism of Billy Graham well represented this impulse……Graham was willing to live with American pluralism.[243]

Beginning with his work for Youth for Christ, Graham launched a prominent evangelical flirtation with mainstream culture that continues to play out through the work of his protoges, in KwaZulu-Natal and nearly every other region of the globe. As the public fixation on "youth culture" intensified from the 1960s onward, Graham preached at rock concerts, roaring: "experiment with Jesus…. the experience of Jesus Christ is the greatest trip you can take."[244] This language did not convey approval of drug use, but rather the acceptance of popular culture as a valuable medium for evangelism, rather than an impure and damned realm. This pragmatism prompted harsh criticism, from both conservative and progressive Christian leaders, of Graham and his evangelical tradition for theological and moral disengagement.[245] A common sneer among strictly doctrinal fundamentalist Christians was that an "evangelical" had come to mean nothing more than, "anyone who likes Billy Graham."[246] From a different quarter, Reinhold Niebuhr published scathing assaults on Graham's crusades in the 50s and 60s, [247] faulting his simple conversionism as falling into a view that, ""a religious change of heart, such as occurs in an individual conversion, would cure men of all sin." "The defect in this confidence in individual conversion," Niebuhr wrote, "is that it obscures the dual and

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[242] Martin Marty, "Social Service: Godless and Godly," *Social Service Review* (December 1980). Quoting Daniels, *Moody: His Words.* 1877.
[243] Marsden, 1991. 110
[244] Eskridge, 1998. 86.
[245] Gary Dorrien, "Niebuhr and Graham: Modernity, Complexity and White Supremacism, Justice Ambiguity," in "The Legacy of Billy Graham: Critical Reflections on America's Greatest Evangelist," edited by Michael Long, *(*Westminister: John Knox, 2008): 141-156
[246] Marsden, 1991, 6
[247]Dorrien, 2008, xiii

social character of human selves and the individual and social character of their virtues and vices."[248]

Both lines of critique echo a concern that Graham's school of evangelism paid little attention structural sins, such as poverty and poor health, embedded in predominant cultural and political institutions. Graham, who once wrote, "Our international problems and racial tensions are only reflections of individual problems and tensions,"[249] proudly embraced the priority of individual salvation over social systems.

This critique presented itself in a practical form to the leadership of Youth for Christ in South Africa as opposition to apartheid mounted during the 1980s and YFC took the decision to hold racially integrated youth programming. This decision was guided by the desire to maintain an active evangelical movement. The YFC tradition of political disengagement was no longer feasible if their evangelism was to be felt relevant in an all-consuming political moment. According to Kanthie Raidoo, "At that time…… .the white churches were associated with apartheid and so the politicization prevented the evangelical message."[250] In this search for greater relevance, YFC followed the trend among many South African evangelical groups in embracing racial integration and building mixed-race staffing and programmes into its practice.[251] Among evangelicals, Michael Cassidy and African Enterprise, a South African mission organization, like YFC, modeled on Billy Graham's work, led this movement.[252] Cassidy, if not explicitly opposed to apartheid, organized racially-integrated religious conferences as far back as the 1970s to mount a Christian and evangelical response to problems of race.[253]

The difficulty of fostering meaningful racial engagement through traditional evangelical rallies and youth activities pushed YFC to determine an "authentic Christian

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[248] Reinhold Niebuhr, "The King's Chapel and the King's Court," *Christianity and Crisis, August 4th, 1969. (http://www.religion-online.org/showarticle.asp?title=454) (accessed July 12, 2011)*
[249] quoted in Steven Miller, "The Politics of Decency: Billy Graham, Evangelicalism, and the End of the Solid South," (Doctoral Disseration: Vanderbilt University, 2006). 76.
[250] Youth for Christ in KwaZulu-Natal: Best Practice Project
[251] Youth for Christ in KwaZulu-Natal: Best Practice Project
[252] Balcomb, Anthony. "From Apartheid to the New Dispensation: Evangelicals and the Democratization of the New South Africa," in *Evangelical Christianity and Democracy in Africa*, edited by Terence Ranger, (Oxford: Oxford University Press, 2008), 204
[253] John de Gruchy and Steven de Gruchy. *The Church Struggle in South Africa, 25th Anniversary Edition, (*London: SCM Press, 2004), 190-1.

response that would support youth in the context of the struggle against apartheid."[254] It was through this search that, through the 1990s, YFC began to partner with CINDI, and transformed itself into a Christian social service and public health NGO. In Kanthie Raidoo's recollection, "we moved from one extreme to the other; from being very, very focused on youth evangelism to becoming almost like a social organization. We were not denying that we were Christian but wanted to become agents of change."[255]

Unlike many once-pious ventures into social service, YFC has palpably maintained its Christian and evangelical identify and motivation throughout the establishment of a series of social programmes, many with secular funding, in secular state schools where evangelism is officially not allowed (although often tacitly accepted).[256] They have done this, in part, by consciously naming and working out the Christian theology underlying their work, in a way that is not typical of the Billy Graham tradition.[257] In public documents, YFC describes their work for homeless children, on gender empowerment and HIV prevention as "incarnational evangelism."[258] The phrase comes from the Stuttgart Statement on Evangelism, a document framed by a conference of moderate evangelicals in 1987,[259] that argued that evangelism and socially responsible action were integral to each other, such that "the plight of the widow, the orphan, the alien and the poor, are inseparably related to evangelism and every effort to drive a wedge between them is to be rejected as the proclamation of a spurious gospel."[260] The Statement also contains a lengthy critique of the"excessively individualistic" approach to evangelism, fostered in the West, insisting that, "in our evangelism we are challenged to be sensitive to people's cultures. This means that we cannot simply import models of evangelism from one culture to another……In some cultures, important decisions are never taken

[254] Youth for Christ in KwaZulu-Natal: Best Practice Project
[255] Youth for Christ in KwaZulu-Natal: Best Practice Project
[256] Interview with Jeff Segone. 21 August, 2007
[257] Thomas G. Long, "Preaching the Good News." Edited by Michael Long. *(*Westminister: John Knox, 2008), 11
[258] Kanthie Raidoo, "On Earth As It Is In Heaven." *The Partnership (YFC Newsletter)*. December 2008. (http://www.youthkzn.co.za/newsletters/yfc%20dec%202008.pdf). (Accessed December 10th, 2009). Youth for Christ in KwaZulu-Natal: Best Practice Project. "An Introduction."
[259] Christopher Sugden, "Theological Developments Since Lausanne I." *Transformation: An International Journal of Holistic Mission Studies*, 7: 9 (1990):11.
[260] Sugden, 1990, quoting the Stuttgart Statement on Evangelism

individually, but always corporately."[261]

For YFC-KwaZulu-Natal, however, the primary significance of their commitment to "incarnational evangelism" is that strong sentiment that evangelism is not genuine, nor will it be successful in South Africa, unless paired with social programmes. Kanthie Raidoo described these mechanics of evangelism in the December 2008 YFC newsletter:

> The staff and volunteers of Youth for Christ have the opportunity to build meaningful relationships with many of the children and young people in our programmes. The many months of Incarnational ministry that took place in loving them, caring for their needs, providing shelter, taking them to the hospital when they were sick, providing nutritious meals, assisting with homework, accompanying them to get tested for HIV and meeting and working with families planted the seeds of love in the hearts of young people. The reaping ground came this October when approximately 60 staff and youth went on a camp and the young people were given the opportunity to respond to the gospel. As a result of this extensive period of Incarnational evangelism, every young person that attended the camp either decided to become a follower of Christ or was interested to know more about Christ.[262]

In these terms, YFC assuages for itself the ever-present concern that to approach South African youth with social service, rather than straight gospel, is a breach of the evangelical foundation of the movement. Describing his work, YFC youth worker Mthoko Zulu, observes,, "It is God, but you can't introduce it directly. Only the time after (a life skills unit), when the children come to you, that is the time when you can introduce the gospel."[263]

The Stuttgart Statement on Evangelism was substantially written by David Bosch, the South African missiologist whose struggle to rescue an authentic mission from the history of colonialism and Apartheid was rooted in his work as a missionary to the amaXhosa in the homeland of Transkei.[264] It is appropriate that YFC should have cleaved on to a theological term crafted by a South African, as the work of Bosch responded to the same cultural and political pressures that prompted a transformation in YFC in South

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[261]John Stott, "A Note about the Stuttgart Statement." in *Proclaiming Christ in Christ's Ways: Studies in Integral Mission, e*dited by Vinay Samuel and Albrecht Hauser. (Oxford: Regnum Books,1989), 212.
[262] Raidoo, 2008.
[263] Interview with Mthoko Zulu, 12 November, 2007
[264] Kevin J. Livingston,"David Jacobus Bosch," *International Bulletin of Missionary Research,* 23:1(January 1999):26-32.

Africa and Natal and then KwaZulu-Natal. This transformation brought YFC out of a purely evangelical stance, inherited from Billy Graham, whose charitable work was always marginal to his efforts,[265] and into relevance through the end of apartheid and in a position to respond to the simultaneous ascendance of the HIV epidemic in KwaZulu-Natal.

3.3.4 Religion and Expertise in Youth For Christ

As described in the History Section, Youth For Christ began running programmes designed to prevent HIV transmission in 2002, with the launch of Change Agents, after a decade of work rehabilitating homeless youth with CINDI and a few years of informally integrating HIV education messages into other programmes with teenagers and children. According to Kanthie Raidoo, this transition into HIV prevention came easily.[266] YFC had decades of institutional experience gaining the attention of young people, stretching back to 1940s Chicago. The general focus of past social programmes, targeted at homeless youth and school children, had been to meet material needs and improve the self-esteem of the young person. The earliest HIV programmes were much like earlier "life skills" programmes with an additional component of factual education about HIV, which was originally compiled from sources on the internet by volunteer YFC youth workers from Ireland.[267]

From that point, YFC's HIV prevention programmes have become more formalized, and gained the recognition of secular HIV prevention projects, such as loveLife, which shares projects with YFC in several provinces (although not in KwaZulu-Natal).[268] However, they continue to rest on a core expertise; engaging youth and inspiring them to practice healthy, safe and Godly behaviour.

Engaging young people is a practiced skill and process at YFC. According to Segone, in the design of Change Agents "our experience told us that young people don't want to just sit, they want to do things, so we had to develop some edutainment, where

[265] Douglas, Sturm, "You Shall Have No Poor Among You, in"The Legacy of Billy Graham: Critical Reflections on America's Greatest Evangelist," edited by Michael Long, (Louisville: John Knox Press, 2008.), 69.
[266] Youth for Christ in KwaZulu-Natal: Best Practice Project
[267] Youth for Christ in KwaZulu-Natal: Best Practice Project, 11 21
[268] Interview with David Harrison. 1 November, 2007

we had to dance and do drummers, stuff they would love, but learning all the time…....And then we had to put in other things like videos because they want to see, and actions."[269] These are more skills than concepts. YFC youth workers and volunteers compete with each other to develop fascinating and exciting dances, and tease each other about missteps and poor rhythm."[270] Each session of YFC life skills begins with dancing and acting, called the "attention grabber,", or the "Big Jol"[271] beginning with pure fun and goofiness and moving into material about HIV and personal responsibility for abstinence.[272]

Taking place largely in school settings, the documentation of Change Agents, Yazini and May'Khethele largely describes a process of education,[273] and the action taking place during the workshops, if the message can be detached from the medium, is largely pedagogical. The four stated objectives of Change Agents are:

- "To encourage and motivate learners to become influencers through the peer education programme.
- To increase the knowledge of educators on issues of HIV and AIDS so that they can be a support to learners infected and affected by the virus.
- To Increase knowledge and understanding of personal development, reproductive health, HIV and AIDS and also social assistance to learners in schools.
- To provide correct information so that learners can make informed decisions resulting in positive behaviour change."[274]

Yet in my interviews with Jeff Segone, who trains each youth worker,[275] he described an additional overarching focus: strengthening low self esteem in driving HIV risk behaviour among young people. When I asked Jeff Segone about what was unique, and uniquely Christian about the YFC approach to behaviour change, he responded by talking about the concept of self esteem.

[269] Interview with Jeff Segone. 1 November, 2007.
[270] Observation by the author of YFC demonstration at Sifunimfundo Primary School in KwaMashu with Jeff Segone on August 1st, 2007
[271] Youth for Christ in KwaZulu-Natal: Best Practice Project
[272] Youth For Christ: KwaZulu-Natal. "Change Agents Strategy 2007." Programmatic Document Provided to Author on 27 August, 2007.
[273] Youth For Christ: KwaZulu-Natal. "What Are We Up To?" (http://www.youthkzn.co.za/projects.html). (Accessed November 20th, 2007).
[274] Change Agents Strategy 2007
[275] Interview with Jeff Segone. 1 November, 2007

> "90% of the problem is based on low self-esteem. We made a serious commitment that all of our programmes will have a huge emphasis on personal development."[276]

Here Segone carefully illustrates the dynamic in his view, between self esteem and knowledge, with the first allowing the other to be put to use.

> As people start to believe in themselves, realize themselves and unlock the thinking of, "I can do this." "They might say, "I don't have money, I can go and sell my body," if you are in that situation, you must think and realize that you qualify for the government grants and this is where you should go and the person then says, I thought this was for other people, but then they say, "I can do this," and they can rise up.[277]

These discussions of personal psychology are central to the two month training that Segone has designed for YFC youth workers and volunteers, focusing on "how the mind works, how we are triggered by senses."[278] These trainings also instruct youth workers to lead the demonstrations that are popular in YFC life skills, many of which focus on bolstering the self-esteem and sense of personal identity in young people. In one of these, which I observed during a Change Agents session in Inanda, the youth worker pulled out stick of gum, chews it, and then throws it in the rubbish. Then he produced a R100 bill, which made the children excited, but then proceeded to cram the bill in his mouth, chew it for a few moments and then pull it out, unfold it, and put it back in his pocket. The message: people are like the R100 bill, and not the gum, in that they retain their value no matter what horrendous abuse is suffered.[279] In another common activity, a role play called "Rivers of Life," the children are asked to sketch out their dreams for the course of their life, in service of cementing a strong personal identity.[280]

The other training and education that youth workers and children receive through YFC are aimed at seeking to construct values and beliefs in support of gender equality, and promote open discussion of sexuality and HIV risks. Gender equality was the focus of the first YFC life skills programme, Phakama and YFC programmes taking place at

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[276] Interview with Jeff Segone. 1 November, 2007
[277] Interview with Jeff Segone. 1 November, 2007
[278] Interview with Jeff Segone. 1 November, 2007.
[279] Observation by the author of YFC demonstration at Sifunimfundo Primary School in KwaMashu with Jeff Segone on 1 August, 2007. The assumption is that for R100 a shopkeeper or a bank would be willing to touch the slick, damp bill
[280] Interview with Jeff Segone. 21 November, 2007.

the time of the fieldwork asked students to rethink perceived Zulu patriarchal gender norms.[281] Some of Jeff's youth workers on May'Khethele had received instruction on feminist readings of the Bible, "

> Basically, now, God said the man and the woman become one, but he doesn't say whose word is the final word[282]. The man is the head of the husband, but does this mean that women have to sit at home and do only the housework?[283] we look at the Bible and there are places where the woman is the pastor, woman are the women of God[284], so if the person is saying now only that the male is to be the only head, then how come there are woman who are pastors.[285]

YFC has also been strident, in recent years, in breaking the taboos against discussing sexuality that are a barrier to engagement in HIV prevention by many religious organizations,[286] and a focus of YFC life skills is to bring youth to a frank approach to sex and HIV. 'If we are going to talk about HIV and AIDs," Jeff Segone explained, "we will talk about sex, we will talk about sexuality. So we will be the first ones to open up to show that it is an open book."[287]

This statement is typical of the treatment of the specifics of HIV transmission and prevention at YFC. The phrase that came up repeatedly in discussion with Segone and his staff was to "give the facts."[288] YFC does not distribute condoms and promotes abstinence, but seeks to do so by providing children and youth with factual information. Condoms can prevent infection, children in the programme are told, but are not safe in every instance (a claim with particular resonance in 2007 in the midst of the public

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[281] Interview with Jeff Segone. 1 November, 2007; Interview with Mthoko Zulu. 12 November, 2007.
[282] Genesis 2:24, Ephesians 5:22
[283] 1 Corinthians 11:3
[284] 1 Corinthians 16:19 "The churches in the province of Asia send you greetings. Aquila and Priscilla**[a]** greet you warmly in the Lord, and so does the church that meets at their house." (NIV)
[285]Interview with Mthoko Zulu, 12 November, 2007.
[286]Philippe Denis, "Sexuality and AIDS in South Africa." *Journal of Theology for Southern Africa.* 115:74. *(*March 2003): 73.
Interview with Mthoko Zulu, 12 November, 2007. "In the (YFC) youth ministry course, I got a lot of knowledge, even about HIV, even condom issues. When my pastor heard about that, he wasn't happy, but then I explained it to him, and then he understood the point of it, and I got that training and I understood that it's not a sin to talk about sex….."
[287] Interview with Jeff Segone, 22 November, 2007
[288] Interview with Jeff Segone. 8 July, 2007; Interview with Jeff Segone. 21 August, 2007; Observation by the author of YFC demonstration at Sifunimfundo Primary School in KwaMashu with Jeff Segone on 1 August, 2007

scandal of defective condoms produced by Zalatex).[289] "Condoms do help and when we educate we talk about them," Segone explained, "but we don't want to distribute them. They are not 100% safe."[290] Although this position at YFC is firm, I did not hear any of the religious vitriol expressed by other faith-based HIV campaigns.[291] Nor is the argumentation that YFC puts forward in support of abstinence or opposed to condoms primarily Christian or moral in rhetoric, in contrast, for example, to the public stance of the Southern African Catholic Bishops Conference.[292]

Drawing distinctions between condoms, faithfulness and abstinence are simply not the focus of YFC's mindset towards HIV prevention and youth development, as they have been in global HIV prevention debates. Rather, the focus is on more abstract concepts of self-esteem, identity and knowledge. And it is at this level where YFC HIV prevention model is grounded in evangelical Christian faith. After hearing so much from Jeff Segone about the role of self esteem and related psychological constructs in his understanding of HIV risk and prevention among youth, I pressed him to help me understand how these theories related to faith and spirituality at YFC. After some thought, Jeff Segone responded,

> I did a bit of psychology (in school), and its difficult when you are exposed to this about how the mind works, when you know this, you start to underestimate God, everything you can do it on your own. You can rely on yourself. But we've got a way of reconciling the two. When we look at Solomon, he was wise, but he had the wisdom that came from God.[293]

In Jeff Segone's sense, and in the theological model undergirding HIV prevention at YFC, pursuit of personal identity and self esteem are akin to a personal relationship with God, a source of strength that allows risky sexuality to be avoided through discipline, wisdom and commitment. As he put this a few moments later, "the evangelic part of (prevention) comes when they (youth) ask, 'how do we maintain this,' and that's when you start to talk about the love of God and how he will help you through this and what

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[289] Isaac Moledi and Langelihle Chagwe. "Big Condom Scandal: More Fakes Recalled: Beware They May Be Defective." August 24th, 2007. *Sowetan*. 5.
[290] Interview with Jeff Segone. 8 July, 2007
[291] Epstein, 2007. "God and the Fight Against AIDS." Epstein describes Rev. Martin Ssempa buring condoms on a college campus, although this account is disputed.
[292] Steven Swindells "African Bishops Slam Condom Use in AIDS Fight."*Reuters.* July 30, 2001 (http://www.aegis.org/NEWS/RE/2001/RE010733.html). (Accessed 15 December, 2009.
[293] Interview with Jeff Segone. 21 November, 2007.

love means."[294] For this reason, the fourth day of the Change Agents curriculum is focused on spiritual discussions, in hopes of cementing commitments that the youth have made to live safe and healthy lives in a firm cast of Christian faith[295]. Just as "Incarnational Evangelism," is not authentically Christian without social service, neither can these HIV prevention efforts reach their deepest potential without individual conversion to evangelical faith.

The leadership of YFC in KwaZulu-Natal has a great degree of comfort with the general language of evidence, research, results and evaluation. This comfort should not be surprising when we consider that the YFC that Kanthie Raidoo and Jeff Segone joined in the 1990s was a close cousin to Billy Graham's crusades, which pioneered the bureaucratic post-rally counting of souls saved "as evidence of organizational effectiveness."[296] Venture into social service and HIV prevention has given YFC ready access to more tangible measures of success than are credible in purely evangelical work. Recalling the beginning of YFC life skills work, Kanthie told me,

> In the past we would go into the school and we would do a programme with the whole school, you are up there, doing your creative arts, and dancing and laughing and energized, but what do the kids really get out of it? That was for me quite an uneasy thing. I'm the kind of person who was very results oriented, and we did nothing at all, nothing around following up with the kids after the programme and so I was very dissatisfied with having a thousand kids in the programme and you don't know if you've made an impact at all.[297]

Around this time, the national YFC office sponsored an evaluation of their programmes, and the provincial programmes made some changes in response. In general, this meant moving away from what Jeff called the "hit and run" approach of a single event with a large group of youth, towards a more sustained engagement, with fewer children, and starting at a younger age.[298] Notably, each of these changes takes the YFC life skills model a step farther removed from the classic evangelical youth rally, which is precisely defined by brevity, intensity and the abundance of the crowds. In pursuit of a satisfactory

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[294] Interview with Jeff Segone. 21 November, 2007.
[295] Interview with Jeff Segone. 8 August, 2007. "We invite them to pray, and they feel lighter and not alone."
[296]David L. Altheide and John M. Johnson, "Counting Souls: A Study of Counseling at Evangelical Crusades," *The Pacific Sociological Review*. 20:3 (July 1977).,326.
[297] Youth for Christ in KwaZulu-Natal: Best Practice Project
[298] Interview with Jeff Segone. 1 November, 2007.

HIV prevention programme, YFC echoed Graham's critics who charged that conversions in mass evangelical rallies lacked staying power.[299]

This research that provoked these changes seems to have been internal, and unpublished, and focused on the process of life skills, rather than health outcomes. In response to the desires of funders,[300] YFC has continued to build these process evaluations into its work. Each stage of the Change Agents curriculum is linked to a set of qualitative or quantitative indicators to be recorded by the staff. For example, the activities designed to improve self esteem are measured by whether "introvert in the group begin to participate and share."[301] Inherently, these kinds of outcomes in HIV prevention, such as this, are difficult to capture, but YFC seems committed to the attempt.

Jeff Segone and Kanthie Raidoo also stay abreast of developments in global HIV prevention research through attendance at the biennial South African AIDS Conference in Durban, through the internet and through contact with partners, such as CINDI and donors, such as PEPFAR.[302] "We are interested in the findings," Segone affirmed," but then we must go through the process of seeing it in our own context."[303] He mentioned the recent findings from the Orange Farm study of a 60% protective effect of male circumcision against HIV infection,[304] and weighed whether YFC would be promoting circumcision in their educational work. As with condoms, he felt that less than 100% safety was unacceptable.[305]

In this way, while YFC maintains a underlying tension between responsiveness to evidence, research and findings, and a fixedness in a spiritual Christian outlook, in most cases, there is no perceived conflict, but rather a resonance between godliness and knowledge and measurement. But, in our final discussion, Jeff touched on the role of faith in perpetuating his work in the absence of strong evidence:

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[299]Thomas G. Long, "Preaching the Good News," in in"The Legacy of Billy Graham: Critical Reflections on America's Greatest Evangelist," edited by Michael Long. *(*Westminister: John Knox, 2008), 10
[300] Youth for Christ in KwaZulu-Natal: Best Practice Project, 21
[301] Strategy: Change Agents, 2007
[302] Interview with Jeff Segone. 21 November, 2007.
[303] Interview with Jeff Segone. 21 November, 2007.
[304] Bertran Auvert, et al, "Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 trial," *PLoS Medicine,* 2 (2005): 1-11.
[305] Interview with Jeff Segone. 21 November, 2007; see also Benn, 2004, 11

> That one in Hebrews[306] is crucial as a motivating factor. Faith is the evidence of believing things that are unseen, and we are hoping that we are planting a seed that we can't water, that God will water, so we do our part and we allow God, so even when people say, it doesn't work, "infection rate is going up," teenage pregnancy is going up, but we are still doing the same thing.[307]

Segone, speaking in particular from his Pentecostal faith, here lays boundaries around the Christian core of his work, as a limit to the suggestion and discouragement from secular research.

3.3.5 The Role of Local Culture and Religion

Youth For Christ came to social service, and, with time, HIV prevention work, in KwaZulu-Natal as part of an effort to establish a meaningful mission with the black community.[308] In the most straightforward sense, it has succeeded. Virtually all of YFC's programme in Durban and Pietermaritzburg serve isiZulu-speaking schools and churches,[309] and most of YFC staff, excluding the international volunteers, are Zulu. Jeff Segone is a native Setswana speaker who grew up near Rustenberg in Northwest Province, but speaks fluent isiZulu.[310]

In keeping with the Billy Graham evangelicalistic tradition of co-opting local cultural icons to seize an audience for the message, YFC life skills programmes often begin, to the delight of the students watching, with exuberant Zulu dancing and songs. Jeff and his staff attend carefully to cultural differences across the range of schools in the programmes.

> The kids in the rural areas, Elandskop, when we began to play the music for them, we will know that they don't like this kind of city music, the kwaito, the house. When you go to the very rural (areas), they like the Zulu dance music, more than the ones in Durban. So we picked that up along the way.[311]

These insights into the specificity of local cultural institutions and norms also apply towards adapting ways of communicating life skills and prevention messages for each

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[306] Hebrews 11:1 "Now faith is the substance of things hoped for, the evidence of things not seen."
[307] Interview with Jeff Segone. 21 November, 2007.
[308] Youth for Christ in KwaZulu-Natal: Best Practice Project. "1980s: Is This True Religion?"
[309] Interview with Jeff Segone. 1 November, 2007.
[310] Interview with Jeff Segone. 8 August, 2007.
[311] Interview with Jeff Segone. 1 November, 2007.

audience. With township youth, Jeff and his staff have found, "you have to talk directly to the point and keep all of the messages straight forward,"[312] whereas "the ones in the rural areas have more respect."[313] The range of backgrounds is broad enough on the YFC staff that, in each location, according to Jeff, "we know how it is, so we would balance our personal experience and also from listening and observation. So we would look at, "if people were doing this to us, how would it feel."[314]

Yet, this ability to introspect does not mean that YFC youth workers identify mainstream Zulu cultural norms as an asset for prevention. Rather, as a devoted evangelicals and YFC HIV prevention workers, Mthoko Zulu, who had been in school recently, made clear to me the distance he felt between his immediate community at YFC and "Zulu culture." Mthoko Zulu explained;

> In my school, most of them called themselves Christians, but they didn't live the life of a Christian, at the end of the day, they were drinking alcohol. I found that shocking. There are also a lot of people who are interested in those things (African traditional religion), some of them you could call them Christians but you find that no, what you are performing and what you are calling yourself, they don't go together, you are wearing some Zulu bangle.[315] You call yourself a Christian, but what do you believe in?[316]

The month long training that Jeff has designed for this staff is, in fact, specifically designed to accentuate this distance, in particular by modeling ideals of gender equality in contrast to stereotypical norms in Zulu culture.[317]

> We look at gender roles, what is the role of a man, what is the role of a woman. When they start to see it first and then understand it, my culture taught me this, I'm the man, I have to make a decisions, I'm the one who decides whether or not we use a condom. So we teach woman empowerment to the facilitators so that they can confront these things.[318]

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[312] Interview with Jeff Segone. 1 November, 2007.
[313] Interview with Jeff Segone. 1 November, 2007.
[314] Interview with Jeff Segone. 1 November, 2007.
[315] Zulu is referring here to a traditional Zulu practice of wearing *isiphandla,* bands made from the skin of a slaughtered animal worn around the wrist and intended to call on ancestral protection against illness. Natalie Friend-du Preez,, et al. "Stuips, Spuits and Prophet Ropes: The Treatment of Abantu Childhood Illnesses in Urban South Africa." *Social Science and Medicine.* 68:2 (2009): 343-51.
[316]Interview with Mthoko Zulu, 12 November, 2007.
[317] Jewkes and Morrell, 2010:4-5; Mark Hunter, "Cultural Politics and Masculinities: Multiple-Partners in Historical Perspective in KwaZulu-Natal." *Culture, Health & Sexuality,* 2005 7(4):389-403.
[318] Interview with Jeff Segone. 1 November, 2007

Therefore, during the YFC presentation, the youth workers move swiftly from the opening dance, where they burst onto stage with a performance meant to evoke authentic Zulu identity, to the HIV and gender education, where the children are asked to refashion themselves outside of this tradition, towards a safer and more godly identity.

Jeff Segone and his staff draw these distinctions because they understand much HIV risk as enshrined in various cultural norms and structures. On the one hand, culture in KwaZulu-Natal is seen as a vacuum, marred by poverty, crime, violence and promiscuity:

> There are consequences in terms of poverty as well, that leads to poor self esteem. The lack of space as well, there are five of them living in a two room house, so there is father and mother or father and girlfriend having sex in front of them and it becomes normal and therefore there is nothing wrong when they see this.[319]

On the other hand, under this analysis, where power exists in Zulu communities, it reinforces the ideal of masculine sexual privilege,[320] or defeats openness about around gender and sex through taboos. Segone reflected,

> Other people, they can be a Christian, and they mix it with culture, and then mix it with other sorts of influence, so if I talk about multiple partners, then (they) tell me, 'no, my culture tells me I can marry as many people as I can'. And then we (YFC) talk about one partner. That on its own is defeating the purpose. So if I have three partners, I can't abstain to the other two. This is how the infection rates happen. But these are still Christians.[321]

Specifically, Segone perceives that many traditional Zulu Churches (such as the Shembe/Nazareth Baptist Church) will not permit YFC youth teams to perform life skills work on their premises because they are offended by the modern style of dress among the women youth workers, and the open statements on gender and sexuality and HIV, which is stigmatized.[322] Here, Segone reflects, "The culture begins to box us and it defeats the freedom."[323] And under this silencing authority, youth risk behaviour abounds: "you will

[319] Interview with Jeff Segone. 22 November, 2007.
[320] Interview with Jeff Segone. 22 November, 2007.
[321] Interview with Jeff Segone. 22 November, 2007.
[322] Interview with Jeff Segone. 1 November, 2007.
[323] Interview with Jeff Segone. 1 November, 2007.

find that they are getting pregnant in the church, they do a whole lot of stuff, but nobody is talking about it."[324]

In essence, YFC experiences local cultural institutions and norms, and many local churches, as structures inhibiting the expression of healthy, and spiritual, personal identity, the development of strong self esteem and the enactment of public discourse on gender, sex and HIV: all important steps to reducing HIV transmission among youth in Durban. To this problem, there is an evangelical solution targeted at individuals and aimed at bolstering individualism and freedom from social constraints, in departure from Bosch's original conception of "incarnational evangelism" as respecting of the unity of communities.[325] Referencing the trope of Christ and the law of circumcision,[326] Segone suggested, "If we believe in God and Christ, we are free from the law, we are free from the culture itself."[327]

3.3.6 Conclusion- The Youth for Christ Healthworld

What is the predominate healthworld at YFC in KwaZulu-Natal*?* Starting with the break of Billy Graham from the dispensationalist tradition, YFC was founded out of a religious tradition that tolerated, and even encouraged, the mingling of religion with worldly and cultural practices. With the introduction of YFC into South Africa, the organization continued on this trajectory by engaging, for religious and evangelical reasons, with the politics of racial reconciliation at the end of Apartheid and with the provision of social services in the post-Apartheid era. In this way, YFC represents an evangelical healthworld in which the body and soul, and physical and spiritual well-being, are linked: expressed through the YFC use of the term "incarnational evangelism."

YFC enacts this healthworld through HIV prevention programmes that complement orthodox life skills teaching on HIV and AIDS with an effort to redeem youth from behaviour placing them at risk of HIV infection by bolstering their faith, in God and in themselves. This effort is linked to evangelism, but also distinct from it. These efforts sit well within the category of "spiritual formation," and, on this basis, it is

[324]Interview with Jeff Segone. 22 November, 2007.
[325] Livingston, 1999
[326] John 7, Roman 2:25
[327]Interview with Jeff Segone. 22 November, 2007.

conceivable that these programmes of YFC would make the list of religious health assets derived from a PIRHANA session in Durban.

Over the last decade, YFC in KwaZulu-Natal has become more formal as it has won funding from non-religious donors, such as PEPFAR. While this transition has not required YFC to suppress the practice of religious faith within its programme, the leadership is aware of the danger of losing these less tangible aspects of their mission because of engagement with secular funding and expertise.

In one aspect, however, the healthworld of YFC stands in stark contrast to *bophelo.* The *bophelo* healthworld envisions health as rooted in the strength of relationships between people, enshrined in cultural structures such as *borapedi* (ancestor reverence) in Lesotho.[328] But the healthworld of YFC identifies health and HIV prevention strongly with self esteem and individual freedom, and views social influence and relations in a largely negative frame. YFC acknowledges that local social network local religious determine health, but these are largely perceived as a source of risk and silencing, not as assets for health. The fundamental asset for health is self-esteem, and the open expression of self, founded on a personal relationship with Jesus Christ.

4.4 HOPE Worldwide Case Study

4.4.1 Introduction

Based on the inclusion of HOPE Worldwide on USAID's list of grantees, I phoned Bulelo Sigabi, the manager of HOPE Wordwide's activities in Durban, and asked for an interview. We met, on July 27th, 2007, at his office at Inthutuko Junction, an office park for nonprofits and government agencies close to Cato Manor township in Durban. I told Sigabi that I was a student enrolled in the Theology and Development Programme at the University of KwaZulu-Natal and explained my research project to him. He agreed to permit me to interview him and some of his staff over several months, and signed a consent form. When I asked him about the link between HOPE and the International Church of Christ, and he told that he was a member of the Church of Christ and invited me to come to services with him the next Sunday, which I did. Due to Sigabi's busy

[328] Germond and Molapo, 2006, 41,47

travel schedule; attending nationwide HOPE and governmental youth and men's development events, we did not manage to meet for a formal, taped interview until September 4thth. Over the next few months we would meet for interviews twice more, on September 18th and November 14th, the last being the final semi-structured interview. During that time I also attended a HOPE youth event at schools in the Durban neighborhoods of Chesterville and spent time at the HOPE offices on other occasions. There I came to know several of the HOPE youth workers, and interviewed Sboniso Nkosi, Ntandazo Kalala and Sibongabonke Israel Gumede, receiving informed consent in each instance.

Throughout this time, I attended church several times more at the Church of Christ on Sunday and Wednesday nights in the gymnasium at Holy Family College, a Christian grammar school near the University of KwaZulu-Natal's Howard Campus. I came to know members of the congregation, some of whom worked for HOPE, but most of whom did not, and the Evangelist (leader), Duncan Comrie. In November, I sat down with Comrie at the McDonald's on Old Fort Road in Durban for an interview, with informed consent, about the theological distinctiveness of the church and its relationship with HOPE Worldwide. Soon after that I attended a self-directed bible study group for young single people from the church, held at an apartment near Musgrave Center in Durban.

I also reviewed the curriculums underpinning the HIV Prevention work at HOPE. To offer some perspective on the Church of Christ, Comrie gave me three slim books written by Mike Taliaferro, the evangelist of the much-larger Johannesburg Church of Christ, and published by the Church. I read these and, in the mounting months after my research concluded, I read through any academic and primary material on the Church of Christ and HOPE Worldwide to compare with the perspectives gathered from fieldwork.

4.4.2 History of Hope Worldwide

Hope Worldwide is an international health NGO, founded by the leadership of the International Churches of Christ in 1991. The headquarters of HOPE are in Wayne, Pennsylvania in the United States. HOPE has run programmes supporting people with

AIDS and aimed at HIV prevention since 1994, starting with programmes in Soweto,[329] but began formal, funded work in Durban only in 2001. The Durban Church of Christ had itself been established only in 1995 by a small group led by Duncan Comrie of Johannesburg, the current Evangelist[330] of the Durban Church, and Bulelo Sigabi the current director of HOPE Worldwide in Durban. The church was planted as a venture by the Johannesburg Church of Christ, the largest of the congregations in southern Africa.[331] Comrie, who is a South African of British descent, had joined the Church of Christ while living in London in the early nineties and then moved back to South Africa and worked on a sugar cane farm up the North Coast from Durban.[332] Deciding to enter the ministry full time, he moved to Durban to start a church alongside Bulelo Sigabi who had come from Mthatha, his place of birth in the Eastern Cape, to Durban to study Human Resources at the Durban Institute of Technology.[333] The Durban Church of Christ meets at Holy Family College near the Howard College Campus of the University of KwaZulu-Natal, attracting a middle class and multiracial congregation of fifty to one hundred worshippers on Sundays.

From the early days of the Church in Durban, members of the church participated in HIV educational drives in the busy commercial center of the city, handing out pamphlets on HIV and AIDS created by the Department of Health and holding awareness events on World AIDS day.[334] Their work became more formalized when they became involved in educational programmes and support groups for HIV positive people at the Cato Manor Clinic, through a church member who worked as a counselor there. In 2001, they received their first major funding, rented an office and hired a small staff.[335] By 2007, the staff has grown substantially, occupying a floor of a building at Intuthuku Junction and employing around 20 staff members. The geographic focus of their interventions is in Cato Manor, but they had also begun work in the townships of Umlazi

[329] L. Mabe and, B. Mjiyako, "Multilevel community support for PLWA's and their families: the Soweto HOPE Worldwide Model." *International AIDS Conference.* 2000 Jul 9-14; 13: abstract no. WePeD4477.

[330] In the Church of Christ, church leaders are known Evangelists
[331] Interview with Duncan Comrie. 8 November, 2007
[332] Interview with Duncan Comrie. 8 November, 2007.
[333] Interview with Bulelo Sigabi. 18 September, 2007
[334] Interview with Duncan Comrie. 8 November, 2007
[335] Interview with Bulelo Sigabi. 18 September, 2007

and Inanda.[336] Shortly after I left, HOPE moved to a larger office, away from Cato Manor, in the center of Durban.

The growth and formalization of HOPE in Durban has paralleled the growth of HOPE Worldwide internationally. According to a 2006 study by the American public journalism institute, the Center for Public Integrity, Hope's budget has grown from $800,000 (2 million Rand in 1991, the year of its founding, to $39.9 million in 2004 (R260 million).[337] A financial statement posted on HOPE's website lists the 2007 budget at close to $32 million, the majority spent in the health arena.[338]

This vast increase in programming and expenditure is due to large development grants, including major funding from PEPFAR, which started in 2004. Hope was one of PEPFAR's earliest, highly touted, faith-based partners.[339] In 2005 and 2006, the last two years for which data is available, HOPE Worldwide received $16 million in direct funding from PEPFAR and additional funding as a subgrantee of other international organizations[340] and has received extended funding up to the present. In those two years, $727,000 (R4.6 million) was granted to Hope by PEPFAR for abstinence and faithfulness HIV prevention programmes in South Africa alone.[341] A continuation of these funds supports the work carried out by Bulelo Sigabi and his staff in Durban.

The introduction of such considerable donor funding has changed HOPE in Durban in practical ways. What was once an informal effort of charity by members of the fledgling Church of Christ, supported by adherents in Durban and Johannesburg, has become more independent, although not unattached. The Church of Christ in Durban, with the exception of those members who are employed with HOPE Worldwide, such as Bulelo Sigabi, no longer contributes money or time to HOPE. Instead members of the

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[336]Interview with Bulelo Sigabi. 18 September, 2007

[337] Alejandra Fernández Morera. "HOPE Worldwide Profile" *Divine Intervention: US AIDS Policy Abroad.* Center for Public Integrity. November 30th, 2006. http://projects.publicintegrity.org/aids/org.aspx?id=10 (Accessed 14 May 2008.)

[338] Goldenberg Rosenthal LLP. "HOPE Worldwide Ltd. and Subsidiaries: Consolidated Financial Statments, 2006-2007). 2008. (https://www.hopeww.org/NetCommunity/Document.Doc?id=29) (Accessed May 14 2008).

[339] Epstein, 2007, 216.

[340] Author's analysis of the dataset of 2005-6 PEPFAR funding available through the Center for Global Development's AIDS Monitor as "Newly Available PEPFAR Data". (http://www.cgdev.org/section/initiatives/_active/hivmonitor/funding_data/pepfardata.) (Accessed November 15th, 2009).
See also Morera, 2006.

[341] CGD. "Newly Available PEPFAR Data."

church visit an unaffiliated orphanage in Waterfall, north of Durban. According to the Center for Public Integrity report, this transition has occurred throughout the regions of HOPE Worldwide's work.[342] The charity, once supported from within the swiftly-growing Church of Christ, now receives less than 5% of its funding from church members. The HIV prevention and AIDS treatment programmes are entirely supported by external donor funding.[343]

4.4.3 The Religious Foundations of HOPE Worldwide

The International Church of Christ is a recent offshoot of the Restorationist theological tradition stemming from the emergence of the Stone-Campbell movement in the early 19th century United States. Preachers Alexander Campbell and Barton Stone joined their thousands of followers in the American states of Kentucky and Virginia to found the Disciples of Christ in 1832.[344] They embraced the term "Restorationist" because they shared a drive to restore Christian life directly as it was in the time of Christ. In particular, they sought complete fidelity to Biblical instructions understood literally, without the tinge of the "manmade creeds" they saw even in the Protestant and Reformed traditions of Methodism and Presbyterianism. Modern scholars of the era of Stone and Campbell place their movement squarely within the intellectual tradition of empiricist thinkers such as Francis Bacon and John Locke, who demanded common sense inductive reason as the means to determining what is true, gathering evidence and drawing conclusions.[345] "The Bible," Alexander Campbell wrote, "is a book of facts... These facts reveal God and man, and contain within them the reasons of all piety and righteousness, or what is commonly called religion and morality[346]." In this way, the Disciples of Christ, also called The Church of Christ, rejected any interpretation of what they saw as lucid scriptural rules for life and material salvation.

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[342] Interview with Duncan Comrie. 8 November, 2007
[343] Morera, 2006
[344] Russel Paden, "From the Churches of Christ to the Boston Movement: A Comparative Study." (Master's Thesis: University of Kansas, 1994.) see Ch. 1.6
[345] Mark Noll, "Preface." *Evangelicalism and the Stone-Campbell Movement*. Edited by William Baker (Downer's Grove:Intervarsity Press: 2002. 10
[346]Alexander Campbell, *The Christian System: In Reference to the Union of Christians, and a Restoration of Primitive Christianity, as Plead in the Current Reformation, 4th ed.*, (Bethany: McVay and Ewing, 1835). quoted in Paden, 1994.

The Restorationist church suffered repeated fissures, most prominently a split in the early 20th century between churches that allowed the use of musical instruments for worship and those that did not (*acapella)*.[347] The International Church of Christ is a late 20th century split from the *acapella* branch, launched in Boston in 1979 by Kip McKean, who was the pastor of the Boston Church of Christ. McKean's movement defined itself through the charge that the "mainline" Church of Christ had come to shirk direct obedience to the Bible,[348] much like the rebuke Stone and Campbell delivered to American mainline Protestantism over a century before. McKean's International Church of Christ sought to maintain and continually chasten the rigor of Christian obedience through a codified structure of worship and social institutions within each Church of Christ.[349] Members of the church were at once immersed inwardly into the congregation through twice-weekly church meetings, and numerous Bible study groups, while also turned outward, looking to invite people to church, as the first step towards their conversion.[350] The strength of this structured evangelism lifted McKean's International Church of Christ to a membership of over 100,000 members in 170 countries by the turn of the millennium.[351]

Both the "Christian primitivism," so important to the Stone-Campbell movement, and the "discipling principles" established by McKean have weathered the distance of thousands of miles to Durban and the decade and a half since the International Church of Christ came to South Africa in the early 90s. In Durban, when the normal meeting place was not available, the Church of Christ held what they called "first century services" in the homes of congregants. The vibrance and rigor of the evangelical discipling structure was apparent in the range of church functions available to church members during the week. I attended the singles groups where the young people in the church met weekly, in addition to twice-weekly worship and mission work, to disciple each other, to discuss their efforts at evangelism, read the Bible and reflect on the challenges presented by their

[347] Noll, 2002, 13
[348] Kathleen E. Jenkins, "Intimate Diversity: The Presentation of Multiculturalism and Multiracialism in a High-Boundary Religious Movement." *Journal for the Scientific Study of Religion 42:3 (2003),*394.
[349] Jenkins, 395
[350] Jenkins, 395; Edward Howard. "A New Religious Movement in Modernity and Postmodernity." (Master's Thesis: University of London, 2000). 13
[351] Howard, 8

interactions with the world outside the church[352]. In a statement that resonates with the *bophelo* account of well-being as function of social relations, Duncan Comrie, the Durban evangelist, told me, "If you go to the scriptures there are over a hundred scripture passages that say that if you are going to be a Christian you need (Christian) people in your life."[353]

These groups create and enforce the expectation that, outside of work, members will mainly socialize with each other. In particular there are strong norms against marrying outside the church, or spending extensive periods of time in other parts of the country where there is no Church of Christ, a rule that can inhibit the ability of members who grew up in rural areas from visiting home.[354] Other kinds of churches are not regarded as a substitute for a Church of Christ, given the historical suspicion within this tradition that theirs is the only church following strict scripture without some human addition.[355]

When Bulelo Sigabi and I discussed the range of churches in Durban in relation to the Church of Christ, he offered a respectful theological critique of each. Pentecostals, he said, "raise their hand to be saved," by which he meant that they sought salvation through ecstatic worship, rather than carefully following scriptural instructions. Mainline Protestants and Catholics "add to the Scripture," with liturgies and rituals."[356] Duncan Comrie, in a discussion of health and healing in the churches, offered a particular critique of faith healing, ("God is in control. If you've got cancer, then let's pray for the person, but it's up to God, it's not my hand that is going to heal.") and Pentecostal speaking in tongues ("we need to be able to speak so that people can understand.")[357]

The high stakes of maintaining the integrity of the disciplinary society at the Church of Christ, rooted in scripture, drives a great vigilance and anxiety. One of Comrie's sermons was devoted to his growing concern about the integrity of discipling in

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[352] Sermon Observed by Author at the Durban Church of Christ 9 September, 2007.
[353] Interview with Duncan Comrie. 8 November, 2007: Mike Taliaferro wrote in 1997, warns against the temptation of "an awesome job offer far from a church of disciples. Although we are spreading out as a church in more and more cities, one tactic used by Satan is to isolate you from other disciples." Taliaferro, Mike. *The Killer within: An African Look at Disease, Sin and Keeping Yourself Saved. (*Ashland: Discipleship Publications, 1997). 111.
[354]Interview with Bulelo Sigabi, 18 September, 2007.
[355] Paden, 1994, 3.2
[356] Interview with Bulelo Sigabi. 4 September, 2007.
[357] Interview with Duncan Comrie. 8 November, 2007

his church. “In this church,” he charged, “we struggle with the sin of independence. That’s a culture that we’ve developed.” He worried that his brothers and sisters in Christ were losing their ability to protect each other from the temptations of worldly society. He urged a entrenchment of discipling, concluding, “We need each other during the week……. If people are missing from church, you get involved in their lives. Open up your Bibles and love them.”[358]

The religious life of the Church of Christ in Durban and South Africa also maintains the Restorationist tradition of approaching the Bible as a statement of fact on par with, and mutually intelligible with the findings of science. Mike Taliaferro, the American leader of the Johannesburg Church of Christ, writes in a pamphlet on science, “Coming to the aid of the faithful is none other than science. Across a broad bandwidth of disciplines, science has been reinforcing faith in God.”[359] In this materialist view of theology, sin is a tangible destructive force in the world, against which only a strong church community can offer shelter. In Taliaferro’s theology, sin is not a fundamentally different kind of thing than disease, and therefore, salvation is very closely to bodily health. In the pamphlet, *The Killer Within: An African Look at Disease, Sin and Keeping Yourself Saved*, Taliaferro, an American missionary, reflects on his decades of evangelism in Africa through the lens of various endemic diseases, each of which, to his mind, is both analogous to and causally rooted in sin. “Sin causes suffering, and this is not limited to hell,” Taliaferro writes, “Like any illness, sin makes you miserable right here one earth…… Just as Ebola affects you emotionally, so does sin. Sin directly attacks and contaminates your emotional well being.” Here Taliaferro defines what is at stake for those who fail to develop a healthy spiritual devotion within a communal church structure. In discussions of the biblical response to sin and suffering and Sigabi and Comrie each pointed towards Galatians 5:19-21, as do Taliaferro’s pamphlets;

> “The acts of the sinful nature are obvious: sexual immorality, impurity and debauchery, idolatry and witchcraft, hatred, discord and jealousy, fits of rage, selfish ambition, dissensions, factions and envy, drunkenness, orgies and the like. I warn you, as I did before, that those who live like this will not inherit the kingdom of God.”[360]

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[358] Sermon observed by author at the Durban Church of Christ 7 November, 2007.
[359] Mike Taliaferro, “God is making a Comeback: How Science Testifies to God’s Existence.” *Johannesburg Church of Christ*, 2002. 8 (Provided to Author 8 November, 2007.)
[360] New International Version

In testament to the roots of the Restorationist movement in Baconian induction, Taliaferro insists that the Biblical solution to these dangers of sin will become clear to anyone to pays close attention to the evidence of their experience. He writes, 'the young cannot seem to understand why God limits sex to married couples. But God's wisdom becomes clearer once they have contracted syphilis or gonorrhea. God's wisdom is obvious to one who has contracted AIDS from a prostitute."[361] Later he expands on this statement;

> "God has designed the marriage relationship as the proper environment for sexual relations. This nurturing atmosphere of commitment and love is the proper place for physical relations. I do not apologize for this belief, regardless of how old-fashioned it may sound to some. The truth is that after seeing all the abortions, the sexually transmitted diseases and the single-parent families which the sexual revolution has spawned, God's plan looks wiser and wiser with each passing year."[362]

4.4.4 Religion and Expertise in Hope Worldwide

In their account of how to promote health and prevent disease (and sin), Taliaferro and the Church of Christ are well in accord with the mainstream Evangelical movement whose influence shaped PEPFAR's strong support for faith-based promotion of abstinence as HIV prevention. Like Taliaferro's, their arguments were grounded in a tight amalgam of Biblical fundamentalism and empiricism. Anne Petersen, a former Evangelical missionary and Director of Global Health at USAID overseeing the creation of PEPFAR, wrote, "God is a God of truth and I expect objective research to be consistent with his plan."[363] It was Petersen, who arranged for the seminars in which Green and his colleagues presented their epidemiological case for "AB" HIV prevention. And in the reports from Uganda evangelicals saw reconfirmed a truth they knew by faith, and their reading of God's offer in Leviticus 18 of abundant life for those who follow the law.[364]

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[361] Taliaferro, 1997, 27-8.
[362] Taliaferro, 1997, 45
[363] Petersen, Hope Factor, 168
[364] Medical mission scholar Dan Fountain writes that "Leviticus 18....could rightly be called the HIV chapter of the Bible, " offering what he calls, "the biblical pattern of healthy sexual behaviour." Dan

In fact there is some evidence, from self-report surveys, that under strict moral regulation and tight exclusive social structures, such as practiced in the Durban Church of Christ, church members are, in fact, more likely to delay sexual debut, and less likely to contract sexually-transmitted diseases, such as HIV. [365] In 1999, British demographer Simon Gregson reported that in Manicaland, Zimbabwe, members of Holy Spirit Churches, who held strict sanctions against premarital sex, suffered significantly lower rates of mortality from AIDS than members of majority churches.[366] In 2000, development scholar Robert Garner found that, in a township of Pietermaritzburg, a small Pentecostal community, with strict sanctions on unmarried sexual behavior, had much lower rates of births out of wedlock than other churches and people who attended no church.[367] In 2006, Sohail Agha of Tulane drew from a national survey of Zambian youth to show that the strict minority of Jehovah's Witnesses were the least likely to have had sex – but unlikely to use a condom when they did.[368]

In none of these cases, nor at the Durban Church of Christ, were these moral structures directly supported by any formal partnership with a public health agency. In fact, Sigabi recalled that when, at times, he had proposed formal HIV and AIDS education in the Church of Christ, this had been met with resistance, despite the vigorous eduction of the church members externally.[369] These fierce efforts at moral and spiritual formation are religious health assets, both intangible and invisible in the language of ARHAP.[370]

What relevance, then, does the intangible religious health assets of the Durban Church of Christ have for the formal, tangible and visible PEPFAR-funded HIV prevention programmes of HOPE Worldwide, where many church members work? When I posed this question to Bulelo Sigabi, this was his answer;

Fountain, "HIV: A Worldview Problem," in *Hope Factor. Engaging the Church in the HIV/AIDS Crisis.* edited by Tetsunao Yamamori. (London:World Vision Press, 2003), 272.

[365] Thomas Cannell, "African Churches and AIDS Prevention: Much Still to be Learned." *CSIS Online Africa Policy Forum.* May 19th, 2008.

[366]Simon Gregson, et al. "Apostles and Zionists: The influence of religion on demographic change in rural Zimbabwe," *Population Studies*, 53:2. (1999):179-94.

[367] Robert Garner, "Safe sects? Dynamic religion and AIDS in South Africa." *Journal of Modern African Studies.* 38:1, (2000) 41-69.

[368] Sohail Agha, et al. "The effects of religious affiliation on sexual initiation and condom use in Zambia." *Journal of Adolescent Health. 38:5 (*2006*):* 550-555.

[369] Interview with Bulelo Sigabi. 14 November, 2007

[370] ARHAP, Appreciating Assets, 39

> In terms of the work we are doing, I will say we should put our beliefs aside. We work with people who have some idea of God, but we often disagree with that, and you don't want to get mixed up with that in your work. We try to speak about sex. We believe God understands that we need to be saved from HIV. So we try not to push our beliefs, so we try not to let the beliefs get in the way."[371]

Sigabi's statement is borne out by a reading of the ABY (Abstain-Be Faithful Youth) Life Skills Module that HOPE youth workers in Durban use to guide their work with school children.[372] References to the Bible, Christianity or spirituality are absent from the manual's life skills exercises. The explict intent of these activities is to engage youth, build their self-esteem and personal values and motivate them to take control of risk behaviour while educating them about HIV and AIDS. A naïve reader would not know from reading the ABY Life Skills Module that HOPE is a faith-based organization, let alone that it was formed by a Restorationist Church, even though the curriculum was compiled specifically for HOPE's work in South Africa.[373] In my observations and interviews, this same secular language is the typical vocabulary of work and discussion at HOPE Worldwide in contrast to the currency of evangelical discussions at YFC. Evangelism is not on the table, nor is prayer, worship or religious teaching a component of the HOPE offices in Durban.[374]

According to Sigabi, the contribution of the Church of Christ to the effectiveness of HOPE Worldwide is not through religious doctrine, but by providing a tightly-knit community of trusted and motivated employees. A statement on the international HOPE Worldwide reads, "As our teams work in needy areas of the world, people often ask, 'Why did you come?' The answer never varies: We come because the Scriptures call us to love and serve the poor and needy throughout the world as Jesus did[375]." When I asked Bulelo Sigabi how the Church of Christ in Durban came to work on HIV prevention campaigns, he echoed this motive. "God wants us to be there for the poor," he told me, without pause, "that's our main function; to help the poor and needy, and the sick as well,

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[371] Interview with Bulelo Sigabi. 4 September, 2007
[372] HOPE Worldwide. "ABY/ABC Facilitator's Workbook." AB Life Skills Program: HIV/AIDS Prevention for Youth. (Provided to Author in September 2007).
[373]Interview with Bulelo Sigabi, 4 September, 2007.
[374] Interview with Bulelo Sigabi. 4 September, 2007
[375] Hope Worldwide. "Working With the World's Most Poor and Needy." (http://www.hopeww.org/NetCommunity/Page.aspx?pid=208). (Accessed September 2008).

so there's the connection. He says, 'you didn't feed me, you didn't give me clothes.' Because when you help people you are helping Jesus."[376] Sigabi reflected upon the early days when he and Duncan founded both the church and HOPE's work to prevent HIV in Durban, within a few years of each other. "Really," he said,

> We were based in the church. The two of us, we were both Christians, so those values in the Bible, so we had to practice what we preached, in terms of those views that we passed about abstinence, to please God. So that kept us from falling into the same trap as those who preach community work, but who are not different. There are other programmes where the staff has many boyfriends and girlfriends, to the point where it is a problem.[377]

Because Sigabi sees local norms and institutions as implicated in the risk factors driving the epidemic, it is essential, in his view, that his staff have this degree of "difference" and distance from local social norms in order to perform effective HIV prevention education. Speaking of the members of his staff who are members of the Durban Church of Christ, Sigabi feels that, "As a manager I can be sure that these guys are not going out and having unprotected sex, because they are accountable to God. Where ever they are, they know they are with God."[378] Ntandazo, a youth worker who is not a member of the church, made the same observation. Youth workers at other prevention projects were rumored to have sex with the students from their sessions, he reported, but, "at HOPE, I never heard of somebody doing something like that……and I would say that this is a faith-based organization and such behaviour would be totally unacceptable and so you sense a respect of that, that…….I should make sure that I behave according."[379] It is not necessary to accept as true these allegations about other prevention groups to appreciate that these accounts indicate the sense of a community at HOPE, bound by devotion to moral norms, nourished by fellowship at the Durban Church of Christ.

More than YFC, HOPE Worldwide takes seriously the suggestion that PEPFAR faith-based grantees should not incorporate explicitly biblical and evangelical material into life skills materials.[380] Mike Kgoraedia, a national coordinator for HOPE Worldwide

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[376] Interview with Bulelo Sigabi. 4 September, 2007
[377] Interview with Bulelo Sigabi. 14 November, 2007
[378] Interview with Bulelo Sigabi. 14 November, 2007
[379] Interview with Ntandazo Kalala. 18 November, 2007.
[380] Interview with Charles Deutsch, 31 March, 2008.

wrote in an email that the school curriculum, "shies away from religious content due to the multicultural environment in which it is implemented."[381] Even HOPE's programmes with churches in Durban are not explicitly religious in content. The curricular materials that the coordinators showed me for their church work were focused on parenting skills, without any overt engagement with scripture, so that the same materials could also be used in schools.[382] Mike Kgoraedia did list several religious sources for work with churches, including the "Church: Channels of Hope" programme designed by the Anglican Church[383]; none were penned by or linked to International Church of Christ leaders.

What explains this strong division between the theological message of the Church of Christ and teachings of HOPE Worldwide? Recall Sigabi's phrase: "We work with people who have some idea of God, but we often disagree with that, and you don't want to get mixed up with that in your work."[384] Given the highly exclusionary character of Restorationist theology and practice, members of the Church of Christ do not see religious language as an effective spur to sexual behaviour change outside of the "the only true church."[385] The religious differences between the Church of Christ and the communities where HOPE Worldwide delivers school-based life skills are great enough that invoking the doctrines of the Church of Christ is thought to be more likely to cause problems and confusion than to serve as an asset for motivating healthy sexual behaviour. Better, with the public, to appeal to the more general power of reason and education, which in the empiricist tradition of the Church of Christ are thought to be ultimately grounded on Biblical truths. As youth worker Sboniso Nkosi explained, "Yes, the manual that we use has nothing to do with the Bible, but we know how everything works, so we try to fuse both, but not in a blatant way, imposing our beliefs on people. In the end it just fuses." [386] The exclusiveness of the Church of Christ leads members who work for HOPE, when they speak publicly, as in HIV prevention programming, to put faith in the more generally acknowledge authority of "education." As Nkosi, explained, "This

[381] Email from Mike Kgoraedia, 8 November, 2007
[382] Interview with Sibongabonke Gumede. 14 November, 2007
[383]Email from Mike Kgoraedia, 8 November, 2007
[384] Interview with Bulelo Sigabi. 4 September, 2007
[385] Paden, 1994, 3.2.3
[386] Interview with Sboniso Nkosi. 11 November, 2007.

education that we are doing, I think that's the only thing. Some people are atheists, but if you come with the education, then they tend to forget that you are coming from a faith-based organization and this education brings about change."[387]

HOPE Worldwide has worked to cultivate its reputation as not only grounded in, but also generating, secular expertise in HIV prevention and community development. The extent to which HOPE, as an international organization, has made itself "visible"; measuring, documenting and presenting its methods in expert settings is unusual for a faith-based organization.[388] Mark Ottenweller, the longtime director of HOPE in South Africa presented abstracts at the International AIDS Conference as early as 1998 in Geneva.[389] At a time when condom promotion was virtually unchallenged professional orthodoxy, Ottenweller published "Combining AIDS Care and Prevention in Africa: Examples from HOPE Worldwide," describing peer-support programmes at AIDS clinics across Africa as having "produced significant increases in knowledge on AIDS and condom use."[390] The next year, HOPE Worldwide hosted a conference in Hong Kong, "Prevention of AIDS in Asia that attracted the leading HIV virologist Max Essex, of Harvard University, whose renown was touted by an International Church of Christ publication citing the wattage of the conference as evidence of the church's growing might, size and impact.[391] These international connections have led to lasting partnerships. HOPE Worldwide's PEPFAR-funded work in Africa has been in partnership with JHPIEGO, an American public health and social marketing research affiliate of Johns Hopkins University in Baltimore.[392] JHPIEGO staff in Johannesburg

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[387] Interview with Sboniso Nkosi. 11 November, 2007.

[388]Neill McKee, Jane T. Bertrand, Antje Becker-Benton. *Strategic Communication in the HIV/AIDS Epidemic,* (Thousand Oaks:Sage Publications, 2004) 288. "we have relatively little hard data to document the effectiveness of (FBO) efforts to combat HIV."; Tetsunao Yamamori,, "Introduction," in *Hope Factor. Engaging the Church in the HIV/AIDS Crisis, e*dited by Tetsunao Yamamori, (London:World Vision Press, 2003.) "While there are many good programs out there, research documenting them is lacking." 8.

[389] M. Aguirre, M. Ottenweller, "Combining AIDS care and prevention in Africa: HOPE Worldwide Examples." *International Conference on AIDS.* 1998; 12:182-3 (abstract no. 13485).

[390] Aguirre, 1998

[391] International Church of Christ. "Prevention of AIDS in Asia: HOPE Worldwide HealthCorps Conference." What Dreams May Come: LA Story. (http://www.icocinvestigation.com/LASTORY/What_Dreams_May_Come.pdf). (Accessed November 2008)

[392] HOPE Worldwide. "HOPE Worldwide: Global AIDS Initiative." (http://www.hopeww.org/NetCommunity/Page.aspx?pid=410&srcid=251) (Accessed November 2008).

developed the life skills curriculum in use by HOPE youth workers,[393] in part by pulling material from other expert groups, such as the International HIV/AIDS Alliance.[394] Another social marketing firm, EngenderHealth of New York, developed Men as Partners, a gender issues programme run out of the HOPE office in Durban.[395] In South Africa, HOPE has also drawn curricular material from Planned Parenthood of South Africa.[396]

This regard for expert thinking and evidence-based practice on HIV prevention seeped down to the regional level of HOPE's operations in Durban from the earliest days and helped define the terms in which Sigabi and, to some extent, his staff described their work. In the earliest days of HOPE's efforts in Durban, Bulelo Sigabi and other church members participated in HIV awareness campaigns coordinated by the Durban Health Department, passing out leaflets on AIDS designed by the Province.[397] Once efforts in Durban became more formalized, funded, and integrated with the international apparatus of HOPE Worldwide, Sigabi went to Johannesburg for training sessions in HIV counseling, and the role of gender-based violence and stigma in the HIV epidemic. Returning to Durban, he passed these concepts on to his staff.[398] In interviews, Bulelo Sigabi drew confidence from the sense that their programme was built on evidence, even if the particulars of the discourse were opaque. "We are evidence-based," he said, "because this work comes from somewhere, from research somewhere."[399] He cited the prevalence decline in Uganda as a source of the HOPE life skills model, saying, "We have drawn a lot from Uganda, from the drop there, where they emphasized evidence. We try to reduce stigma because that is what they did there."[400] He also drew on emerging metaphors of concurrent partnerships as the source of danger in the African

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JHPIEGO. "A Commitment to Fight HIV/AIDS: JHPIEGO in South Africa." (http://www.jhpiego.org/resources/pubs/infosheets/JHPinfo_SouthAfrica.pdf) (Accessed October 2008).

[393] Interview with Bulelo Sigabi, 18 September, 2007.

[394] Citation in "ABY/ABC Facilitator's Workbook.". International HIV/AIDS Alliance- "Facilitators Guide to Participatory workshops with NGOs/CBOs responding to HIV/AIDS."

[395] Rachel Honig, "Involving the Other: A Case Study of the Men as Partners Program in KwaZulu-Natal." School for International Training: University of KwaZulu-Natal. Spring 2007

[396] Interview with Ntandazo Kalala. 18 November, 2007.

[397] Interview with Duncan Comrie. 8 November, 2007

[398] Interview with Bulelo Sigabi, 4 September, 2007

[399] Interview with Bulelo Sigabi, 14 November, 2007

[400] Interview with Bulelo Sigabi, 14 November, 2007

epidemic ("like dry grass.")[401] He was aware of the protective effect of circumcision suggested by the recent publication of trials at Orange Farm.[402]

In addition to being aware of prevention policy debates, Sigabi was also receptive to the role of formal evaluation in HOPE's HIV work, as entailed by the PEPFAR funding. He received monitoring and evaluation training from JHPIEGO and the HOPE Life Skills Curriculum stressed the importance of documentation.[403] The HOPE awareness and peer education workshops in schools and churches were accompanied by pre and post-test questionnaires, which, Bulelo said, "we send them to specialists, to look at attitudes or behaviours."[404]

In speaking of the Life Skills curriculum, new in 2006, and the push to work in schools, Bulelo Sigabi told me, "We had some technical advisors (JHPIEGO) in, so they put it together, sourcing the information to other sources. So we can't claim it. This came from outside."[405] In general, the main messages passed down by the experts were that HIV transmission risk is inscribed in gender inequality (an emergent focus of PEPFAR in 2006, the year HOPE's curriculum was written,)[406] the stigma of infection and the social norms of having many partners among young people.[407] The corresponding interventions are gender education programming, such as Men as Partners, awareness and education campaigns and abstinence and faithfulness peer education programmes for youth. These ideas resonated with the experience of Sigabi and others at HOPE and they valued them. In their view, their work was to spread awareness and acceptance of these these countercultural gender norms, and a knowledgeable, destigmatized view of sex and HIV. When I asked Sboniso Nkosi, a Hope Youth Worker, what worked to prevent HIV, he said, "This education we are doing, I think that's the only thing. This education brings

[401] Interview with Bulelo Sigabi, 14 November, 2007
[402] Interview with Bulelo Sigabi, 14 November, 2007; Auvert, 2005, 1–11.
[403] JHPIEGO. "A Commitment to Fight AIDS: JHPIEGO in South Africa." "As a result of a JHPIEGO-Hope Worldwide traiing course on Monitoring and Evaluation Basics for Program Managers," program managers and staff now have the means to monitor the variety of training activities being conducted, track results and inform decision-making on training, retraining and provider deployment policies."
[404] Interview with Bulelo Sigabi, 14 November, 2007
[405] Interview with Bulelo Sigabi, 18 September, 2007
[406] President's Emergency Plan for AIDS Relief. "The Power of Partnerships: The President's Emergency Plan for AIDS Relief: Third Annual Report to Congress." 2007, 26, 35.
[407] "ABY/ABC Facilitator's Workbook."

about change, even though most people from the rural areas they are not educated, so they lack the information that we have, from the trainings we go through."[408]

The one area where HOPE staff in Durban identified a problem with western technical assistance was in terms of condom promotion. HOPE Worldwide receives PEPFAR funding through the AB programme and, in keeping, their curriculum stresses that "Abstinence is the most accurate and guaranteed way of preventing HIV infection."[409] The text does allow that "using condoms correctly and using them always," can prevent HIV, but contains an instruction to youth workers not to discuss condoms except in the setting of a health care clinic. When I asked Bulelo Sigabi the question, "what are the limitations and benefits that come with funds you receive," he immediately identified the strictures against condom promotion as a downside to PEPFAR funding.[410] Despite his familiarity with the narrative of the decline in prevalence in Uganda, and his membership in the conservative Church of Christ, Sigabi felt strongly that, "no intervention alone is best,"[411]; but that the way to prevent young people from having high risk sex was to educate them specifically about every option available to them, and to provide condoms. The two youth workers I spoke to agreed, and described how they often were asked about condoms by school children, or even teachers, and so ended up discussing them more extensively than the curriculum indicated.[412]

The teaching and social norm of the Church of Christ, as expressed by Duncan Comrie in sermons and the writings of Taliaferro is that members should remain abstinent until marriage. How then to explain the support for condom promotion as HIV prevention by church members, such as Sigabi, who work for Hope Worldwide?

First, their view is continuous with the tradition of HOPE, which,in keeping with the mainstream of public health expertise, promoted condoms across Africa in the 90s.[413] HOPE's earliest work in Durban was at the clinic in Cato Manor, where condom promotion was routine.[414] With PEPFAR, the funding focus shifted towards abstinence,

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[408] Interview with Sboniso Nkosi. 11 November, 2007.
[409] "ABY/ABC Facilitator's Workbook.", 35
[410] Interview with Bulelo Sigabi. 14 November, 2007
[411] Interview with Bulelo Sigabi. 14 November, 2007
[412] Interview with Sboniso Nkosi. 11 November, 2007. ;Interview with Ntandazo Kalala. 18 November, 2007.
[413] Aguirre, 1998
[414]Interview with Bulelo Sigabi. 18 September, 2007

but HOPE remains wedded to a sense that there is evidence that demonstrates the effectiveness of condom promotion. According to Sboniso Nkosi, "some of these other programmes in the US, they promote condom use and don't you think if condom use promoted sex they wouldn't do that?"[415] Here Nkosi treats orthodox US public health expertise as a gold standard against "indigenous" and evangelical alternatives favored by the architects of PEPFAR and allied African religious leaders.[416]

But it is also the case that Bulelo Sigabi and his staff believe that condom promotion is necessary to decrease HIV incidence because of the impressions of young people they have gathered through their work. In Ntandazo Kalala's words,

> "We know the challenges that they come across, we know the social and economic forces that they live under. Children are getting pregnant and some of these children are living with their boyfriends, unsupported. So it's pretty hard to only emphasize abstinence."[417]

This support for condom promotion also rests on the view by HOPE staff that the majority of Zulu youth are not strongly committed evangelical Christians and, therefore, cannot be expected to abstain from sex. "You have to take up sins as they are," Sigabi explained to me, " and so we will talk about it, we talk about condoms and sex."[418] In a common sense account that cuts sharply against Green's argument about the population-level effectiveness of church teachings against HIV and AIDS, Sboniso Nkosi observed that,

> Christians get sick from this as well…. if people were to be faithful like the Bible says, and not to cheat, if people were to do that, there would be no spread of HIV in South Africa. People are just…I don't what's happening, but they are going against God. If people were acting differently, than maybe we could not promote condoms, just abstinence.[419]

Whereas some evangelical leaders see the HIV epidemic as an opportunity to strengthen faith in the lives of millions,[420] in Nkosi's words, the horrific scale of AIDS mortality reveals to him that religion is not always, or often, a winning strategy against the spread

[415] Interview with Sboniso Nkosi. 11 November, 2007.
[416] Green, 2003, Rethinking AIDS Prevention, 2004, 8
[417] Interview with Ntandazo Kalala. 18 November, 2007.
[418] Interview with Bulelo Sigabi. 14 November, 2007
[419] Interview with Sboniso Nkosi. 11 November, 2007.
[420] Dortzbach, 2003, 60

of HIV.[421] The tight-knit moral fellowship found at the Church of Christ and the staff of HOPE Worldwide may protect members against HIV but, in the observation of Robert Garner, "exclusion, by definition, cannot be widely applied."[422] Better to look to the promise of traditional public health educational strategies, including condom promotion. HOPE was funded as a faith-based organization under the AB stipulation with the assumption that this would free them from the unwelcome task of promoting condoms. Because of their rationalist Christianity theology, a modest view of the power of Christian rhetoric outside of intense church groups, and a long engagement with HIV prevention technical expertise, this assumption is, in this case, wrong. In this case, inattention to the particular agency of religious groups makes this a mismatched attempt at alignment.

4.4.5 The Role of Local Culture and Religion

Does PEPFAR's partnership with HOPE Worldwide fulfill this promise of harmonizing HIV prevention expertise with local cultural norms and institutions, expressed by Congressman Smith? Sboniso Nkosi and Bulelo Sigabi, as frontline workers for a faith-based organization, and Christians, are figured in the rhetoric of PEPFAR as the kind of agents who will anchor HIV prevention efforts in local values and "African heritage" as an antidote to years of expert hegemony from Geneva and Washington.[423]

But Sboniso and Bulelo and their colleagues do not describe "African culture" as an asset to be harnessed for prevention. Rather, they talk about "culture" as a key driver of HIV risk behaviour, specifically, norms of masculinity that, through dislocation in the schizoid social and economic landscape of urban-rural migration, [424] fueled multi-partner sexuality.

Several times Sigabi described these masculine ideals with the phrase "A man is a bull, " a reference to the Zulu proverb, "A bull cannot be contained within one kraal" which public health experts have used to describe the norms of masculinity underlying

[421] A sentiment echoed by pastors in Vulindlela, see Haddad, 2006, 87.
[422] Garner, 2000
[423]Smith, 2006
[424] Interview with Bulelo Sigabi. 14 November, 200 See also Lurie, M. "Migration and AIDS in southern Africa: a review." *South African Journal of Science* 96:6 (2000):343-347

networks of concurrent sexual partnerships in southern Africa.[425] Both Sigabi and Sboniso Nkosi also mentioned the poor example of the repertoire of sexual partners (wives and girlfriends) publicly enjoyed by powerful leaders in Southern Africa; noting King Mswati of Swaziland and Jacob Zuma, then Deputy President of the African National Congress, whose rape acquittal had occurred only months before our discussions.[426] For HOPE, as the Durban site of the Men as Partners HIV prevention project, designed to change gender norms among South African men, these tabloid headlines mirror HIV risk found in the routine live of youth in Durban. This view is supported by a Community Baseline Survey of the view of gender among Sowetan men conducted as part of an analysis of Men as Partners by the Population Council.[427]

By rebuking these political icons and the gender norms expressed in their actions,, Sigabi and his staff set themselves against the regional political mainstream, but firmly in step with the mores and opinions of the global HIV and AIDS establishment, whose leaders have been critical of Mswati and Zuma as well. American political scientist Amy Patterson wrote in *The Politics of AIDS in Africa,"*activists, international journalists and donor officials have criticised (Mswati's) blatant disregard for the factors that contribute to the HIV and AIDS epidemic in his country, women's lack of power, polygamy, male promiscuity and women's limited educational and economic opportunities."[428] In line with this rhetoric, Sigabi credited the new HOPE Life Skills curriculum, written by technical consultants at JHPIEGO, with sharpening his focus on the cultural and social determinants of HIV risk. "Before we had the curriculum," he said, "we didn't deal with the deeper issues. We were dealing with the symptoms. Now we look at the underlying factors; cultural factors and beliefs that "a man is a bull" and peer pressure."[429]

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[425] Marion Carter, et al, "A Bull Cannot be Contained in a Single Kraal": Concurrent Sexual Partnerships in Botswana," *AIDS and Behaviour,11:6* (2007): 822-830.
[426] Interview with Bulelo Sigabi. 14 November, 2007 "Yes, the idea that a man is a bull, polygamy, that a man must have many wives, strong in Zulu culture. You see Jacob Zuma, people like the king, King Mswati, those people are big motivators of young boys."
Interview with Sboniso Nkosi. 11 November, 2007.
[427] Prudence Ditlopo, et al. "Testing the Effectiveness of the Men as Partners Program in Soweto, South Africa." Population Council/HOPE Worldwide/Engender Health. November 2007. (http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/SA_MAP.pdf) (accessed March 2009).
[428] Patterson, 2006, 47
[429]Interview with Bulelo Sigabi. 18 September, 2007

Sboniso Nkosi and Ntandazo Kalala, saw their expert curriculum as countercultural in face of "culture" as the driver of ignorance and risky sexual behaviour. I asked Kalala, "Do issues of culture, do they come up much in the work?" and he replied,

> Well, yes it does, for example, with myths. There are a lot of myths. For example, let's say, whenever we are having a workshop, you'll see that whenever we talk about partner reduction, maybe people will say that according to Zulu culture, it allows us to have more than one wife, then why is it that we have to reduce our partners? So yes, it does, culture plays a role as well. And another thing is gender violence. You'll find that, according to Zulu culture, it is believed that a female should always be submissive to the male.[430]

In this view, traditional beliefs are critiqued as myths, factually untrue, but susceptible to the diligent power of truth, identified with secular prevention expertise.

When HOPE workers talk about "culture," they are also talking, in general, about local social norms, but also local religious entities. As with Germond and Molapo's depiction of the *bophelo* healthworld, they see cultural and religious practices as strongly linked.[431] Unlike those scholars, they do not see southern African religio-cultural entities as focused on health, as defined by HOPE. HOPE does appreciate churches for their role as access points to groups of people otherwise unavailable to HOPE programmes, and runs a series of workshops in a handful of local churches, including the Nazareth Baptist Church (Shembe). But where HOPE does engage with local religious entities, it does so with a spirit of reform. Sigabi explained, "the things we teach challenge values in the churches. Sometimes people are upset that we talk about sex and condoms. But we say, 'people need to be saved.'"[432]

Several HOPE staff enumerated concerns with local religious practices. Sibongobonke Gumede, HOPE's coordinator of programmes in Churches in Durban, noted that many African traditional churches practiced scarification, a cultural practice which he blamed for spreading the virus through unclean blades.[433] Towards the other side of local theology, he faulted Pentecostal churches for overconfidence: "the churches

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[430] Interview with Ntandazo Kalala. 18 November, 2007.
[431] ARHAP, Appreciating Assets, 38. The authors use the term, "'religio-cultural'....to capture the fundamental integration of religion and culture in the Sesotho (bophelo) worldview."
[432] Interview with Bulelo Sigabi, 26 July, 2007
[433] Interview with Sibongabonke Gumede. 14 November, 2007

think, if they are born again, that there is no need to come and preach the abstinence."[434] Sigabi described the currency of polygamy in traditional churches such as the Nazarene Baptist Church (Shembe) as "green grass"; the kind of social system that is responsible for HIV spreading "like wildfire."[435]

HOPE's concerns that local, and traditional religion is in conflict with public health principles of HIV prevention are mirrored in the theology of culture in place at the Durban Church of Christ. As a new entrant into South Africa, the Church of Christ, by necessity, has grown by winning converts from other traditions. As a multiracial church in a country where congregations had tended to belong to a single race and ethnicity,[436] the Church of Christ must forge its strong ecclesial structure and practices by critiquing elements of competing religious cultures. As Duncan Comrie explained,

> "it's incredibly amazing for us to get out of our comfort zones and to get beyond our culture…… we all understand each others cultures and we bring the good of each to the church and build harmony with one another, but the tricky thing comes when our culture surpasses the word of God, like in ancestry worship. Now, maybe you were brought up with that, but what does the word of God say? That's where you need to be able to submit to the word of God and not to be influenced by family things opposed to the word of God."[437]

Established by Alexander Campbell as a church for adherents to "a book of facts," both the Church of Christ and HOPE Worldwide maintain a robust certainty in their beliefs; in Biblical teachings and scientific expertise, which lends itself to a critique of predominant local healthworlds grounded in traditional Zulu culture.

3.4.6 Conclusion: The HOPE Worldwide Healthworld in Durban

What is the healthworld of HOPE, a health promotion organization affiliated with the restorationist and fundamentalist Church of Christ, whose HIV prevention programme display little mark of religious teachings or norms?

The Church of Christ is an organization whose concept of health and salvation is rooted in adherence to "god's plan,"[438] articulated in the Bible. The church has a

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[434]Interview with Sibongabonke Gumede, 14 November, 2007
[435] Interview with Bulelo Sigabi. 14 November, 2007
[436] David Chidester, *Religions of South Africa,* (London: Routledge, 1992) 189.
[437] Interview with Duncan Comrie. 8 November, 2007
[438] Taliaferro, 1997, 45

particular focus on the early Christian period described in St. Paul's epistles, and seeks to emulate the close rigorous church discipline perceived to exist during that period. When Duncan Comrie told me, "if you are going to be a Christian you need (Christian) people in your life,"[439] he was both expressing a "relational ambition"[440] for health and salvation in his community and identifying a religious asset for health. In this view, the social relations found within a well-disciplined Biblical Church of Christ, including a well-ordered marriage, are the foundational determinants of health.

The trust between Church of Christ members also serves as an essential foundation for a well-functioning health promotion organization, HOPE Worldwide, and Christian principles of charity motivate the intervention. However, regarding the people receiving services and education from HOPE who, in the words of Sigabi, "have some idea of God, but we often disagree with that,"[441] Therefore, outside of the ecclesial boundaries of the Church of Christ, there is no strong linkage between religion and health in HOPE's programs. Speaking of religion, Sigabi said, "you don't want to get mixed up with that in your work.....so we try not to let the beliefs get in the way."[442] The logical of these statements rests on two related beliefs about religion and health. First, that religious and cultural practices that are not those of the Church of Christ do not have the same efficacy for health (and salvation). This scourging critique of mainstream religion and culture is the same as that which motivated Stone and Campbell to found their own "true church" in the early 19th century.[443] Second, that effective health promotion by HOPE depends on respectful relations between HOPE staff and the broader community, and that this is best achieved by avoiding a polarizing discussion of the religious differences between a Restorationist church and mainstream religious beliefs.

However, if HOPE puts religious "beliefs aside,"[444] in their HIV prevention work, this is to enable an enthusiastic engagement with the facts and evidence offered by public

[439] Interview with Duncan Comrie. 8 November, 2007; Mike Taliaferro wrote in 1997, warns against the temptation of "an awesome job offer far from a church of disciples. Although we are spreading out as a church in more and more cities, one tactic used by Satan is to isolate you from other disciples." Taliaferro, 1997, 111.
[440] Germond and Molapo, 2006. 41
[441] Interview with Bulelo Sigabi. 26 July, 2007
[442] Interview with Bulelo Sigabi. 26 July, 2007
[443] Paden, 1994, 3.2.3
[444] Interview with Bulelo Sigabi. 4 September, 2007

health expertise. Coming from theological tradition in which the Bible is a "book of facts,[445] continuous with scientific findings, Sigabi and his staff feel that health education is the strongest support they can offer school children. Since the earlier days of HOPE, in Durban and across Africa, this education has involved support for condom promotion. More recently, HOPE in Durban, with encouragement and technical support from international public health organizations, has embraced interventions, such as Men as Partners, that seek to address what Sigabi regards as the "underlying factors," of the HIV epidemic in South Africa, with a focus on culturally-grounded gender norms and their role in determining multiple partner sexuality.[446]In the healthworld of HOPE, the health of Durban youth depends on access to such education. In experience of HOPE staff members, local churches are often resistant to these programs and, to the extent that they do, these religious entities are perceived as a barrier to health.

[445] Campbell, Alexander, 1835
[446] Interview with Bulelo Sigabi. 18 September, 2007.

Chapter Four

General Conclusion and Recommendations for Further Reflection

4.1 Conclusions

As we evaluate the HIV prevention programmes run by Youth for Christ and HOPE Worldwide in Durban, it is worth noting that there is no empirical reason to conclude that either of them succeeded in preventing the transmission of HIV, or failed. This is because no formal evaluation of behaviour or health outcomes exists for either programme. What's more, according to a recent meta-analysis, in the entire history of the epidemic in Africa, only two rigorous studies have measured the effect of a prevention programme for youth on HIV infection rates (and neither showed a direct impact).[447] A 2009 evaluation of national prevalence in PEPFAR countries found no evidence of significant impact on HIV transmission by PEPFAR's HIV prevention programmes,[448] but this high level analysis does not reflect on the particular programmes in Durban. Rather than these biological and statistical measurements, this thesis assess PEPFAR on the basis of its ambition to create HIV prevention programs that leverage the power and legitimacy of religious entities. I have detailed the policy principles derived from *bophelo* scholarship as a standard to assess the extent to which PEPFAR programs, as implemented in Durban engage religious entities as assets. In its simplest expression this standard is that HIV prevention should engage local, religious social structures, on the basis of local views of health, which, in southern Africa, are rooted in trust and the flourishing of the community. In this concluding section, I will review the resonance of the *bophelo* healthworld with the healthworlds of HIV prevention programmes in Durban depicted through case studies in this research. The final objective is not to frame a discursive reflection, highlighting areas for future research in the ARHAP project, and for PEPFAR's current architects.

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[447] Kristien Michielsen, et al. "Effectiveness of HIV Prevention for Youth in sub-Saharan Africa: Systematic Review and Meta-Analysis of Randomized and nonrandomized trials." *AIDS. 24:8* (2010): 1193–1202

[448] Eran Bendavid, et al, "The President's Emergency Plan for AIDS Relief in Africa: An Evaluation of Outcomes," *Annals of Internal Medicine, 150:10 (*2009): *688-695.* "The annual growth in the number of people living with HIV was 3.7% slower in the focus countries than in the control countries from 1997 to 2002 ($P = 0.05$), but during PEPFAR's activities, the difference was no longer significant."

The first policy principle derived from *bophelo* scholarship is that public health efforts should actively engage religious entities and to treat them as potential assets in HIV prevention. Both of the case studies presented here represent significant PEPFAR-funded engagement by Christian organizations with the public health effort of HIV prevention. Each organization brought religious resources to bear on the problem of HIV infection among Durban youth, but in different ways. Youth for Christ builds on decades of evangelistic expertise in engaging young people through school-based life skills programme with spiritual themes and HOPE Worldwide builds on a strong religious organizational nucleus to deliver a more secular expert-designed life skills education curriculum. In these programmes we see examples of determined, stable efforts by religious organizations and people to protect local children and youth from HIV infection.

The HOPE interventions, closely aligned with public health expertise, are an example of "knowledge-giving." Youth for Christ also educates, but has a focus on psychological strengthening and inspiration; "spiritual encouragement" and "moral formation."[449] Both would be classified under PIRHANA inquiry as religious entities offering both tangible and intangible assets for health in Durban and KwaZulu-Natal.

Yet, if both YFC and HOPE offer intangible religious assets for health through their appeals to the spirit (YFC) and bonds adhering the staff (HOPE), these assets differ from many intangible religious health assets in that they are well visible to international public health.[450] This fact is assured by the methodology underlying this thesis, which engaged subjects on the basis of a list of faith-based PEPFAR partners in KwaZulu-Natal. More significantly, according to the histories of each organization, they had been visible to, and funded by, public health and development agencies since before their funding from PEPFAR.

This assertion leads to a consideration of the second policy principle of the *bophelo* scholarship, which is that southern African religious efforts to prevent and treat HIV are often invisible to public health agencies, unless made visible through innovative seeking methodologies or through dialogue with those holding local knowledge. In the

[449] Appreciating Assets, 76-80
[450] Cochrane, 2006, Conceptualising, 118

language of PEPFAR rhetoric, established faith-based organizations, such as HOPE Worldwide and YFC, have, on the basis of their religiosity, broad reach, local knowledge, and access to less visible religious entities.[451] Helen Epstein described how, in Johannesburg, PEPFAR-funded large non-governmental organizations sought to form partnerships with considerably smaller, community-based organizations in the name of supporting the orphans under their care.[452] Similarly, both HOPE and YFC seek to serve many smaller organizations, mainly schools, but also churches. Neither of the programme leaders, however, described a methodology, akin to ARHAP's PIRHANA methodology, to identify local community health assets for partnership, although this may have been due to a failure in the methodology of this thesis to specifically inquire after mechanisms for identifying religious entities. It is notable, however, that the primary site of intervention for these programmes were local schools: organizations established by the state and, for that reason, previously visible to government agencies. This visibility has made schools the obvious site of intervention for HIV prevention programmes since the beginning of the response to the epidemic in the 1980s.[453] The fact that YFC and HOPE, both religious organizations, have chosen to focus primarily on school-based interventions, suggest that their religious ground did not allow them access to a fuller, richer view of local assets for health. This finding is more robust in the case of HOPE, where Sigabi reported actively avoiding engaging partners on the basis of religion.[454]

The third principle is that, in the *bophelo* healthworld, "healthy relationships constitute the basis of life and wellbeing...(and) trust is central to healing."[455] Health and religion, as Germond and Molapo describe, are sought at a communal level, at which individuals are united through common set of cultural traditions and institutions, historically rooted in ancestor reference.[456] Health seeking and religion have, in this conception, a "relational ambition": a grounding in the formation and maintainance of hierarchical social bonds. African traditional values transmitted through these bonds and reflected through the shape of social structures serve as an asset for health and a point of

[451] PEPFAR, "The Power of Partnerships: Third Annual Report to Congress." 2007, 110.
[452] Epstein, 2007, 219.
[453] Merson, 2008. 482.
[454] Interview with Bulelo Sigabi. 4 September, 2007
[455] Germond and Molapo, 2006, 41
[456] Germond and Molapo, 2006, 31.

reverence for religion.[457] An essential contrast between this *bophelo* healthword and that of the staff of HOPE and YFC, is that they do not see prevailing social relationships, which they refer to as "culture," as an asset for preventing HIV.

Both Sigabi and Segone agree that social networks and norms can serve as a powerful determinant of health, but, in Durban, rather than appreciating these forces as potential assets, they see them as largely negative. For YFC and Segone, this is because of their view that healthy behavior is grounded in the established of individual will, unfettered by social ties and rooted in a personal faith in Jesus. For both Sigabi and Segone, this is because local cultural institutions and norms, such as churches and traditional religion, can be resistant to educational efforts that speak openly of sex and argue for revised gender norms. In this general concern over traditional influence in Durban, they hold a strikingly different perspective than the *bophelo* healthworlds described by Germond and Molapo, which trace a foundation to reverence for *badimo* (ancestors).[458] Because they closely associate culture with local churches, they are also at odds with the view, espoused by Green and other supporters of AB prevention, that the normal moral teachings of the African church are effective HIV prevention.[459] In general, these HIV prevention workers do not see a pre-existing "healthworld" at work in the lives of the children with whom they are working. What positive changes they observe, they associate with what has been brought in by their prevention efforts.[460]

To build on the trend in word-making, they look into a city and a province that has been overtaken by an epidemic rate of HIV infection and AIDS mortality[461] and they see an "AIDSworld," a subtle overlapping structure of conscious and sublimated forces driving risky sex and infections, rather than an arsenal of potential assets. Bulelo Sigabi listed; poverty, cultural dislocation in urban-rural migration, violence against women, poor education; all inscribed into interlocking cultural and political institutions.[462] Jeff Segone added peer pressure, overcrowding, and the influence of media, summing up,

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[457] Germond and Molapo, 2006, 41
[458] Germond and Molapo, 2006, 31
[459]Green. and Herling Ruark, 2008.
[460] Interview with Bulelo Sigabi. 14 November, 2007
[461] Gouws, 2005.
Thomas Cannell, " Funerals and AIDS, Resilience and Decline in KwaZulu-Natal." *Journal of Theology for Southern Africa.* 125 (2006.) 21-37.
[462] Interview with Bulelo Sigabi. 14 November, 2007

"There are very few positive things."[463] These views of the determinants of health are broadly similar to those most commonly listed by participants of ARHAP workshops (immorality, poverty, ignorance), but the view of Sigabi and Segone differs from that emerging from the PIRHANA workshops in that they do not also identify strong assets for health that are rooted in local cultural and religious entities.[464]

What emerges from this analysis of two PEPFAR-funded HIV prevention programs through the lens of the *bophelo* healthworlds scholarship is that the these programs, for reasons historical, methodological and ideological, do not deeply "appreciate" or engage with what Green refers to as "indigenous" organizations: those that constitute the "ubiquitous,"[465]presence of religion in southern Africa. A leading theorist of the the social determinants of health (and other social goods), Robert Putnam makes a distinction between two forms of "social capital:" "bonding social capital," and "bridging social capital."[466] In the conception, and experience, of religion at HOPE and YFC, a shared exclusive faith "bonds" their membership together, strengthening their focus and commitment to improving the health of schoolchildren in Durban, and offers a framework for pursuing intervention. Religion does not, however, form a linguistic or logistic bridge to other groups, offering a framework for the mutual pursuit of health. In the *bophelo* healthworld, by contrast, religion strongly serves as an asset in both ways, as a store of power for intervention within groups, but also a shared language for dialogue and unity between them.[467]

4.2 Recommendations

I will conclude with brief comments on the potential value of this research for the architects of PEPFAR and for ARHAP scholars. The value of this thesis is limited by the narrow geographic scope of this study and the small number of PEPFAR grantees included.

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[463] Interview with Jeff Segone. 21 November, 2007.
[464] ARHAP, Appreciating Assets, 69-70
[465] ARHAP, Appreciating Assets, 123
[466]Robert. Putnam, *Bowling Alone: The Collapse and Revival of American Community.* (New York: Simon and Schuster, 2000). 23. ; Cited in Campbell, 2001, 56; Harpham, 2002, 106.
[467] Cochrane, 2006, Conceptualising, 114, "It should be possible to approach one another across religious divides and suspicions by doing so on the basis of a discourse of health."

First, this thesis offers an affirmation of the view, held by PEPFAR's architects, that faith-based organizations can and will deliver interventions designed by experts, while also contributing intangible assets born out of their religious grounding. For HOPE this is the high-levels of trust between employees and a commitment to service. For YFC, in addition, it is the spiritual convictions that, in their view, offer school children power for behavior change in the challenging context of poverty, negative peer pressure and cultural norms.

However, this thesis has noted points of disjuncture between the instrumental view of religion taken by PEPFAR architects and the views of religion "on the ground" held by faith-based PEPFAR-funded HIV prevention programmes. In the phrase of US Congressman Christopher Smith, "Far from being a western intrusion in African life, working with faith-based organizations in Africa is actually a means of connecting with African heritage." [468] The HOPE case study should lead PEPFAR to consider that the divisions between variant denominations of religious organizations can be more important than their connecting (or "bridging") cohesion. Both case studies should cause PEPFAR to consider that the choice of evangelical organizations as HIV prevention grantees may limit the extent to which these programmes value, or have access to "indigenous prevention approaches."[469]

Drawing power from partnerships with these "indigenous," assets may require that PEPFAR, and other global public health agencies, appreciate the specific contours of religious cultures and institutions in Africa. In particular, given that public health expertise has identified southern African gender norms as a key determinant of HIV risk and infection, [470] It would be valuable for PEPFAR to incorporate into its partnership strategy the findings of ethnographic research on gender and patriarchy in specific religious denominations and traditions. A more nuanced and particular view of gender dynamics among African churches than those expounded by Sigabi and Segone would allow them to approach religious entities as potential assets, as well as sources of risk.

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[468] Smith, 2006.
[469] Green, 2003, Rethinking AIDS Prevention, 8
[470] Rachel Jewkes, et al. "Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study." *Social Science and Medicine. 56:1. (January 2003). 125-134.*

Taking the religious divisions, histories and identities into account when assembling a list of grantees and subgrantees, would allow PEPFAR to "align" with a broader range of religious organizations in the effort to prevent HIV infections. Achieving this alignment, and drawing these local, religious health assets into PEPFAR-funded efforts to prevent HIV transmission in southern Africa may require more rigorous mapping methodologies; akin to those developed by ARHAP.[471] Despite Green's rhetoric of reforming a technical institution, PEPFAR was and will remain confined to funding and partnering with entities and quantities that can be mapped and counted[472]

Where might these reflections lead to further work in the intellectual trajectory of the *bophelo* scholarship? This thesis points to the prominence of a robust and sharply differentiated evangelical movement within the cultural and religious geography of the region. ARHAP scholars, such as Germond and Molapo, have referenced Pentecostal and evangelical traditions within the diverse healthworlds revealed through PIRHANA inquiry, but have no offered an explicit account of these evangelical healthworlds, or evangelical influences in broader southern African healthworlds, akin to the *bophelo* scholarship. This would be a useful direction of analysis, particularly given the preponderance of evangelical organizations receiving PEPFAR funding for HIV prevention. Tetsunao Yamamori's edited volume *The Hope Factor,*[473] could be a productive point of departure for this discourse. It is no accident that these two PEPFAR-funded programmes are variant forms of evangelical movements. American (and Ugandan) evangelicals had a steady hand in the creation and implementation of PEPFAR and organizations with international evangelical ties received a lion share of abstinence and faithfulness funding.[474]

The action of evangelical theology as uprooting the individual from cultural ties (and "relational ambition") as a health intervention is not theoretically accounted for in the *bophelo* scholarship.Both case studies describe organizations that have emerged from religious movements that ask new adherents for total immersion in a new faith, explicitly at the cost of local cultural affiliations. In the tradition of Billy Graham, a person is

[471] ARHAP, Appreciating Assets, 60
[472] Patterson, 143
[473] Yamamori, 2003
[474] Oonman 2008.

"reborn" into a radically individual faith.[475]. In the International Church of Christ, the disciplining process places the convert in a newly, wholly Restorationist culture and social system, termed by sociologist Kathleen Jenkins as a "high-boundary movement."[476] In Jeff Segone's description of this ecstatic rupture, "If we believe in God and Christ, we are free from the law, we are free from the culture itself."[477] In the words David Martin, a scholar of charismatic religion, "To be born again is to have power to 'construct a space' for freedom and dignity, and to exercise authority, by prayer and by averting misfortune…it is a repudiation of traditional hierarchies and legitimations."[478] In the *bophelo* healthworld where, "a *motho* (person) cannot exist in isolation," this freedom would be a form of annihilation. In the evangelical *healthworld* it is a bulwark, not only of the spirit, but of the health of the body.

Further exploration and exegesis of the history and theology of religion and health within variant evangelical healthworlds would enable ARHAP to engage directly with prominent faith-based NGOs, such as HOPE Worldwide and YFC, in their own language. Segone's discussion of "freedom," in regards to God, culture and health, and largely in contrast to *bophelo,* may be a promising place to begin.

[475] Graham, 1989
[476] Jenkins, 2003
[477] Interview with Jeff Segone. 22 November, 2007.
[478] David Martin, *Fire From Heaven:* The Rise of Pentecostal Spirituality and the Reshaping of Religion in the 21st Century. (Cambridge: Da Capo Press, 2001.) 140-7

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Appendix A

Questionnaire for Thomas Cannell's Master's Research
Faith, Evidence and Expertise in Christian HIV Prevention

First of all, I want to say thank you one more for participating in these discussions with me. Our discussions up to this point have been informal. Now, in order to help me compare the different organizations I am working with, I'd like to ask you a more structured set of questions. A lot of this deals with issues we have discussed before, but hopefully we can build on our past discussions, rather than merely repeating ourselves. If on any of these questions it makes sense for you to refer me to some publication; your curriculum or a report or something like that, please do.
Here are the questions;

1. I'd like to start out by asking a broad and difficult question. Most people in South Africa know that having sex, particularly unprotected sex with multiple partners, puts them at risk for HIV, and yet the epidemic continues to spread, with nearly 2% of the population newly infected every year. Based on your training, and also on your experience of the day-to-day of running a prevention program in the community
    a. What do you see as the important influences that lead people to put themselves at risk and become infected?
    b. When people overcome these influences and avoid infection, what is it that allows them to do this, when other people can't.
    c. How does your program work against the forces that promote infection?
    d. How does your program enhance or support the forces that allow people to avoid putting themselves at risk and contracting HIV?

1. Would you describe your program as "evidence-based"? How do you understand this concept of "evidence" in the context of the work you do?
2. In what ways has your program been successful? What makes you think that what you are doing works?
3. What have been the greatest challenges in your task?
4. Has the Christian foundation of your program contributed to its success? If so, how and where? Has it ever created challenges?

5. Your organization is committed to promoting safe behaviour that will reduce the transmission of HIV.
    a. What does your faith tradition teach you about how to change or influence sexual behaviour?

What other kinds of knowledge, research and expertise has your organization had access to that has allowed it to formulate a strategy to change sexual behaviour?

1. How does your program gain access to these sources of information and expertise? Through training? Through consultants? What else?
2. Have you received spiritual or theological training as part of your job?

3. Has your experience working in HIV prevention and the training you have received caused your faith to change in any way?

4. Until now, we've been speaking in general terms. More concretely, what kinds of decisions do you make on a day to day and month to month basis that determine the success of your intervention?
    a. How does your faith help you make these decisions?
    b. What kinds of expertise do you drawn on to make these decisions?

1. To what extent is the culture in the communities in which you work a Christian culture?
2. Has it been necessary for your program to challenge Christian beliefs or values in order to achieve your objectives?
3. Has it been necessary for your program to challenge cultural beliefs or values?
4. How have either cultural or Christian values in the community been helpful to your work?

5. What are the most significant changes that have occurred in your prevention program since its inception? What caused them?
6. What could cause your program to change in the future?

Appendix B

Informed Consent Form
Negotiating Religious and Technical Expertise in Faith-Based HIV Prevention in Durban

Thomas Cannell
School of Religion and Theology, Theology and Development Programme
University of KwaZulu-Natal

I have given my consent to be interviewed by Thomas Cannell for his Master's Dissertation at the School of Religion and Theology, University of KwaZulu-Natal, Theology and Development Programme. Mr. Cannell has fully explained the purpose and content of his project. I understand that I have the right to withdraw from any interview at any time, as well as the right to be identified anonymously, and for my organization to be identified anonymously, in the research report. Mr. Cannell will inform me of all publications in addition to the dissertation.

Name

Signature

Date