COVER PAGE

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Contents

Acronyms

ANERELA+	The African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral treatment or therapy
ARV	Antiretroviral
BIDII	Benevolent Institute of Development Initiatives
CA	Christian Aid
CABSA	Christian AIDS Bureau of Southern Africa
CAPA	The Council of Anglican Provinces in Africa
CARIS	Christian AIDS Resource and Information Service
CBO	Community-Based Organisation
CDC	Centers for Disease Control and Prevention
DFID	UK's Department for International Development
EHAIA	The Ecumenical HIV and AIDS Initiative in Africa
FBO	Faith-Based Organisation
FOCAGIFO	Friends of Canon Gideon Foundation
HIV	Human Immunodeficiency Virus
INERELA+	The International Network of Religious Leaders with or Personally Affected by HIV and AIDS
NCCK	The National Council of Churches of Kenya
NGO	Non-Governmental Organisation
NORAID	Irish Northern Aid Committee
PPTCT	Prevention of Parent-to-Child Transmission
PLHIV	People living with HIV
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SAVE	Safer Practices, Access to Treatment, Voluntary Counselling and Testing, and Empowerment
SIDA	Swedish International Development Cooperation Agency
SSDDIM	Stigma, Shame, Denial, Discrimination, Inaction, Mis-action
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	The United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VSO	Voluntary Services Overseas
WHO	World Health Organisation

S afer Practices

A ccess to Treatment

V oluntary Counselling and Testing

E mpowerment

INTRODUCTION

What is SAVE?

In 2003, members of the African Network of Religious Leaders Living with or Personally Affected by *HIV* and AIDS (ANERELA+)[1] developed SAVE as a more inclusive approach to address the many facets of the HIV epidemic. The SAVE response (Safer Practices, Access to Treatment, Voluntary Counselling and Testing, and Empowerment) originated as a reaction to build on the strengths and shortcomings of the ABC approach (Abstain, Be faithful, Use a Condom).

The ABC approach has long been used as the foundation of 'comprehensive' HIV prevention programmes around the world. ABC's sole focus is on sexual transmission—a focus that fails to address other modes of HIV transmission that are non-sexual yet equally important. Additionally, by only focusing on HIV prevention, the approach falls short to include testing, care and treatment for people living with HIV as well as the empowerment of children, youth, women, men, families, communities and nations to most effectively address the epidemic.

Finally, SAVE aims to overcome the inaccurate connection inferred by the ABC approach between immorality and HIV, which creates additional stigma surrounding HIV. The ABC approach implies that people who are HIV positive have failed at abstinence and being faithful. It also suggests that people should abstain and that condoms are a last resort. SAVE provides a more holistic and non-judgemental approach to HIV by incorporating the principles of ABC, whilst addressing its gaps by confronting *all* structural drivers of the epidemic.

In 2005, Christian Aid adopted the SAVE approach as its organisational approach to HIV prevention, treatment, care and support. SAVE has since been adopted by other international development agencies, government partners, Community-Based Organisations (CBOs) and Faith-Based Organisations (FBOs) including World Vision, Save the Children, Tearfund, Christian AIDS Bureau of Southern Africa (CABSA) and the Swedish International Development Cooperation Agency (SIDA). Key local partners have also adopted SAVE such as the National AIDS Commission in the Democratic Republic of Congo and the Benevolent Institute of Development Initiatives (BIDII) in Kenya[2].

What is SSDDIM?

The SAVE approach also involves an analysis of the main factors underlying the HIV epidemic, identified by INERELA+ as: S: Stigma, S: Shame, D: Denial, D: Discrimination, I: Inaction, M: Misaction. These six factors are summarised as SSDDIM. According to INERELA+, overcoming the HIV pandemic cannot be achieved without eliminating SSDDIM associated with the virus[3].

What is this guide?

This guide explains the SAVE approach and provides practical guidance and suggestions to incorporate SAVE into HIV and wider health programmes. The guide recommends the sharing of best practices with the aim of supporting and increasing the use of SAVE as an organisational approach to HIV prevention, treatment, care and support.

Why has this guide been created?

Although SAVE is currently used as a framework for developing, delivering and assessing Christian

1 Now the International Network of Religious Leaders Living with or Personally Affected by *HIV* and AIDS (INERELA+

2 Other organisations and agencies that have adopted SAVE include, but are not limited to the Ecumenical HIV and AIDS Initiative in Africa (EHAIA), the Council of Anglican Provinces in Africa (CAPA), the Church of Sweden, Irish Northern Aid Committee (NORAID), Christian AIDS Resource and Information Service (CARIS), Bread for the World, Friends of Canon Gideon Foundation (FOCAGIFO), the National Council of Churches of Kenya (NCCK) and many other faith-based organisations, secular organisations and government agencies alike across several countries (e.g. Kenya, South Africa, Uganda, Rwanda, Burundi, Sierra Leone).

3 INERELA+, 2010

Aid's HIV programmes, there is a perceived need among Christian Aid staff and partners for more **practical guidance** on how to use SAVE in their work. A gap exists in mainstreaming the approach into HIV and AIDS programming, policy formulation, strategic planning, monitoring and evaluation, change communication and advocacy. This guide aims to meet these needs.

Who is this guide for?

This short and accessible guide is written for all individuals interested in using the SAVE approach as a **programme framework** for HIV and community health work. Christian Aid, partners and other NGOs, CBOs and FBOs working on HIV programmes can use this guide as a tool to inform their work.

How to use this guide

This guide is not prescriptive. The content intends to provide practical examples and prompt dialogue at the local level. Within different contexts, programmers can develop an appropriate plan for using SAVE in their work with communities and faith leaders. Case studies are included throughout the guide to illustrate how Christian Aid and its partners are using SAVE. These are intended to inspire thinking on how to adapt and apply these examples in other contexts[4]. The guidelines should be read with reference to existing documentation on SAVE, especially the SAVE leaflet, SAVE evaluation and the SAVE training manual[5]. This guide simply adds further detail to the established literature and provides more specific guidance for programme staff.

This guide – the SAVE approach as a framework for HIV and community health programmes

This guide proposes structures and processes to support staff to effectively use SAVE as a programme framework for HIV prevention, treatment, care and support:

- **Section 1** provides a comprehensive discussion on **what the SAVE approach encompasses and how it differs from other approaches.** It discusses in detail what each letter of S-A-V-E represents and presents case studies of how partners have integrated its aspects within their response to HIV.

- **Section 2** examines SAVE at the **programme level**. It credits community health and development staff as the key people to ensuring effective inclusion of SAVE into programmes. It provides recommendations on core issues such as introducing SAVE to other organisations, communities and faith leaders. It also outlines how to use SAVE as a strategic advocacy tool and within HIV monitoring and evaluation.

- **Section 3** outlines additional **resources** for programme staff to consult as supplements to this user-friendly guide and to expand one's knowledge on SAVE.

4 These case studies are based on anecdotal evidence. They are designed to inspire thinking, but should not be considered definitive accounts.

5 SAVE Leaflet (Christian Aid, 2010); Independent SAVE evaluation (2009); SAVE Manual for religious leaders (INERELA+, 2011).

Section 1: Unravelling S-A-V-E

S

Safer Practices

Use of condoms, being faithful to one partner, practicing sexual abstinence; Use of sterile injecting equipment and ensuring that all blood transfusions are tested for HIV; Prevention of parent-to-child transmission (PPTCT); Safer circumcision; Pre- and Post-Exposure Prophylaxis (PEP); Use of standard hygiene precautions, such as gloves and clean needles for all patients; Adherence to treatment.

The 'S' in SAVE applies to both sexual and non-sexual modes of HIV transmission. Safer practices mean the adoption of practices that reduce the chances of HIV infection. The way that individuals are encouraged to engage in healthier behaviour will vary from person to person. This section provides an overview of Safer Practices, more detailed information can be found in the SAVE training manual[6].

EXAMPLES OF SAFER PRACTICES:

- **Abstinence:** Promoting abstinence alone is not enough. Due to the realities and complexities of life, abstinence should be offered as one of the important HIV prevention options[7]. Instilled social pressures and economic vulnerabilities of women and girls, for example, present a challenge for some people in making the 'choice' to abstain.

- **Being faithful:** Faithfulness can be applicable to 1) one uninfected partner or 2) one infected partner with consistent and correct condom use (see 'positive prevention' below). Because promoting faithfulness alone does not allow space to challenge unequal power relations, it should be encouraged alongside the range of other HIV prevention options. There must also be emphasis on mutual faithfulness[8].

- **Correct and consistent use of condoms (male and female condoms):** Given that unprotected sex is the most common route of HIV transmission, both male and female condoms should be made accessible within every community. Information on their correct and regular use must also be available including resources that dispel cultural misconceptions that may prevent usage.

- **Positive prevention:** Unprotected sex between HIV positive people can lead to co-infection of different, and possibly drug-resistant strains of the HIV virus. Condoms should be consistently used as a barrier against re-infection. For serodiscordant couples (couples where one person is living with HIV and the other is not), using a condom during sex is always recommended.

- **Prevention of parent-to-child transmission (PPTCT):** HIV positive mothers risk infecting their children with HIV through pregnancy, during labour/delivery, or through breastfeeding[9]. Information on services available including breastfeeding options and access to antiretroviral drugs taken during pregnancy is central to adequate prevention. To improve health outcomes of mothers and children, PPTCT programmes should always involve husbands and partners[10].

6 SAVE Manual for religious leaders (INERELA+, 2011).
7 SAVE Leaflet (Christian Aid, 2010)
8 VSO, gender/power policy brief, 2007
9 WHO, 2011
10 VSO, gender/power policy brief, 2007; International AIDS Alliance *Research for Action*, 2010. Husbands and partners should be involved in all aspects of PPTCT including testing, support in accessing reproductive health services, adherence to antiretroviral medication and child feeding advice, and other prevention, care and support services.

- **Screening blood products and clean medical equipment:** National policies and systems should reflect safe blood screening procedures and quality of standards for medical staff in administering blood products. For blood transfusions, always make sure that the blood being transferred has been screened for HIV (including for hepatitis B and C)[11].

- **Safe medical control practices:** All health workers should receive appropriate training in infection control practices and be provided a safe work environment (including protective clothing and equipment). For example, health personnel should know how to prevent risky exposure of blood and take appropriate precautions to avoid direct contact[12].

- **Clean needles, harm reduction for drug users and safe scarification practices:** Use of sterile injecting equipment reduces the risk of HIV exposure, particularly among drug users. Access to information and harm reduction programmes should be made available for those vulnerable to HIV. Blades and other instruments used for scarification practices must be sterilised after each use and preferably not shared.

- **Male circumcision:** Male circumcision must be practiced with sterilised surgical instruments and provided by well-trained health professionals. As an HIV prevention method, the practice should be used as 'one element of a comprehensive HIV prevention package' since it provides only partial protection[13].

- **Pre- and post-exposure prophylaxis (PEP):** PEP is a short-term ARV that reduces the likelihood of HIV infection before or after potential exposure, either occupationally or through sexual intercourse.[14] PEP must be universally available for any emergency exposure (e.g. needlesticks during occupational exposure and for rape victims)[15].

- **Treatment as prevention:** Because antiretroviral treatment, if taken exactly as prescribed, reduces the viral load in the blood, people who adhere to their medication have a lower chance of infecting another person. Recent results from the National Institutes of Health show that antiretroviral treatment, if adequately adhered to, can reduce the chances of transmitting the virus to an uninfected sexual partner by 96%[16]. However, 'treatment as prevention' should be pursued alongside (not as a replacement) to other HIV prevention methods since there is still a chance of infecting another person while receiving antiretroviral treatment.

- **Safer traditional practices:** Harmful cultural practices and beliefs that put people at high risk of infection should be countered (e.g. the use of herbs in the vagina for 'dry sex' and the belief that eating pumpkin seeds can cure an individual of HIV[17]).

*Accurate information goes hand-in-hand with the power and ability to negotiate safer practices. The Safer Practices discussed above are **not exhaustive**. SAVE provides an adaptable framework; new evidence-informed safer practices can be included as scientific advances are made.

11 WHO, 2011; *Improving Blood Safety Worldwide* (Lancet editorial).
12 Centers for Disease Control and Prevention (CDC), 2011
13 Who, 2011: http://www.who.int/hiv/topics/malecircumcision/en/index.html
14 WHO, 2011: http://www.who.int/hiv/topics/prophylaxis/en/
15 'To date, Pre-exposure prophylaxis (PrEP) has only been shown to be effective in men who have men who have sex with men (MSM) and transgendered women who have sex with men. Studies are underway to evaluate whether it is safe and effective in reducing HIV infection among heterosexual men and women as well as injection drug users, but those results are not yet available' (CDC, 2011).
16 WHO, 2011: http://www.who.int/hiv/mediacentre/trial_results/en/index.html
17 Christian Aid Zambia and Kenya Country Programmes, 2010/2011

Case Study: Generating change through harm reduction programmes in BURMA/MYANMAR

Burma has one of the highest HIV rates in the region. HIV prevention, treatment, care and support services have limited coverage and many do not reach remote and rural areas outside of government control, especially in border regions. With an increasing number of people using injecting drugs in the region, and with non-sterile equipment, HIV levels of transmission are especially high among injecting drug users (IDUs) and their sexual partners[18]. Christian Aid's support to partners has led to a staggering 40% decrease in the number of injecting drug users sharing needles in Laiza and Maijayang (Kachin State/China border). Drop-in centres have been approved and in some cases even resourced by both the Kachin authorities and the Chinese government[19]. The establishment of drop-in centres and integration of fixed venue and outreach work allows both IDUs and sex workers to receive continued harm reduction services such as counselling, testing, preventive information and medical care[20].

POSSIBLE LESSONS:

- The non-profit community has an important role in driving safe HIV prevention practices, providing treatment, care and support services, and in highlighting the needs (e.g. drop-in centres) to government authorities.
- 'Know your epidemic' and adapt responses according to country, populations and needs.
- Establishing a coordination mechanism or standard procedure between local authorities from border countries is critical to increase reach and to secure public investment in service programmes.
- Registering the drop-in centre as a public service organisation sustains harm reduction programmes.

What cultural practices exist in your community that put people at increased risk of contracting HIV?

18 UNGASS Haiti report, 2010
19 Christian Aid Corporate Strategies Report, 2010
20 Health Poverty Action (HPA) Kachin Harm Reduction Annual Report, 2009-10

Access to Treatment

Everyone who is HIV positive has a right to access medication and treatment. Antiretroviral Treatment (ART) – a combination of drugs to fight HIV – are not the only drugs that should be accessible. Treatment for illnesses that particularly affect people with HIV such as tuberculosis must also be accessible. People who are HIV positive need good nutrition and clean water.

Everyone who is HIV-positive has a **right** to treatment and medication. The 'A' in SAVE, formerly standing for 'Available Medication', has been replaced with 'Access to Treatment'[21]. 'Access to treatment' includes both the **availability** of and **access to** the necessary medications for HIV including support services.

ACCESS AND AVAILABILITY OF:

- **Medication:** Paediatric and adult antiretroviral treatment, medication for sexually transmitted infections (STIs), opportunistic infections such as TB, pneumonia, malaria, and meningitis, and PEP (pre- and post-exposure to prophylaxis).

- **Treatment services:** Access to pathological tests (e.g. viral load and CD4 monitoring); and access to quality supplies, infrastructure, and professional, non-discriminatory staff. For instance, a challenge exists in rural communities where people do not have access to nearby health or antiretroviral treatment facilities—services that everyone should have access to if needed.

- **Information, care and support:** Information on how to maintain a healthy lifestyle, otherwise known as 'positive living', including information on treatment practices (such as antiretroviral drug adherence), and access to care and support services such as palliative and home-based care and counselling.

- **Nutrition and clean water:** Adequate access to nutritional foods for people with compromised immunities or on antiretroviral treatment (e.g. ensuring access to a combination of high energy foods and nutrients). Access to clean water is also important to stay healthy and prevent illness.

The link between maintaining a healthy lifestyle and opportunistic infections:

Nutrition plays a major role in the ability of the immune system to respond to infection. The nutrients that our bodies obtain from food keep the immune system strong.

- PLHIV have greater nutritional needs since their immune systems are suppressed and thus need to fight harder to fend off the virus and other infections.
- Without proper nutrition (especially Vitamin A), the body's physical barriers (e.g. skin, linings of the lungs and stomach) deteriorate, making it easier for viruses and bacteria to enter the body.
- The body needs energy, proteins, vitamins and minerals from different food groups (i.e. grains, vegetables, fruits, meat/beans, oils and milk products) to defend itself against invaders and fight infection.
- Opportunistic infections are the main cause of death among people with HIV. Tuberculosis (TB) is the leading cause of death among people with HIV, even among those receiving antiretroviral

21 'Access to treatment' includes both the availability of and access to the necessary medications for HIV including support services, nutrition and safe water. It incorporates pathological tests (e.g. viral load and CD4 tests including those needed to identify whether a child is born with HIV), treatment for opportunistic infections, PEP (pre- and post-exposure prophylaxis), paediatric and adult ARVs, and everything that makes treatment possible (e.g. supplies, infrastructure, etc.)— Reverend Canon Gideon Byamugisha and Reverend Japé Mokgethi-Heath, 2011

treatment[22]. Increased access to testing, screening and preventive therapy for TB in conjunction with heightened control and provision of care and support services can reduce its impact on PLHIV.

- Malnourished people on antiretroviral treatment often suffer from nausea and weakness from taking their drugs on an empty stomach, which can result in the abandonment of antiretroviral treatment altogether. PLHIV eating less nutritional foods can lead to drug resistance and treatment failure. Poor eating habits could also potentially lead one to acquire new strains of the virus since HIV-positive people sometimes begin to skip doses or abandon treatment altogether because they do not consume the food necessary to accompany their medication[23].
- Young children are at increased risk of malnutrition, as they need to consume significantly more calories than adults.

22 WHO, 2010
23 UNAIDS, 2009

Case Study: Access to nutritional foods for PLHIV in MALAWI

The Baptist Clinic nursed Flora back to health from the brink of death. Flora is HIV positive and fell ill from pneumonia. She was regularly taking her antiretroviral medication as directed but not consuming enough food or eating a well-balanced, nutritional diet. Flora and others most vulnerable to food shortages in Mawale village are now part of a scheme that uses a solar pump to bring water to crops and enables Flora to grow at least twice as much food, including a variety of fruit and vegetables. Christian Aid's support to partners has also enabled people like Flora to join support groups and receive information in preparing nutritious, well-balanced dishes using local food varieties[24].

POSSIBLE LESSONS:

- Access to a sustainable food supply is important to stay healthy and fight off infection.
- Maintaining a well-balanced diet is fundamental to avoid infection by other diseases, especially for PLHIV.
- Understanding the links between food, nutrition and adherence to medication—although Flora took her antiretroviral treatment as directed by her doctor, it was not enough to fight off other infections. ART must be taken in conjunction with a well-balanced diet.
- Recognising the overlap between the 'A' and 'E' in SAVE. Sometimes food security relies on access to information and/or purchasing power to access the kinds of food one needs. Empowering people with information on available services, the importance of consuming an adequate diet and how to prepare nutrient-rich dishes, for example, can improve the health of PLHIV.

24 Christian Aid Malawi Country Programme, 2009/10

V

Voluntary Counselling and Testing

Voluntary counselling and testing should be free, routine, stigma-free and confidential for all. Know your status.

Know your HIV Status

VOLUNTARY COUNSELLING AND TESTING (VCT), THE BASICS:

- **Counselling and testing for HIV:** Free and confidential VCT services should be available to all. Counselling for all people who test for HIV (whether results are positive or negative) should be made available for people to plan ahead (e.g. to receive information on treatment or how to stay HIV-negative).

- **To prevent HIV transmission:** VCT can be an effective way to prevent HIV transmission. Information and support can help people who are HIV-negative stay free of the virus and protect those who are HIV-positive from re-infection, stay healthy by accessing treatment and avoid passing the virus onto others[25]. It is estimated that only half of the 33 million people living with HIV know their HIV status. If more people test and gain access to treatment, more cases can potentially be prevented[26].

- **Testing for serodiscordancy:** Since a large proportion of infections occur in stable relationships, sharing serostatus allows couples to plan, make important life decisions, and to seek treatment, care and support together.

- **Dangers of late diagnosis:** Late diagnosis can advance the stages of HIV leading to the development of AIDS. It can also increase one's risk of contracting life threatening infections and a different strain of the virus (see positive prevention under 'S'). Late diagnosis also heightens the risk of passing the virus onto others.

25 SAVE leaflet, 2010

26 WHO, 2011; http://www.who.int/hiv/mediacentre/trial_results/en/index.html

Case Study: VCT in HAITI

Haiti has the largest HIV prevalence in the Caribbean, and its high levels of stigma and discrimination associated with the virus have increased its negative impacts on the population. Haitians are fearful to know their HIV status and stigma prevents people from testing. Willingness to seek other support services for HIV, such as joining support groups, is also low. To increase uptake in testing and support services, Christian Aid in Haiti organised a VCT outreach for CA staff to be a role model for change and encourage others in the community to get tested. One of Christian Aid's partners, Promoteur Zero Sida (POZ) also provides free VCT services and carries out regular awareness events involving music and other interactive tools to reverse SSDDIM. As a result, there has been an increase in the number of people testing for HIV and joining support groups. Christian Aid and its partners in Haiti continue working towards a stigma and fear-free community.

POSSIBLE LESSONS:

- We cannot expect people to do something that we are not ready or willing to do ourselves. Organising confidential VCT for Christian Aid and partner staff has the potential to heighten awareness of available services and reduce stigma associated with testing.
- Appreciating the interdependent links between S-A-V-E can translate into more effective and sustainable outcomes. In this case, for example, the 'V' and the 'E' are brought together to achieve the same result but with greater impact.
- Confidentiality of VCT is not always easy, especially within small numbers, close-knit societies, and when people seeking testing know the partners/health workers carrying out the services. It is thus important to take the extra time to ensure the process is carried out to the highest possible standards and that confidentiality is respected to the fullest.

Major structural drivers hampering HIV prevention efforts and impeding progress towards universal access:

- Stigma and discrimination
- Entrenched gender inequalities
- Gender-based violence
- Human rights violations
- Mobility
- Economic power
- Inaccurate information and ignorance

'Empowerment is about people taking control over their lives. It is about people pursuing their own goals, living according to their own values, developing self-reliance, and being able to make choices and influence - both individually and collectively - the decisions that affect their lives'[27].

E

Empowerment

People and communities with access to accurate information on HIV and support to uphold their rights can make informed decisions about the way they lead their lives to protect themselves and others. Empowerment and defending the rights of women and other marginalised groups is key to stopping the spread of HIV.

EMPOWERING WHO?

All people should be empowered with **information** and **support** to make informed decisions about HIV and sexual behaviour. Groups that need particular support include:

- Children and young people
- Women
- Sex workers
- Men who have sex with men
- Injecting drug users
- People with HIV

HOW?

Through education, economic security, promoting gender equity, ensuring the voice of PLHIV and most vulnerable populations are heard, and by tackling other determinants of poverty such as intolerance. Both governments and communities must take responsibility to empower its people and defend the rights of women and other marginalised groups to stop the spread of HIV[28].
Empowerment involves looking beyond individual behaviour change and engaging the wider com-

27 IFAD (Source: IFAD http://www.ifad.org/gender/glossary.htm)
28 Human rights are basic human principles ensuring that the dignity of everyone is equally respected; see the Universal Declaration of Human Rights and HIV SAVE Leaflet (Christian Aid, 2010).

munity. HIV responses often focus on behaviour at the individual level seeking to influence an individual's knowledge, attitudes and behaviour. However, this approach is *not* enough to prevent HIV transmission[29]. The 'underlying social and structural drivers of HIV risk and vulnerability' need to be addressed[30].
A community of empowered individuals (across all social strata) creates a more enabling environment free of SSDDIM where people living with HIV can be open about their status. Empowerment increases the number of people willing to test, whilst affording more people access to appropriate medication.

- **Empowerment through education:** Knowledge is power. Everyone should have the right to an education and Christian Aid seeks to ensure that this right is realised. In addition, making informed decisions about HIV and sexual behaviour requires access to all relevant facts and having the confidence to make or negotiate healthy choices.

- **Economic empowerment:** Economic empowerment enables women and men to take charge of their own lives. Being economically empowered challenges harmful gender practices and the consequential effects of poverty, circumstances that make populations especially vulnerable to HIV. Access to information, financial institutions, credit and loan schemes, and enabling opportunities for professional training are ways to economically empower populations.

- **Gender empowerment:** Gender imbalances exacerbate the impact of HIV and disproportionately subject women to unequal power relations, violence, discrimination and poverty. Providing a space for both male and females to challenge harmful gender norms, alongside other innovative strategies reflective of culture and context, is critical to reverse the negative impact on women and girls.

- **Meaningful involvement and inclusion of PLHIV and affected communities:** PLHIV and affected communities have the right to access the same quality of services (e.g. health) than those who are HIV-negative. It is thus equally important that they are involved in the decisions that affect them. The NGO code of Good Practice on HIV identifies two main principles to ensure the meaningful involvement of PLHIV and affected communities: (1) To advocate for their involvement in all aspects of the HIV and AIDS response; and (2) To foster their meaningful involvement in NGO work[31].

- **Promoting inclusion and social transformation:** One significant finding from the SAVE evaluation was the wholly positive acceptance and impact of SAVE on PLHIV. It has had both a personal impact on PLHIV, giving hope and encouraging individuals to publicly disclose their status, as well as a broader impact with the formation of support groups and networks. SAVE provides a unique opportunity to challenge SSDDIM and provide people with an inclusive package of information to stimulate tolerance and to most appropriately respond to HIV[32].

  'The SAVE message enhances the greater involvement of people living with or vulnerable to HIV and AIDS in positive living, positive prevention and treatment initiatives; not as problems to be avoided but as partners to be appreciated, involved and empowered'[33].
  *– **Christian Aid Sudan Country Programme***

29 DFID Research Programme Consortia Terms of Reference, *Tackling the Structural Drivers of the HIV Epidemic* (2010)
30 DFID Research Programme Consortia Terms of Reference, *Tackling the Structural Drivers of the HIV Epidemic* (2010)
31 The NGO code of Good Practice on HIV; http://www.hivcode.org/silo/files/mipa-selfassessment.pdf
32 Independent SAVE evaluation (2009)
33 Christian Aid Sudan Country Programme presentation, 2008

Structural drivers of HIV, Key questions:

- What drives the local epidemic in your community?
- How does the local understanding of gender roles in relation to economic power, stigma and taboo impact male and female behaviour? How does it impact HIV risk and vulnerability? How should HIV prevention programmes be adapted to address these underlying drivers?[34]
- How can community members be empowered to overcome these drivers of the epidemic in their context?
- How can programmes be better designed to challenge gender-based violence, including intimate partner violence?[35]
- 'How can male circumcision programmes be reconfigured taking into account contextual circumstances of sexuality, masculinities and gender dynamics?'[36]
- How can inaccurate information and ignorance contribute to the impact and spread of HIV?
- How can programmes more effectively address inaccurate information and/or ignorance of HIV among populations?

34 DFID Research Programme Consortia Terms of Reference, *Tackling the Structural Drivers of the HIV Epidemic* (2010)
35 DFID Research Programme Consortia Terms of Reference, *Tackling the Structural Drivers of the HIV Epidemic*(2010)
36 DFID Research Programme Consortia Terms of Reference, *Tackling the Structural Drivers of the HIV Epidemic*(2010)

Case Study: Economic Empowerment in RWANDA

Before the genocide in 1994 there was little work being done on HIV in Rwanda. The genocide and subsequent local conflicts increased the spread and impact of HIV in the region, which heightened its national visibility and priority. With Rwanda making significant progress over the past decade in addressing the health needs of its citizens, including the development of a community health insurance scheme, Christian Aid and partners have sought to address stigma and disempowerment still experienced by PLHIV in Rwanda. RWANERELA+[37], for example, empowers members of its congregations through support groups where members receive treatment and nutritional guidance, individual and couple counselling, motivational trainings on SSDDIM, and financial training on savings, credit and business. Cooperatives have become a framework to help PLHIV improve access to services without experiencing discrimination. These groups are now at the heart of policy formulation within their communities and are better placed to engage in self-empowering activities. One group, for example, wanted to support HIV-positive children with nutritional assistance so they started a business called KIZA Volcano Milling (KIZA stands for SAVE in the Kinyarwanda language) where they make, package, and sell flour at the local market and provide flour for HIV-positive and other vulnerable children.

RWANERELA+'s economic and social empowerment has inspired religious leaders and congregation members to openly disclose their status, fostering a mutual respect and change in attitude towards HIV among members. After over two years of being ashamed to open up about his status, Pastor Viateur credits RWANERELA+ and SAVE for giving him the courage to be open with his HIV-positive status. He expressed, 'they have become like parents to me and have eased my load'[38]. The larger faith community in Rwanda has since adopted SAVE as the preferred approach to respond to HIV.

37
INERELA+ Rwanda chapter
38 Christian Aid Rwanda and Angola HIV/SAVE Case Study, 2011; Christian Aid Rwanda Country Programme, 2011

POSSIBLE LESSONS:

- SAVE is a powerful tool to empower PLHIV and to gain momentum around addressing SSDDIM.
- Religious networks can reach many people using limited funds. They are also uniquely placed to empower PLHIV and to ensure their integration within communities and reduce stigma. Religious communities are highly respected members in African society and therefore influential agents of change.
- Support groups provide a space for PLHIV to share stories and encourage others to be open about their status. They can also empower members through information and economic opportunity, whilst creating a platform for members to participate openly in policy dialogue to inform the decisions affecting them.
- Appreciating that disclosure can make people especially vulnerable to SSDDIM, empowering PLHIV to increase their self-esteem, quality of life, participation in advocacy and promoting stigma-free messages in their communities will lead to positive living for all PLHIV.

Section 2: Examining SAVE at the programme level

Frequently Asked Questions about SAVE

How do we introduce SAVE to others?

In Sierra Leone, Christian Aid country team and partners educate people on the benefits and limitations of existing HIV prevention methods. They help people understand that HIV transmission is not confined to unprotected sexual behaviours, a limitation of ABC messaging. They also provide examples of why HIV responses should encompass *all* elements that shape the spread and impact of the virus (e.g. access to treatment, testing and empowerment). This comparison allows Christian Aid staff and partners to assess for themselves the benefits of SAVE and to adopt the approach accordingly[39].

39 Using SAVE guidelines, 2009; Christian Aid Sierra Leone Country Programme, 2011

Suggested session:

Ask the question—What messages do we see every day about HIV? (Could put posters around the room of HIV messages specific to the country).
Are these messages true? **Are these messages** accurate? **Are these messages** stigmatising?
How many people do you know who practice abstinence?
Look at the advantages and disadvantages of every message.
Building upon all the advantages raised in the group, introduce the SAVE approach and show how it is comprehensive.

Is SAVE a replacement of ABC?

No, SAVE incorporates ABC under Safer Practices, whilst going further by covering *all* underlying factors that shape the scale of the epidemic. SAVE upholds the notion that everyone has the right to access information and to appropriate HIV prevention, treatment, care and support[40]. In particular, SAVE challenges the stigma that often prevents men, women and children to seek HIV testing or disclose their HIV status, a major driver of the epidemic. Empowerment through education and a shift in attitudes can have a significant impact in reducing the spread of HIV. SAVE is a comprehensive strategy for confronting the causes and implications of HIV in a range of social, cultural and political contexts. It is a framework for preventing the spread of HIV and caring for those who have the virus, irrespective of how they contracted it[41].

40 Please refer to the resource section at the end for more resources on SAVE.
41 Christian Aid Ireland letter, *Combating HIV – A Response*, 2008

Suggested session:

Encourage people to understand the limitations of the ABC approach as a stand-alone message by asking questions such as:

- What is ABC?
- Why doesn't ABC work when addressing sexual transmission of HIV?
- How does ABC apply to an injecting drug user?
- How does ABC apply to a child born with HIV?
- How does ABC apply to someone who acquired HIV from a blood transfusion?

How can we use SAVE in our outreach?

Depending on the audience you are targeting, SAVE can be introduced in several ways including through media, community, school, youth groups, churches, etc. In Kenya and Sierra Leone, for example, community educators and facilitators organise dramas on SAVE where communities actively participate. SAVE animations and songs have proven particularly engaging for youth groups. Christian Aid in Sierra Leone organises quizzes on SAVE with prizes to encourage youth to learn more about the approach[42]. Country teams and partners have created their own SAVE outreach methods unique to their settings. The Christian Aid Haiti team, for example, produced new SAVE prevention materials in French, Spanish and Kreyòl, whilst the team in Sierra Leone designed their own SAVE posters with images that can be more easily understood within their local environment.

How can we use SAVE with people whose reading abilities are limited?

You can use SAVE animations, posters and other visual materials to discuss the approach with illiterate populations. SAVE animations is an excellent resource for this population, as they tell a story by combining music, song and story animations. In cases where SAVE videos include text, the text is often stated aloud and explained through images. In Sierra Leone, partners created a SAVE poster with images representing the meaning of each SAVE letter (e.g. Safer Practices, Access to Treatment, VCT, and Empowerment). The poster was piloted in rural areas to test people's understanding of the images and following the pilot, partners made changes to make the images clearer for communities[43].

My organisation already promotes comprehensive HIV prevention and advocates for the rights of PLHIV, so what is the advantage of adopting SAVE?

SAVE provides a framework for covering every aspect of HIV rather than limiting the response to, for example, only prevention or treatment. That is what makes SAVE a flexible and adaptive approach to work with. SAVE is advantageous for any organisation to adopt since it covers all modes of prevention, treatment (including nutrition and support services), testing and empowerment.

How do I use SAVE in work with faith communities and faith leaders?

INERELA+ leaders such as Reverend Canon Gideon Byamugisha and Reverend Japé Mokgethi-Heath have successfully engaged faith leaders and communities with SAVE in the following ways[44]:

- INERELA+ Leaders start from the premise of 'not blaming religious leaders for the stigma, shame, denial and discrimination around HIV and AIDS'. Instead, they view them as leaders who are keen to gain correct information on HIV.
- 'We share our own HIV-positive status' to discount long perceived views of HIV-positive people and traditional high-risk groups.
- They help their fellow religious leaders 'assess both their own attitudes towards PLHIV and the risk to HIV in their past and present life histories'.
- INERELA+ leaders explain why HIV prevention is not as simple as 'ABC'.
- 'Through reflection, dialogue and group work, INERELA+ leaders talk about the causes and effects of SSDDIM on HIV and AIDS prevention, care, treatment and impact mitigation'.
- Since SAVE does not exclude anyone on the basis of their status and is applicable enough to serve a much broader population, religious leaders are encouraged to embrace the approach as valued leaders in their societies.

42 Christian Aid Sierra Leone Country Programme, 2011
43 Christian Aid Sierra Leone Country Programme, 2011
44 Reverend Canon Gideon Byamugisha, 2011

Organising workshops to train faith leaders in SAVE – ANGOLA example:

In Angola, the church, as a major power holder, has a crucial role to play in positively influencing attitudes and behaviour in wider society in the response to HIV. Pastoral workers and local church leaders in various communities have been using evidence-informed, holistic approaches to address HIV. At an institutional level, however, Angolan churches are transmitting mixed, inaccurate messages about HIV to their congregations that stigmatise PLHIV, undermining any positive stigma reduction efforts. Christian Aid and other national and international faith-based partners in Angola came together to address this challenge by organising an international ecumenical conference on HIV and AIDS in November 2010[45]. The three-day conference engaged over 150 religious leaders (including some prominent ones) and grassroots change makers to explore issues such as 'HIV and gender', 'social advocacy and HIV', and the role of faith communities in the HIV response.

LESSONS that emerged from the conference:

- Large events can be effective to generate awareness and increase coverage of the issues being addressed.
- Bringing together prominent religious leaders together with local activists and pastoral workers did not enable learning for some higher-level leaders that might have been more at ease in peer-to-peer situations. In this case, organising separate spaces for higher-level religious leaders and those working directly with the HIV response on the ground may have been more effective.
- A renewed understanding of the dynamics of change—those most interested in maintaining the status quo are likely to be least open to change. It is important not to lose sight of the continued need to strengthen and equip grassroots change agents with the tools necessary to carry out transformative work in HIV.
- Involving sister agencies/networks in dialogue events has widened the reach of the faith community and strengthened its voice in advocacy and support efforts towards PLHIV.
- Considering issues of representation in speaker selection is crucial. Giving prominence to 'official' bodies (e.g. governmental or international organisations) over the people who are most affected by AIDS—PLHIV and those working at the grassroots level—can overshadow important perspectives.
- Building capacity in the theological basis for SAVE is important to tackle tricky issues in a way that appeals to faith leaders (e.g. using quotes from the bible or from other holy books).
- Bringing together different strengths, backgrounds and ideas is important to build up a 'critical mass' for change and to foster learning and better practices.

45 Christian Aid Case Study on Angola Ecumenical Conference on HIV and AIDS, 2010

How do I respond to the accusation that SAVE abandons moral responsibility around HIV?

'The SAVE approach does not abandon moral responsibility around HIV. On the contrary, it strengthens the case for moral responsibility and leadership of individuals, families, communities and nations in reducing SSDDIM'[46] and lessening the impact of HIV and AIDS on vulnerable populations.

Why does the SAVE model have 'HIV is a Virus NOT a moral issue' message when in fact HIV can become a moral issue?

'HIV is a virus and not a moral issue' was coined to address the judgmental attitudes of some

46 Reverend Canon Gideon Byamugisha, 2011

Faith leaders and communities that regard people living with HIV as sinners. In reality, HIV is a virus spread when HIV-containing bodily fluids (blood, semen, vaginal fluid or breast milk) from an infected person are shared with an uninfected person – whether through sexual activity, from a mother to a child, through untested blood, or through sharing skin piercing instruments in medical or other settings. HIV, therefore, does not discriminate – anyone can get it[47].

Is SAVE a message for faith-based organisations and churches only, or is it for everyone?

SAVE is for EVERYONE. 'It has been shown to be a particularly good tool for religious leaders, both Muslim and Christian, but also for the purposes of peer education and community sensitisation carried out by secular organisations'[48]. 'Faith-based organisations have trusted the source of the SAVE message which has made them feel safer in raising the issues of HIV prevention, treatment, care and support'[49]. Yet because SAVE does not contain a religious message, it is wholly compatible within public health circles. 'Secular and faith-based organisations equally can and do promote its holistic approach'[50], and it has become popular amongst both settings in several countries.

What is the evidence-base for adopting the SAVE approach?

Please see the Independent Evaluation of the SAVE approach (2009). As Reverend Canon Gideon Byamugisha states, 'good intentions without right frameworks are powerless against AIDS until one adopts a framework that is successful in reducing SSDDIM'[51]. Unlike ABC, SAVE does not imply judgemental attitudes towards behaviours and outcomes, whilst actively challenging SSDDIM.

How gender sensitive is the SAVE model?

SAVE is a comprehensive approach that equips both men and women to protect themselves from HIV. Christian Aid firmly supports the principle that people living with HIV are entitled to the same human rights as everyone else, including the right to gender equality. A strong reason for expanding ABC to SAVE was its ability to confront gender-related realities on the ground, empowering both women and men to uphold their rights[52]. One of Christian Aid's faith partners, the Ecumenical HIV and AIDS initiative in Africa (EHAIA), for example, uses SAVE as a framework to discuss themes of masculinities, youth, sexuality and gender-based violence as they relate to HIV[53].

How can I showcase SAVE? –SAVE as an innovation

Christian Aid and partners should think outside the box if SAVE is going to replace the old messages in a new and fun way[54]. Christian Aid has already started this process by working with local musicians to create messaging through music and animations, providing a space for communities to lead in improving their own health. Christian Aid country teams and partners have personalised these messages by translating animations to their local languages and designing posters and radio messages to fit within their contexts. Finding ways to share SAVE ideas across country offices can generate new ideas. Christian Aid country teams, for example, could showcase their ideas through exhibitions, documentaries, and/or through a SAVE mailing group (or a website for all organisations to share).

What ideas do you have to share SAVE innovations? [Brainstorm]

47 Christian Aid Ireland letter, *Combating HIV – A Response*, 2008
48 Independent SAVE evaluation (2009)
49 Independent evaluation of Christian Aid's faith-based work on HIV, March 2011
50 Independent evaluation of Christian Aid's faith-based work on HIV, March 2011
51 Reverend Canon Gideon Byamugisha, 2011
52 Reverend Canon Gideon Byamugisha, 2011
53 EHAIA World Council of Churches Impact Assessment (2002-2010); 2011
54 Charlie Walker, 23 March 2011

SAVE as an Advocacy Tool

What is Advocacy?

Advocacy encompasses activities that organisations or individuals can take to exert pressure for change in a specific policy or behaviour of a government, organisation, or single individual. Ultimately, advocacy is about successfully influencing agendas to achieve a desired change. Elements can include research and policy analysis, awareness raising, lobbying, media and campaigning. For Christian Aid, advocacy is about achieving change that benefits disadvantaged individuals and communities and seeking to address the underlying causes of poverty.

SAVE as an Advocacy Framework

Moving 'beyond a framework for sensitisation and programming, SAVE provides a great framework for advocacy that fits well with current global advocacy focuses'[55]. SAVE also provides an opportunity to highlight issues at local and national levels such as gaps in treatment options and accessibility of information.

55 Independent SAVE evaluation (2009)

Community Advocacy

Case Study: Campaign success in the DEMOCRATIC REPUBLIC OF CONGO (DRC)

In 2007, Community Action against HIV in the Congo (CAHAC) with support from CA organised the country's largest ever HIV demonstration, where **10,000 HIV activists** marched through Kinshasa and all 11 of the country's provinces. The Congolese Prime Minister and Head of Parliament welcomed the marchers in Kinshasa and the event received national media recognition. As a result of the march of solidarity, parliament passed a new law that criminalises HIV-related discrimination. Employers can no longer require their staff to test for HIV. Universal access to ARVs has also become a priority. Despite financial limitations, CAHAC's pressure on the government to make HIV a funding priority has increased the number of people on ARV treatment; increasing from 4,000 to 32,000 in the past five years. Also, due to the solidarity created through the CAHAC campaign, a national NGO-led group was established to represent the needs of people living with HIV before government[56].

POSSIBLE LESSONS:

- This case study reinforces the importance of 'power by numbers' and collective action—co-ordinating efforts and uniting among common interests.
- Involving media will increase visibility of campaigns for a wider impact.
- The importance of stepping up advocacy for the provision of medication, as it is often through advocacy that people are able to gain access to services.
- Appreciating that the components of SAVE are not stand-alone messages (by combining the 'A' and 'E', for example) will empower communities to uphold their rights and effectively advocate for 'Access'.

56 DRC CAHAC campaign: http://www.christianaid.org.uk/whatwedo/in-focus/hiv-malaria-health/hiv-campaign-success.aspx- Includes podcast about the CAHAC campaign.

National Advocacy

SIERRA LEONE: Adoption of SAVE by the National AIDS Secretariat

Over the past two years, Christian Aid and partners in Sierra Leone organised SAVE campaigns to raise national awareness on SAVE aimed at local and international NGOs, the Ministry of Health, District AIDS Councils, members of parliament and the National AIDS Secretariat. They identified key allies (e.g. the Director of the National AIDS Secretariat) to support their initiatives by attending meetings and bringing on board other key actors such as the Office of the First Lady. Sierra Leone partners organised regular radio, TV, press conferences and other forms of outreach to inform communities about SAVE and to encourage dialogue. INERELA+ Sierra Leone mobilised faith leaders and congregations to get on board, whilst other partners such as the Network of HIV Positives in Sierra Leone (NETHIPS) successfully lobbied the Ministry of Health to replace billboards that promoted stigmatising messages with SAVE posters throughout the country. As Christian Aid's Sierra Leone team recalls, 'we explore every opportunity to talk about SAVE at national conferences, symposia, partnership forums, etc'. As a result, SAVE is now recognised by the National AIDS Secretariat (NAS) and has been incorporated into Sierra Leone's National AIDS strategy.

POSSIBLE LESSONS:

- Strong collaboration between partners and government agencies is important to gain national recognition and acceptance of SAVE.
- Targeting people in influential positions (e.g. the First Lady, the Director of the National AIDS Secretariat and the Chair of the parliamentary health committee) is critical for the successful adoption of SAVE into a country's national HIV framework.
- 'Seize the moment'— Target campaigns at specific people, during specific times (e.g. the National AIDS Conference and partnership forums), whilst talking about SAVE at every opportune time. 'Make SAVE visible'[57].
- A multifaceted strategy targeting different groups (e.g. community awareness strategies as well as national level recognition and trainings) is essential for a successful campaign.

What are the HIV policies in your country? [Brainstorm]

57 Christian Aid Sierra Leone Country Programme, 2011

SAVE in the global advocacy context

Each component of SAVE fits within the global advocacy context, for example 'Access to Treatment' is in line with the campaign for Universal Access to HIV Treatment outlined in the World AIDS Campaign. SAVE is an approach that can raise awareness of local, national, and global advocacy issues and mobilise a collective response to address them[58]. The gap between the need for prevention services and their availability highlights the demand for approaches that fit within advocacy strategies. SAVE provides an approach that does this[59]. SAVE ensures that policy makers and programmers do not overlook areas that enable a full-packaged HIV programme.

58 Independent SAVE evaluation (2009)
59 Independent SAVE evaluation (2009)

Global advocacy through faith communities: Christian Aid and partners build strong relationships globally. One of Christian Aid's faith partners, the Council of Anglican Provinces in Africa (CAPA), for example, has reached 400 Anglican bishops with the SAVE message with a potential to reach an additional 40 million people through its clergy60. In addition, the Ecumenical HIV and AIDS initiative in Africa (EHAIA) has trained and equipped over 12,000 religious leaders globally since 2002 across nearly 20 different denominations to challenge stigma, discrimination and gender norms that exacerbate the impact of HIV. This work illustrates the reach of faith networks and leaders across the globe61.

60 Independent evaluation of Christian Aid's faith-based work on HIV, March 2011
61 EHAIA World Council of Churches Impact Assessment (2002-2010); 2011

SAVE as a Programme Framework

'SAVE provides a relatively simple framework in which all areas of the HIV response can be addressed. The SAVE framework is both acceptable at government level and acceptable and understandable at population level, enabling effective community dissemination'[62].

Programme Focus and Design

Using SAVE to select your programme focus and partners ensures that the programmes you develop are comprehensive and empowering. Programme staff should adequately train partners in SAVE, identifying the relationship between each letter. When designing prevention programmes, for example, you can use the four pillars of SAVE to design your interventions (e.g. providing free VCT services can reinforce safer practices to avoid infection or re-infection and access treatment before the virus advances into AIDS). You can use SAVE to define the advocacy focus of any programme globally and in country – e.g. if the national policy does not include provision for PPTCT or injecting drug users, use SAVE to advocate for the inclusion of these services and populations.

SAVE in Log frames

You can use S-A-V-E as the basis for log frames. For example, you might decide to measure *Empowerment* through the number of women accessing IGAs, whilst *Safer Practices* and *Access to Treatment* through the numbers of young people, or specific groups such as drug users, accessing prevention services or treatment. You can also track the progress of SSDDIM reduction and SAVE advocacy based on policy formulation, strategic planning, trainings, communication, research, resource allocation, etc. by using the matrix developed by the Global Working Group on Faith, SSDDIM and HIV Secretariat[63], developing your own log frame, or by integrating SAVE within a log frame specific to a programme's objectives.

How to use SAVE in Monitoring and Evaluation

As with other Christian Aid programmes, it is important to evaluate the progress of SAVE even if SAVE is integrated within a wider programme. Monitoring and evaluating SAVE enables programme staff to identify and promote strategies that have the biggest impact on populations. For example, it enables us to measure how SAVE has made an impact on reducing SSDDIM and ways that we can enhance the effectiveness of our outreach. In a context where donors and policymakers are demanding evidence-informed analysis and accountability, Christian Aid and partners must adequately document SAVE and progress achieved as a result.

62 Independent SAVE evaluation (2009)
63 Appendix and monitoring tool for *Monitoring and Evaluating our SAVE Programming Efforts at Local Community Level in the Faith Sector* (April 2010)—See 'Section 3: Save Resources'.

It is useful to include an all-encompassing approach when monitoring SAVE, such as through a logic model of measuring **inputs → outputs → outcomes** relating to prevention, testing, treatment, stigma reduction, empowerment and advocacy. These components should be measured across different subgroups of interest (e.g. women, men, youth, religious leaders, PLHIV) to determine levels of performance and variability in impact or uptake from different populations to shape the direction of your work.

How to monitor programme impact? Evaluating impact calls for measuring the *changes* in outcomes that are *'directly attributable to the programme'*[64]. For example, say your output is the training of 50 religious leaders in the SAVE approach and your outcome is, more positive attitudes towards HIV among the religious community. Measuring impact takes this process a step further by credibly identifying the causal relationship between SAVE and the outcomes of interest. Were the positive attitudes a result of the training on SAVE? What if they were trained in ABC, would the project still experience a change in positive attitudes? What if you did not train the religious leaders in SAVE, would you see any changes in the project population? As you can see from these questions, it is important to have baseline data prior to programme implementation for both treatment and comparison groups over time (e.g. you can measure the differences between programme populations and a similar population who have not benefited from the programme to analyse degrees of significance).

64 *Impact Evaluation in Practice* (World Bank, 2011)

Section 3: SAVE resources[65]

There are several documents that can be used to support the introduction of SAVE to not only Christian Aid staff but also to development partners globally. The documents listed below are available to Christian Aid staff and are available on request to non-Christian Aid staff (unless otherwise accessible through the web)[66]. The resources provided are not exhaustive.

Training

Please refer to INERELA+'s SAVE Training Manual (2011) for training guidelines and further detail on SAVE[67].

SAVE-specific publications

- Independent Evaluation of the SAVE approach (2009)
- HIV SAVE Leaflet (Christian Aid, 2010) - English version
- HIV SAVE Leaflet (Christian Aid, 2010) - French version
- HIV SAVE Leaflet (Christian Aid, 2010) - Spanish version
- SAVE materials survey (2010)
- Uganda SAVE Evaluation Report (2008)
- Rwanda SAVE Evaluation Report (2009)
- Kenya SAVE Evaluation Report (2009)
- Sierra Leone SAVE Evaluation Report (2009)

Impact evaluation

- *Impact Evaluation in Practice* (World Bank, 2011): http://siteresources.worldbank.org/EXTHDOFFICE/Resources/5485726-1295455628620/Impact_Evaluation_in_Practice.pdf

Christian Aid country/partner reports (with integration of SAVE)

- EHAIA World Council of Churches Impact Assessment (2002-2010); May 2011
- Sudan PLHIV Report: *Condemned, invisible and isolated – Stigma and support for PLHIV in Khartoum* (2008)
- Sudan SAVE and SSDDIM presentation (2008)
- Rwanda external evaluation of HIV consortium programme: *Knowledge, attitudes, practices and stigma survey* (Dec. 2010)
- Rwanda and Angola SAVE case study (2011)
- Angola Ecumenical Conference on HIV and AIDS (2010)

Faith partner resources

- *What's faith got to do with it? A Global Multifaith Discussion on HIV Responses* (Dec. 2010): http://www.inerela.org/english/Whats-faith-got-to-do-with-it.pdf
- Resources/Booklets on the 'SAVE Approach' From The FOCAGIFO Hope Institute for Transformational Leadership and Development *(Available On Request)*[68].
- Appendix and monitoring tool on *Monitoring and Evaluating our SAVE Programming Efforts at Local Community Level in the Faith Sector* (presented in the Religious Leaders High Level Summit on HIV and AIDS 13-15 April, 2010 Entebbe Uganda)[69].

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66 Please email info@christian-aid.org, or contact: Christian Aid 35 Lower Marsh, Waterloo London SE1 7RL. Tel: +44(0) 20 7620 4444.

67 For the SAVE training manual, please visit INERELA+s website at: http://www.inerela.org/english/ or contact Clare Mead at: clare_mead@inerela.org.

68 Some resources are available online at: http://www.focagifo.com/. For resources not available online, you can request a list of available resources and their copies by emailing: info@focagifo.org or by contacting: (Mailing address): The Office of Christian Aid's Goodwill Ambassador on HIV and AIDS c/o Friends of Canon Gideon Foundation (FOCAGIFO), P.O Box 37270. Kampala, Uganda. (Physical address): Ambassadors of Life and Peace Centre (adjacent Bishop Samuel's Chapel), Jinja Kalori-Katooke, Nabweru Sub County, Wakiso District, Uganda. Tel: (+256) 414577201.

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Multimedia

- DRC CAHAC campaign podcast: http://www.christianaid.org.uk/whatwedo/in-focus/hiv-malaria-health/hiv-campaign-success.aspx
- Kenya SAVE animation video: http://www.youtube.com/watch?v=SPn_sxPc3y0&feature=related
- Faith leaders in Sudan: http://www.youtube.com/watch?v=2A_0tM23cb4
- Haiti SAVE video: http://www.youtube.com/watch?v=r3N4WYSgIfM
- DRC SAVE by Océan Clef: http://www.youtube.com/watch?v=tRerc_7-JSQ

Christian Aid documents

- Christian Aid News, Spring 2011
- Independent evaluation of Christian Aid's faith-based work on HIV, March 2011

Useful sites

- Christian Aid: http://www.christianaid.org.uk/
- INERELA+: http://www.inerela.org/english/
- WHO: http://www.who.int/en/
- CDC: http://www.cdc.gov/
- UNAIDS: http://www.unaids.org/en
- UNICEF: http://www.unicef.org/
- FOCAGIFO: http://www.focagifo.com/
- CAPA: http://hivaids.anglicancommunion.org/index.cfm
- EHAIA: http://www.oikoumene.org/en/resources/documents/wcc-programmes/justice-diakonia-and-responsibility-for-creation/ehaia.html
- CATIE, 2007: A Practical Guide to Nutrition for People Living with HIV: http://www.catie.ca/pdf/PG_Nutrition/nutri_eng.pdf

For copies of the appendix and monitoring tool, please email: info@focagifo.org