



***WHITE HOUSE
FAITH-BASED
AND
COMMUNITY
INITIATIVES***

AFRICA CONFERENCE

WHITE HOUSE
FAITH-BASED
AND
COMMUNITY
INITIATIVES

CONFERENCE ON
AFRICAN HEALTH
INITIATIVES

LUSAKA, ZAMBIA
APRIL 4, 2008



CONFERENCE HIGHLIGHTS: AFRICAN HEALTH INITIATIVES



KEYNOTE SPEAKER:

Her Excellency Maureen Mwanawasa
First Lady of Zambia

PLENARY SPEAKERS:

Jay Hein
*Deputy Assistant to the President and
Director White House Office of Faith-
Based and Community Initiatives*

Ambassador Carmen Martinez
U.S. Ambassador to Zambia

Dr. Ben Chirwa
*Director General of the National HIV/
AIDS, STI and TB Council*

Bishop Josh Banda
*Chair of the National HIV/AIDS, STI
and Tuberculosis Council*

Reverend Helmut Reutter
Chairman, CHRESO Ministries

Fredrick Mulenga
*Director of Programs for CHRESO
Ministries*

Michael Koplovsky
Deputy Chief of Mission

Admiral Timothy Ziemer
President's Malaria Initiative Coordinator

Edward Greene
*Fund Manager, The Global Fund to Fight
AIDS, Tuberculosis, and Malaria*

Dr. Simon Mphuka
*Executive Director of the Church Health
Association of Zambia*

Susan Adams
*Office of the U.S. Global AIDS
Coordinator*

Folami Harris
Academy for Educational Development

Moses Sinkala
Catholic Medical Mission Board

Chad Rathner
Academy for Educational Development

AFTERNOON WORKSHOPS:

Track 1: Sustainable Organizations and Partnerships: The Building Blocks of Success

This session will address what makes a sustainable healthy organization, how to work within the host country framework as a donor recipient, and how best to assess and leverage local partnerships and resources.

Track 2: U.S. Assistance: Foundations for Growth

This session will offer the fundamentals of complying with U.S. regulations, Monitoring and Evaluation, and what it takes to graduate to different levels of assistance.



THE WHITE HOUSE
WASHINGTON

March 14, 2008

I send greetings to those gathered for the White House Faith-Based and Community Initiative's Africa Conferences in Rwanda and Zambia.

Africa is a continent of promise and opportunity, and this is a hopeful era in African history. The WHFBCI Africa conferences bring together public and private sector leaders from the United States and Africa to discuss ways faith-based and community organizations can partner with private businesses to contribute to society's greatest needs.

Last month, Laura and I traveled to Africa to see first-hand the successes of PEPFAR and our Malaria Initiative. We were inspired by the optimistic nature of Africa's citizens, and the compassion of both Africans and Americans was evident throughout our visit. The United States will continue to support African nations as they work to build a more hopeful future for their people.

I appreciate the conference attendees and all those who are committed to an Africa that is healthy, prosperous, and peaceful.

Best wishes,

A handwritten signature in black ink, appearing to read "George W. Bush". The signature is fluid and cursive, with a large initial "G" and a long, sweeping underline.

FAITH-BASED AND COMMUNITY INITIATIVES

AFRICA CONFERENCE

Today's White House Office of Faith-Based and Community Initiatives Conference is offered as part of the continued expansion of President Bush's vision for compassion in action around the world. Its objective is to highlight, honor, and expand the work of what President Bush calls "the armies of compassion"—the faith-based and other community groups at work in Zambia and across Africa—and to expand the U.S. Government's capabilities for partnering with these vital allies to defeat HIV/AIDS, malaria, and other ills.

The U.S. Government possesses great resources but by itself is unable to resolve the deepest and most stubborn challenges many people face. To renew hope, convey empathy, or inspire change for struggling individuals often requires the personal engagement of a compassionate neighbor. That is why President Bush promised, "[I]n every instance where my Administration sees a responsibility to help people, we will look first to faith-based organizations, to charities, and to community groups."

This vision for empowering locally built solutions and expanding neighbor-to-neighbor service is the heart of the President's Faith-Based and Community Initiative (FBCI) and is now an integral part of the U.S. Government's efforts to address human need both at home and abroad.

THE FAITH-BASED AND COMMUNITY INITIATIVE BEYOND AMERICA

Under President Bush's leadership, the U.S. Government has vastly expanded the battle against disease, poverty and other challenges in Africa and around the world. These efforts carry not only unprecedented investment of U.S. resources but also a definitive emphasis on marshalling the capabilities of faith-based and other community organizations to target longstanding problems.

President Bush created the FBCI to drive this vision, leading efforts to fundamentally change the way gov-

"Just a decade ago, much of Africa seemed to be on the brink of collapse, and much of the world seemed content to let it collapse. Today, that's changing. A new generation of African leaders is stepping forward, and turning their continent around. International organizations, and faith-based groups, and the private sector are more engaged than ever. And in one of the major priorities of my Presidency, the United States has fundamentally altered our policy toward Africa."

—PRESIDENT GEORGE W. BUSH,
FEBRUARY 14, 2008

ernment engages human need. In contrast to government systems designed to address social ills with large, impersonal machinery, the Initiative pushes in the opposite direction—toward solutions that are local and personal and depend on neighbor serving neighbor.

To oversee this government-wide effort, the President established a White House Office as well as "Centers" for Faith-Based and Community Initiatives located inside major Federal agencies to implement the vision deep within government policies and program. To carry the Initiative's efforts abroad, an FBCI Center was created at the U.S. Agency for International Development (USAID) in 2002. Likewise, FBCI Centers at the U.S. Departments of Agriculture, Labor and Health and Human Services and other agencies are integrating the Initiative's vision into international policies and programs in Africa and around the world.

This work includes helping social service programs tap into effective grassroots organizations, ensuring a "level playing field" for faith-based organizations, helping train novice organizations to partner with government agencies, championing corporate philanthropic engagement, and many other efforts to expand collaboration between the agency and the private sector.

Thanks to this work, the complementary strengths of the U.S. Government, indigenous faith-based and community organizations, American and international NGOs, corporations, academic institutions, home-country governments, and other key partners are driving hope and impact in Africa like never before.

WHY COMMUNITY AND FAITH-BASED ORGANIZATIONS?

Ensuring that faith-based and other community organizations (FBCOs) are enabled to play a central role in the U.S. Government's aid and development efforts is not merely a matter of fairness; it is a pragmatic strategy for building the most effective and long-lasting solutions to vexing social ills.

Approaching aid and development in this way rejects the paternalism that warped many aid efforts in the past. While still acknowledging the critical role of donor governments, it makes indigenous organizations and local civil society linchpin partners in any undertaking. It affirms these local entities as invaluable allies, draws upon their unique strengths, and builds their capabilities for the long-term.

Community-based organizations are closer to individual neighborhoods and the challenges they face than even most local governments. These groups—which range from small, all volunteer charities to large, sophisticated organizations—often do not need to go “the last mile” to reach those in need of services. They are already there. They possess cultural know-how, strong trust relationships and social networks, dedicated volunteers, buildings and other physical resources, and additional assets critical to effective service. In addition, the personal commitment of many individuals serving through these organizations brings a caring touch government rarely offers. Especially in dealing with highly personal matters such as behavior change or testing for an STD, this type of interaction is critical to success.

In addition, when government ensures faith-based organizations are welcomed as equal partners, it further expands potential for collaboration with many long-overlooked resources. A 2007 report by the World Health Organization (WHO) estimated that between 30 and 70 percent of healthcare infrastructure in Africa nations is owned by faith-based organizations, yet noted “there is often little cooperation between these organizations and mainstream public health programs.” This is despite the fact that, as confirmed by a recent Gallup World Poll, faith-based organizations are the most trusted institutions in many African societies. To exclude these entities from full partnership in addressing health and other key issues is not merely unfair but also omits one of the most important allies government could have.

An approach to aid and development that makes both faith-based and other grassroots organizations central to solutions goes deep and last long. Rather than overlaying external, foreign systems upon local challenges, it works to strengthen institutions that existed before the current program and will remain after it is gone. The skills and equipping provided to these entities can continue to serve and strengthen a community long after a particular donor or program is gone.

HOW IS THE VISION APPLIED?

U.S. policies and activities to advance the President's compassion agenda in Africa amount to a fundamental shift in the way government addresses human need. Some examples of this work include:

Policies

Implementation of the FBCI vision requires policies that actively promote engagement of grassroots nonprofits and efforts to extend their work, as well as a guarantee that faith-based charities will be treated as equal partners.

For example, the President's Emergency Plan for AIDS Relief (PEPFAR) has adopted a policy stipulating that no more than eight percent of total U.S. Government funding in a country may go to a single partner. This policy pushes U.S. in-country programs to expand their network of grantees and diversify partnerships. An exception is made for umbrella grantees in order to encourage large organizations to form collaborative projects with smaller, local organizations. PEPFAR also works with its international implementing partners to ensure that they have strategies to hand over programs to build capacity of local organizations to partner directly with the U.S. Government. As a result, more than 80 percent of PEPFAR's partners are indigenous organizations, nearly one quarter of which are faith-based groups.

Another example of policy that advances FBCI goals abroad is USAID's efforts to incentivize large non-government organization (NGO) grantees and contractors to help build capacity in sub-partners and other organizations, especially small or indigenous groups. Many grant programs now include requirements and/or incentives that build organizational capabilities of NGOs. Additionally, the U.S. Government has established policies that ensure faith-based organizations are welcomed as equal partners in the battle against disease, poverty and other ills.

New Partner Programs

In addition to policies that shape the overall implementation of large programs, a number of specific initiatives have been designed to draw in new partners and strengthen their capacity. Examples include PEPFAR's New Partners Initiative (NPI), the President's Malaria Initiative's Malaria Communities Program (MCP), and the Child Survival and Health Grants Program New Partners Initiative (CSHGP).

PEPFAR's \$200 million New Partners Initiative (NPI) is growing the technical and organizational capacity of new local partners that have been awarded no more than \$5 million in total, to direct U.S. Government

funding over the past five years. This effort seeks to build community ownership of solutions and ensure sustainable, high-quality HIV/AIDS programs. Like NPI, the \$30 million Malaria Communities Program (MCP) supports and expands the efforts of communities and indigenous organizations to combat malaria at the local level. The MCP enables groups to become new partners in malaria control in Africa, aiming to build local ownership of malaria control for long-term partnerships with communities and national malaria control programs. USAID's Child Survival and Health Grants Program (CSHGP) has established a "new partners" category in its operating plan. This policy puts in place a mechanism to help new partners compete for funds and creates an infrastructure that provides technical assistance to ensure their success.

Cultivating Public-Private Partnerships

Whether through its FBCI Center, in-country Missions, USAID's Global Development Alliance (GDA), PEPFAR, or PMI, the U.S. Government champions the creation and expansion of collaboration between government, corporations, small and medium-sized enterprises, and the nonprofit sector. For example, through GDA, the Food Resources Bank Alliance coordinates U.S. faith-based, civic, and business leaders to fund projects that enable targeted communities in the developing world to feed themselves. The Alliance aids more than 850 million people around the world who experience extreme poverty and hunger. Moreover, in sub-Saharan Africa, the Alliance has helped families produce or earn enough to feed the entire household.

Public-private partnerships (PPP) are also a key element of the U.S. strategy to combat the HIV/AIDS pandemic and other global health crises. PEPFAR's public-private partnerships are collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish the President's goals of HIV/AIDS prevention, treatment, and care. In addition to an array of country-level PPPs and workplace programs with local private-sector

entities, PEPFAR supports eight large-scale, multi-country PPPs. These include the "Phones for Health" partnerships with cell-phone manufacturers and technology-based companies to develop health-management and information systems for HIV/AIDS; the "PlayPumps" partnership with the Case Foundation to bring clean water to schools and clinics in HIV-affected areas; and a new partnership with Becton Dickinson and Company to deploy experts to train technicians and build laboratory capacity.

In Zambia, a public-private partnership among PEPFAR, PMI, and the Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria (GBC) facilitated the distribution of more than 500,000 long-lasting insecticide-treated nets to some of the most vulnerable households in Zambia. The partnership builds on an existing HIV/AIDS platform, RAPIDS (Reaching HIV-Affected People with Integrated Development and Support), a consortium of six organizations that provides an integrated package of community-based prevention, treatment, and care support to orphans and vulnerable children and people living with HIV/AIDS in all nine provinces of Zambia. Consortium members include World Vision, Africare, CARE, Catholic Relief Services, the Salvation Army Zambia, and the Expanded Church Response. RAPIDS reaches more than 154,000 Zambian households through its network of 12,000 volunteer Zambian caregivers.

Championing Volunteerism

In 2002, President Bush issued a call to service and created USA Freedom Corps (USAFC) to help connect Americans with volunteer opportunities to aid others in need, both at home and abroad. As the coordinating council for U.S. volunteer service initiatives, USAFC is working to expand and strengthen national service programs. For example, under President Bush's leadership, Peace Corps participation rose to a 37-year high of more than 8,000 Americans, an increase of nearly 1,500 volunteers since 2002.

Additionally, the President created the Volunteers for Prosperity Program in 2003, which helps mobilize more than 30,000 volunteers overseas annually through roughly 250 partner organizations.

Many individual programs also place heavy emphasis on the role of American and local volunteers. For example, USAID's Child Survival and Health Grants Program (CSHGP) works with local NGOs to engage volunteers on a range of health projects. Through a new approach, volunteers are trained to deliver key health messages and activities to surrounding households, achieving outreach to 100 percent of a project's population area.

Small Grants Programs

Many PEPFAR country teams and a number of specific programs in Africa have created grant programs designed to deliver services through grassroots partners and extend their ongoing work. For example, the Ambassador's HIV/AIDS Small Grants Program in South Africa provides grants of less than \$10,000 to small, community-based organizations. In 2006, the program presented a total of 75 awards, which are used by the organizations to expand their HIV/AIDS services and also to grow as partners of the U.S. Government. Many prior year recipients are now considered leaders in their communities and are mentoring other organizations interested in joining with the U.S. Government to deliver services.

The impact of modest funding in an effective grassroots organization can be seen in the Ikhaya Le Themba Home-Based Care Group operating in the Cape Town township of Khayelitsha. This grassroots organization was founded in 2003 by 24 women and two men who wanted to help their chronically and terminally ill neighbors who did not have proper health care. In 2005, Ikhaya was awarded a \$10,000 grant to purchase nursing supplies and uniforms for the caregivers, who are now recognized as "professionals" in their

neighborhood. Since the Ikhaya Le Themba Group received the grant, the number of patients receiving care has more than doubled from 50 to 111.

Emphasis on Capacity-Building

The U.S. Government is increasingly committed to building the long-term sustainability of grassroots partners through comprehensive technical and organizational support, including financial and reporting capacity. In addition to capacity building provided to existing grantees, the U.S. Government hosts conferences and other training events that enable organizations to enter or expand partnerships. The wide-ranging conference content addresses topics like challenges of sustainability for indigenous partners, new Presidential initiatives, technical assistance training, and orientation for interested and new applicants.

U.S. Government capacity building also focuses on improving the effectiveness of NGOs, both in organizational development and to enhance specific services they deliver. This includes a variety of conferences, technology-based training events and other informational tools for NGOs on specific development, health, and other vital issues. For example, USAID holds a series of skill-building workshops and technical

updates for nonprofits in the United States and abroad delivering maternal child health care and child nutrition services through the Child Survival and Health Grants Program (CSHGP).

THE EFFECT

Together, these policies, programs, and related actions have helped build faith-based and community organizations as central partners in U.S. aid and development in Africa and around the globe. They explain why PEPFAR, PMI, and other life-changing efforts across Africa and beyond represent not only unprecedented investment of U.S. resources but also a transformative vision for growing local solutions and community ownership for lasting change.

This vision in action has brought new life and hope to millions across Africa. Meanwhile, the thousands of African faith-based and community organization that played a central role in the work have been strengthened and grown. Whether in continued partnership with the U.S. Government or entirely on their own, they will lift the lives of countless millions more in the years to come.

U.S. GOVERNMENT PROGRAMS AND PARTNERSHIPS

U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

Announced in 2003, PEPFAR is the largest commitment ever by a single nation toward an international health initiative — a comprehensive approach to combating HIV/AIDS around the world with the goals of supporting treatment for two million people, prevention of seven million new infections and care for 10 million people, including orphans and vulnerable children. Under President Bush's leadership, the American people have already committed \$18.8 billion to the fight against global HIV/AIDS. Further, President Bush has called on Congress to reauthorize PEPFAR, consistent with the program's founding, successful principles, for five additional years.

PEPFAR represents a massive-scale implementation of the FBCI vision, building an effective, multi-sectoral response to the HIV/AIDS pandemic. Recognizing that indigenous non-governmental organizations are the primary and sustainable service providers, PEPFAR caps grant awards to any single organization at 8 percent of overall funding. This supports the U.S. Government and country leadership in identifying new grassroots partners to administer PEPFAR's treatment, prevention and care efforts. Within the first several years of implementation, more than 80 percent of PEPFAR grantees were indigenous nonprofit organizations rooted in local communities, drawing upon their unique capabilities to contribute an effective multi-sectoral response to HIV/AIDS pandemic.

To further strengthen the capacity of these indigenous NGOs, President Bush launched the PEPFAR New Partners Initiative (NPI) on World AIDS Day, December 1, 2005, to engage new partners in providing HIV/AIDS prevention and care services in PEPFAR's 15 focus countries.¹ Under NPI, PEPFAR awards a series

¹ *Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia*

of grants totaling approximately \$200 million to new partners. To ensure the sustainability of the response, NPI offers enhanced technical assistance to successful applicants, focusing on quality services, successful program implementation, and organizational growth and improvement.

PEPFAR in Zambia

HIV and AIDS have touched all sectors of Zambian society. Zambia is one of PEPFAR's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. To address the Government of Zambia's highest priorities for HIV/AIDS, in line with the 2006-2010 Zambia HIV and AIDS Strategic Framework and the Fifth National Development Plan, under PEPFAR, Zambia received more than \$81.6 million in fiscal year (FY) 2004, nearly \$130.1 million in FY 2005, approximately \$149 million in FY 2006, and \$216 million in FY 2007 to support comprehensive HIV/AIDS prevention, treatment and care programs. In FY 2008, PEPFAR is providing approximately \$269 million.

Yet money alone cannot stop the spread of HIV/AIDS, nor bring about the transformation needed in a society devastated by the epidemic. PEPFAR invests in partnerships with host nations to build locally-led HIV prevention, treatment, and care strategies. As President Bush stated, "This effort is succeeding because America is providing resources and Africans are providing leadership. Local health officials set the strategy and we are supporting them."

The U.S. and Zambian governments jointly work to ensure that all activities are closely aligned with the Zambia National HIV/AIDS Strategic Framework (ZASF), the Fifth National Development Plan, and UNAIDS' Three Ones Framework by supporting the following key strategies:

- Rapidly strengthen and scale up existing HIV/AIDS treatment, prevention, and care services;
- Build capacity for long-term sustainability of HIV/AIDS treatment, prevention, and care services;
- Advance policy initiatives and leadership that support HIV/AIDS treatment, prevention, and care services;
- Encourage bold leadership on all levels;
- Apply best practices; and
- Support and encourage coordination and harmonization among donors.

How PEPFAR Works

PEPFAR brings together five U.S. government agencies in Zambia to endorse a single strategy and implement one program, led by U.S. Ambassador Carmen Martinez. The PEPFAR team at the U.S. Mission includes the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (HHS/CDC), the U.S. Department of Defense (DOD), the U.S. Peace Corps (PC), the U.S. Agency for International Development (USAID), and the U.S. Department of State (DOS), which is also the coordinating agency for PEPFAR.

The rapid roll-out of PEPFAR programs in Zambia supported partners to accelerate their programs and focus on increasing the number of people receiving prevention, care, and treatment services. The quick program startup, fueled by significant funding, has set the pace for the expansion of the existing partnership between the U.S. government and the Government of Zambia.

All PEPFAR activities are geared toward national priorities in prevention, care, and treatment while strengthening service delivery systems to support the expansion.

Who Gets PEPFAR Funding

PEPFAR supported more than 148 partners, including 95 local organizations in 2006. PEPFAR works directly with the civil society, private sector, Zambia National AIDS Council, the Zambia Defense Force, the Zambia

National Police and 11 ministries: Finance and National Planning; Health; Home Affairs; Mines and Mineral Resources; Sport, Youth, and Child Development; Tourism; Agriculture and Cooperatives; Commerce, Trade, and Industry; Community Development and Social Services; Defense; and Education.

PEPFAR Public-Private Partnerships in Zambia

The PEPFAR program in Zambia supports several public-private partnerships in Zambia. One example is the "RAPIDS" Consortium ("Reaching HIV/AIDS Affected People with Integrated Development and Support"). RAPIDS features important public-private partners, including: World Bicycle Relief (WBR), which is providing 23,000 bicycles worth \$2.5 million; and Hasbro, a major toy manufacturer, which custom manufactured 20,000 "African" dolls for AIDS-affected Zambian children, at the suggestion of the U.S. Ambassador to Zambia. RAPIDS also received 500,000 insecticide treated bednets to prevent malaria, under a joint effort supported by the Presidential Malaria Initiative (PMI), OGAC, and the Global Business Coalition (GBC). RAPIDS receives pharmaceutical donations as well.

The value of RAPIDS in-kind donations is expected to exceed total USG funding. It is an exceptional example of the potential for public-private partnerships to mobilize support. The RAPIDS consortium also provides integrated care and support, Abstinence/Be faithful (AB) prevention programs, and antiretroviral treatment (ART) adherence support, as well as Counseling and Testing (CT), in 52 of the 72 districts of Zambia's nine provinces (68% district geographic coverage). The RAPIDS in-kind partnerships provides PLWHA, OVCs and caregiver volunteers with non-cash products donated from the private sector. These include caregiver kits, rain coats, shoes or rain-boots, bicycles, and bednets.

PEPFAR Public-Private Partnership: Phones for Health

In a cutting-edge \$10 million public-private partnership, PEPFAR, the GSM Association Development

Fund, Accenture Development Partners, Motorola, MTN and Voxiva will leverage technology to connect health systems in 10 PEPFAR-supported countries by 2010. This partnership will help address the need for a health care infrastructure to adequately address the HIV/AIDS pandemic. Phones-for-Health will make timely, relevant information available to program managers and service providers, while also helping PEPFAR achieve its ambitious goals in an accountable and sustainable way.

By working in close collaboration with Ministries of Health and global health organizations, this partnership will develop an integrated set of standard information solutions that support the scale-up of HIV/AIDS, tuberculosis, malaria, and other infectious disease programs in a cost-effective manner that builds local capacity.

- For more information, visit <http://www.pepfar.gov/press/80384.htm>

PEPFAR Public-Private Partnership: Becton, Dickinson and Company

In a pioneering public-private partnership, PEPFAR and BD (Becton, Dickinson and Company) are helping to strengthen overall laboratory systems and services in African countries severely affected by HIV/AIDS and tuberculosis (TB). Through this five-year, public-private partnership, valued at up to \$18 million, PEPFAR and BD are working on the ground with national reference laboratories, Ministries of Health, and implementing partners to provide direct support to countries to assist with their efforts to strengthen laboratories.

Through this public-private partnership, PEPFAR and BD will collaborate on five key areas: 1) Supporting country-specific programs working on the ground with Ministries of Health and implementing partners to develop overarching, integrated laboratory systems, services, and quality-improvement strategies; 2) Improving the quality of laboratory diagnostics critical to

the management of HIV/AIDS patients; 3) Implementing quality-control and quality-assurance guidelines and supervisory tools for hematology, chemistry, CD4 testing and rapid HIV testing; 4) Strengthening TB reference sites to serve as centralized training facilities; and 5) Improving access to TB diagnostics for HIV-positive patients.

- For more information on this and other public-private partnerships, visit www.pepfar.gov/ppp

PEPFAR Zambia's Small Grants Fund

The PEPFAR Zambia Small Grants Fund is designed to assist communities with projects that promote HIV/AIDS prevention and care for those infected with or affected by HIV/AIDS.

What are the objectives of the PEPFAR Zambia Small Grants Fund?

- To enhance the quality of life of orphans and vulnerable children (OVCs). Orphans are defined as children under 18 years of age who have lost either a mother or father. Vulnerable children are those who reside in households affected by HIV/AIDS (e.g. a household in which a parent or principal caretaker is HIV-infected).
- To provide support aimed at improving the lives of children and families directly affected by AIDS-related morbidity and/or mortality. The emphasis is on strengthening communities to meet the needs of orphans and vulnerable children affected by HIV/AIDS, supporting community-based responses, helping children and adolescents meet their own needs, creating a supporting social environment. Components of an OVC program may include: 1) access to education; 2) economic/material support; 3) targeted food and nutrition support; 4) legal aid; 5) medical care; 6) psychosocial support. Institutional responses may also be included.

The PEPFAR Small Grants Fund in Zambia prioritizes the following:

- Promotion of community involvement in innovative and sustainable programs to provide care and support for OVCs.
- Access to education, social services and other community resources for OVCs.
- Capacity building within local communities to develop sustainable structures to care for OVCs.
- Increased community awareness about OVC services and referral to prevention, care, and treatment services.
- Provision of food within certain parameters.

For more information, please visit http://zambia.usembassy.gov/about_the_embassy/funds-programs2.html

USAID/GLOBAL DEVELOPMENT ALLIANCE

The Global Development Alliance (GDA), inaugurated in 2001, spearheads USAID's efforts to expand public private partnerships. One of the largest efforts ever to engage the private sector, the GDA has built more than 600 public-private alliances with over 1700 partners. GDA has used \$2.1 billion in government resources to leverage \$5.8 billion in private money, and in the process has mobilized thousands of people.

From the GDAs partnership efforts, both public and private sector institutions gain valuable experience in collaborating and pooling resources, and in so doing, these institutions are exposed to new concepts for addressing developing challenges. Through the GDA, USAID sponsors public private partnerships in every region and every sector of work. Because of its strong affinity with the private sector, GDA investments leverage significant additions to programs to spur greater investment; further develop rural micro-entrepreneurship; and create institutions to improve education, training, and the delivery of health services. All of these support the advancement of democracy by empowering local civil society organizations. The GDA continuously seeks to facilitate new partnerships.

- For more information, visit http://www.usaid.gov/our_work/global_partnerships/gda

PRESIDENT'S MALARIA INITIATIVE

PMI Background

Announced in June 2005, The President's Malaria Initiative (PMI) represents an historic five-year expansion of U.S. Government resources to fight malaria in the region most affected by the disease. At least one million infants and children under age five in Sub-Saharan Africa die each year from malaria – one approximately every 30 seconds.

The President committed an additional \$1.2 billion in malaria funding to the PMI with the goal of reducing malaria-related deaths by 50 percent in 15 focus countries. This will be achieved by expanding coverage of highly effective malaria prevention and treatment measures to 85 percent of the most vulnerable populations—children under five years of age and pregnant women. This package of high impact interventions includes: insecticide-treated mosquito nets (ITNs), indoor residual spraying (IRS) with insecticides, intermittent preventive treatment for pregnant women (IPTp), and artemisinin-based combination therapy (ACT).

Like PEPFAR, the PMI represents application of the core FBCI principles on a massive scale. The participation of non-governmental, faith and community-based organizations is crucial to the success of PMI. These groups are well placed to deliver services to people in remote areas where the formal health system is weak. They also have access to community networks and benefit from a high degree of credibility at the community level. To date, PMI has supported more than 70 nonprofit organizations.

Faith-Based groups are welcomed as vital allies in this work, from the Baha'I Community and Islamic Congress of Mozambique in Mozambique, to World Relief

in Rwanda, to RAPIDS (Reaching HIV-Affected People with Integrated Development) partners in Zambia. For example, in Tanzania, Mennonite Economic Development Associates (MEDA) is working with the PMI to support an innovative program to increase the number of infants who sleep under an insecticide-treated net (ITN). MEDA is distributing Infant Vouchers (IV) to caregivers of children when they receive their measles vaccination at 9 months that can be redeemed later for an ITN. The IV requires a small co-payment which increases the likelihood that the ITN will be properly and consistently used.

In addition to broad involvement of faith-based and other community partners, PMI includes the Malaria Communities Program (MCP), aimed at building new partnerships with indigenous NGOs to combat malaria in remote villages. Announced by First Lady Laura Bush in December 2006, MCP provides approximately \$30 million over four years in competitive awards to help new grantees take on community-based malaria prevention and treatment activities to build local ownership of malaria control and extend the reach of PMI interventions to a broader population. MCP announced the first five grants in September 2007, totaling nearly \$7 million to help extend the coverage of malaria prevention and control activities in communities most affected by malaria, with specific attention on children under age five and women who are pregnant.

PMI Results

During its first year, PMI reached over 6 million people in the initial 3 countries with malaria prevention and treatment activities. In just its second year of operation, over 25 million people have benefited from the program, and evidence is already beginning to show that the malaria burden is lifting.

PMI's strategy is straightforward. First, the Initiative supports indoor residual spraying (IRS), which kills mosquitoes when they rest on the inside walls of homes that have been sprayed with insecticides. Spraying campaigns supported by PMI have protected

more than 17 million people.

Second, the Initiative provides life-saving drugs known as artemisinin-based combination therapy, or ACTs. Derived from the Chinese herb *Artemisia*, ACTs are new medicines that are highly effective against malaria and have virtually no side effects. PMI has procured more than 12.7 million treatments of these highly effective drugs, of which 7.4 million have already been distributed. PMI has also trained more than 29,000 health workers to use them.

Third, the Initiative supports the distribution of insecticide-treated mosquito nets (ITNs). This is one of the simplest yet effective tools available to prevent malaria. PMI has procured and distributed more than 4.3 million long-lasting insecticide-treated mosquito nets (LLINs). All nets are provided either free or at highly subsidized prices, consistent with the policies of national malaria control programs.

Fourth, the Initiative supports intermittent preventive treatment of pregnant women (IPTp), who, along with the unborn baby, are especially vulnerable to malaria as pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection and increasing the risk of illness, severe anemia and death for herself and her child. PMI supports IPTp with two or more treatments of sulfadoxine-pyrimethamine (SP) as well as the training of health workers in the prevention, diagnosis, and treatment of malaria, promotion of healthy behaviors, and the provision of ITNs. PMI has procured more than 1.35 million treatments of SP for IPTp and trained more than 5,000 health workers to provide this treatment for pregnant women.

PMI in Zambia

In Zambia, malaria accounts for nearly 4.3 million clinical cases and an estimated 50,000 deaths per year. Incidence rates have tripled over the past 30 years due to resistance to chloroquine, reduced mosquito control, decreased access to health care, HIV/AIDS and poverty.

Zambia is one of eight third-round target countries benefiting from the PMI. To launch the PMI in Zambia, support was provided to the September-November 2007 IRS campaign in 15 districts that covered approximately 700,000 households.

First-Year Activities

ITNs: In Year One, PMI will procure 400,000 LLINs for distribution through antenatal clinics. Other partners will procure approximately 300,000 ITNs; the combined effort is expected to bring nationwide household ownership of one or more ITNs to 65%. Although household ownership of ITNs is relatively high in Zambia, usage rates remain low; therefore, PMI will support a national and community-based information, education, and communication/behavior change communication (IEC/BCC) campaign to increase demand for, and correct usage of, LLINs.

- **IRS:** Zambia has a well-established IRS program covering 15 of the country's 72 districts that has been supported by USAID, the World Bank, and the Government of the Republic of Zambia (GRZ). Under the PMI, the USG will continue to support IRS activities in these 15 districts by procuring insecticides and other IRS-related commodities and contributing to operational costs, including an environmental assessment, training of sprayers, monitoring and evaluation, provision of appropriate storage and waste disposal of insecticides, and IEC/BCC. By spraying at least 80% of the 700,000 targeted households in these 15 districts, about 30% of the total population will be protected from malaria.
- **ACTs:** PMI will procure additional ACTs and invest in strengthening the supply chain and logistics systems for malaria drugs to ensure reliable access and a steady supply. To ensure that ACTs are properly used and improve the quality of malaria treatment, PMI will support training and supervision at the health facility level, while continuing to support district-level efforts to provide prompt and reliable treatment through support to the district implementation basket.

- **Malaria in pregnancy:** Despite high IPTp coverage levels, the recent Malaria Indicator Survey (MIS) showed gaps in two-dose IPTp coverage among poorer women, and women in rural areas. In order to increase demand for IPTp in these areas, PMI will support the strengthening of focused ANC in two provinces (14 districts) where uptake of IPTp is low as well as community-based and nationwide IEC/BCC efforts. In addition, PMI will support an evaluation of the efficacy of SP in pregnant women. Zambia is particularly well-suited for this study due to the existence of multi-year data on the efficacy of SP when used for treatment.

For more information, visit www.pmi.gov

PEACE CORPS AND THE STRENGTHENING OF COMMUNITY- AND FAITH-BASED NGOS

In response to the complexity of issues around the HIV/AIDS pandemic, Peace Corps Volunteers in the region have implemented innovative HIV/AIDS activities across all sectors. They are targeting several segments of the population, such as barbers, taxi drivers, and in – and out-of-school youth, with HIV prevention messages and peer education training. In countries of varying levels of prevalence, Volunteers are working with PLWA by involving them in the planning and implementation of HIV prevention activities, and providing them and their caregivers with skills to improve their economic, social, and physical well being.

Peace Corps business projects deal with small business, microenterprise, microfinance, and agribusiness development. They also include municipal, NGO, and community development. Volunteers are placed in agencies, organizations, and institutions that enable them to work in a variety of governmental offices, formal and informal community organizations, educational facilities, and business development groups; they also work with individual members of their wider

communities. In all these situations, their work is concentrated on building capacity through transferring business, organizational, technical, and communication skills. These include doing feasibility and organizational analyses, project and strategic planning, creating and reinforcing market and community linkages, learning and employing appropriate technologies, and teaching business classes. Volunteers increasingly work with cross-sectoral activities where their business skills supported other Volunteers' community, organizational, or project needs; worked with women, youth, the disabled, and disadvantaged; with development projects in tourism and handicrafts; and with teaching and practicing appropriate use of computer and electronic technologies.

Many Volunteers work on capacity building at both the central and decentralized levels within government

health ministries, at local, district and regional levels. Volunteers provide a broad range of capacity building assistance, for instance: helping a rural community to more effectively manage its health center; building the capacity of NGOs to deliver improved health services; improving the functions of a health organization's board of directors; and enhancing the data management systems of health organizations.

In many African countries, Peace Corps Volunteers have projects that focus on building capacity of NGOs. In addition, Volunteers in Burkina Faso, Guinea, and Zambia focus on assisting the Ministry of Health at a decentralized grassroots level with community involvement in management of health facilities.

■ For more information, visit www.peacecorps.gov

FOR MORE INFORMATION

USAID Zambia Mission
Peace Corps
CDC

www.usaid.gov/zm
www.peacecorps.gov/africa/zambia
www.cdc.gov/nchstp/od/gap

NON-GOVERNMENTAL CAPACITY BUILDING ORGANIZATIONS

Small and medium-sized nonprofits that desire to strengthen their organizations and enhance the effectiveness of their services can access valuable resources and training through larger organizations committed building the capacity of smaller groups. While the White House does not endorse any particular capacity-building entity, potential resources include:

The Asia Foundation	www.asiafoundation.org
Capacity.Org	www.capacity.org
Capacity Building International, Germany	www.inwent.org
Global Relief Development Partners	www.grdpartners.org
Geneva Global	www.genevaglobal.com
Aga Khan	www.akdn.org
World Ort	www.ort.org
Tear Fund	www.tearfund.org
GrantStation	www.Grantstation.com
NonProfit Resource Association	www.ncna.org
BoardSource	www.boardsource.org

QUESTIONS COMMONLY ASKED BY POTENTIAL FAITH-BASED PARTNERS OF THE U.S. GOVERNMENT



What are faith-based organizations that receive Federal funds allowed to do?

Faith-based organizations that receive funding are allowed to:

- Use facilities without removing religious art, icons, scriptures, or other religious symbols
- Retain religious terms in the organization's name
- Select board members on a religious basis
- Include religious references in their mission statements and other governing documents
- Retain their right under Title VII of the Civil Rights Act to consider religion in employment decisions, except in cases where the Federal program statute forbids it
- Retain their authority over internal governance

Can a faith-based organization still have religious elements?

Faith-based organizations may offer religious activities to those being served by the directly funded program, but three requirements must be followed. All religious activities must be:

- 1) Separate in time or location from Federally supported activities
- 2) Voluntary for clients of the Federally supported activities
- 3) Privately funded by the organization providing the religious activity

What are the core guidelines and principles involved in partnering with religiously affiliated organizations?

The Faith-Based and Community Initiative does not advocate preference for faith-based organizations. Rather, it advances the principle that all organizations,

small or large, religious or secular, first-time applicants or long-standing contractors, should be allowed to compete for government grants on a level playing field, to determine which is the best partner for a job. U.S. Government policy emphasizes the principles of neutrality, non-discrimination, and equal access. USAID Missions and other agencies should have a broad outreach and education strategy when it comes to identifying and informing service delivery partners about U.S. Government grant and contract opportunities. The intrinsic value of local organizations and networks for service delivery should be taken into account along with overall results and qualifications to serve, not whether they are religious or secular and not on the basis of beliefs. Federal policy also requires ensuring that impermissible religious activity does not occur as part of Federal programs. The U.S. government may not fund inherently religious activities.

What activities are clearly forbidden when government aid is involved?

Federal funds may not be used for any type of inherently religious activities or for the printing and publication of religious materials, such as sacred texts and other faith-filled materials. For example, government money may not be used for worship, religious instruction, or proselytizing. Groups that receive public money for public purposes must not divert funds to pay for inherently religious activities such as religious worship.

It would be difficult, if not impossible, to establish a complete list of all inherently religious activities, and some circumstances will always be open to interpretation. When questions arise, USAID field staff should consult their Regional Legal Advisor or the Office of General Counsel at USAID headquarters in Washington to ensure that agency practice is consistent with applicable law.

Can a government-funded FBCO use a church property for delivering services?

Yes. An FBCO can use space in a church, temple, mosque, or other place of worship but cannot engage in inherently religious activities while delivering services or require beneficiaries to attend or participate in such activities, even if they are held separate from the Federally funded program. Any religious activity must occur either at a different time or in a different part of the building from the social service that the government is funding and must be voluntary for all beneficiaries of the government service.

Can a church, mosque or synagogue itself be the grantee organization?

Yes. A grant should be awarded without regard to how religious or secular the applicant is. Rather, the issue should be who can best deliver a secular social service with public funds.

Explain the requirement that there be “time or place” separation of inherently religious activity and U.S. government-funded programs.

When an organization receives direct government assistance, the inherently religious activities that the organization offers must be offered separately—in time or place—from the USAID-funded activity. USAID does not require separation of both time and location, as that would impose a difficulty for small religious organizations that may have access to only one location.

For example, government-aided social services can be carried out in one wing of the building while instruction in the Koran or Bible is taking place in another. Or, to stick with that example, religious and non-religious activity can be offered in the same room, but not at the same time. Inherently religious programming cannot be carried out with the help of government aid.

An organization receiving government funds must be careful to communicate that while beneficiaries of their government funded services are welcome to attend its inherently religious programming, such attendance should be completely voluntary and declining to participate will not result in the beneficiary losing the government-funded service.

Can USAID funds be used to assist in the construction of a place of worship?

Funds cannot be used to construct chapels or sanctuaries that are used by that organization as its principal place of worship. The Final Rule on Participation by Religious Organizations in USAID Programs (22 CFR Parts 202, 205, 211, and 226) provides that USAID funds can be used to assist an FBCO grant recipient in the acquisition, construction, or rehabilitation of a facility, but only to the extent that those structures are used to deliver eligible services.

Must FBCOs be subjected to the same performance standards and accountability measures as other organizations?

Yes. According to the USAID Rule, “All organizations, including religious ones, must carry out eligible activities in accordance with all program requirements and other applicable requirements governing the conduct of USAID-funded activities.”

The Rule continues: “USAID will apply the same cost-accounting principles to all organizations. Because inherently religious activities are non-USAID activities, USAID need not distinguish between program participants’ religious and nonreligious non-USAID activities; the same mechanism by which USAID polices the line between eligible and ineligible activities will serve to exclude inherently religious activities from funding. The amount of oversight of religious organizations necessary to accomplish these purposes is no greater

than that involved in other publicly funded programs that the Supreme Court has sustained." Missions and Embassies should evaluate the efficacy of all service providers, secular or religious, and use neutral, secular standards.

Do all FBCOs, including sub-grantees, sub-contractors and local NGOs need to register with USAID's Private & Voluntary Cooperation – American Schools and Hospitals Abroad (PVC-ASHA) office before being considered for funding?

Different registration and record keeping standards apply to local PVOs that operate only in their own country. A local indigenous non-profit, or, a local non-profit or private voluntary organization as they are called at USAID (a "local PVO" or "indigenous PVO") is not required to register with USAID/Washington. Nor are sub-grantees or subcontractors required to register. However, organizations that meet the definition of a PVO are required to register. For more information, please see the PVC-ASHA website www.usaid.gov, keyword: PVO)

Missions do require other eligibility methods, which include looking at the organization's financial viability. Local non-profits wishing to do business with USAID are encouraged to meet with the USAID Mission in their country. Missions are expected to ensure that any local organization receiving funding from USAID is able to manage the funds and has sufficient control systems in place.

To what extent can a government agency show an interest in the nature or scope of an organization's religion?

What matters is whether the group is qualified to fulfill its obligations. What is not of interest is the organization's religious beliefs, practices, or denominational

affiliation. No religion or denominational sub-category should be favored or disfavored, and no organization should be disqualified because it is "too religious" or nonreligious.

What about the environment in which services are delivered?

A religious organization need not purge, conceal or compromise its religious character. For example, faith-based organizations may use space in their churches, synagogues, mosques, or other places of worship to provide Federally funded services.

In addition, there is no need to remove religious symbols from these rooms. For example, a faith-based organization may operate a Federally funded daycare center in a church basement, or provide computer training in a classroom adjacent to a synagogue. Faith-based organizations do not have to remove religious symbols or artwork in their building in order to deliver a Federally funded service there. They may also keep their organization's name even if it includes religious words, and include religious references in an organization's mission statements.

However, organizations are prohibited from using government funds to pay for inherently religious activities such as worship, religious instruction, or proselytizing, or requiring beneficiaries to participate in inherently religious activities in order to receive the government-funded service. These activities must be offered separately, in time or place, from the USAID program.

Does acceptance of government money by an FBCO affect that organization's freedom to hire persons of like faith?

Agencies of the U.S. government are barred from engaging in faith-selective hiring. However, a religious organization does not become an arm of the state merely by contracting with the Federal government

or accepting Federal funds. Foreign assistance legislation applicable to USAID is silent on the subject of grantees' hiring practices. Unless a statute authorizing Federal funds contains additional limitations on religious hiring, Title VII of the Civil Rights Act of 1964—including the religious hiring exemption for religious employers—applies. Thus, an organization that receives funds from this type of program may continue to take its faith into account in making employment decisions. Should future foreign assistance legislation expressly prohibit grantees from considering religion in employment, an FBO grantee could still accept the grant and prefer co-religionists for its staff if it qualifies for an exemption under the Religious Freedom Restoration Act.

Can recipients of services be encouraged to participate in religious activities?

Invited? Yes. Pressured to participate? No. It must be made clear that participation is entirely voluntary and that receipt of services is unrelated to whether the individual chooses to participate. Information on spiritual content and programming can be placed on display, but recipients of aid funded by the government cannot be required to attend religious programs. For example, a recipient of aid cannot be expected to take an interest in the Bible, the Talmud, or the Koran or to attend Chapel or Friday prayers as a condition of receiving services.

If a recipient of services asks the FBCO provider for information on religion, can it be shared?

Yes. In most circumstances, a brief answer that is sufficient to satisfy the question is allowed. However, if a longer discussion is requested, provider staff should set up a time to talk after the Federally funded program is concluded. For example, if a U.S. Government-funded program is scheduled for 2-4 p.m., let the person who asks the question know that it will be fine to hold the conversation sometime after 4.

Can government funds be used to purchase religious materials?

No. Government funds cannot be used to purchase sacred texts or other faith-infused reading materials, hymnals, sacramental elements or garments, or anything else that is used for worship, religious instruction, or proselytization. Questions about the appropriateness of materials used in the course of delivery services should be directed to the Regional Legal Advisor or the Office of General Counsel at USAID headquarters.

Can government funds be used to pay the salary of a member of a faith-based organization's staff?

Yes, but only to support that portion of the staff's time that is dedicated to delivering services under the grant or contract. Those staff members can engage in religious activity that is privately funded if it is conducted at a different time but cannot be paid for time spent planning, conducting or participating in inherently religious activities (or any other non-USAID program activities). For example, staff that might also function as a rabbi, priest, imam or other religious leader must separate their religious instruction or pastoral activity from the government-funded social service programming and account for time spent on religious activities versus time spent on Federally funded program activities.

If a faith-based organization receives a grant, can it limit its service provision to members of its own faith?

No. Beneficiaries of assistance may not be selected by reference to religion. The religious affiliation of the participant cannot be taken into account in advertising or delivering services. Organizations must understand that if they take U.S. Government funds, they are required to serve people of all faiths or people of no faith at all in any program that they administer with Federal dollars.



**WHITE HOUSE
FAITH-BASED
AND
COMMUNITY
INITIATIVES**