In God We Trust:

Christianity, Uganda, and the AIDS Epidemic

Astrid Schau-Larsen

A Thesis

in

The Department

of

Religion

Presented in Partial Fulfillment of the Requirements
for the Degree of Degree of Master of Arts (History and Philosophy of Religion) at
Concordia University
Montreal, Quebec, Canada

April 2011

CONCORDIA UNIVERSITY
School of Graduate Studies

This is to certify that the thesis prepared

By: Astrid Schau-Larsen

Entitled: In God We Trust: Christianity, Uganda and the AIDS Epidemic

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Religion)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Signed by the final examining committee:

Professor L. Orr Chair

Professor L. Orr Examiner

Professor D. Boisvert Examiner

Professor C. Daniel-Hughes Supervisor

Approved by _____
Chair of Department or Graduate Program Director

_____
Dean of Faculty

Date _____

ABSTRACT

In God We Trust: Christianity, Uganda, and the AIDS Epidemic

Astrid Schau-Larsen

The HIV/AIDS epidemic is one of the most pressing global concerns and people still suffer from lack of resources. While Uganda has been seen as an exemplary country in curbing the epidemic recent numbers show that prevalence rates are now going up. This thesis project examines the underlying forces to this trend, by raising question about the delicate relationship between religion, international funding and HIV/AIDS prevention. The main thesis is to demonstrate how the Bush-government HIV/AIDS initiative PEPFAR, driven by conservative Christian-based values, has constrained HIV/AIDS prevention on the ground in Uganda.

The main portion of this thesis is a documentary film, supplemented by this paper. The film is based on my field study in Uganda in the fall of 2010. Its purpose it to raise the need for greater debate and reflection within the U.S. about foreign policy. Success lies, this project suggests, in a richer understanding of cultural differences that inform Ugandan life, that are tailored to their social realities, communal and social configurations. Cultural matters such as gender issues, sexual patterns, religious convictions, as well as level of education has to be taken into account far more than PEPFAR has done to date. Furthermore international funding agencies as well as national governments cannot neglect the role of religion and religious leaders in fighting this epidemic. In Uganda there is a need to include pastors and churches in the healthcare sector and hence make sure they are educated and understand the challenges as well as the realities of both HIV prevention, treatment and care.

Acknowledgements

I would like to dedicate this thesis to every single person in Uganda who had the patience and the will to participate in this project by sharing their thoughts, experiences and expertise.

I would like to pay my deepest respect and gratitude to Morvary Samare, for assisting me in the production of the film in Uganda. Without her help and engagement this thesis would not have been possible.

I would like to send a special thank you to Oscar Ranzo for being my translator. I would also like to thank him as well as to James Oryem for endless discussion on the topic while in Uganda.

Furthermore I would like to thank Morvary Samare and Catherine Humes for helping me with the editing of this paper.

At last I would like to thank Professor Carly Daniel-Hughes for being my supervisor throughout this complex thesis project.

TABLE OF CONTENTS

1. THE PROJECT. **1**

1.2. INTRODUCTION - THE RATIONALE BEHIND THIS PROJECT. 1
1.2. TERMINOLOGY: CHRISTIANITY IN AFRICA 4
1.3. CONCERNS AND SELF-REFLECTION 6

2. ISSUES RAISED IN THE FILM. **10**

2.1. UGANDA AND AIDS 10
2.2. CHRISTIANITY AND HIV/AIDS PREVENTION IN UGANDA 12
2.2.1. History of Christianity in Uganda *12*
2.2.2. Pentecostal Charismatic Churches (PCCs) and the 'Joseph Generation'. *14*
2.2.3. Missionaries and Faith-Based Organizations *18*
2.2.4. Pastors and churches as life advisors. *22*
2.3. THE IDEOLOGY BEHIND PEPFAR 24
2.3.1. Faith Based Organizations and PEPFAR in Uganda *25*
2.3.2. The relation between Faith-Based Organizations (FBOs) and PEPFAR *27*
2.3.3. How the Bush government supported FBOs. *29*
2.3.4. 'The Abstinence, Being faithful and Condom' policies of PEPFAR *34*
2.4. EFFECTS OF PEPFAR FUNDING ON HIV/AIDS PREVENTION IN UGANDA 37
2.4.1. Governmental change of policy in Uganda *37*
2.4.2. Misleading information and lack of condoms. *43*
2.4.3. Prevalence rate in contemporary Uganda. *46*
2.4.4. Unsustainable projects. *49*
2.4.5. The future? *55*

3. REFLECTIONS AND CONCLUDING THOUGHTS **58**

APPENDICES 63
Bibliography *63*
Appendix A : List of Participants A-1
Appendix B : Ethics Form B-1
Appendix C : The "Anti-Homosexual Bill": an example of American right wing Christian influence in Uganda. C-12

1. The Project.

1.2. Introduction - The rationale behind this project.

The idea for this project stems from my work with HIV/AIDS sensitization in Uganda in 2007 when I worked in rural communities outside of Jinja, the second largest city in the country. I was connected to a faith-based organization called "Save the AIDS orphans," a group that did not want me to include condoms in the HIV/AIDS education that I offered clients. After some time it became clear that they did not necessarily agree with their own policy, and that this ban was tied to their eligibility for funding. While in Uganda the interconnections of "western" religious values and aid work became a common part of my experience, in ways that often disturbed me. For instance, I heard a British missionary explaining to a rural community that HIV does not spread through sex – but is a punishment from God. I saw two tambourine playing American Bible school teachers ask their congregation to pull their children out of public schools and put them in their Bible School instead. Throughout the country, enormous USAID billboards with smiling couples saying 'We Abstain' or 'we are holding out for marriage' bombarded me. The most astonishing moment however was when I saw the very renowned pastor Imelda driving through a crusade[1] in a bright yellow hummer car, moments before she preached to the

[1] A crusade is an event where people come together to praise the Lord through worship, music and prayer. Many crusades also have a strong focus on conversion as well as miracles. Many pastors go on crusade tours, travelling throughout the country – spending several days at each stop. Depending on the pastor they can gather from

crowds about how disease and poverty are cured with prayer and donations, which she kept for herself (she discouraged donations in the form of coins and only accepted bills). These experiences revealed that Christian groups were involved in HIV/AIDS prevention in Uganda. Curious about their role I learned that the U.S. President's Emergency Program For AIDS Relief (PEPFAR), launched in 2003, made a major impact on HIV/AIDS prevention in this African country. Based on this experience, I had a deep desire to explore the connection between foreign funding and HIV/AIDS prevalence rates in this African country.

My experience in Uganda led me to pursue a Master's degree in religious studies at Concordia University. After meeting so many young Ugandans who thirsted for knowledge but did not have the opportunity to go to school let alone university, I felt it was important to make use of the privilege of education. My Master's program provided me with the methodological tools that I needed to address this topic, particularly by giving me a richer understanding of Christian history and of the complex and dynamic ways in which religious life informs and shapes human experience. These tools enabled me to consider not only how HIV/AIDS is informed by a particular kind of conservative Christian agenda in the United States, but also how those values have been transported and adapted in the Ugandan context.

---

hundreds up to thousands of people.

This thesis has two parts: first, a documentary film focusing on the role of Christian communities and worldviews in the fight against HIV/AIDS in Uganda. My focus is not on one specific denomination, or one particular group. I have tried to explore this issue from the vantage point of different actors and people impacted by this disease. The film highlights three major aspects of the intersections between PEPFAR, Christian communities and worldviews and HIV/AIDS prevention and treatment:

1. Birth Control, particularly condom use as evidence of tensions between religious ideas and scientific/medical approaches to the epidemic in Christian contexts, and in the country more broadly (given the current political environment).
2. Understandings of divine healing of HIV/AIDS, as similar evidence of this tension between religious views and medical understandings of illness and health.
3. Funding of both prevention and treatment as likewise reflecting this tension. However, here I want to highlight that external funding plays a major role and complicates the picture as such tensions are not necessarily familiar to Ugandans, but reveal the ways in which outside actors (often western countries) use funding that shape and constrain the Ugandan response.

In this paper, which serves as a supplement to the film, I provide some context on the issues raised in the film. As such, it addresses the following questions:

- In what ways have Christian leaders and communities been engaged in HIV/AIDS prevention in Uganda? And to what ends?
- What is the ideology or perspective that governs PEPFAR?
- What are the effects of PEPFAR funding on HIV/AIDS prevention in Uganda?

Although I am aware of the large amounts of PEPFAR funding given to HIV/AIDS care and treatment in Uganda, especially through ARV medicine, these will not be in focus here. The present version of the paper will hence focus mostly on the Christian-based tendencies of this particular funding program (PEPFAR) and its effects on HIV/AIDS prevention work in Uganda.

1.2. Terminology: Christianity in Africa

In "The 'Invisible' NGO: Evangelical Missions in Kenya", Julie Hearn writes despite the vast numbers of Christian missionaries in Africa almost no academic work being done on Evangelical missions in Sub-Sahara Africa. She writes:

> Out of 250 books and articles relating to "missionary work in Africa" published since 1970 […] less than 12 % dealt with missionary history since 1960. Most of this was focused on mainline European missions, not US evangelicals. […] As a result our image of the missionary continues to be shaped by Victorian and Edwardian examples.[2]

Hearn concludes: "our image is sorely out of touch with reality and we are in need of some contemporary examples"[3] This lack of academic research has

---

[2] Julie Hearn, *The 'Invisible' NGO: US Evangelical Missions in Kenya*, Journal of Religion in Africa, Vol. 32, Fasc.1, Feb 2002, p. 43.

[3] Ibid.

meant that an important source for my research has been articles from journals, newspapers, institutions and NGOs.

The issues I am trying to explore in this project are constantly changing. I am aware that the findings of this field study could be subject to change within a short period of time. It is limited by time and geographical area. I spent two months in Uganda in the fall of 2010, and I was constrained within the borders of two Ugandan cities: Jinja and Kampala. Without my previous fieldwork in Uganda in 2007 this project would not have been feasible in such limited time.

It is important to mention the difficulties relating to terminology for the Christian communities who are engaged in missionary work and in the prevention and treatment of HIV/AIDS in Uganda. Terms such as 'Born-Again', 'Pentecostal', 'Evangelical', 'Anglican' and 'Catholic' have a variety of meanings for the people who use them. For example, one of my interviewees, Pastor Omar, could not tell me what separated his Baptist church from the Pentecostal and charismatic churches. After some moments of reflection he simply stated: "We do not believe in the extremes".[4] Even though my initial plan was to focus solely on the Pentecostal/Evangelical movement, soon after arriving in Uganda I realized that this approach would limit my analysis. Pastor Zachariah from Evangels Church in Jinja told me: ''we are not so much into labels here,

[4] Interview with Pastor Omar, Naminya, outside Jinja.

Pentecostal and Evangelical are pretty much the same.''[5] The "Born-Again" Movement started in the early 1960s, and was then locally referred to as the 'Balokole'- movement. 'Balokole' translates as "saved" or "born again".[6] This trend could be seen as its own form of African Independent Churches (AICs) that had evangelical tendencies, but did not necessarily break out as organized churches. It was often very simple gatherings wherever they gathered as a symbol against the prominent established churches. The "Born-Again" churches were hence seen as the common Ugandans "own" churches.[7] Studies done on Christianity in Sub-Saharan Africa illustrate why definitions and differences between so-called African Independent Churches (AICs) and Pentecostal Charismatic Churches (PCC) create problems when we try to distinguish between communities. This will be discussed later in the paper. Therefore, when speaking of the PCC-movement in this paper, I include Pentecostal, evangelical, charismatic and fundamentalist movements in Uganda.

1.3. Concerns and Self-Reflection

> *"Our version of objectivity concedes the impossibility of any research being neutral and accepts the fact that knowledge-seeking involves a lively, contentious struggle among diverse groups of truth-seekers".*[8]

[5] Interview with Pastor Zachariah, Jinja.
[6] Alessandro Gusman, *HIV/AIDS, Pentecostal Churches, and the 'Joseph Generation' in Uganda*, Africa Today, Vol.56.1, 2009
[7] Ibid.
[8] Appleby, Joyce, Hunt & Jacob, *Telling the truth about History*, 1994, p. 254.

I have two main reasons for wanting to make a documentary film. First, it has the ability to reach a larger audience than a paper. This thesis film could, ideally, encourage North Americans and Europeans, both secular and religious, to reflect on the impact of foreign aid in Sub Saharan Africa. Second, I would like to show that Christianity, and religion in general, may have a larger role to play in foreign aid and health issues than many in both the western world and in Uganda may realize. Telling personal stories has the capacity to illustrate these issues in ways that abstract discussions might not. In this thesis version of the film my main audience is Concordia University. I plan to make a longer version of the film, with which I hope to reach both a western audience as well as a Ugandan one. I am hoping to give people who are not necessarily members of civil society and academia the opportunity to participate in the discussion. The extent of this initiative reaches beyond the timeframe of this thesis. This is a challenging task again being held responsible and accountable to the story – without being able to control the audience or how they would interpret it. My goal is to reveal complexities and to bring forth discussions and allow people to have access to these ideas. This is, in my view, the best and most challenging part of both academic research as well as documentary filmmaking. For further information about my methodology and ethical approach please see Appendix B.

My presence in Uganda is one of a young privileged white woman. This fact creates an imbalance in the relationship between participants in this project

and myself. I come from a place with access to full healthcare, information and education - whereas many of the people whom I will speak to have none of the above. I chose to insert myself in this specific setting, with the mobility and resources to choose my destinations. With this comes an unfortunate power dynamic that I cannot change. I went to Uganda with a macroscopic perspective on the pandemic, having access to information about external funding, graduate-level education and the funds and equipment to carry forward my research. With these privileges I feel responsibility to participate in the discourse within my academic field. The majority of people I encountered in Uganda were appreciative of my goals, and of the fact that their voices were being documented. These responses are supported by what Ann Grodzins Gold says: "it may be that just to be asked to recollect is a powerful release".[9] Her point reminds me, as both a researcher and a filmmaker, that a person can draw power and strength from telling their own story. I see my role as a witness to that process.

In view of this perspective I was transparent in my work on this film. I provided my informants answers about my culture and background as honestly as I can. I am aware that what I was told, what I was permitted to see, and how things were explained to me reflect not only the particular situation of my informants, but also what they perceived of my agenda, my social class and

[9] Ann Grodzins Gold, *Bhoju Ram Gujar, In the time of trees and sorrows: nature, power, and memory in Rajasthan*, 2002, p.21.

experience. Conveying my goals and motivation throughout the whole process was vital. Some of the ways I tried to do this is by allowing the participants to question me as I question them. This is the way to build trust and develop a dialogue that is not one-sided. This dynamic is again limited by my position as a researcher with a particular agenda. One example of this is the question of my personal faith – which I was asked about often. The concept of having none – as I have seen through my interactions is incomprehensible to most Ugandans. Would this information interfere with the participants' ability to engage with me, or taint their answer? Would it affect my ability to interact with them and interpret their faith? My degree in religious studies have fortunately prepared me for this situation, and I settled with answering that I was born and raised in a Christian country.

I undertook this project with utter caution. It is especially important in this case as the cultural and social differences between Ugandans whom I interviewed and myself. My aim, as I see it with this thesis documentary and paper, is to create interest, awareness and dialogue. While I do not give definitive answers, as that would be academically and ethically problematic in light of an epidemic, one that is the result of multiple and complex factors. Yet I consider this film and this paper as culturally engaged rather than "neutral." I hold to Ernest Gellner's criticism of anthropology 'which makes good sense of

everything'. He continues: 'In the social sciences at any rate, if we forgive too much we understand nothing'.[10] The thesis film and paper bears this ethical commitment. To this end, based on my fieldwork I try and make modest recommendations about HIV/AIDS treatment and prevention work. My judgment is based on a deeply held humanitarian commitment to disease prevention and care in Uganda and to a firm belief that those who have the means (medicine, funding, and the like) be thoughtful and democratic in the use of these resources. It is based, more specifically, on a consideration of whether this US funding has served its intended purpose: to curb the HIV rates.

2. Issues raised in the film.

2.1. Uganda and AIDS

Uganda is located in the central eastern part of Africa. It became a British protectorate in 1894. After independence in 1963 it went through twenty-two years of political instability under the regimes of military generals Milton Obote and Idi Amin. In 1986 Yoweri Museveni was elected president and has since been in power. The population growth rate is amongst the highest in the world, with the fertility rate being 6.7 children per woman. In the past ten years the population has grown from 18 million to 33.2 million of which 85% are rural. According to a 2003 UN report, there was 1 doctor per 20,000 Ugandans and

[10] Ernest Gellner, *Concepts and Society*, 1962, p. 46-8.

one-third of the population live below the poverty line.[11]

In 1982 the first ever recorded case of the HIV virus appeared on the east shore of Lake Victoria. Being a new and unfamiliar disease, the virus quickly spread and became a full-blown epidemic by late 1980s. At its peak the prevalence rate in Uganda was as high as 15%, with up to 28% in some urban areas. By 1997 the Ugandan health system was completely drained, with per capita health expenditure below $3 and by 2000 AIDS patients occupied 70% of hospital beds.[12] About 900,000 people had died of AIDS, leaving close to 2 million orphans behind. 1.9 million people were still living with AIDS.[13]. By 2002 the government proclaimed they had reduced the rate to 5%. There are many theories about this decline, but most reports agree that it was due to the deaths of many HIV positive people and the Ugandan government's intense and diverse approach to prevention. The government's campaign was called '*Zero Grazing'* which entailed reducing the number of sexual partners a person has and being faithful to them. Furthermore condoms were introduced and distributed in different communities free of charge.[14] Some local organizations claim that the prevalence rate today is much higher than the official numbers – and that it is closer to 10-17%. In the war stricken Northern districts the prevalence rate is 12%. In the military, the rates went from 3% in 1997 to 13% in 1999. The highest

---

11 http://www.undp.or.ug/resources/45

12 Joseph Tumushabe, *The Politics of HIV/AIDS in Uganda, UNRISD Programme on Social Policy and Development*, 2006, p.1

13 Ibid.

14 Up to 80 million condoms yearly according to the BBC: http://news.bbc.co.uk/2/low/africa/4433069.stm

numbers however are found amongst sex workers; 47% in 2002.[15] As of 2009 there were approximately 120,000 new registered infections. In 2002, it was reported that for every boy, six girls were infected. Within couples, only 9% are aware of their partner's HIV-status. Mother to child transmissions still occurs. For every person put on Anti Retroviral Drugs (ARVs) five new cases of infections are reported.[16]

2.2. Christianity and HIV/AIDS prevention in Uganda

2.2.1. History of Christianity in Uganda.

Ever since the first Anglican missionaries set foot in Uganda in 1877, and the Catholic missionaries in 1879, the relationship between church and state has been a complicated one.[17] The churches have been in constant conflict with each other and with the various leaders of the country. M. Louise Pirouet argues that during the harsh decades of both Amin and later Obote, the churches seemed more occupied with their own power struggles than standing up for the rights and the protection of the people.[18] This might be due to Amin's harsh suppression of protestors. Pirouet continues to say that however much the churches ignored the brutality that was taking place, they became a unifying force in society where

---

15 Human Rights Watch, *The Less They Know the Better*, 2005, p. 14.
16 Interview with Dr. Katamba at the Aids Information Center, Kampala.
17 For more information see Paul Gifford, *African Christianity*, 1999.
18 M. Louise Pirouet, *Religion in Uganda under Amin*, Journal of Religion in Africa, Vol.11, 1980, p.16.

people found support and guidance.[19] It was during these times that the 'Balokole' movement started. That being said, Paul Gifford points out that established Anglican and Catholic churches in Uganda have been affected by the variety and difference within ethics and customs amongst the various tribes and people in the country. Tribal disagreement about who should lead the church has been a serious problem.[20] Quoting Ward, he writes: 'The Church of Uganda has reflected – or, rather, embodied – the tensions and conflicts operating within state and society'.[21] According to Gifford, the Anglican bishops have "not enhanced their church's standing. They are widely seen as unaccountable, dictatorial and autocratic".[22] Gifford and Ward highlight that while political life was becoming more stable under President Museveni, it also became time for a 'cleanse' within the established churches.[23] This context indicates why the Born-Again movement has become the fastest growing religious movement in Uganda, which I will consider later in the paper.

According to UNDP, Uganda is 45% Catholic, 35% Anglican, 10% Muslim and 10% other religions.[24] According to my research these statistics are too simplistic. Gifford argues that the political significance of the division of the Anglican and Catholic Church may be the reason for why so-called African Independent Churches (AICs) never got a strong hold in Uganda as they did in

---

19 Ibid.
20 Paul Gifford, *African Christianity*, 1999, p. 78
21 Ibid, p. 78.
22 Ibid, p. 85.
23 Ibid, p. 90.
24 http://www.undp.or.ug/resources/45

other Sub-Sahara African countries during the 1960s. He says, "It was simply too important for one's identity to be either a Catholic or an Anglican."[25] Gifford's book was written in 1999, and as much as I agree with him with regards to the important role of the established churches, I would argue that the rapid growth of the PCC-movement over the last twenty years is slowly diminishing the foundation of the established Anglican and Catholic churches.

2.2.2. Pentecostal Charismatic Churches (PCCs) and the 'Joseph Generation'.

Many scholars have seen that the Born-Again movement, also called the '*Balokole movement'*, has grown dramatically since the early 1980s. Katharina Hofer claims that the evangelicals constitute 25-30% of the population, whereas the more traditional Pentecostals have reached about 10% of the population.[26] Cultural anthropologist Alessandro Gusman notes that a particular brand of evangelical, charismatic Christian morality has modified the national strategies on HIV/AIDS. He argues that this shift reflects the interests of younger Ugandans who wish to distinguish themselves from their parents' generation in terms of morality. These Christian youths define themselves as morally pure and blame their parents' immoral attitude and behaviour for the HIV/AIDS epidemic. Gusman points towards the effect HIV/AIDS epidemic has had on the churches, and furthermore how the churches have affected the social and political landscape in their responses. Many of these churches have transformed into

---

[25] Paul Gifford, *African Christianity*, 1999, p. 90.

[26] Katharina Hofer, *The Role of Evangelical NGOs in International Development: A Comparative Case Study of Kenya and Uganda*, Africa Spectrum, Vol. 38, No.3, 2003, p. 378.

becoming registered faith-based organizations (FBOs).[27] Gusman's work shows how context and culture can shape the reception of the "gospel" from western Christian missionaries, and how that message is and can be transformed by Africans for their own purposes.[28] Before going deeper into this I think it is important to mention a few factors, which may have contributed to the rapid growth of the PCC movement.

As mentioned in the first section of this chapter, in the midst of the unstable political situation in Uganda, churches became places of solace and stability. Most families were affected by the HIV/AIDS epidemic, meaning everyone knew someone who had died of AIDS. Yet, as Gifford points out, the established churches had become unstable by this time. When the PCC movement started it was a response to these factors – an official break from the past for a better future, a classic Pentecostal phenomenon.[29] This change in Uganda was played out in a revitalization movement indicating that traditional ways of being church are no longer appropriate.[30] As Terence Ranger explains, the Pentecostal "Born-Again" movement sparked a notion of restoring civil integrity.[31] Gusman exemplifies this in how the youth became the new focus: They were the ones who could determine the fate of the country:

> The notion of the Joseph Generation proposes that a new, morally pure

---

27 Alessandro Gusman, *HIV/AIDS, Pentecostal Churches, and the 'Joseph Generation' in Uganda*, Africa Today, Vol.56.1, 2009

28 Ibid, p.68-69.

29 Harvey Cox 1995, Ogbu Kalu 2008, Mark Noll 2001

30 Ogbu Kalu, *African Pentecostalism: an introduction,* 2008, p.95

31 Terence Ranger, *Evangelical Christianity and Democracy in Africa*, 2008, p. 18

> youthful generation will be able to reverse the moral corruption of the parental generation, seen by many young born-agains as responsible for the spread of AIDS in the country, and will thus transform the Ugandan society from within.[32]

Thus contracting HIV has been seen as the result of sinful behaviour, such as sex before marriage, unfaithfulness, encounters with prostitutes or homosexual conduct. These messages were heavily promoted in the churches and by the government.

There are two other important factors behind the popularity of PCCs. From my experience, the Born-Again movement has managed to attract members by not demanding that they leave their traditional denomination; be it Anglican, Seventh Adventist, Catholic or even Muslim. I met several individuals in Uganda who told me they were either Anglican or Catholic and Born-Again. The most interesting meeting was with a Muslim woman called Maliam Nakyaze, who was HIV-positive. Having received no support from the Muslim community she had turned to Baptist pastor Omar in the village of Naminya. While I was visiting Pastor Omar's church, most members of his congregation said they were Born-Again. This only shows that the notion of being Born-Again can be seen as a separate 'state of faith' – you can become Born-Again, and still be part of your 'old' church. Ogbu Kalu argues in his book *African Pentecostalism: an introduction*, that the charismatic power of the Pentecostal movement reshapes

---

[32] Alessandro Gusman, *HIV/AIDS, Pentecostal Churches, and the 'Joseph Generation' in Uganda*, Africa Today, Vol.56.1, 2009, p. 69.

the lives of individuals as tools for building a beloved, new community.[33] Thus the new PCC-movement is more than a religious movement, it is responding to Ugandan individual's search for community and support, filling central roles in every part of Ugandan life.

Additionally these churches are succeeding because they integrate traditional African ideas of gods, spirits, even witchcraft, with their own theology. These phenomena continue to be representations of demons under the auspices of the Christian devil. Hence they fuse the "African religious traditions in to the image of the Christian devil as part and parcel of local appropriations".[34] This is an important point as it may explain how HIV/AIDS can be viewed as a curse and a disease, which can be healed through prayer. Traditional beliefs are still alive, but through a new definition of the Christian devil. Hence the PCCs, through their devotion to deliverance from satanic forces, speak a language that may be easier for the local follower to digest - especially since these demons are seen to be able to possess followers and affect the sphere of both health and wealth. In contrast to the older established churches that saw this as "African" and superstitious, the PCCs have managed to fuse tradition with Christian beliefs. As Meyer puts it: "In this way, the 'old' and forbidden, from which Christians were required to distance themselves, remained available, albeit in a new form."[35]

---

33 Ogbu Kalu, *African Pentecostalism: an introduction,* 2008, p.9

34 Birgit Mayer, *Christianity in Africa: From African Independent to Pentecostal-Charismatic Churches,* Annual Review of Anthropology, Vol. 33 (2004), p. 455.

35 Ibid.

2.2.3. Missionaries and Faith-Based Organizations

In the fight against HIV/AIDS it is important to take into account the new wave of missionaries. Never before in history have there been more expatriate missionaries in the developing world. American missionaries hold a leading role in this phenomenon; at the end of last century they constituted over half of the world's Protestant missionaries. By the late 1980s, about nine out of ten American Protestant missionaries were evangelical – having a joint annual income of two billion dollars, which is one fifth of all aid transferred by NGOs worldwide.[36] Gifford argues "Christian missions are arguably now the biggest single industry in Africa".[37] There have however been some important changes in the missionary strategy in the last decade. Missionaries are often required to register themselves as NGO/FBOs in the host country in order to be allowed to work. This also applies to Uganda, where even local churches have to register in order to be considered legitimate organizations.[38] This makes for a perfect combination, which Julia Hearn explains as follows: "Identifying themselves and being classified as NGOs by Northern governments in an environment where NGOs are being heavily promoted and financed provides missions with greater scope and legitimacy".[39] Furthermore, like the PCCs in Uganda, the American

---

[36] Julia Hearn, *The 'Invisible' NGO: US Evangelical Missions in Keyna*, Journal of Religion in Africa, Vol. 32, 2002, p. 32-40

[37] Paul Gifford, 'Uganda', unpublished paper, 1994, p. 2 cited in; Julia Hearn, *The 'Invisible' NGO: US Evangelical Missions in Keyna*, Journal of Religion in Africa, Vol. 32, 2002, p. 40

[38] Alessandro Gusman, *HIV/AIDS, Pentecostal Churches, and the 'Joseph Generation' in Uganda*, Africa Today, Vol.56.1, 2009, p. 68.

[39] Julia Hearn, *The 'Invisible' NGO: US Evangelical Missions in Keyna*, Journal of Religion in Africa, Vol. 32, 2002, p. 43.

evangelical missions and churches were quick to embrace the concept of HIV/AIDS relief – seeing themselves as God-sent in the spiritual battle against AIDS. Hearn demonstrates this when arguing that AIDS fits perfectly into the PCC idea of "calling a nation back from sinful living to repentance and righteousness".[40] One could argue that American as well as Ugandan PCCs saw HIV/AIDS as a financial and spiritual opportunity.

The new concept of volunteer work has also had an impact. Many American churches that establish FBOs in Uganda often have an orphanage or a school tied to their organization. It has become a trend for young Christian North-Americans to go to Sub-Sahara Africa for a period of time to volunteer at these institutions. This may lead to individuals starting their own orphanages. I met some of these people in Uganda, at the "Our Own Home" Orphanage in Jinja. As depicted in the film these young American and Canadians are in Jinja as volunteers and they would not call themselves missionaries. I believe however that they can be seen as a new wave of missionaries. One of the criteria for them to be eligible as volunteers is to be Christian and to preach the word of God. One of their tasks is "training these young children to become good Christians."[41] In any case, these young volunteers do have an impact on the lives of the children in the orphanages. They run HIV/AIDS prevention sessions for them and the people that I encountered stated that they did not speak about condoms. I found this fact disturbing as the children and youths at these orphanages are HIV-

[40] Ibid, p. 52
[41] Interview with four young volunteers at "Our Home" orphanage in Jinja.

positive.

Additionally the involvement of the international missionaries includes employing local individuals with cultural and social expertise, as this gives rise to more sustainable projects.[42] American churches sponsor many Ugandan pastors, enabling them to work and present themselves as successful individuals – attracting more followers, starting new churches and reaching out to rural areas. Having a link to Americans or Canadians is a sign of prosperity, which contributes to individuals "converting" and becoming "Born-Again".[43] As Pastor Zachariah told me, the overall goal of the Ugandan "Born-Agains" is to save as many souls as possible. Pastor Zachariah projected constant testimonies of former witchdoctors or Muslims were met with extreme satisfaction from the congregations or crusade goers. It seemed to be perceived as a sign that the devil was in trouble – and that the presence of God was close. Meyer concludes: "In this sense, PCCs, while speaking to desires to link with the wider world and escape the constraints of poverty, also articulate Christianity in relation to local concerns."[44]

Today in urban Uganda, PCCs are not located far apart. They are taking over large old buildings such as warehouses, theaters, cinemas as well as arenas that can attract thousands of people. Most of the churches have a website, which promotes their HIV/AIDS prevention work, their care of HIV-

---

42 Julia Hearn, *The 'Invisible' NGO,* Journal of Religion in Africa, Vol. 32, 2002, p. 38

43 Interviews with several Ugandans, as well as Ugandan pastors.

44 Birgit Mayer, *Christianity in Africa: From African Independent to Pentecostal-Charismatic Churches*, Annual Review of Anthropology, Vol. 33 (2004), p. 4557

positive people, their outreach to orphans, their daycare centers as well as their visions of expansion. These are all signs of the financial and social power of the churches, as well as their transformation into FBOs. Most of the churches have a link to American or Canadian churches, which contribute financial support as well as guest missions, sermons and volunteers. Some American churches invite Ugandan pastors and youths to go to American bible school, preaching seminars or simply to tell the story of all the 'fantastic work' the American congregation's support is doing on the ground in Uganda.[45] With missionaries and churches establishing themselves as FBOs, the PCC-churches in Uganda are growing in size. They are establishing schools, clinics, care centers as well as institutionalizing activates towards HIV/AIDS prevention, treatment and care. As of 2010 41% of the health institutions are faith-based in Uganda.[46] Their sources of funding often determine which form of prevention work they end up promoting, as I will demonstrate. For these reasons churches are developing into all-inclusive communities. Meyer argues that the PCCs, through their focus on deliverance, feel that they can help a follower in any given situation; "they represent an African Christianity that does not make it necessary to (secretly) seek for help outside the confines of the church. Being born-again is perceived as a radical rupture not only from one's personal sinful past, but also form the wider family and village of origin."[47]

---

45 Interview with Pastor Zachariah, Jinja

46 Interview with Dr. Katamba, AIDS Information Center, Jinja.

47 Birgit Mayer, *Christianity in Africa: From African Independent to Pentecostal-Charismatic Churches*, Annual

2.2.4. Pastors and churches as life advisors.

Faith plays a big role in Ugandan society and daily life. Every Sunday morning people put on their nicest clothes and make their way to church. Most churches have three sermons every Sunday, lasting up to two or three hours each. They further have a sermon or gathering of some sort every day. As Pastor Zachariah of the Evangels church in Jinja said; “here we don't time God. We don't look at our watches. We worship him and let his power move us.”[48] Church is more than a place you stop by to hear the pastor preach. You go to meet God. It’s a place of worship, joy, comfort, salvation, prayer and community. The power of prayer is never-ending, and prosperity and good health is understood to be given to those who give themselves to Jesus Christ. The pastor is seen as the link between the sacred and the profane. They are not just pastors; they are healers, doctors, financial advisers as well as teachers. Most churches have councilors ready to deal with almost any problem – including HIV/AIDS. In the years following the first documented cases of HIV/AIDS, the disease was seen as a terrifying thing. People were fading away and dying of the many complications that follow HIV/AIDS, due to lack of proper treatment. Churches started to view HIV/AIDS as an effect of sinful behavior or even a punishment from God.[49] This led to increased stigma towards HIV-positive people – discouraging many from testing themselves. After the government’s intense

---

Review of Anthropology, Vol. 33 (2004), p. 457.

[48] Interview with Pastor Zachariah, Jinja.

[49] Interveiw Grace Myanga, Christian AIDS Network, JINJA.

efforts to educate citizens about the disease, this stigma was somewhat reduced. Most churches now have a youth program where they do HIV/AIDS prevention sessions focusing on abstinence until marriage. They have groups for married people, where the importance of faithfulness within marriage is emphasized and explored. Most of them do not speak about condoms.[50] When I asked the various pastors and HIV/AIDS councilors why they did not speak about condoms I was told that condoms promote sex outside of marriage and that ''God tells us to go and multiply''.[51] When asked if they promote condoms to a discordant[52] couple – most answered no. These couples are often counseled and asked to abstain within the marriage. Hence, based on my own research, throughout the majority of this wide network of PCCs, condoms are not promoted and at times discouraged. Furthermore, pastors are now advised by the government to demand that engaged couples go for an HIV-test before getting married. If either one is found to be HIV-positive, they are advised not to get married and to instead find someone who has their own status.

Divine healing also informs HIV/AIDS treatment. Many pastors claim that they have access to the healing powers of Jesus Christ and can heal any disease including HIV/AIDS. This concept is found in rural and urban centers alike. Some pastors have become famous for their healing powers and gather enormous crowds on their crusade tours. As depicted in the film, both in the rural

---

50 Based on my own research in Uganda.
51 Interview with HIV counsellor Alice Dramundru, Christian Aids Network, Jinja.
52 Discordant couple is a term used when one is negative and one is positive.

Harvest church and the grand crusade held by the famous pastor Kayanja – many people come with the hope of being healed from blood diseases such as HIV/AIDS.

Many people in Uganda are illiterate, especially in the rural areas, and this gives the pastors and preachers immense power to interpret the scripture as well as religious practices without being questioned. It is not unusual that a pastor is the head of several churches, often spread throughout various rural areas that have no health care facilities. When combined with the fact that many in rural areas lack the money for transportation to get to a clinic, this results in immense hope and trust being put in the pastors. Although most pastors that I spoke to believe in the power of healing, they still agree that treatment is needed. However, some pastors do tell their HIV-positive followers to stop ARV treatment and instead simply trust in God. Unfortunately some of these pastors, such as the charismatic and prominent pastor Kayanja whom we see in the film, are powerful.

2.3. The ideology behind PEPFAR

> *Americans are a free people, who know that freedom is the right of every person and the future of every nation. The liberty we prize is not America's gift to the world, it is God's gift to humanity.*[53]
>
> - George W. Bush –

In 2003 President George Bush launched the President's Emergency Plan for AIDS Relief (PEPFAR). Fifteen billion dollars would go towards HIV/AIDS

---

[53] George W. Bush's *State of the Union Address* speech, January 28, 2003

prevention, treatment and care over the course of five years. The money would be given to 15 focus countries, 12 of which were located in Sub Sahara Africa, including Uganda. It was the largest health initiative in history directed towards fighting HIV/AIDS. The goal of the program was to prevent seven million new HIV infections, treat at least two million people with life-extending drugs, provide care for millions of people suffering from AIDS and for children orphaned by AIDS. According to Bush's memoirs, his motivation for starting the program was as follows:

> I couldn't stand the idea of innocent people dying while the international community delayed. I decided it was time for America to launch a global Aids initiative of our own. We would control the funds. We would move fast. And we would insist on results.[54]

Before going into the specific components of PEFPAR, I think it is important to provide some more context and background as to why PEPFAR came to work closely with FBOs. First, I will offer a brief introduction to this phenomenon using my own research from Uganda regarding the distribution of PEPFAR money. Next I will explain how FBOs came to be such a vital part in the fight against HIV/AIDS.

2.3.1. Faith Based Organizations and PEPFAR in Uganda

During my research in Uganda I talked to several organizations that received PEPFAR funding. STAR EC is the Ugandan head office of PEPFAR in Jinja.

---

[54] George W. Bush, http://www.guardian.co.uk/world/2010/nov/08/bush-memoirs-aids-foreign-policy

Their task is to distribute PEPFAR funding over a five-year period. In the past year, they have distributed money to 13 organizations in the region and three of these are FBOs. One worked with HIV-positive sex workers, and the remaining nine were Community-based organizations (CBOs) focusing on prevention. All of them are obliged to follow PEPFAR directions in order to receive the money. The three FBOs are: Youth Alive (Catholic), Friends of Christ (PPC) and Family Life Education Program (FLEP, Anglican). As seen in the film, I followed Youth Alive during a day in their work in the rural communities surrounding a small town called Iganga, outside Jinja. According to the coordinator at Youth Alive, Francis Bukenya, much of their funding went into the new office building, large American cars, mopeds and the seven staff members.[55] Their method for doing community outreach is mobilizing local youths to serve as volunteers. They hold seminars for the volunteers and train them in how to approach PEPFAR's Abstinence, Being faithful and Condoms (ABC) policies. They claim to be a value-based organization and focus on personal behavioral change. As they are a Catholic charity, they do not promote condoms. During a meeting with a group of their young beneficiaries, I noted that their ages ranged from 18 to 26, and they were all of different faiths. The group said that they never learned anything relating to condoms. Although they lacked training on what exactly a condom is and how it is used, they were all unanimously certain that they did not need such knowledge as abstinence is the only way. When I asked them how they deal with the

[55] Interview with Francis Bukenya, Youth Alive Uganda, Jinja

temptation of having sex, one boy answered: “by putting my faith in God.’’ Another boy said that the extracurricular activities that Youth Alive encourages them to get involved with, such as a pineapple growing project, a chicken farming project and playing soccer, stopped him from thinking about sex.[56]

Another major organization I talked to was Family Hope Center. They are a health clinic that offers treatment and care for HIV-positive people, mostly children. They are funded by PEPFAR through the Catholic Relief Service (CRS). When talking to Dr. Adea who is one of two doctors working at the clinic he explained how this affects his work. They are bound to the restrictions of the PEPFAR and CRS directions when it comes to the ABC approach, or rather the AB approach, as they are not allowed to speak about condoms. As a doctor he believes strongly that abstinence and faithfulness are not sufficient prevention methods. Furthermore he believes that condoms are an important tool in the fight against HIV/AIDS, for young adults, discordant couples, as well as HIV-positive couples. He expressed his frustration: “He who pays the piper calls the tune.”[57]

2.3.2. The relation between Faith-Based Organizations (FBOs) and PEPFAR

Ever since the 1980s, Non Governmental Organizations (NGOs) have slowly gotten a stronger and more prominent role in international aid and development. In the past decade, Faith based organizations (FBOs) have become more visible

---

[56] Youth meeting with Youth Alive Uganda, Iganga.
[57] Interview with Dr. Adea at Family Hope Center, Jinja.

and been given more money. This trend is often referred to as the '*New Policy Agenda'*, where the role of government diminishes in development programs while the role of non-governmental actors increases.[58] This has made it harder to make a clear distinction between FBOs and NGOs. World Vision for example is registered as a non-governmental organization, but it is most definitely a faith-based organization.[59] Its entire mission statement is based on Christian values and this commitment to Christianity is stated openly and clearly.

Some scholars and reporters argue that smaller entities such as FBOs are attempting to become part of larger international entities such as the UN and USAID. Katharina Hofer argues in her article "The Role of Evangelical NGOs in International Development" that the American Pro-Family movement[60] has registered as an NGO "especially for the purpose of seeking delegate status with the UN and gaining access to UN conferences."[61] Another policy analyst, William Martin concurs:

> The same values that underlie the Christian Right's domestic policies also drive the international agenda. Religious activists have consistently opposed any foreign-policy initiative that might weaken parental control over children, facilitate abortion, expand the rights of homosexuals, or devalue the role of the conventional house-maker and mother.[62]

Hofer further points out that the forces behind this trend are political actors who

---

58 Julia Hearn, *The 'Invisible' NGO: US Evangelical Missions in Keyna*, Journal of Religion in Africa, Vol. 32, 2002, p. 33

59 http://www.ngo-monitor.org/article/world_vision_international

60 The pro-family movement is a group of social movement organizations that share both a wide-ranging conservative political agenda and a (primarily evangelical) Christian identity. http://socserv.mcmaster.ca/fetnert/docs/Fetner_New_Sexuality_Studies.pdf

61 Katharina Hofer, *The Role of Evangelical NGOs in International Development: A Comparative Case Study of Kenya and Uganda*, Africa Spectrum, Vol. 38, No.3, 2003, p. 379

62 William Martin, *The Christian Right and American Foreign Policy*, Foreign Policy, No. 114, 1999, p. 74.

seek out alliances with religious movements and not vice versa: "The agenda of this 'Pro-Family' coalition has been shaped by US politics and represents a spill over of US politics into the NGO community and international arena".[63]

2.3.3. How the Bush government supported FBOs.

> *I urge you to pass both my Faith-Based Initiative and the Citizen Service Act, to encourage acts of compassion that can transform America, one heart and one soul at a time.*[64]

When President George W. Bush launched the PEPFAR program, he also asked Congress to pass the Faith-Based Initiative and the Citizen Service Act. According to his speech the aim was to establish a new office in the White House, "to make Federal programs more friendly to faith-based and community solutions and to make federal funding more accessible."[65] During Bush's first few years in power, he almost doubled the funding to faith-based organizations. In 2001 10.5% of funds went to non-governmental aid organizations but in 2005 this number had risen to 19.9%. Of these receivers, 98.3% were Christian organizations.[66] The largest beneficiaries were the evangelical World Vision and Catholic Relief Services (CRS), both prominent actors in Uganda. One could question why CRS would be a large beneficiary seeing as the main Bush government supporters were not Catholic. Yet the value-based missions initiated

---

63 Butler 2000:7 cited in; Katharina Hofer, *The Role of Evangelical NGOs in International Development: A Comparative Case Study of Kenya and Uganda*, Africa Spectrum, Vol. 38, No.3, 2003, p. 379.

64 George W. Bush's *State of the Union Address* speech, January 28, 2003

65 http://www.faithbasedcommunityinitiatives.org/

66 Farah Stockman, Michael Kranish, Peter S. Canellos & Kevin Baron, *As Funding rises, Christian groups deliver help with a message*, 2006

by CRS, conforms to the moral vision of the Christian Right in terms of condom use, sex outside marriage, abortion and homosexuality. Ugandan Catholic institutions also had the appeal of being well established and have the ability to reach large groups of people. Evangelical FBOs, as we have seen earlier in this paper, however were significant beneficiaries of this initiative. Established as healthcare institutions on the ground in the developing world, they were eligible for funding. Hearn explains:

> Of the NGOs with which USAID works, US evangelical missions are a significant constituency, both as direct grantees and, more generally in furthering the US government's broad policy goals.[67]

Bush's policy also made it possible for FBOs to evangelize and display religious symbols while distributing aid.[68] Dr. Clydette Powell, at USAID's public health bureau, proclaimed during a workshop on public-private partnerships:

> I think Christians, who are so much more rational in this thing, have a leg up on, you know, just the regular public system because there is interest in developing a relationship – in fact, hopefully, a relationship that leads them to know Christ as their savior and their lord in their lives.[69]

In the general international aid world, proselytizing while distributing aid is frowned upon. However USAID has no method of monitoring groups for proselytizing. This clearly points out that the Bush government had no problem

---

[67] Julia Hearn, *The 'Invisible' NGO: US Evangelical Missions in Keyna*, Journal of Religion in Africa, Vol. 32, 2002, p. 34

[68] Farah Stockman, Michael Kranish, Peter S. Canellos & Kevin Baron, *As Funding rises, Christian groups deliver help with a message*, 2006

[69] Ibid.

with money being spent on missions that combined aid work with spreading the word of God.

Before this initiative it was illegal for government funds to go to organizations that required their employees to be of a certain faith. President Bush reflected on this fact as he spoke to a group of faith-based organizations in 2004 he proudly said:

> I got a little frustrated in Washington because I couldn't get the bill passed. Congress wouldn't act, so I signed an executive order – that means I did it on my own.[70]

Bush asked several USAID employees who were against these policies to resign, which they ultimately did. They were then replaced by conservative Christian representatives, such as physician Senator Tom Coburn, who denies the effectiveness of condoms, as well as Joe S. McIlhaney Jr, president of the 'pro-abidance-only' Medical Institute for Sexual Health.[71] Following these moves President Bush reinstated the 'global gag rule', blocking U.S. funds from being given to international family-planning groups that offer abortion and abortion counseling. Finally a bill that demanded beneficiaries to be anti-prostitution was passed. This meant that all beneficiaries, to be able to receive funding, had to sign a pledge stating they were opposed to prostitution. As a result, many beneficiaries declined USAID funding, seeing that it would halt years of work with so called "high risk groups" in the fight against HIV/AIDS by having to abide by

---

[70] Ibid.
[71] Human Rights Watch, *The Less They Know the Better*, 2005, p.23

the U.S. policies and 'ethics'.[72] All these initiatives can be seen as a form of so called "culture wars", where the U.S. government is exporting their own ethical and moral values to other societies and governments internationally.

President Bush's initiative towards funding faith-based organizations was met with criticism from some parts - some claiming that it was an unofficial payback to various right-wing Christian groups for supporting President Bush in his elections.[73] Nonetheless, many FBOs are more than willing to accept funding. No agency seems better at promoting themselves than USAID. They mark every USAID funded item with ''From the American People'': Banners, billboards, cars, computers, tables, posters, filing cabinets, coffeemakers, TVs etc. This is even at times carved into tables and chairs in NGO offices in Uganda. From my own fieldwork, the U.S. is being admired in Uganda. I noticed the support and admiration for the U.S. amongst many ordinary Ugandans as well. Most approached me smilingly with the question; "Muzungo, are you from America?" The disappointment is visible in their eyes when I respond as gently as I can: "No."

The above-mentioned changes have made it possible for NGOs and FBOs to become important actors in development projects. Hofer summarizes it neatly by pointing out that the Pro-Family movement has had an impact on both U.S. and

---

[72] For more information see Farah Stockman, Michael Kranish, Peter S. Canellos & Kevin Baron, As Funding rises, Christian groups deliver help with a message, 2006

[73] Farah Stockman, Michael Kranish, Peter S. Canellos & Kevin Baron, As Funding rises, Christian groups deliver help with a message, 2006

UN policies towards Africa, in three ways:

> Firstly, privatization of public welfare is being promoted through NGO campaigns at government level. Secondly, a specific operational approach is being promoted at the national and international levels that favor the support of faith-based organizations as agents of international development. And thirdly, the lobbying of religious freedom in US domestic politics, limiting state interference with church groups and widening the space for religious groups in schools and the general public, has impacted on foreign policy agendas as well.[74]

USAID's website states "…USAID collaborates with government, religious, and community-based institutions to deliver comprehensive prevention, care and treatment of HIV/AIDS." As the above quotes demonstrate, USAID is open to investing in religious institutions with the task to sensitize and work on prevention. These trends might have been the result of an attempt to reduce the state's involvement and responsibility on the ground for these initiatives. My point is that the policies have led to the creation of a pool of beneficiary NGOs, FBOs and community-based organizations (CBOs), which are in tune with the government's seemingly American Christian ethical values. The U.S. government is not directly accountable for potential developments on the ground in Uganda but they are getting praise for putting millions of dollars into the country. They are, in other words, reaping the rewards that come with the idea of a charitable U.S. but are seldom questioned about how their policies are affecting populations on the ground. This is a concern in the general idea of international aid.

---

[74] Katharina Hofer, *The Role of Evangelical NGOs in International Development: A Comparative Case Study of Kenya and Uganda*, Africa Spectrum, Vol. 38, No.3, 2003, p. 382-383.

2.3.4. 'The Abstinence, Being faithful and Condom' policies of PEPFAR

> *We Americans have faith in ourselves, but not in ourselves alone. We do not know - we do not claim to know all the ways of providence, yet we can trust in them, placing our confidence in the loving God behind all of life and all of history. May He guide us now. And may God continue to bless the United States of America.*[75]
>
> - George W. Bush –

Based on Uganda's success story with regard to curbing HIV prevalence rates during the 1990s, the Bush administration 'adopted' ABC as PEPFAR's HIV prevention approach.[76] Ties had already been established between the right-wing Christian elite in Uganda and the U.S. government before the launch of PEPFAR. Uganda's first lady Janet Museveni, a prominent Born-Again figure, went to Washington in 2001 to promote Uganda's success with regard to HIV/AIDS.[77] This was with great likelihood done to secure and increase funding to Uganda.[78] When PEPFAR was launched in 2003, the conditions that USAID attached to the funding were that Abstinence and Be Faithful (AB) would be the prevention methods to be promoted. Condoms received minimum attention and were largely reserved for "high risk" groups such as sex workers. USAID's website states: "Abstinence...and maintaining a mutually monogamous relationship between

---

[75] George W. Bush's *State of the Union Address* speech, January 28, 2003

[76] http://www.pepfarwatch.org/the_issues/abstinence_and_fidelity/

[77] Helen Epstein, *The Invisible Cure, Why We Are Losing The Fight Against AIDS*, 2007, p. 188

[78] For more information on the background to the false idea of Uganda's ABC approach, as well as USA adoption of it please see Joseph Tumushabe, *The Politics of HIV/AIDS in Uganda*, UNRISD Programme on Social Policy and Development, 2006.

partners known to be uninfected is the surest prevention…"[79] No explanation is given for how trusting your partner and hoping he/she remains faithful is scientifically a safer strategy than the correct use of condoms.

There were clear directions for how the funding should be used by beneficiaries in their work. According to Avert, a British NGO working largely towards monitoring HIV/AIDS prevention measures, treatment and care worldwide, PEPFAR had the following guidelines:

1. 55% for the treatment of individuals with HIV/AIDS
2. 15% for the palliative care of individuals with HIV/AIDS
3. 20% for HIV/AIDS prevention (of which at least 33% is to be spent on abstinence until marriage programs)
4. 10% for helping orphans and vulnerable children.[80]

PEPFAR was reauthorized in 2008, earmarking 48 billion dollars towards HIV/AIDS, malaria and tuberculosis outside of the US over the span of five years (2009-2013). The requirements have changed since the Bush era:

1. Over half of the funds are to be spent on treatment programs, including antiretroviral treatment, care for associated opportunistic infections and nutritional support for people living with HIV/AIDS.
2. In countries with generalized HIV epidemics, at least half of all money directed towards preventing sexual HIV transmission should be for 'activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction'. If this is not complied with then the Global AIDS Coordinator must report to Congress within 30 days on the reasons behind the shortfall.
3. The 10% figure directed towards helping orphans has remained.[81]

---

79 http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html
80 http://www.avert.org/pepfar.htm
81 Ibid.

Although at first glance the ABC approach seems to include condoms as much as abstinence and faithfulness, if one looks closer at the PEPFAR directions it shows a different picture: Abstinence is used for unmarried youths, Being faithful for married couples, and Condom use for "those who are infected or who are unable to avoid high-risk behaviors".[82] High-risk groups are defined as "prostitutes, sexually active discordant couples, substance abusers, and others".[83] The effect of this is that these guidelines have effectively resulted in making abstinence the only method for prevention for unmarried youths who are not sex workers.

According to the current Obama government, ABC is still PEPFAR's main approach to prevention work.[84] Abstinence is the most effective form of protection and risky sexual behaviors are discouraged – such as sex before marriage.[85] As for the "high risks" groups such as homosexual men, there is still no policy: "Guidance for Comprehensive HIV prevention for men who have sex with men is still under development and is forthcoming". [86]

---

82 Office of the Global AIDS Coordinator (OGAC), *PEPFAR Five-Year Strategy*, p. 29; cited in Human Rights Watch, *The Less They Know the Better*, 2005, p. 22

83 Ibid.

84 http://www.pepfar.gov/guidance/75837.htm

85 Ibid.

86 http://www.scribd.com/doc/39591198/PEPFAR-Country-Operational-Plan-2011, as of 10/03/2011

2.4. Effects of PEPFAR funding on HIV/AIDS prevention in Uganda

2.4.1. Governmental change of policy in Uganda

> *Widely hailed as a leader in the prevention of HIV/AIDS, Uganda is redirecting its HIV prevention strategy for young people away from scientifically proven and effective strategies toward ideologically driven programs that focus primarily on promoting sexual abstinence until marriage. Although endorsed by some powerful religious and political leaders in Uganda, this policy and programmatic shift is nonetheless orchestrated and funded by the United States government.*
>
> - *Human Rights Watch* -

In 2004 Uganda drafted the "Uganda National Abstinence and Being Faithful Policy and Strategy on Prevention of Transmission on HIV". The policy's objective was to scale up abstinence-only projects very similar to those created in the United States.[87] From having a comprehensive approach towards HIV/AIDS prevention, through the 'Zero Grazing' campaign, the Ugandan government made a drastic and rapid change towards the AB policy. Under the policies section on "core values" and quality assurance" it was stated:

> The mixing of this message [A&B] with an offer of perceived immediate gratification by means of condom use can be confusing to youth and indeed adults. The condom message can compromise the power of the A and B message. Nevertheless, the policy is to promote A and B without reducing the value of the C message, just as condoms must be promoted in ways that do not undercut or undermine messages of abstinence and faithfulness.[88]

---

87 Human Rights Watch, *The Less They Know the Better*, 2005, p. 25

88 S. Kyomuhendo et al, "Uganda National Abstinence and Being Faithful Policy", 2004, p. 13

President Museveni, who early on encouraged the use of condoms, changed his rhetoric and attitude towards condoms. He started claiming that condoms are not for Africans and that they promote promiscuous behavior.[89] Prior to 2004 there were billboards advocating condom use around Uganda, as well as commercials on the radio. Helen Epstein who was in Uganda during this time explains in her book *The Invisible Cure* that the condom billboards were taken down and replaced with big "Abstinence until marriage" posters during this time.[90] At the AIDS convention on 12th of July 2004 in Bangkok, President Museveni proclaimed that Uganda's success was due to the AB policies. He further proclaimed that condoms had little to do with the success of Uganda in lowering HIV infection rates, as the country had the lowest per capita condom use in sub-Sahara Africa.[91] Furthermore the President announced that condoms were reserved for prostitutes, sending a message that using a condom is a sign of promiscuous behavior.[92] This change in government policy and attitude started to affect the general message given to the population about prevention methods. The new policy was AB, with a silent C. The following year UNAIDS stated that 94% of Uganda's funding towards HIV/AIDS came from PEPFAR.[93]

President Museveni was now neglecting some of the factors that had in the

---

89 http://www.newvision.co.ug/PA/8/12/372164
90 Helen Epstein, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, p. 194
91 http://www.newvision.co.ug/PA/8/12/372164
92 Helen Epstein, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, p. 195
93 UNAIDS, *Expenditures by Finance Source and Spending Category, Uganda, 2005.*

past proven to be relatively effective in reducing HIV/AIDS in Uganda. According to Dr. Kiweewa at the Joint Clinical Research Center in Kampala, Museveni moved away from the idea of partner reduction which was much more in tune with the culture than an idealized A and B approach.[94] According to Epstein, partner reduction has played a key role in reducing HIV/AIDS cases in many countries, be it amongst the gay community in San Francisco or in Africa.[95]

Polygamy is still a common practice in Uganda, both in formal and informal arrangements. Prostitution is illegal but still flourishing. Furthermore it is accepted that people have several partners.[96] As Epstein shows in her book, Ugandans may have a significantly lower number of sexual partners throughout their lives than any 'Western' person. This is an important distinction to make, as concurrency does not necessarily mean an increased amount of partners over the course of a lifetime. The problem lies in AIDS being a generalized epidemic in Uganda – once it gets into the network of concurrent couples – it spreads faster than in a monogamous system.[97] Hence a combination of messages encouraging a reduction in the number of partners, faithfulness within your network of partners and condom use proved to be an effective program in a Ugandan context. Focusing on a strategy, which only tolerates complete abstinence and faithfulness to your wife/husband, seems to have proven to be rigid and ineffective. It neglects the cultural and gender specific situation in

---

94 Interview with Dr. Kiweewa JCRC, Kampala.
95 Helen Epstein, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, p. 176
96 Ibid. p. 190
97 This theory is shown with slideshows in the thesis film.

Uganda. Women in general have little power to negotiate sex, let alone safe sex. According to the UN, domestic violence affects 40% of Ugandan women. [98] Hence many women contract HIV from their husbands – while they themselves might very well be faithful in the marriage. The idea such as women being wed into a family is also vital to take into consideration. As shown in the film, Pastor Omar told me a story about how all his brothers became HIV-positive: His brother passed away from AIDS, and his wife was then passed around to other brothers in the family – and so 5 brothers become HIV positive and several have now passed away.[99] This is not an uncommon phenomenon in Uganda. The AB policy does not take these issues into consideration and is hence putting women further at risk. Human Rights Watch articulates this through their recommendation towards prevention programs:

> *"Programs should focus on empowering vulnerable populations to achieve economic independence, protecting their legal rights, and providing them with the information and tools they need to prevent HIV – not preaching 'abstinence until marriage'."*[100]

First Lady Mrs. Janet Museveni, who is a devoted Born-Again, has been a prominent figure in Uganda's fight against HIV/AIDS. She has dedicated her work to the abstinence-until-marriage approach. She has further involved herself in

---

98 Interview with lawyer Roselyn Karugonjo-Segawa, Ugandan Human Rights Commission, Kampala.
99 Interview with Pastor Omar, Naminya.
100 *AIDS in Uganda: the human-rights dimension,* The Lancet, Vol. 365, 2005, p. 2075

training married couples in faithfulness.[101] She started the Uganda Youth Forum, to reach out to youth with a focus on prevention.[102]

In June 2004, President Museveni and his wife went to the U.S. for a state visit where they spoke at the Medical Institute for Sexual Health's annual meeting in Washington. At the meeting, Janet Museveni was presented the "Hero Award" for her successes in promoting abstinence over "safe sex''. She stated; "Religious organizations played a major role in prevention [of HIV/AIDS] and had a strong influence. When we adopted the True Love Waits slogan, we found that the most important thing was focusing on our spiritual foundation and values."[103]

Her initiative, Uganda Youth Forum, started receiving PEPFAR funding in 2004.[104] She called for a national virginity pledge, encouraging young women to take tests to prove they are virgins and to take vows to stay virgins until marriage. In the same year, Mrs. Museveni supported a Virgin March of over 70,000 participants in Kampala. According to Epstein the first lady promised all virgins would get a washing machine on their wedding day.[105] Mrs. Museveni stated to the Ugandan newspaper New Vision, "We need to find out the percentage of the youth who never had sex, those who have reverted to secondary abstinence."[106]

In addition to violating the right to privacy, virginity tests may feed the idea

---

[101] http://janetmuseveni.com/ofla_more.php
[102] http://janetmuseveni.com/youthforum.php
[103] http://www.ugandamission.net/aboutug/articles/jmuseveni0607.html
[104] Helen Epstein, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, p. 195
[105] Ibid, p. 189
[106] http://news.bbc.co.uk/2/hi/africa/4061779.stm

of HIV being the result of immorality. Furthermore, this idea of purity and virginity does not take into account the notion of rape, sexual abuse and the fact that many women are driven into sexual partnerships because of extreme poverty. Especially in urban centers, young women are often forced into having so-called 'sugar daddies' in order to for example pay school fees or simply afford living expenses. According to the Ugandan newspaper New Vision, this phenomenon is now seen as one of the drivers of the HIV-epidemic.[107] During my time in Uganda I learned that that these virginity clubs are often simply symbolic; it is a popular trend to join them. During an interview, Dr. Kiweewa told me: "Most youths join those abstinence clubs for fun or simply for identity – it doesn't mean they are abstaining."[108]

Mrs. Museveni has strong ties to the religious leaders in the country. One example is the controversial PCC Pastor Ssempa – a vocal Abstinence-only campaigner. He has spoken at several of the first lady's seminars. Ssempa is very animated in blaming the AIDS epidemic on immoral behaviors such as sex outside marriage and homosexuals. He is famous for burning of condoms in the name of Jesus, at the campus of the Makarere University in Kampala.[109]

One cannot hold USAID or PEPFAR directly responsible for these changes in government policy, but as funders of these organizations and events it is difficult to disregard their part in these developments. This, paired with their AB

---

[107] http://www.newvision.co.ug/D/8/13/577591
[108] Interview with Dr. Kiweewa JCRC, Kampala.
[109] Helen Epstein, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, p. 191

emphasis, creates a strong connection between PEPFAR funding and the new HIV/AIDS prevention policies on the ground in Uganda.

2.4.2. Misleading information and lack of condoms.

As an activist and woman living with AIDS, it makes me feel judged. You are supposed to abstain and be faithful. Condoms are only for those who are promiscuous. I got HIV in marriage. I was faithful in my relationship. The battle to come out and be open was a struggle. Now, instead of moving forward we are moving strides back.

- Ugandan woman living with AIDS -[110]

According to Epstein, "every abstinence-only program that has ever been evaluated has failed to reduce rates of teen pregnancy or sexually transmitted diseases".[111] According to Human Rights Watch twelve U.S. government-funded evaluations at the state level "have shown that U.S.-based abstinence-only programs have little influence on participants' sexual behaviors."[112] In addition these programs were deemed 'ineffective in reducing risky sexual behavior' as well as being potentially harmful by 'discouraging the use of contraceptives'.[113] It is therefore alarming that the U.S. government is exporting a program that has proven to be ineffective. Human Rights Watch provides a compelling counterpoint to this trend, suggesting:

Young people have a right to know about all effective methods of HIV

---

110 Human Rights Watch, *The Less They Know the Better*, 2005, p.53.
111 Helen Epstein, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, p. 187
112 Ibid.
113 *Ibid*, p. 2075

> prevention, and to be cautioned about the risk of getting infected with HIV, including in marriage. They have a right to seek and receive factual information about HIV prevention without bias or discrimination.[114]

In 2002, Museveni initiated a national school program focusing on HIV prevention. It was designed for primary and secondary students. He called it the *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY)*. This program was designed to deliver targeted messages to youths in different age groups. Even though it was launched before PEPFAR, the program is presently funded by USAID and the Centers for Disease control – both parties have been part of formulating the targeted messages.[115] The PIASCY manual was not distributed until 2004. As primary school is free in theory, PIASCY does have an effect in reaching a large portion of Ugandan children aged 7 to 15. In theory this is a great initiative, but the program only promotes abstinence, and teachers have complained about the content and appropriateness of the material, as well as the lack of student involvement.[116]

Although the PIASCY program contained information about condoms in its first edition in 2003, that has now changed. This change was the result of protests made by FBOs and religious institutions, which claimed they had not been included in the formation of the program. Their protests were taken into

---

[114] *AIDS in Uganda: the human-rights dimension,* The Lancet, Vol. 365, 2005, p. 2075
[115] Human Rights Watch, *The Less They Know the Better*, 2005, p. 29.
[116] Human Rights Watch, *The Less They Know the Better*, 2005, p. 31.

account, leading to the development of two versions of PIASCY, one for upper primary school and one for middle primary school, launched in 2004.[117] The messages on condom use were altered and diagrams showing a condom offering protection from HIV were removed.[118] It is safe to say that those who then engage in sexual intercourse are more likely to be unprotected as a result. This raises questions about the right of a child to complete and accurate HIV/AIDS information. According to a Human Rights Watch report, health workers showed great concern about the new PIASCY plan, and the fact that religious groups now seem to have the right to veto scientifically proven information.[119]

In 2004 the Ugandan government decided to stop all distribution of the free condom *Engabo*. This decision was based on having received complaints about their smell and quality.[120] The government further imposed increased restrictions on imported condoms, meaning that they had to be retested before distribution – keeping millions of condoms in warehouses and increasing the general import costs.[121] This led to a shortage of condoms nationwide. In addition new taxes were put on condoms, increasing the prices on the remaining condoms on the market tenfold.[122] A three-pack of condoms in stores in Jinja costs between 300-

---

117 Ibid. p. 32.
118 Ibid. p. 32.
119 Ibid.
120 http://www.avert.org/aids-uganda.htm
121 *Fighting to close the condom gap in Uganda,* The Lancet, Vol. 365, 2005, 1127
122 Ibid, 1128

1000 Ugandan Shillings (UGS).[123] This is a price many won't pay, especially when one third of the population is living under 2400 UGS (= $1) a day. As a response to a question on the condom shortage, Uganda's minister of state for primary health care stated:

> As a ministry, we have realized that abstinence and being faithful to ones partner are the only sure ways to curb AIDS. From next year, the ministry is going to be less involved in condom importation but more involved in awareness campaigns; abstinence and behavior change.[124]

According to the Center for Global Development "The vast majority of PEPFAR funds obligated to faith-based groups for prevention – 88% on average in 2005 – has gone towards AB activities".[125] By creating preferences for programs that do not include safe sex information, the PEPFAR policy by definition undermines rights-based approaches to sexual and reproductive health. Major funding entities have the responsibility to fund organizations and initiatives that rely on scientifically proven methods of prevention as opposed to adapting and promoting a Christian based ideological and moral approach to the pandemic.

2.4.3. Prevalence rate in contemporary Uganda.

Human Rights Watch raised concerns in 2005 about the new policies resulting in an increase in prevalence rates in the country.[126] According to the Ugandan Medical Research Council (MRC) and the Rakai Health Sciences Project (RHSP), prevalence rates were on the decline until 2002/2003. However

---

123 According to my own research.
124 Human Rights Watch, *The Less They Know the Better*, 2005, p. 4.
125 Center for Global Development, *The Numbers behind the Story*, Oomman, 2008, p. 10
126 Human Rights Watch, *The Less They Know the Better*, 2005, p. 6.

the numbers rose to 7.7% in 2004/2005 and provisionally to 8% in 2005/2006.[127] The Ugandan AIDS commission's survey from 2004/2005 concludes that the current prevalence rate is 6.5% nationally, with 10% in urban areas and 6% in rural.[128] Uganda still has a generalized epidemic, and according to Dr. Katamba at the AIDS Information Center, the numbers are probably higher than what the surveys claim. He states that the suggested rates are inconclusive because very few people go for testing – especially men. Furthermore the coverage of rural areas is limited.[129] The most alarming factor however is that, according to UNAIDS, "analysis showed that approximately 43% of new HIV infections were estimated to be occurring among "low-risk" couples in which one partner was HIV positive and the other negative. An estimated 44% of the infections came from those who have multiple sex partners, including their regular partners."[130] The UNAIDS analysis shows the difficulties associated with promoting AB as opposed to ABC, in prevention work.

According to the *Uganda UNGASS*[131] *Progress Report, Jan 2008-Dec 2009,* following measure has been taken to curb HIV rates amongst couples*:*

> In response, a campaign to encourage faithfulness in this group has been started, to add impetus to efforts already directed towards those involved in casual sex. Religious institutions like churches, mosques, Inter Religious Council of Uganda (IRCU), Catholic Relief Services have supported increased mutual fidelity among couples.[132]

---

127 *Uganda, HIV Prevention response and Modes of Transmission Analysis*, 2009, p.12.
128 http://www.avert.org/aids-uganda.htm
129 Interview with Dr. Katamba, AIC, Jinja
130 UNAIDS, /http://data.unaids.org:80/pub/Report/2008/JC1648_aids_outlook_en.pdf
131 United Nations General Assembly Special Session
132 Ugandan Government, *Uganda UNGASS Progress Report, Jan 2008-Dec 2009*, p.38

Dr. Katamba at the AIDS Information Center is not surprised that prevalence is going up amongst couples, as he says only 40% of couples know their status and only 9% of people in a couple know their partner's status. He argues that the AB approach is not sufficient, and does not fit with the cultural patterns of Uganda.[133] He points out that the exclusive AB policy does not include measures towards protection of women who are contracting HIV faithfully within their marriages. The percentage of adults aged 15–49 who have had sex with more than one partner in the last 12 months is 3.8% for women and 29.3% of men.[134] In all regions of Uganda, women have a higher prevalence of HIV infections than men.[135] In addition to this, women are more likely to go for testing. I remember a women's meeting in the village Mpumudde outside of Jinja, where most of the women said that it was almost impossible to get their husbands to go for testing.[136] Many men therefore blame the women for bringing HIV into the family. According to Dr. Adea at Family Hope Center, female condoms were a flop in Africa – being complicated to use as well as being very expensive.[137] I encountered several women asking me about female condoms, as they saw it as the only way for them to protect themselves. Women in Uganda bear tremendous responsibilities; they often take care of the children on their own and are often in charge of the household finances. The fact that they have little means of protecting themselves against HIV/AIDS has large repercussions for the country as a whole. Although

---

133 Interview with Dr. Katamba, AIC, Jinja
134 Ibid, p.14
135 Ibid, p.19
136 Interview with a women's group in the village Mpumudde, outside Jinja.
137 Interview with Dr. Adea, Family Hope Center, Jinja.

initiatives towards Prevention of Mother to Child Transmission (PMTCT) have commenced, making all pregnant women go take a HIV-test, this does not include their male counterparts to go for testing. This in itself is compromising the program.[138] Another challenge with the PMTCT initiative is that this program only reaches 50% of eligible women[139] – which results in many children still being born with HIV in a time where this can and could be remedied. Dr, Katamba concludes: "It is time to set our personal religious beliefs aside and attack this epidemic from all sides."[140]

2.4.4. Unsustainable projects.

With funding coming in now, for any youth activities, if you talk about abstinence in your proposal, you will get the money. Everyone knows that.

- A teenager working with youth in Kampala -[141]

All agencies that I spoke to that received PEPFAR funding raised concerns about the unsustainably of the funding body as well as questions about what the future holds. I will therefore end this chapter by addressing this.

As we have seen in this paper so far, the process behind the launch of PEPFAR led to the emergence of new international FBOs in Uganda as well as in local FBOs. The strict guidelines concerning prevention work halted many already established initiatives. Dr. Kiweewa explained that, in his view, PEPFAR was

---

138 Human Rights Watch, *The Less They Know the Better*, 2005, p.15.
139 Ugandan Government, *Uganda UNGASS Progress Report, Jan 2008-Dec 2009*, p.31.
140 Interview with Dr. Katamba, AIC, Jinja.
141 Human Rights Watch, *The Less They Know the Better*, 2005, p. 1.

never meant to be sustainable. Although Dr. Kiweewa was praising PEPFAR's ARV treatment program, he was alarmed by what the effects would be if the funding were to be withdrawn in the future. I think it is important here to mention the ARV treatment program briefly, although the issue is beyond the scope of this paper. According to Elisabeth Mushabe at the Ugandan AIDS Commission, the Ugandan Ministry of Health is in no way capable of dealing with the constant increasing numbers of people in need of ARVs. [142] Hence 100,000s of people would have no means of getting the necessary treatment, which would result in thousands of deaths. It is worth mentioning that the PEPFAR HIV/AIDS treatment and care program is not solely a charitable affair; it has resulted in millions of dollars going back into the U.S. pharmaceutical industry as PEPFAR places restrictions on where and what medicines its beneficiaries are allowed to buy.[143]

With PEPFAR giving large amounts of funding to several American FBOs in Uganda, as well as having strict restrictions on the types of prevention measures that are deemed acceptable, the knowledge and experience of Ugandan healthcare professionals who may have worked in the field of HIV/AIDS for over 20 years is neglected. It is hard to argue against the notion that a feeling of ownership towards a project can be a great source of motivation but that this sense of ownership likely requires inclusion in the decision-making process. Dr. Kiweewa at JCRC, concluded that this had to be taken into consideration in

---

[142] Interview with Elisabeth Mushabe, Ugandan AIDS Commission, Kampala.
[143] http://www.carnegiecouncil.org/resources/journal/21_3/essay/001.html

future funding policies for them to be both efficient and sustainable.[144] The Sexuality Information and Education Council of the United States made the following statement in an evaluation of PEPFAR:

> Over the past four years of PEPFAR funding, it has become disturbingly clear that PEPFAR has transformed the landscape of HIV-prevention programming in each of the 15 focus countries in worrisome ways. Not the least of these is that the vast majority of PEPFAR funding is going to international or U.S.-based NGOs and, in the process, indigenous NGOs in the focus countries are failing to benefit from this record investment. A quick look at the list of grantees in each country testifies to a lack of investment in building up the capacity for prevention programming among local NGOs, and distributing funds so that they may also carry out HIV-prevention programming.[145]

Dr. Kiweewa argues that PEPFAR by investing heavily in FBOs, neglected the role of the Ugandan Ministry of Health in HIV/AIDS prevention, care and treatment. In other words, in some ways a second set of healthcare services was created. This may prove to become a problem in the long run, as far as the country's overall health system is concerned. He argues that these new organizations 'stole' many of the few medical personnel left in Uganda by offering them a higher salary than what the government could provide.[146]

The fact that 94% of Uganda's budget towards the fight against HIV/AIDS is international money is in itself unsustainable. Funding fluctuates with the financial situation of the world – for example, as a result the financial crisis of 2009. I believe that there should be more focus on income-generating projects

---

144 Interview with Dr. Kiweewa, JCRC, Kampala.
145 http://www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=968&nodeID=1#_edn46
146 Interview with Dr. Kiweewa, JCRC, Kampala.

and on finding ways to empower the Ugandan government and the Ugandan Ministry of Health, as opposed to simply taking ready-made strategies, and employing Ugandans to implement them. If PEPFAR funding were to stop one day thousands would go without ARVs. For this reason if no other I view it as critical that the government be provided with the tools to someday have the ability to deal with the epidemic more independently.

PEPFAR's directions have resulted in FBOs focusing on HIV/AIDS prevention in order to get funds. This raises concerns about unskilled personnel who lack training in HIV prevention conducting this work. Dr. Katamba from AIDS Information Center raised a valid and important point regarding religious leaders and FBOs. He emphasized that it is very important to include pastors as well as FBOs in HIV prevention; by including them in a unified system they can receive proper training on all aspects of prevention. He is especially concerned about those who are presently involved in HIV prevention, such as pastors who lack theological and healthcare training.[147] All medical and healthcare personnel that I spoke with throughout my field study in Uganda expressed the same kind of concerns on this issue as Dr. Katamba. They all agreed that it was time to take all approaches and tools available and create a comprehensive package, which would allow for a better and more effective prevention strategy. This leads me to the question of so-called "high risk groups".

---

[147] Ibid.

When the Bush government made their beneficiaries sign the 'anti-prostitution' pledge, many HIV initiatives toward sex-workers were halted. The pledge, in combination with the morally-loaded AB prevention program, sends a signal that the approach to sex workers should be one which condemns their work and focuses on making them leave the industry – which is a highly unrealistic approach in a poverty stricken society such as Uganda. As 47% of Ugandan prostitutes are HIV-positive, I would suggest that this is an ill-advised policy that is counter-effective. As Dr. Katamba said, although the epidemic in Uganda is generalized, as long as you have pockets of high prevalence amongst certain groups, you will never curb the epidemic.[148] A note should also be made on the question of homosexuals. When PEPFAR neglects to include homosexuals in their policy they deny this group the right to healthcare. As of today there is no policy or tracking record of HIV prevalence rates amongst homosexuals in Uganda.[149] These two factors are absolutely important to take into consideration when looking for a sustainable approach to the HIV/AIDS epidemic.

Last but not least it is important to mention the difficulties relating to simply transferring policies conceived in Washington to Uganda without including the communities they are supposed to benefit in the process. According to Dr. Kiweewa,

---

[148] Interview with Dr. Katama, AIC, Jinja.
[149] For more information on the "Anti-Homosexual Bill" please se Appendix C.

> ‘There is this tendency that educated people in their high seats always think they know better. That was also the fact with us at the Joint Clinical Research Center in the beginning of our work. We thought we knew what was best for the people. And that is what is still going on in the international funding agencies. They sit in their offices and think they know best, without asking us for our opinion.[150]

Dr. Sophie Harman, working with HIV prevention in Tanzania, expressed the same concerns in an article in the Ugandan newspaper *Daily Monitor* on World AIDS Day 2010:

> Policy and decision making still resides in Washington and Geneva and is then implemented at country level on a consent-for-cash basis […]. Bureaucratic procedure, inertia and a lack of co-ordination among donor agencies have limited the amount of money actually reaching those that need it, specifically in rural areas.[151]

My own experiences back these arguments, and most institutions I encountered raised concerns about the lack of communication between international funders and the receivers on the ground. Rev. Kasozi, HIV coordinator at Rubaga Catholic Cathedral made note of this with regards to the reporting system of PEPFAR. He claimed that no one from PEPFAR had come to see how they were working and what their needs actually were. “They just read our reports, but the reports are often incomprehensible and do not fit with the needs of the people. Hence I often feel I am not just to the people I am working with. And it ends up with us filling out the reports with what we thing PEPFAR wants to hear.”[152] I believe that Dr. Harman captures the problem perfectly when she suggests:

---

[150] Interview with Dr. Kiweewa, JCRC, Kampala.
[151] Daily Monitor, 1 December 2010, p. 12.
[152] Interview with Rev. Kasozi, Rubaga Catholic Cathedral, Kampala.

> If governments and donors fail to listen to people living in rural areas and consider the problems that they face, any short term gains made in the response to HIV and AIDS will be just that, and the problem of how to rid the world of this terrible disease will continue.[153]

2.4.5. The future?

One of the first things Barak Obama did as president of the United States was to revoke the 'gag rule'.[154] He has lifted a restriction on U.S. funding being used to supply clean needles to injecting drug users.[155] However, the 'anti-prostitution' pledge as well as the strong focus on abstinence and fidelity is still in place. Today, PEPFAR funds must still be used primarily for abstinence and faithfulness messages on a stand-alone basis. Condoms should only be used together with the message that abstinence is the only 100% effective method against HIV.[156] The restriction on condom promotion still stands, and on PEPFAR's website this is made clear:

> Implementing partners must take great care not to give a conflicting message with regard to abstinence by confusing abstinence messages with condom marketing campaigns that appear to encourage sexual activity or appear to present abstinence and condom use as equally viable, alternative choices. Thus, marketing campaigns that target youth and encourage condom use as the primary intervention are not appropriate for youth, and the Emergency Plan will not fund them.[157]

In terms of finances, Obama pledged $50 billion towards HIV/AIDS until 2013, with $1 billion in new money each year.

Under his direction the program is referred to as PEPFAR2. However in 2009

---

153 Daily Monitor, 1 December 2010, p. 12.
154 http://www.avert.org/pepfar.htm
155 http://blog.nibrinternational.no/#post12
156 http://www.pepfar.gov/guidance/75852.htm
157 Ibid.

most beneficiaries received flat-lined funding instead of promised increase. This might be due to the financial crisis. Most organizations I spoke to in Uganda, raised concerns about 'donor-fatigue' and flat lining funding. On their end, however, they are still being asked to increase their number of patients and to increase their outreach.[158] To answer to these concerns Jerry Lanier, the U.S. ambassador to Uganda, made a statement in the two largest newspapers in Uganda on World AIDS Day, attempting to show that the U.S. continues its support towards the fight against HIV/AIDS;

> On World AIDS Day, it is important to remember that we have a shared responsibility to build on the success achieved to date by making smart investments that will ultimately save more lives. […] US support continues to grow. PEPFAR is not ending. Instead, building on the success of PEPFAR and other global health programmes, President Obama has put forward an ambitious Global Health Initiative.[159]

In spite of this statement, Dr. Kiweewa was confident that both PEPFAR and USAID wanted to slowly retract their extensive support to HIV/AIDS initiatives.[160] Larry Lanier might have hinted towards that when finishing his article by saying, "Uganda's nation government must resume the central role in leading the national responses on health in general and HIV/AIDS in particular."[161]

In 2009, UNAIDS stated that on a global scale, for every two persons put on ARV treatment, five are infected with HIV. Needless to say, prevention has

---

158 Based on my own interviews in Uganda.
159 New Vision, December 6, 2010, p. 14
160 Interview with Dr. Kiweewa, JCRC, Kampala.
161 New Vision, December 6, 2010, p. 14

always and continues to be the key to fighting HIV/AIDS successfully. There should be a complete revision of the prevention policies towards actual individual policies within each country to decide what prevention approaches works best. There is a valuable message in the saying 'know your epidemic and your current response.'[162]

Uganda went through a recent election, in February 2011, with president Museveni being declared president once more. There has been little sign of him changing his and the country's policies towards HIV/AIDS prevention. That being said, I continue to feel optimistic about the hard work, skill and motivation of health professionals on the ground. Some are finding their way around the PEPFAR policies, while others are starting to speak out about the AB policies. Martin Ndifuna at STAR EC told me that he was more optimistic under the Obama government, claiming that PEPFAR2 was more open to being in dialogue with organizations in the country on prevention messages. That being said, Mr. Ndifuna was on a PEPFAR salary and was quite hesitant to speak in detail about the more challenging aspects of the program. Dr. Kiweewa from Joint Clinical Research Center expressed an opposing opinion, stating that there is currently no change with regards to prevention policies under PEPFAR2. Both gentlemen were however positive about two factors: Money is now given directly to them, instead of going through the Ugandan Government, and they now have to report to the Ugandan Ministry of Health as well as to PEPFAR. They viewed this as

[162] http://hivpreventiontoolkit.unaids.org/Knowledge_Epidemic.aspx

positive for two reasons; firstly, less money would disappear, and secondly, the Ugandan Health Ministry would at least feel they are part of the program and have more of a sense of ownership for the developments in the country.

3. Reflections and concluding thoughts

As we have seen in this paper, the role of Christian communities and worldviews in shaping HIV prevention work is complex, and the people who are affected by this intersection are vulnerable to factors beyond their control. All the while the epidemic continues and people suffer from lack of resources. Success lies, I would argue, in a richer understanding of cultural differences that inform Ugandan life, that are tailored to their social realities, communal and social configurations. To be effective they may have to be based on local expertise more than external ideas of what Ugandans need or should want. Evidence based research and strategies involving the actual risk factors that the population is facing should be considered. Cultural matters such as gender issues, sexual patterns, religious convictions, as well as level of education has to be taken into account far more than PEPFAR have accounted for so far. All focus countries are different and the idea of simply lumping them together by delivering one for all strategies circulating around AB policies is not sufficient. One way of working towards this is leaving room for beneficiaries on the ground to come with their expertise and input in early stages of policy making, as well has not having strict restrictions and 'ear-marks' on prevention policy.

I hope that the film raises the need for greater debate and reflection within the U.S. about policy-making as it relates to foreign nations. It seems unlikely that the "moral" agendas of funding agencies or missionaries will themselves be scrutinized and rejected. Nonetheless questions might be posed about their "results". That is, shifting the debate to ends and shared goals—human flourishing and quality of life—might be a way to move beyond rhetoric centered on "Christian values" that have come to negatively mark reproductive technologies. More importantly, given the scope of this project, it might be that illustrating to both voters and policy makers how this message is understood on the ground in Uganda might be an opportunity for self-critical reflection. Or at least, I would hope, some understanding that the "intent" of the Christian moralizing within foreign policy does not match the experience of Ugandans. In fact it is not a policy that is "pro-life," but one that has greatly diminished the possibility of life for many Africans. Indeed, it may be that in Christian contexts this film could solicit the most interesting discussion and reflection. Are there other resources from within the Christian tradition, aside from the focus on sexual morality that dominate this debate and the ideological focus of the funding that might be drawn on to think about a "Christian" response to the HIV/AIDS epidemic? This question lies beyond the scope of this paper, but I raise it to indicate the kind of discussion that the film might solicit, and too, how historians of Christianity, theologians, as well as pastors might extend it.

Ultimately together this paper and film suggest that international funding

agencies as well as national governments cannot neglect the role of religion and religious leaders in fighting this epidemic. In Uganda there is a need to include pastors and churches in the healthcare sector and hence make sure they are educated and understand the challenges as well as the realities of both HIV prevention, treatment and care. With respect to both religious views, HIV/AIDS prevention work, legal bills, funding policies as well as respect for international human rights law one has to create dialogue with the people on the ground. These issues are painfully revealed in this film, and indicate the issues that policy makers, FBOs, government agencies, and development workers face. A deeper appreciation of these complexities among the broader public could only, I think, facilitate thoughtful and strategic responses to this humanitarian crisis. Christian communities and perspectives should not be isolated entirely in this process; rather the ways in which Christian moral perspectives have limited and constrained possible responses to the epidemic deserves reflection and indeed, in some cases, deeper accountability to the reality of the social conditions of Ugandan life in the wake of it.

A young American man and a young Canadian woman who were working at *Our Own Home* stated that they could not have endured their daily experiences at the AIDS orphanage without their belief in a Christian God. Likewise thousands of Ugandans put their faith in God, every hour of the day. He is the source of healing powers. They seek assistance and care in a time and place where such commodities are rare and far in between. The notion of

believing is itself a source of strength for many, whether they work with HIV/AIDS or are themselves positive. This is one thing that was said by almost everybody that I spoke to, and in every single meeting and encounter that I had. In the face of human suffering and trauma, we cannot help but seek a way out, to want to see God shepherding us through suffering and pain. Putting faith in God, however, can be an act of humility, an admission of human fallibility, a call for solidarity, a cause for reflection. Now, however, for many Ugandans putting their faith in God is a response born too often out of desperation, a response to the fact that human actors cannot be counted on in their fight for survival.

Appendices

Bibliography

Books and articles:

Appleby, Joyce, Hunt & Jacob, *Telling the truth about History*, 1994, W.W. Norton & Company Inc, New York

Awoyemi Stephen Mufutau, *The Role of Religion in the HIV/AIDS Intervention in Africa: a Possible Model for Conservation Biology*, Conservation Biology, Vol. 22, 2008

Cox Harvey, *Fire From Heaven: the rise of Pentecostal spirituality and the reshaping of religion in the twenty-first century*, 1995, Addison-Wesley

Epstein Helen, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, Picador, New York

Gellner Ernest, *Concepts and Society*, 1962, Transactions of the Fifth World Congress of Sociology

Gifford Paul, *"Africa Shall Be Saved". An Appraisal of Reinhard Bonnke's Pan-African Crusade*, Journal of Religion in Africa, Vol. 17, 1987

Gifford Paul, *African Christianity: Its Public Role in Uganda and other African countries*, 1999, C. Hurst & Co, London

Gold Ann Grodzins, *Bhoju Ram Gujar, In the time of trees and sorrows: nature, power, and memory in Rajasthan*, 2002, Duke University Press, USA

Gusman Alessandro, *HIV/AIDS, Pentecostal Churches, and the 'Joseph Generation' in Uganda*, Africa Today, Vol.56.1, 2009

Hearn Julie, *The 'Invisible' NGO: US Evangelical Missions in Kenya*, Journal of Religion in Africa, Vol. 32, Fasc.1, Feb 2002

Hofer Katharina, The Role of Evangelical NGOs in International Development: A Comparative Case Study of Kenya and Uganda, Africa Spectrum, Vol. 38, No.3, 2003, p. 378.

Kahangi Gordon Kamugunda, *A History of East Africa: From Ancient to Modern Times*, 2006, Wavah Books LTD, Kampala

Kalu Ogbu, *African Pentecostalism: an introduction,* 2008, Oxford International Press, New York.

Kranish Michael, *Religious Rights Wields clout Secular groups losing funding amid pressure*, The Boston Globe, October 9, 2006.

Martin William, *The Christian Right and American Foreign Policy*, Foreign Policy, No. 114, 1999

Mayer Birgit, *Christianity in Africa: From African Independent to Pentecostal-Charismatic Churches", Annual Review of Anthropology*, Vol. 33 (2004),

Miller Donald E., *2006 SSSR Presidential Aggress – Progressive Pentecostals: the New Face of Christian Social Engagement*, Journal for the Scientific Study of Religion, Vol. 46, 2007

Mugyenyi Peter, Genocide by Denial: How Profiteering from HIV/AIDS Killed Millions, 2008, Fountain Publishers, Kampala

Noll Mark, American Evangelical Christianity: An Introduction, 2001, Blackwell Publishers Inc, London

Parsitau Damaris Seleina, *"Keep Holy Distance and Abstain till He Comes": Interrogating a Pentecostal Church's Engagements with HIV/AIDS and the Youth in Kenya*, Africa Today, Vol. 56, 2009.

Paul Katie, *Aids Programs Hit Setbacks in Africa*, Newsweek, April 27, 2010

Pirouet M. Louise, *Religion in Uganda under Amin*, Journal of Religion in Africa, Vol.11, 1980,

Ranger Terence O., *Evangelical Christianity and Democracy in Africa*, 2008, Oxford University Press, New York

Stockman Farah, Kranish Michael, Canellos Peter S. & Baron Kevin, *As Funding rises, Christian groups deliver help with a message*, 2006

AIDS in Uganda: the human rights dimension, The Lancet, Vol. 365, 2005, p. 2075

Fighting to close the condom gap in Uganda, The Lancet, Vol. 365, 2005

World Bank Aids Policy Filing Rural Africa, Daily Monitor, December 1st, 2010

Uganda, America building on success in fighting AIDS, New Vision, December 6th, 2010

Reports:

Center for Global Development, *Following the Funding for HIV/AIDS: A Comparative Analysis of the Funding Practices of PEPFAR, the global Fund and World Bank MAP in Mozambique, Uganda and Zambia*, 2007

Center for Global Development, *The Numbers behind the Story*, Oomman, 2008

Human Rights Watch, *The Less They Know the Better*, 2005

S. Kyomuhendo et al, "Uganda National Abstinence and Being Faithful Policy", 2004, p. 13

Tumushabe Joseph, *The Politics of HIV/AIDS in Uganda*, UNRISD Programme on Social Policy and Development, 2006, p.1

Uganda, HIV prevention response and Modes of Transmission Analysis, 2009

Ugandan Government, *Uganda UNGASS Progress Report, Jan 2008-Dec 2009*

Uganda Human Rights Commission, *12th Annual Report 2009*

UNAIDS, *Expenditures by Finance Source and Spending Category, Uganda, 2005*

United States Government Accountability Office, *Report to Congressional Committees: Global Health, Spending Requirement Presents Challenges for Allocating Prevention Funding under the President's Emergency Plan for AIDS Relief*, 2006.

Websites:

http://www.undp.or.ug/resources/45

http://millercenter.org/scripps/archive/speeches/detail/4541

http://www.guardian.co.uk/world/2010/nov/08/bush-memoirs-aids-foreign-policy

http://www.ngo-monitor.org/article/world_vision_international

http://img.thebody.com/legacyAssets/06/58/progress.pdf

http://socserv.mcmaster.ca/fetnert/docs/Fetner_New_Sexuality_Studies.pdf

http://www.faithbasedcommunityinitiatives.org/

http://www.pepfarwatch.org/the_issues/abstinence_and_fidelity/

http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html

http://www.avert.org/pepfar.htm

http://www.pepfar.gov/guidance/75837.htm

http://www.scribd.com/doc/39591198/PEPFAR-Country-Operational-Plan-2011,

http://www.newvision.co.ug/PA/8/12/372164

http://janetmuseveni.com/ofla_more.php

http://janetmuseveni.com/youthforum.php

http://www.ugandamission.net/aboutug/articles/jmuseveni0607.html

http://news.bbc.co.uk/2/hi/africa/4061779.stm

http://www.managers.org.cn/mag/doc/ucman201002/ucman20100208.pdf

http://www.avert.org/aids-uganda.htm

http://www.avert.org/aids-uganda.htm

http://data.unaids.org:80/pub/Report/2008/JC1648_aids_outlook_en.pdf

http://www.carnegiecouncil.org/resources/journal/21_3/essay/001.html

http://www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=968&nodeID=1#_edn46

http://blog.nibrinternational.no/#post12

http://www.pepfar.gov/guidance/75852.htm

http://hivpreventiontoolkit.unaids.org/Knowledge_Epidemic.aspx

http://www.newvision.co.ug/D/8/13/577591

Appendix A : List of Participants

Falinda Mutesi, HIV-positive women, Mpumudde

Maliam Nakyaze, HIV-positive women, Naminya

Pastor Zachariah Sserwadda, Evangels Pentecostal Church, Jinja

Pastor Emmanuel Omar, Naminya Baptist Church, Naminya

Pastor Grace Myanga, Christian AIDS Network, Jinja

Pastor Katende Jeremiah, Know the Time Harvest Church, Nakibeze

Alice Dramundru, Christian AIDS Network, Jinja

Reverend Chris Kyewe, Family Life Education Program, Church of Uganda, Jinja

Reverend Ferdinand Kasozi, HIV coordinator, Rubaga Catholic Cathedral, Kampala

Dr. Henry Katamba, AIDS Information Center, Kampala

Dr. Francis Kiweewa, Joint Clinical Research Center, Kampala

Dr. Fred Adea, Family Hope Center, Jinja

Roselyn Karugonjo-Segawa, Uganda Human Rights Commission, Kampala

Martin Ndifuna, STAR-EC, Jinja

Sarah Tekiba, Head Teacher of PIACY, Narambai Road Primary School, Jinja

Benson Opondo, Shopkeeper, Jinja

Pippin Mueller, American volunteer, Our Own Home Orphanage

Jakob Jackson, American volunteer, Our Own Home Orphanage

Jessica Volkman, Canadian volunteer, Our Own Home Orphanage

Derek Woelfle, Canadian volunteer, Our Own Home Orphanage

Francis Bukenya, coordinator, Youth Alive Uganda, Jinja

Youth Alive Iganda Group

Contribution to this project:

Gloria Nagitta, HIV-positive women, Christian AIDS Network, Jinja

Betty Mutesi, HIV-positive women, Naminya

Florance Namwenge, HIV-positive women, Naminya

Margaret Nakaziba, HIV/AIDS counselor, Naminya

Nakalema Prossie, HIV/AIDS counselor, Naminya

Edward Bulolobossa, AIDS Informationa Center, Jinja

James Wamimbi, AIDS Informationa Center, Jinja

Emma Kafero, AIDS Informationa Center, Jinja

Bonny Muyanja, Naminya

Tom Kayongo, Naminya

Moses Edaku, Naminya

Zuzan Nambaju, Naminya

Razares, Naminya

Magumba Huzaima, Herbalist, Ugandan Wisdom, Jinja

Charles Kimbowa, Youth Alive Uganda, Jinja

Moses Klaiswa, Act4Africa, Jinja

Elizabeth Mushabe, Uganda AIDS Commission, Kampala

Fred Kabujjeme, Family Planning coordinator, Family Life Education Program, Jinja

Yusuf Kumbuga, HIV/AIDS prevention coordinator, Family Life Education Program, Jinja

Martin Mukasa, Press manager, TASO, Jinja

Richard Sande, HIV-positive man, TASO, Jinja

Sarah Khanakwa, Manager, TASO, Jinja

Martin Kaleeba, STAR-EC, Jinja

Dr. Thomas Malinga, Strides for Family Health, Jinja

Amuriat Job, Manager, Family Hope Center, Jinja

Moses Wanda, Legacy Foundation Africa, Jinja

Nassiwa Esther Jjuuilo, Uganda Human Rights Commission, Jinja

Nakhumtisa Sarah, Manager, Uganda Human Rights Commission, Jinja

Loy Kawyoma Twesigye, Manager, AIDS Information Center, Jinja

Mpumudde Women's group

Jinja Miracle Center Women's group

Jinja Food & Fun Festival

Churches:

Evangels Church

Naminya Babtist Church

Know the Time Harvest Church

Jiinja Church of Christ

Rubaga Cathedral

Namirembe Cathedral

Jinja Miracle Center

Redeemed Church

Kampala Miracle Center

Our Lady of Fatima Parish Jinja

Jinja Christian Center

Victory Church

Appendix B : Ethics Form

Summary Protocol Form (SPF)

University Human Research Ethics Committee

Office of Research – Ethics and Compliance Unit: GM 1000 – 514. 848.2424 ex. 2425

Important

Approval of a *Summary Protocol Form* (SPF) must be issued by the applicable Human Research Ethics Committee prior to beginning any research involving human participants.

The University Human Research Ethics Committee (UHREC) reviews all Faculty and Staff research, as well as some student research (in cases where the research involves more than minimal risk - please see below).

Research funds cannot be released until appropriate certification has been obtained.

For faculty and staff research

Please submit one signed copy of this form to the UHREC c/o the Research Ethics and Compliance Unit, GM-1000. Please allow one month for the UHREC to complete the review.

Electronic signatures will be accepted via e-mail at kwiscomb@alcor.concordia.ca

For graduate or undergraduate student research

- If your project is included in your supervising faculty member's SPF, no new SPF is required.
- Departmental Research Ethics Committees are responsible for reviewing all student research, including graduate thesis research, where the risk is less than minimal. In Departments where an ethics committee has not been established, please contact the Research Ethics and Compliance Unit.
- In cases where the student research is more than minimal risk (i.e. the research involves participants under the age of 18yrs, participants with diminished capacity, participants from vulnerable populations or participants from First Nations), an SPF must be submitted to the UHREC, c/o the Research Ethics and Compliance Unit, GM-1000, by the Course Instructor/Supervisor on the student's behalf.

Instructions

This document is a form-fillable word document. Please open in Microsoft Word, and tab through the sections, clicking on checkboxes and typing your responses. The form will expand to fit your text. Handwritten forms will not be accepted. If you have technical difficulties with this document, you may type your responses and submit them on another sheet. Incomplete or omitted responses may cause delays in the processing of your protocol.

Does your research involve

☐ Participants under the age of 18 years?

☐ Participant with diminished mental or physical capacity?

☐ Aboriginal peoples?

☐ Vulnerable groups (refugees, prisoners, victims of violence, etc.)?

1. Submission Information

Please provide the requested contact information in the table below

Please check ONE of the boxes below :

☒ This application is for a new protocol.

☐ This application is a modification or an update of an existing protocol:
Previous protocol number (s): _____

2. Contact Information

Please provide the requested contact information in the table below:

Principal Investigator/ Instructor (must be Concordia faculty or staff member)	Department	Internal Address	Phone Number	E-mail
Astrid Schau-Larsen	Religion		514 660 4023	Astrid81@gmail.com
Co-Investigators / Collaborators		University / Department		E-mail
Research Assistants		Department / Program		E-mail

3. Project and Funding Sources

Project Title:	In God We Trust; Christianity, Uganda and the Aids Epidemic

In the table below, please list all existing internal and external sources of research funding, and associated information, which will be used to support this project. Please include anticipated start and finish dates for the project(s). Note that for awarded grants, the grant number is REQUIRED. If a grant is an application only, list APPLIED instead.

Funding Source	Project Title	Grant Number	Award Period	
			Start	End

4. Brief Description of Research or Activity

Please provide a brief overall description of the project or research activity. Include a description of the benefits which are likely to be derived from the project. Do not submit your thesis proposal or grant application.

This proposed thesis will examine the interaction between government policy international funding, Christianity, and the AIDS epidemic in Uganda. The idea is to focus on how different organizations (NGOs, FBOs & CBOs) are approaching prevention work and also how their work is affected by international donor policies. The project will mainly focus on the effects of PEPFAR, distributed through U.S Agency for International Development (USAID) in Uganda. The format of this research is to make a 30 minute documentary, as well as a supplementary paper of 15-20 pages.

I choose Uganda as the base for this project for three reasons: Firstly, Uganda is viewed as a success story in fighting HIV/AIDS as it responded to the pandemic early on with a large degree of openness. Secondly, Christians, both Ugandan and foreign, are heavily involved in HIV/AIDS sensitization and care. This ultimately affects the overall prevention work that has taken place in different areas of the country. Furthermore, Uganda is largely Christian and therefore the issue of faith in prevention work is important to take into consideration. Thirdly, several major international human rights organizations have in recent years expressed their concern for what they perceive as ideologically driven approach to HIV/AIDS funding policies:

> *"Widely hailed as a leader in the prevention of HIV/AIDS, Uganda is redirecting its HIV prevention strategy for young people away from scientifically proven and effective strategies toward ideologically driven programs that focus primarily on promoting sexual abstinence until marriage."*
>
> *Human Rights Watch*[163]

The point of this project is to start a global conversation about how potentially ideologically driven funding policies directed towards a pandemic such as HIV/AIDS, affect a population on the ground. Has for example PEPFAR contributed to effective prevention work in Uganda and has the almost exclusive focus on Abstinence and Faithfulness (AB) contributed to a lower prevalence rate?

5. Scholarly Review / Merit

Has this research been funded by a peer-reviewed granting agency (e.g. CIHR, FQRSC, Hexagram)?

[163] http://www.hrw.org/en/reports/2005/03/29/less-they-know-better

☐ Yes Agency: _____

☒ No If your research is beyond minimal risk, please complete and attach the Scholarly Review Form, available here: http://oor.concordia.ca/formsandreferencedocuments/forms/researchethicsandcompliance/

6. Research Participants

a) *Please describe the group of people who will participate in this project.*

Interviews with health care providers, advocates, policy makers and ordinary Ugandans will constitute much of the documentary. It is important to try to interview health care professionals and advocates in organizations such as TASO, AIDS Commission, Ministry of Health, AIDS Information Center as well as Joint Clinical Research Center in order to get an accurate and diverse insight into the challenges that they face in the fight against HIV/AIDS in Uganda. Furthermore, I feel that their contribution is invaluable as they have first hand experience and knowledge of the challenges in prevention work both in regard to faith as well as funding.

A large portion of the documentary will also be the every day lives of members of the different communities who are affected by HIV/AIDS. Also, in order to get the religious perspective and influence I think that it is vital to involve faith based organizations (FBOs) and interview members of Christian groups who are active in prevention work. One organization I am interested in learning more about is for example Family Hope Center in Jinja, FLEP, Youth Alive and Act4Africa.

b) *Please describe in detail how participants will be recruited to participate. Please attach to this protocol draft versions of any recruitment advertising, letters, etcetera which will be used.*

Having been in Uganda before I know that email correspondence is problematic; as many have limited access to internet on a daily basis. Hence I will have to go to the different offices and institutions in person to make initial contact. If they accept to speak with me I will firstly have a introduction meeting where I briefly introduce my project and enter into a dialogue on the aims and purpose of it. If I, after having reviewed available information about the organization as well as having had a first meeting with staff members, decide that this is relevant for my research I will then do my best to involve them in the project. I will ask a staff member who is working as a health care provider, administrator and/or advocate if they wish to give me an on camera interview. If they have any concerns then these will be addressed in a second meeting where I will answer any questions that they have. If they express openness to being part of the research and/or be interviewed on camera I will offer them a summary of my thesis project description as well as a letter from my faculty confirming my identity and the research itself.

When it comes to the churches and congregations I will have the same approach, but here more meetings and time is required as it is important to create a sense of trust before any filming. Be that as it may, I will even in these cases be completely open about my identity and work in Uganda from the start. Individuals that I might find interesting to film will come naturally throughout all these encounters. Through networking I will try to find suitable characters that I can interview more in depth and potentially film in different situations of their lives. They will of course have full knowledge of my thesis project and what my objectives are on documenting their work.

c) *Please describe in detail how participants will be treated throughout the course of the research project. Include a summary of research procedures, and information regarding the training of researchers and assistants. Include sample interview questions, draft questionnaires, etcetera, as appropriate.*

I will treat my participants with the outmost respect. Having experience in documentary film making with various complicated and sensitive themes internationally, I have some insight in how to deal with on-camera participants – and

hence the participants of this research project. I will be in constant dialogue about the research as it unfolds and encourage them to come with ideas and input on how I should proceed. My questions to the participants will alter according to which aspect of the projects they fit into. Organizations will have more standard questions regarding their prevention methods and funding. Pastors will be asked about their prevention work, as well as how they view faith as a role in health and counselling. I will also be speaking with a large number of individuals who are not necessarily part of any one organizations or group, and in these cases the questions that I pose may differ depending on the individual and their role in society.

7. Informed Consent

a) *Please describe how you will obtain informed consent from your participants. A copy of your written consent form or your oral consent script must be attached to this protocol. Please note: written consent forms must follow the format of the sample consent form template provided for you at the Ethics and Compliance webpage*

Before any filming is done the participants have to sign a release form. This to make them understand what the project aims to do, as well as them given me the right to use their voice and image recordings that I do. It should be mentioned that reaching the stage of filming is of course after the participant themselves express the wish to do so. Regarding people who do not want to be filmed, it will be stated in their consent form that their participation will be confidential and only used in the paper. In other words, those who choose to give off-camera interviews are welcome to do so and this will be made clear from the very first contact I as a researcher will have with the potential participant. I will also, at such a stage, talk to them about the different levels of anonymity and I will then adapt according to their specific wishes.

b) *In some cultural traditions, individualized consent as implied above may not be appropriate, or additional consent (e.g. group consent; consent from community leaders) may be required. If this is the case with your sample population, please describe the appropriate format of consent and how you will obtain it.*

When I am in the village communities around Jinja I will be in direct contact with village leaders and key community figures. In other words, any interviews that will be conducted will have to be approved by the community leaders before hand. If I go into village communities with different organizations then the organizations have already been approved by the village leaders. My presence will still have to be acknowledged by the village leaders though.

In Jinja town, there is no village leader and interviews conducted in connection with different organizations will at times have to be approved by the head offices in Kampala. Other times it is possible that the organization itself is in position to approve the interview without acknowledgement from the head office.

Every interviewee will have to be given information regarding what they're participating in. They will also be encouraged to ask any questions that they may have before, during and after the interview. My contact information will be given to all parties and I will be available at all times to answer any questions that they may have.

Seeing as much of this project will also be documented on camera, the interviewee will have to sign a consent form that they understand what they're being filmed for and furthermore that they give the interviewer the right to their image/sound. When dealing with larger groups, for example the filming of a service, my presence will have to be made clear before hand to the group by the pastor, event planner and/or organizer. If any one person does not wish to be on camera then they will be asked to inform me before hand so that I will avoid having them in frame. If a person neglects to inform me before hand but approaches me after the filming session with such a request then their face will be blurred in the editing of the material. If they insist on not wanting to be in frame at all then those sequences where they are in frame will have to be excluded from the final cut of the documentary all together.

The question of potential anonymity will have to be discussed before hand with the interviewee. If the person wishes to remain anonymous then this will have to be respected by the interviewer at all times. It is possible that the interviewee is willing to give an interview on camera but that they don't wish to have their faces shown, in other cases the interviewee may wish to have their voice distorted in addition. It is important for the interviewer to adapt to the situation depending on

the wishes of the interviewee. If the interviewee wishes to have a false name in the documentary or the research project itself then this is of course also a possibility. The question of potential anonymity does not pose any direct problems for me as a researcher as I have no problems with concealing people's identities in the research and/or the documentary.

8. Deception and Freedom to Discontinue

a) Please describe the nature of <u>any</u> deception, and provide a rationale regarding why it must be used in your protocol. Is deception absolutely necessary for your research design? Please note that deception includes, but is not limited to, the following: deliberate presentation of false information; suppression of material information; selection of information designed to mislead; selective disclosure of information.

Deception is not absolutely necessary for my research design. The subject of the research will with great likelihood not be a concern to NGOs and health care professionals; however there may be significant amount of scepticism coming from churches and religious leaders. I do not think that this is necessarily a problem seeing as I can to a certain degree understand some of the concerns that they may have. The point is to enter into a dialogue with those religious leaders and/or congregations in order to create an understanding for what I am aiming to do. The dialogue itself leading to potential interviews and or general filming is in itself part of the research in my view. The basic outline of the research project will be made clear to all parties I encounter in the research. I will do my utmost to at all times be honest about my motivations for the project. Jinja is not a large city, and many of the church goers, pastors and faith based organizations are in frequent contact with each other. This is why it is even more important for me to be as clear and straight forward as I possibly can with all parties so that there is minimal confusion as to my motivations.

I believe that objective research is borderline impossible seeing as all research is conducted by humans with different convictions, thoughts and experiences. I am in other words aware that my personal ideas and convictions are factors that need to be taken into consideration before embarking on this complicated project. I will do my best to remain as objective as possible, have an open mind and at no time pre judge any participant. My personal thoughts and ideas have to be kept aside for the duration of this project. My task is not to judge or argue for my own personal views but to research the topic to the best of my ability and in order to do that I have to allow all participants to express themselves freely.

Although my aim is to avoid any direct deception, I am aware that I may be placed in a situation during the research process where selective disclosure of information is necessary. One such scenario may for example be if I actually manage to get an interview with highly publicized pastor personas such as pastor Ssempa who is with great likelihood the most fundamentalist pastor in Uganda. For example in this case I would have to initially seem more open to his fundamentalist views on sexuality, will of God and the use of condoms in HIV/AIDS prevention. The deception in this case would not take place during the interview but the time leading up to it. I would at no time state that I agree with his views, but I simply have to seem less critical and analytical of the effects of his convictions.

b) How will participants be informed that they are free to discontinue at any time? Will the nature of the project place any limitations on this freedom (e.g. documentary film)?

Before the filming I will inform the participants that they have the right to discontinue at any time if they wish to. This will also be stated in the consent form.

However, due to the format of this project being partly a documentary film, they will not have the right to do this late into the editing process as this may compromise the entire documentary. In other words, if the participant wishes to withdraw a few weeks or a month after the research has been completed then this is their right, however they cannot withdraw once the material has been processed, edited and is ready to be presented. That being said, I will of course consider any such requests if the participant has an extraordinary reason for wishing to withdraw at a late stage. For example, if there is any risk to the life and health of the participant and/or the individuals in their direct surrounding due to their testimony or expressed views in the research project. Although this would be a highly unusual scenario I am still aware of the possibility of it occurring and the importance of considering its potentiality.

9. Risks and Benefits

a) *Please identify any foreseeable risks or potential harms to participants. This includes low-level risk or any form of discomfort resulting from the research procedure. When appropriate, indicate arrangements that have been made to ascertain that subjects are in "healthy" enough condition to undergo the intended research procedures. Include any "withdrawal" criteria.*

Due to the subject of my project, as well as the nature of my research I do not see any greater risks for any participants at this time. All participants will be informed about where the film will potentially be viewed and used. Most of the organizations I interview will have permission from the head quarters to be able to give an interview on tape, and hence they will have deemed it risky/not risky before agreeing/declining an interview. In my release form that the participants have to sign before I film an interview I will state that they are responsible for their own speech. For example, if a participant chooses to heavily criticize USAID they do so at their own risk if they think it might harm their chances of getting future funds from USAID.

b) *Please indicate how the risks identified above will be minimized. Also, if a potential risk or harm should be realized, what action will be taken? Please attach any available list of referral resources, if applicable.*

As mentioned above, if any participant in retrospect requests the interview not to be used in the documentary they are free to withdraw. However if their request comes after the editing process has commenced, unless there are extraordinary circumstances, I will consider their request but will however not necessarily abide by it.

c) *Is there a likelihood of a particular sort of "heinous discovery" with your project (e.g. disclosure of child abuse; discovery of an unknown illness or condition; etcetera)? If so, how will such a discovery be handled?*

No. I will only talk to participants who know their HIV status and are completely comfortable to speak with me off and/or on camera. If however, there should be a situation where a "heinous discovery" is made I will obviously stop filming and once again inform the participant that the information they have disclosed can be excluded if they want it to be. It is important to note that the legal framework in Uganda is drastically different than that of Canada and other developed countries. For example, if you are HIV positive in Canada you must disclose your status before engaging in sex with another person. Having sex without disclosing your status is against the law. However there is no such law in Uganda and most married women with HIV have contracted the disease from their husbands, many of whom have been aware of their status. Consequently my going to the police after discovering something like that would be without effect. Unfortunately the same goes with for example rape, which very few are even brought to justice for. Another important point to remember is that Uganda is one of the most corrupt countries in the world and the legal framework is not as solid as that of Canada's. Being aware of this, I realise that it is important to still present the participant with guidance with regard to the options that are existent in their society. Due to the nature of my project as well as prior experience in the country on this subject, I feel confident that I will be able to refer the participant to appropriate village clinics, organizations in Jinja and/or potential community members and/or counsellors who will be able to provide him/her with the needed/requested mental/legal support.

Regarding homosexuality; this is illegal in Uganda and if homosexuality is discovered and brought to trial the convicted party risks up to 14 years in prison. There is now also a proposal being made within the government to increase that sentence to life in prison. In recent years, the death penalty for certain homosexual acts has also been openly discussed by prominent figures in the society. The absolute majority of the people, gay or straight, are aware of this fact and therefore I strongly doubt that I will come across anyone openly disclosing such information to me off camera, let alone on camera. If however it were to happen I know of three organizations in Uganda whom I will refer the participant to for support. In such a scenario I will not use the recorded material, seeing as that would be highly unethical as it would put the participant at great risk both legally, physically, mentally and emotionally.

With regard to incest; I will only speak to individuals who are above 18 which mean that I will have no legal obligation to report the incident to any judicial body. Whether or not the victim wishes to report the matter is up to him/her. However in such a scenario, I will still strongly advice the individual to seek counselling and will also refer them to relevant

organizations and clinics. If the perpetrator is HIV positive or is suspected of being HIV positive then I would of course strongly advice the victim to test themselves for HIV and other STDs. There are many clinics in Jinja, as well as in the surrounding villages, that provide free testing.

If I should come cross an adult participant who would disclose to me that he/she is abusing a minor in any way I would immediately stop the interview. I would speak to the person in question further to make sure that there is no misunderstanding on my part regarding their statement concerning child abuse. I would also try to gain further information regarding the identity and whereabouts of the victim. Then I would have to report the individual to the police authorities for further investigation and also try to locate the victim and/or speak to relevant organizations and institutions within the Jinja area in order for them to be aware of the identity and whereabouts of the victims so that they are able to locate the individual and provide him/her with the care and attention that they need. I would thereby do my best to find the alleged minor and do my best to offer that child support and counseling.

A number of the people I will be interviewing in this project may be struggling with HIV/AIDS as well as the stigma existing in connection with the disease. I will do my utmost to ensure that these participants will be at ease during this project and furthermore that they feel free to leave the project whenever they wish to. I will go through the idea and mission of the project in detail before they participate and I will also be available for any questions that they may have. Furthermore I will give the potential participants a few days of thinking time after which I will again engage in a conversation with them regarding their fears and concerns about their respective role in the project.

10. Data Access and Storage

a) Please describe what access research participants will have to study results, and any debriefing information that will be provided to participants post-participation.

I will give every participant a copy of the film when it is completed. If an organization that has participated in the research would want to use the film in their work, then are free to do so.

b) Please describe the path of your data from collection to storage to its eventual archiving or disposal. Include specific details on short and long-term storage (format and location), who will have access, and final destination (including archiving, or any other disposal or destruction methods).

I'm documenting the interviews on mini-DV tape. When my field trip is up I will digitalize the material on to a hard drive. Seeing as this will be a documentary film the raw footage will be kept in my possession until I deem them no longer of value. Most likely I will keep them indefinitely. The finished project will be kept both on DVD format and digital format.

The supplementary paper will mostly be mostly theory as well as evaluation of my own choices throughout this research process. This paper will be based on the notes that I take during the research, as well as the curriculum that I am reading. The final film and paper will be stored at Concordia University. The film will be spread to as many venues as possible. My aim is for it to be used in education purposes both in Europe, North America and Africa.

11. Confidentiality of Results

Please identify what access you, as a researcher, will have to your participant(s) identity(ies):

☐	Fully Anonymous	Researcher will not be able to identify who participated at all. Demographic information collected will be insufficient to identify individuals.
☐	Anonymous results, but identify who participated	The participation of individuals will be tracked (e.g. to provide course credit, chance for prize, etc) but it would be impossible for collected data to be linked to individuals.
☐	Pseudonym	Data collected will be linked to an individual who will only be identified by a fictitious name / code. The researcher will not know the "real" identity of the participant.
☒	Confidential	Researcher will know "real" identity of participant, but this identity will not be disclosed.
☒	Disclosed	Researcher will know and will reveal "real" identity of participants in results / published material.
☒	Participant Choice	Participant will have the option of choosing which level of disclosure they wish for their "real" identity.
☒	Other (please describe)	Due to the nature of this project, being a documentary film, the main form of the research will be non-confidential – aka the identity of the participants will be open. The choice however is there, as mentioned earlier, that the participant can request to not show their face if they express the wish to do so. It should be noted that if I get to a stage of filming a participant, it is of course only done after the participant has given his/her explicit consent. The different options regarding anonymity will be presented to the participant beforehand orally. If the participant wishes to be anonymous then the level of anonymity will be discussed. If they wish to conceal their name, origin, voice and face then this will be respected by the researcher. In such a scenario, the researcher will also provide the participant with the option of having their voice distorted. The option of including their testimony in written form in the documentary will also have to be presented to the participant. Hence if a participant does not want to be filmed, they can be as anonymous in my finalized thesis as they wish to be. Once the participant has chosen the level of anonymity, that particular level will be stated in the participant's consent form. In other words the consent form will be individualized to reflect that particular participant's wishes regarding disclosure.

a) *If your sample group is a particularly vulnerable population, in which the revelation of their identity could be particularly sensitive, please describe any special measures that you will take to respect the wishes of your participants regarding the disclosure of their identity.*

Not of concern.

b) *In some research traditions (e.g. action research, research of a socio-political nature) there can be concerns about giving participant groups a "voice". This is especially the case with groups that have been oppressed or whose views have been suppressed in their cultural location. If these concerns are relevant for your participant group, please describe how you will address them in your project.*

Not of concern.

12. Additional Comments

a) Bearing in mind the ethical guidelines of your academic and/or professional association, please comment on any other ethical concerns which may arise in the conduct of this protocol (e.g. responsibility to subjects beyond the purposes of this study).

b) If you have feedback about this form, please provide it here.

13. Signature and Declaration

Following approval from the UHREC, a protocol number will be assigned. This number must be used when giving any follow-up information or when requesting modifications to this protocol.

The UHREC will request annual status reports for all protocols, one year after the last approval date. Modification requests can be submitted as required, by submitting to the UHREC a memo describing any changes, and an updated copy of this document.

I hereby declare that this Summary Protocol Form accurately describes the research project or scholarly activity that I plan to conduct. Should I wish to add elements to my research program or make changes, I will edit this document accordingly and submit it to the University Human Research Ethics Committee for Approval.

ALL activity conducted in relation to this project will be in compliance with :

- ***The Tri Council Policy Statement: Ethical Conduct for Research Involving Human Subjects*, available here:**

  http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm

- **The Concordia University Code of Ethics: Guidelines for Ethical Actions**

Signature of Principal Investigator:_____

Date: _____

Note that SPF's with electronic signatures will be accepted via e-mail

CONSENT TO PARTICIPATE IN "Christianity, Uganda and the AIDS epidemic" (WORKING TITLE)

This is to state that I agree to participate in a program of research being conducted by Astrid Schau Larsen of the Department of Religion of Concordia University, Montreal, Canada. She can be reached at astrid81@gmail.com, +1 514 660 4023 (Canada), +256 778093088 (Uganda)

I have been informed that the purpose of the research is as follows to see how different organizations (NGOs, FBOs, CBOs) in Jinja and surrounding areas are working with HIV/AIDS prevention, care and treatment. The research will largely focus on prevention methods. I also understand that the research will look at how international funding; especially PEPFAR by USAID is affecting prevention work on the ground in Uganda with regard to policies on prevention.

- I understand that this interview will be recorded on tape, and hence I grant Astrid Schau-Larsen the rights to use this footage in the final product of this research project, which will be in the format of a documentary film as well as a thesis paper.

- I understand that I am free to withdraw my consent and discontinue my participation at anytime during the interview without negative consequences. I also have the right to withdraw certain comments I have made during the interview directly after the interview if I regret giving them. However, once the interview is completed and the material is being processed and edited I have no longer the right to withdraw my consent.

- I understand that I am myself responsible for my own speech.

- I understand that my participation in this study is non-confidential (i.e., my identity will be revealed in study results)

- I understand that I am participating in this research voluntarily, and hence I will not receive any compensation in form of payment for my interview, before, during or after the interview.

- I understand that the data/footage from this study may be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

Appendix C : The "Anti-Homosexual Bill": an example of American right wing Christian influence in Uganda.

One example of the effect of American influence on the Ugandan Christian elite is the "Anti-Homosexual Bill". It has been about 18 months since the Ugandan politician David Bahati put forward the bill as an individual proposal. Human Rights Lawyer Roselyn Karugonjo-Segawa explains to me that the bill is far from being a law. In an interview, she explains that the bill has a long way to go before even being close to be put to a vote. She is saddened by the fact that this bill has gotten such intense and one-sided attention in the Western press, and continues to explain that most Ugandans don't even know about its existence.[164] She claims one cannot neglect the American influence and responsibility when it comes to the formation of this bill and why it came at that specific time;

> "Three American pastors came to Uganda to help the religious leaders who are now behind the bill. There were forces that wanted to hinder Uganda from becoming like the Western world, where homosexuals can get married and even adopt."[165]

The American pastors Karugonjo-Segawa is referring to are, Scott Lively, Caleb Lee Brundidge and Don Schimerer. Throughout 2009 they held several seminars for Ugandan politicians and religious leaders with the subject being 'homosexuality as a curable disease'. The pastors all agree that homosexuality should be illegal and compare homosexual conduct with sexual abuse. Lively

[164] Interview with Roselyn Karugonjo-Segawa, Ugandan Human Rights House, Kampala
[165] Ibid.

even goes further in his criticism and blames the genocide in Rwanda in 1994 on homosexuals. Another important figure is the American pastor Rick Warren. While on a visit in Uganda back in 2008 he gave his full support to the current law on homosexuality, which entails 14 years of prison for homosexual activities. Warren claims homosexuality is unnatural and hence cannot be seen as a human right. His views are met with support from various areas in the world, and there are many groups lobbying for this. Colum Lynch, the UN correspondent for the Washington Post goes even further when summarizing this whole trend stating: "Conservative U.S. Christian organizations have joined forces with Islamic governments to halt the expansion of sexual and political protections and rights for gays, women and children at United Nations conferences."[166] An example of this would be that in November 2010 the UN voted 79 against 70 votes to change the wording in the UN resolution to remove protection against discrimination on the basis of sexual orientation. After much international criticism this change was retraced just before the end of 2010. But the fact that the vote was in favor of removing it in the first place, with the majority being African and Asian countries does send an alarming message of unity between conservative Christian nations and Islamic states with regard to this issue.

Warren has had a strong connection to the Ugandan Born Again pastor Martin Ssepma, who is one of the strongest driving forces behind the "Anti-

[166] http://articles.sfgate.com/2002-06-17/news/17550764_1_family-values-islamic-governments-social-policy

Homosexual Bill". Ssempa is also a strong promoter of abstinence until marriage and is best know for burning condoms in the name of Jesus outside a university in Kampala. A young homosexual man I corresponded with during my stay in Uganda told me the following:

> "The Ugandan pastors keep quoting and referring to their American colleagues, so you can not disregard their influence and responsibility in the build up to this bill."

What is interesting though is that all these American pastors mentioned above, have now officially cut all ties to their Ugandan colleagues. This however only happened after some of the American press took an interest in the influence of American pastors on the creation of this bill, in late 2009 early 2010. Warren had the following response to Newsweek in November 2009 when asked why he didn't want to completely condemn the bill:

> "The fundamental dignity of every person, our right to be free, and the freedom to make moral choices are gifts endowed by God, our creator. However, it is not my personal calling as a pastor in America to comment or interfere in the political process of other nations."[167]

Pastor Ssempa has had a close relationship to both Warren and the Ugandan first lady Janet Museveni, in their mutual fight against HIV/AIDS. Their initiatives

[167] http://www.newsweek.com/blogs/the-human-condition/2009/11/29/pastor-rick-warren-responds-to-proposed-antigay-ugandan-legislation.html

were funded by both the USAID as well as American churches.[168] Both Warren and Ssempa refer to HIV as a disease created by homosexuals and as a punishment from God for immoral actions. Ssempa hence proclaims that if homosexuality would be legal in Uganda, HIV would rapidly spread throughout the country. Several international organizations have raised concerns about how the "Anti Homosexuality Bill" would affect the stigma associated with HIV/AIDS, if this bill were to pass. If so it would set back decades of work in the country aiming to diminish stigma and discrimination against HIV positive citizens. Dr. Katamba at the AIDS Information Center in Kampala tells me a story about how a homosexual male couple came to their center to get tested. He explained that the staff had no idea how to deal with this, as there are no policies on the matter. They also had problems dealing with the situation due to their own personal beliefs. Dr. Katamba had to do the tests himself, but was happy to announce that this incident led to the whole organization having to take a stance on the issue. They were reminded that they had taken an oath to treat each person individually and not interfere with any of the patients' personal life style choices. Dr. Katamba was happy to say that after that incident more homosexual couples came – showing how they are a group, which has to remain underground but is still in the need of health services just the same. He added the good news that most of the

[168] Helen Epstein, *The Invisible Cure, Why We Are Loosing The Fight Against AIDS*, 2007, p. 195, http://www.theafricareport.com/component/content/article/152-the-question/3291749-is-the-us-religious-right-fuelling-the-anti-gay-lobby-in-africa.html

couples that came were negative. When I asked if he thinks this is a good sign in terms of more tolerance from health care services, with regards to sexual minority issues, he answered:

> *"The problem is that when you are making a policy about how to deal with a certain group of people you are stating that they exist and hence give them legitimacy. But when these people are still illegal by law that causes problems. You see, that is the catch 22 that we have here in Uganda."*[169]

The question that comes to mind is whether or not this bill will ever go through in its current state. Several governments and international bodies have threatened to cancel funding programs if the bill goes through. In 2009 international aid was officially 33 % of Uganda's national budget. The number is much higher if one includes the work of all foreign NGOs, FBOs and other organizations. Hence one can argue that Uganda is too dependent on foreign support, which is something that Museveni has to consider when ultimately deciding the fate of the bill in the future. The fact that even the most right wing conservative powers in the U.S now gone against this bill, shows that Ssempa and his religious council and David Bahati have simply gone too far with the bill. They, on the other hand, are disappointed with the Americans' sudden "turn in ethics".[170] Ssempa's popularity has diminished in Uganda as well in American circles. He has tried to defend himself by making an appeal to Warren saying that his views on the bill, which

[169] Interview with Dr. Katamba at AIC Jinja, 2010.
[170] http://www.martinssempa.com/warren-response.html

created 'hysteria around the world', have been misunderstood[171]; death penalty is only suggested for incidents of pedophilia, incest and when a HIV positive homosexual transmits HIV to another person. In this regard I don't think that the bill has been portrait accurately in Western media – which often sensationalized the issue with headlines stating that Ugandans want to kill all homosexuals. Ssempa questions Warren's own justification for not supporting the bill and on his website he says:

> "As you [Warren] yourself have said, "..The Bible says evil has to be opposed. Evil has to be stopped. The Bible does not say negotiate with evil. It says stop it. Stop evil". (12/2007) Since homosexuality is evil, you cannot possibly be against a law that seeks to stop it unless you have misunderstood it."[172]

Ssempa is now welcoming homosexuals to his church to be healed. This is a general thought in Uganda on how to deal with homosexuality. I spoke briefly with pastor Ssempa on the phone and requested to get an interview with him but he declined. Benson Opondo, a shopkeeper in Jinja, claims that it is the only way to go. He argues that because the homosexuals can be saved and this is important because ''God doesn't want anyone to die in sin''. He continues to say that he does not understand nor agree with the pastors behind this bill, as the Bible clearly states that one shall not kill. Benson believes praying for these individuals who are lost, joined with therapy, is the only thing that can help them.

---

[171] Ibid.
[172] http://www.martinssempa.com/warren-response.html

He disagrees with the current law arguing that putting them in jail will only lead to one thing; they will recruit more people to become homosexuals.

Karugonjo-Segawa is clear in her thoughts on the future of this bill. She does not think the bill will go through. The Uganda Human Rights Commission came with its humble evaluation of the bill in 2009, stating that they recommend that the bill should be changed as it breaks with international human rights laws. That being said, they also point out the fact that Ugandan society views homosexuality as a western phenomenon that most Ugandans do not agree with;

> "This is not surprising as most Ugandans abhor homosexuality on the basis of tradition, culture, religion and moral values. Most people argue that as sexuality is related to procreation, homosexuality should not be allowed to thrive and should be considered to be a taboo."[173]

Ms Karugonjo-Segawa continues to explain that one has to approach this area very slowly and tactfully. She explains that if one pushes for it too hard one might be accused of being a homosexual and if one is giving the bill too much attention then one is often accused of working for a westernization of the society;

''All we can do now is hope that this bill will be rejected. We have to work slowly towards respect for international laws. But the change has to come from within. We cannot simply push western laws onto the Ugandan society as it is – because then it can unfortunately often have an opposite effect, simply creating

[173] Ugandan Human Rights Commission, 12th Annual Report, 2009, p. 166.

uproar.''[174]

I think that this sentence is very powerful. These perceptions and ideas on a phenomenon such as homosexuality are based on deeply cultural and social codes of conduct. Hence one cannot simply expect rapid change. There is need for collective revision within society to make change possible. As Mary Douglas says; "Cultural categories are public matters. They cannot so easily be subjected to change".[175]

[174] Interview with Roselyn Karugonjo-Segawa , Ugandan Human Rights Commission, Kampala, 2010
[175] Mary Douglas, "Purity and Danger; An analysis of concepts of pollution and taboo", 1966, p.52