

AIDS monies and the NGO-isation of Catholic response to HIV and AIDS in South Africa between 2000 and 2005: a histo-critical perspective

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Abstract

At the beginning of 2000, the Southern African Catholic Bishops' Conference (SACBC) mentioned 61 programmes that were concerned with the treatment and care of AIDS patients. Most of them were poorly funded and heavily dependent on the gifts of parishioners as well as their voluntary labour. The SACBC AIDS Office did not have even a single consistent financial sponsor. Its annual budget was less than six thousand US dollars (USD). Five years later (2005), the situation had changed considerably. There were 200 care projects targeting mainly orphans and vulnerable children (OVC), 40 home-based care programmes, 22 ARV roll-out centres attending to 3000 AIDS patients, and about 30 different financial sponsors. The SACBC AIDS Office's annual budget had grown to approximately two million USD. Not only did the entire way of responding to HIV and AIDS change during the five-year period (2000–2005) but, most importantly, that response to HIV and AIDS had a huge impact on the Southern African Catholic Church as an institution. This article critically analyses this influence of AIDS money on the Catholic Church's response to HIV and AIDS. It argues that NGO-isation, an influence of AIDS monies on the Church's response to HIV and AIDS, directly impacted on the identity, activities, and organisation of the church's response to the epidemic. This NGO-isation was a reactionary move on the part of institutional Catholicism in response to changing religiosity in Africa as a result of secularism.

Introduction

By January 2000, the SACBC database had 61 projects and programmes involved in the treatment and care of AIDS patients.¹ Less than 5 percent of these cared for AIDS orphans. Most of them were home-based care programmes, hospices, and training programmes. They were poorly funded and heavily dependent on the gifts of parishioners as well as their voluntary labour. The SACBC AIDS Office had one financial sponsor only. Five years later (2005), the situation had changed considerably. There were 200 care projects with the majority targeting orphans and vulnerable children (OVC),² 40 home-based care programmes, 22 ARV roll-out centres attending to 3000 AIDS patients, and about 30 different financial sponsors.³ Not only did the entire way of responding to HIV and AIDS change during the five-year period (2000–2005) but, most importantly, that response to HIV and AIDS had a huge impact on the Catholic Church as an organisation. Catholic AIDS projects became more structured. Their activities were conducted more professionally. The entire Catholic organisation, including the parishes and the dioceses, was called to proper financial accounting, progress report writing, and conducting research. This phenomenon could, by way of neologism, be loosely referred to as the "NGO-isation" of the Catholic Church. I am indebted to Alessandro Gusman who was one of the first to use the term in reference to Pentecostalism in Uganda.⁴ In this article, however, I contest that the influence of western donor organisations on the Catholic Church in South Africa in the context of HIV and AIDS, as well as the resultant effect, the mushrooming of Catholic AIDS projects in the country, a chief characteristic of the church between 2000 and 2005, manifested itself in three main forms – as an *identity*, as an *activity*, and as an *organisation*.

Methodology

The study is based on a two-phased methodology: a literary study and an oral study. Using a qualitative approach in data collection and analysis, the researcher used the oral history method.

A literary study

¹ *Southern Cross*, "The Church is doing nothing about AIDS? Think again!" 26 November 2000.

² *Southern Cross*, "Sustaining the AIDS fight," 14 December 2005.

³ *Southern Cross*, "The AIDS scenario in Southern Africa," 23 November 2005.

⁴ Alessandro Gusman, "HIV/AIDS and the 'FBOisation' of Pentecostal Churches in Uganda," Conference: Religious engagements with AIDS in Africa, Copenhagen, 28 and 29 April 2008.

In this study, I focused on written documents. I collected data from the *Southern Cross*. This is a weekly Catholic newspaper which was begun in 1920. Following an agreement by Catholic leaders to establish a Catholic newspaper during a meeting held in Durban in September 1919, the *Southern Cross* was launched in Cape Town. It is currently published and printed from Tuin Plein in Cape Town.⁵ At the time of the Vatican II Council (1962–1965) it had an estimated readership of between 40 000 and 50 000.⁶ During the 1980s, the readership had dwindled down to 30 000. It is “a massive catechetical enterprise in the updating of Catholics on developments within the church”.⁷ I read past issues of the *Southern Cross* in order to capture the activities and the statements that were going on around HIV and AIDS in the Catholic Church.

There are normally four *Southern Cross* issues in a month, 48 in a year, and 1056 in 22 years (1984–2005). I skimmed through all 1056 past newspapers and photocopied all articles and comments on HIV and AIDS. These papers are available in the archives of the St. Joseph’s Theological Institute located at Cedara in the Natal Midlands. In the 1056 issues, 300 AIDS articles were identified, read and photocopied. Articles were identified on the basis of their title. I looked for three words in the title, namely HIV, AIDS, and condom. All 300 articles had at least one of the three words in their titles. Of the 300 articles, 80 dealt extensively with the condom debate. Key themes in these articles were the prevention of HIV, awareness of the AIDS disease, care of orphans and AIDS patients, treatment and stigma. A major limitation of this method is that there could have been articles which dealt with the subject matter yet did not have any of the three words in their titles.

The research also drew a lot from other relevant archival documents found in the Cedara archive. However, the bulk of the archival materials was found in the Southern African Catholic Bishops’ Conference (SACBC) archive in Khanya House, Pretoria. This is where the SACBC AIDS office is based. I was granted access to essentially all the documents of the office prior to 2005. Here I found printed correspondence, emails between office executives and various bishops and financial donors. I also found project and departmental reports on the office since its establishment in 1992. There were minutes of staff meetings as well as conference and workshop reports. Most importantly, I found complete collections of the SACBC plenary meetings’ minutes since 1984. There are normally two SACBC meetings in a year. There were 44 minute reports from the 22 years under review. All these collections were photocopied and studied carefully.

The Archdiocese of Durban’s archive was another great resource. This was the first diocese in the province to start responding to the disease under the leadership of Archbishop Denis Hurley. I found brochures, advertisements and minutes on the AIDS disease dating back to as early as 1998. These documents were also photocopied and studied. Personal archives were also very beneficial to this research. I was granted access to Philippe Denis’ personal collections of documents on HIV and AIDS. As a Dominican brother, a professor of history and the founder and director of the Sinomlando Centre for Oral History and Memory Work which is based at the University of KwaZulu-Natal, Denis served on various HIV and AIDS committees and held various positions within the Catholic Church, notwithstanding his contributions to the founding of other AIDS-related projects such as the Thandanani Children’s Foundation. Two boxes consisting of completed forms on a survey of Catholic AIDS projects in South Africa, newspaper articles, research reports, and personal conference notes were found in Denis’ archive materials.

The internet was by no means a lesser resource to this research. Most websites, including that of the SACBC, the *Southern Cross*, and the Catholic Health and Care Association (CATHCA) have internet-archived documents which were of great value to this research. For instance, the *Southern Cross* articles published between 2001 and 2005 are archived in electronic version on the magazine’s website.⁸ I also found contributions of individual Catholic administrators recorded in their curricula vitae. These were easily accessible from the internet. A good case in point is the contribution of the Eshowe diocesan AIDS coordinator, Father Gérard Tonque Lagleder.⁹ Here were also many books and articles published online and relevant to my topic. These were downloaded and studied carefully as well.

An oral study

In this research, I also relied on the technique of oral history. There are seven Catholic Church dioceses in the KwaZulu-Natal province, namely Durban, Eshowe, Ingwavuma, Kokstad, Mariannhill, Umzimkulu, and Dundee. Only three of the seven dioceses had bishops during the duration of my research. The rest were under administrators awaiting the appointment of new bishops. By the beginning of 2009, the bishops had already

⁵ See *Southern Cross* – <http://www.scross.co.za/contact.htm> – accessed on 13 January 2008.

⁶ See Curriculum Vitae of Father Gerald and his other contributions in HIV and AIDS ministry at the Eshowe diocese in <http://lagleder.net/gerard/cv.htm> – accessed 2 January 2008.

⁷ During the course of this research and writing, bishops have been appointed in the dioceses of Dundee, Umzimkulu, Eshowe, and Ingwavuma.

⁸ See *Southern Cross* – <http://www.scross.co.za/contact.htm> – accessed 13 January 2008.

⁹ See Curriculum Vitae of Father Gerald and his other contributions on HIV and AIDS ministry at the Eshowe diocese in <http://lagleder.net/gerard/cv.htm> – accessed 02 January 2008.

been appointed.¹⁰ Therefore, I conducted interviews with three bishops and administrators. I also interviewed one priest in each diocese. Three directors of Catholic AIDS projects in KwaZulu-Natal were also interviewed. These projects were the Sinosizo in Amazimtoti, Durban, the iThemba Clinic in Mariannhill, and the Blessed Gerald Hospice in Eshowe. Only four dioceses had AIDS coordinators. In total, I interviewed 5 bishops/diocesan chairmen, 7 priests, 4 diocesan AIDS coordinators and 3 project coordinators. I also interviewed selected Catholic academics, professionals, as well as other outspoken Catholic bishops in the country. These included three administrators at the SACBC AIDS office. In total I interviewed 25 individuals.

The Catholic hierarchy and priesthood is an exclusively male domain. However, the care ministry of the church in South Africa is predominantly a female affair. Of the 25 persons interviewed in this research, 7 were women serving either as project administrators or diocesan AIDS coordinators. Two were retired nurses and another was a religious superior. Half of the interviewees were white (European origin), whereas the other half consisted of Africans, Asians and coloureds.

NGO-isation as an identity

Following the re-establishment of the SACBC AIDS Office in 1999 and the signing of a five million USD cooperation deal between the Bristol-Myers Squibb Pharmaceutical Company (BMS), the Catholic Medical Missionary Board (CMMB), and the SACBC in January 2000,¹¹ the ground was fertile for the “growing” of AIDS projects as well as the “planting” of new relevant ones. During the signing of the deal – before which lengthy deliberations were held over the terms of the agreement – the bishops “resolved that the operation of the AIDS office be extended and an additional administrative staff member be employed”.¹² As a result, Johan Viljoen was hired as an administrator to work with Alison Munro, the SACBC AIDS Office coordinator.¹³

The terms of the agreement between the BMS, the CMMB, and the SACBC were simple and straightforward in theory but rather complex in implementation. Simply stated, the purpose was “to set up various projects to combat the HIV/AIDS epidemic in Southern Africa”.¹⁴ The SACBC region (South Africa, Botswana, and Swaziland) was originally the targeted area. In 2000, however, the target area was expanded to include Namibia and Lesotho.¹⁵ Out of its 100 million USD “Secure the Future Programme”, the BMS was to fund projects whose proposals had been passed by both the SACBC and the CMMB to the maximum of a million USD each year for five years (2000–2005).¹⁶ Through the AIDS Committee, the SACBC would identify projects it wished to partially or fully support with CMMB funds and then channel these through the BMS project review committee. The SACBC would oversee the projects but the CMMB would provide the staff. Funding for an ensuing year was to be released after satisfactory reporting.¹⁷ All CMMB funds were to be handed over to the SACBC which in turn would distribute them to the project holders in the five countries as determined by its committee and the BMS.¹⁸

Based on the above guidelines, the first instalment of funding was received by the SACBC AIDS Office in February 2000.¹⁹ By the end of the year, the SACBC statutory funding had disbursed ZAR 1 273 000.²⁰ The “BMS co-funding” and the “CMMB funding-BMS approved” had disbursed another ZAR 918 500 through the SACBC AIDS Office. A total of 30 projects had benefited from the donations. Meanwhile, a similar but separate funding proposal was accepted by the Catholic Relief Services (CRS) in the same year to fund small AIDS projects within the SACBC region. The agreement, which was signed in October 2000, comprised a

¹⁰ During the course of this research and writing, bishops have been appointed in the dioceses of Dundee, Umzimkulu, Eshowe, and Ingwavuma.

¹¹ SACBC, Minutes of the plenary session held at St. Peter’s Seminary, Pretoria between 19 and 26 January 2000.

¹² SACBC, Minutes of the plenary session held at St. Peter’s Seminary, Pretoria between 19 and 26 January 2000.

¹³ SACBC, Minutes of the plenary session held at Mariannhill between 1 and 8 August 2000.

¹⁴ Members of the Catholic National AIDS Office Management Committee, “Proposal for an agreement between the SACBC and the Catholic Medical Mission Board (CMMB) for financing of HIV/AIDS programmes in terms of the criteria of Bristol-Myers Squibb’s five year ‘Secure the Future’ programme for combating AIDS in Southern Africa,” December 1999. See also SACBC, Minutes of the plenary session held at St. Peter’s Seminary, Pretoria between 19 and 26 January 2000.

¹⁵ SACBC, Minutes of the plenary session held at St. Peter’s Seminary, Pretoria between 19 and 26 January 2000.

¹⁶ Members of the Catholic National AIDS Office Management Committee, “Proposal for an agreement between the SACBC and the Catholic Medical Mission Board (CMMB) for financing of HIV/AIDS programmes in terms of the criteria of Bristol-Myers Squibb’s five year ‘Secure the Future’ programme for combating AIDS in Southern Africa,” December 1999.

¹⁷ Catholic Medical Mission Board, Grant Agreement between SACBC and CMMB on AIDS Projects in 5 Southern African Countries, Clause 7, 19 January 2000, Pretoria.

¹⁸ Catholic Medical Mission Board, Grant Agreement between SACBC and CMMB on AIDS Projects in 5 Southern African Countries, Clause 7, 19 January 2000, Pretoria.

¹⁹ SACBC, minutes of the plenary session held between 1 and 8 August 2000 at Mariannhill.

²⁰ Alison Munro, Table of Expenses: CMMB Project Funding, report of SACBC AIDS Office to the SACBC Administrative Board, November 2000.

budget total of USD 1 275 479.²¹ According to the SACBC AIDS Office report of November 2000, 16 projects benefited from the CRF funding of ZAR 913 600.²²

Funding for the SACBC AIDS projects grew exponentially between 2001 and 2005 with new funding opportunities as well as new projects. For instance, in 2001 the CMMB announced that it was offering an additional grant of USD 500 000 for the SACBC's implementation of the Prevention of Mother to Child Transmission (PMCT) using the nevirapine drug.²³ Even the disgruntled SACBC AIDS donor, the Catholic Agency for Overseas Development (CAFOD), made a comeback in 2001 and offered a grant of 30 000 pounds sterling.²⁴ The Japanese Missions started supporting SACBC AIDS projects in October 2002 after an inspiring field visit by its representatives in 2001. Other bodies that funded the SACBC AIDS projects since 2002 were the Catholic Organisation for Relief and Development (CORDAID), TROCAIRE, the Project Support Group (PSG), Caritas International, the Belgian Embassy to South Africa, and CAFOD.²⁵ In 2002 still, the BMS increased its direct funding through SACBC so as to cater for the burgeoning orphan crisis. In 2003, SACBC AIDS projects benefited from the 335 million USD President's Emergency Plan for AIDS Relief (PEPFAR) which was awarded to CRS in a consortium of its partners.²⁶ The Ford Foundation started to fund SACBC AIDS projects in 2004.²⁷ Besides these main funding organisations, there were many more that funded SACBC AIDS projects directly. Since 2003, PEPFAR became SACBC's largest financial sponsor which replaced the CMMB after the expiry of its contract in 2004. By and large, there were huge amounts of money that came from overseas donors via the SACBC AIDS Office to the AIDS projects during the period under review. The AIDS Office had become the SACBC's busiest department with by far the largest staff (8 full-time members of staff) and budget in just 5 years since its inception.

The influx of money and donors, however, came with strict conditions and influences. The largest donor organisations such as the American-based BMS and PEPFAR, as well as the British one, the Ford Foundation, were neither Catholic nor religiously oriented. They were not conversant with the interests and the objectives of the Catholic Church. Email correspondence documents attested to the fact that the BMS, for instance, did not know the structure of the Catholic Church in South Africa even after the signing of the partnership contract.²⁸ Besides, Catholic organisations such as CMMB and CRS were contextually very removed from the immediate needs of particular communities in South Africa. Consequently, the interplay between the interests of the SACBC and those of the donor organisations abroad was not a smooth one. Voices of dissent from top SACBC leadership positions over certain donor demands in the church's response to HIV and AIDS had become rather common between 2000 and 2005. Whereas each financial donor had particular interests and therefore stipulated slightly different demands on the potential beneficiaries of its monies, most of the funders incorporated a research component to their financial aid. Many did not wish to spend their money on administrative costs. Almost all of them demanded that a registered organisation of the church, apart from the ecclesiastical structure, be responsible for the running of the programmes. PEPFAR, BMS, and CRS were very specific on this. A parish council, for instance, could not apply for AIDS funding. The beneficiary had to be an NGO or an FBO (faith-based organisation) affiliated to any level of the church structure but not any of the church organs. This meant that women's associations, youth ministries as well as individual parishes could not apply for the funds. These demands were contested by the church leadership. However, it was the donors' concern for prevention that caused major contestation within the Catholic leadership circles. Funders affiliated to the USAID, UNAIDS, and the Global Fund promulgated comprehensive sex education and condom distribution as part of their preventative approach. Even PEPFAR, which prior to the victory of the Democratic Party during the legislative elections of 2006 had a prevention ideology almost similar to that of the Catholic Church in promoting abstinence and faithfulness, explicitly emphasised risk elimination as its primary goal and supported risk reduction strategies such as the use of condoms or the reduction in number of sexual partners,²⁹ something that the Catholic Church vehemently opposed.

The Catholic Church had had charity work as its priority in the response. On the contrary, donors were hesitant to provide food and clothing. Instead, they demanded a clear policy and budget on prevention. As a result, many proposals submitted by the SACBC to funders such as the BMS were rejected. During the January 2002 bishops' conference, Alison Munro, the SACBC AIDS Office coordinator, said that "problems have been

²¹ Grant Agreement: Project #686-0009, Southern African Catholic Bishops' Conference AIDS Office and Small Project Fund, October 2000. The money was to be paid in South African rands 8, 928, 353 at the exchange rate of 7.00 rand = US dollar 1.00.

²² Alison Munro, Table of Expenses: CMMB Project Funding, report of SACBC AIDS Office to the SACBC Administrative Board, November 2000.

²³ SACBC AIDS Office, Minutes of the Management Committee meeting held at Khanya House, Pretoria, 28 August 2001.

²⁴ Report of the SACBC AIDS Office to the Administrative Board of the SACBC, May 2001.

²⁵ SACBC AIDS Office, Minutes of the Management Committee meeting held at Khanya House, Pretoria on 14 November 2002.

²⁶ Report of the SACBC AIDS Office to the Administrative Board of the SACBC, May 2004.

²⁷ Report of the SACBC AIDS Office to the Administrative Board of the SACBC, May 2004.

²⁸ Barbara Lynch, BMS director for communications, "Anti-AIDS Initiative," an email sent to Eileen Walsh, SACBC Communications and Media Outreach, on 10 November 2000.

²⁹ Gerard Clarke, "Faith Matters: Faith-Based Organizations, Civil Society, and International Development," *Journal of International Development* 18 (2006): 835-848.

caused by the attempts of some funders to impose programmes and unreal expectations on potential beneficiaries of funding”.³⁰ In September 2000, Bishop Kevin Dowling warned that “CRS should not approach the AIDS situation in South Africa with preconceived ideas and solutions” noting that it should rather “listen with openness to what the people and the Church in South Africa have to share about their situation, their hopes, and how they believe their prioritised responses can be capacitated”.³¹ By then, the Catholic Church leadership was getting frustrated by the demands that the AIDS funding organisations were pegging on their monies. In May 2000, all the project proposals that were passed by the SACBC for funding failed to meet the BMS standards and were turned down.³² The SACBC AIDS Office’s administrative board was told that even after Johan Viljoen had reworked the proposals diligently they would not meet the BMS criteria.³³ This slowed the process considerably. In view of this, Munro observed that “AIDS has catapulted the [Catholic] Church into arenas it may not voluntarily otherwise have chosen, and hence some strange bedfellows have emerged as collaborators”. She observed that “donor funding brings its own dynamics and an array of people wanting to play their part and have their say”. She spoke for many bishops and project heads when, out of disappointment, she posed the question: “How does the Church maintain its identity and take its stand on certain issues about which it feels passionate?”³⁴ Therefore, a lot more was at stake: the very identity of the Catholic Church and its way of responding to diseases.

In the light of the control that funding organisations imposed on the Catholic Church in its dealing with HIV and AIDS in 2000, one wonders “who was calling the shots” as far as the agenda for HIV and AIDS matters was concerned. The sudden shift in the orientation of the response to HIV and AIDS at the onset of international donors begs the question. There seems to have been a contestation between the church leadership and certain financial donors over the manner in which the Catholic Church responded to HIV and AIDS. Two particular examples may illustrate this point. The *first* relates to the bishops’ new interest in promulgating a gendered response to HIV and AIDS. As indicated by the minutes of the SACBC plenary sessions, it was in January 2000 that for the first time the bishops showed interest in women and children as being disproportionately affected by HIV and AIDS.³⁵ Conveniently, the “Secure the Future Programme” of BMS, worth 100 million USD, from which the SACBC was to benefit had a year earlier indicated that its chief goal was “to establish centres of excellence that promote an integrated community-based approach to managing HIV/AIDS, focusing on the special needs of women and children”.³⁶ Indeed, by the year 2000, the epidemic had moved to another phase; it now gave rise to millions of orphans and made more visible the plight of women in society. Whereas the evidence that the Catholic Church borrowed the concepts of “integration” and “emphasis on women and children” from the BMS is not conclusive, it is very likely that the SACBC used these words to suit the interests of the donor. It is clear, however, that the BMS influenced the SACBC in terms of priorities and interests so much so that the interests of the donor ultimately became the ideal for the church.

The *second* example has to do with HIV prevention, and the use of condoms to be precise. One aspect of the terms of agreement signed between the SACBC, BMS and CMMB was that the money be spent as follows: 50 percent on prevention and the other 50 percent on care and treatment.³⁷ This proved difficult to implement as the church had previously focused on care and almost entirely neglected prevention measures. Therefore, HIV prevention had become the Catholic Church’s Achilles heel on account of the condom controversy. To meet the donor’s requirements, however, the SACBC attempted to sponsor moral education programmes as a means of prevention. Apparently, the BMS had envisaged a more technical intervention in HIV prevention. This makes a lot of sense considering that just before the launch of the joint programme BMS had invited two SACBC bishops, Dowling and Tlhagale,³⁸ and later three SACBC representatives, Alison Munro, Bishop Dowling, and Johan Viljoen, to the USA for press media releases in which the two bishops expressed hopes that the Catholic Church in South Africa would endorse the use of condoms in HIV prevention.³⁹ When these hopes were dashed by the bishops’ conference following the release of the *Message of Hope* in July 2001, the relationship between BMS and the SACBC turned sour.

This situation was exacerbated by the turning down of all funding proposals submitted to BMS in the first round of selection. The management board of the SACBC AIDS Office was told in a report that “the crisis created by the fact that none of the proposals submitted could make it through the BMS selection process caused

³⁰ SACBC, Minutes of the plenary session held between 23 and 31 January 2002 at St. Peter’s Seminary, Pretoria.

³¹ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops’ Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

³² Report of the SACBC AIDS Office to the Administrative Board of the SACBC, May 2001.

³³ Report of the SACBC AIDS Office to the Administrative Board of the SACBC, May 2001.

³⁴ Alison Munro, *In conversation with the Catholic Church: a response to AIDS* (Pretoria: SACBC, 2003), 2.

³⁵ SACBC, Minutes of the plenary session held at St. Peter’s Seminary, Pretoria between 19 and 26 January 2000.

³⁶ Secure the Future: Care and Support for women and children with HIV/AIDS, Bristol-Myers Squibb Community Outreach and Education Fund Grant Programme, October 1999.

³⁷ Terms of Agreement between the Catholic Medical Mission Board (CMMB) based in New York, USA, and the Southern African Catholic Bishops’ Conference, SACBC, Para 17, revised edition, 11 January 2000.

³⁸ SACBC, Minutes of the plenary session held between at St. Peter’s Seminary, Pretoria 19 and 26 January 2000.

³⁹ SACBC AIDS Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

widespread anger and frustration”.⁴⁰ The bishops had indicated in writing that “the SACBC would rather send the money back to BMS than continue in the present manner”. The committee further heard that “the bishops were upset by the lack of support for their projects and felt let down by promises made during the signing of the CMMB/BMS contract – promises that failed to materialise”.⁴¹ The disappointment was so severe that Archbishop Tlhagale declined an invitation to a formal BMS dinner in September, citing the broken promises.⁴² BMS, on the other hand, felt let down by the church’s failure to prioritise HIV prevention work as promised during the press release in the USA.⁴³ A 50 percent expenditure on prevention was high in BMS criteria of passing project proposals. Although the stalemate was temporarily resolved in a three-day deliberation meeting between representatives of the three parties that was held in Cape Town,⁴⁴ HIV prevention remained a controversial issue and continued to be an area where the church experienced enormous pressure by donors. A year later Munro told the bishops that “the Catholic Church is perceived by donor agencies to be sending out mixed messages in that it offers expert care for the dying but is constrained by ethical dimensions. In financial terms, the office is allocating some 70% of available money to care and only 30% to prevention programmes that are merely educational”.⁴⁵

Therefore, the Catholic Church was forced to engage with donors with a different ideology. The hierarchy sought to defend the interests of the Catholic Church. It is in the light of this that Munro warned against taking up certain co-funding assignments with BMS saying that “the proposal in question violated the teachings of the Catholic Church”.⁴⁶ However, this was a daunting task as some projects would not really make such financial sacrifices. Some Catholic projects independently signed funding contracts with donor organisations.⁴⁷ As a result, the SACBC AIDS Office did not have control over all that the church did in responding to the epidemic. For instance, various Catholic projects distributed condoms against the official position of the SACBC. By and large, the Catholic Church attempted to navigate its identity in a new territory without losing the opportunities to make a difference where it really mattered most, “among the most marginalized and impoverished communities”.⁴⁸

NGO-isation as an activity

The gradual transformation of AIDS projects into NGOs was also manifested in the activities with which Catholic projects came to be associated. Being the recipients of large sums of money, these projects were expected to manage, evaluate, report, and monitor their activities carefully and regularly. Therefore, the legitimate need for accounting had the unintended consequence of developing a bureaucratic culture in the AIDS projects of the Catholic Church. This has to be seen against the backdrop of the 1990s’ incapacitated, underfunded, and understaffed AIDS programmes which were run by ordinary parishioners.

The influence of donor funds on the nature of AIDS projects’ activities has not been a phenomenon unique to the Catholic Church. Hansjörg Dilger, a German anthropologist who studied religion, development and health politics in the context of HIV and AIDS in Tanzania, has recently argued that the NGO-isation of the church develops in a context marked by neoliberalism.⁴⁹ The churches fill a gap left by the collapse of welfare in developing countries as a result of the neoliberal policies of international organisations. He argues that the recent integration of faith-based initiatives into international development efforts in the developing countries is embedded in the wider reconfiguration of social welfare systems shaped by the decline of the postcolonial welfare state, the growing privatisation and NGO-isation of the health sector, and the concurrent rise of HIV and AIDS. A similar trend was evidenced in South Africa where a massive influx of external funding into religious healthcare systems has been especially pervasive in the field of HIV and AIDS since 2000. This has had a major impact on the kind of activities promulgated by the Catholic Church in responding to the HIV and AIDS epidemic.

A key requirement of most funding organisations, including BMS and CRS, was that the projects should regularly provide detailed financial and narrative reports.⁵⁰ Moreover, projects’ progress reports had to evidence

⁴⁰ Minutes of the SACBC AIDS Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

⁴¹ Minutes of the SACBC AIDS Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

⁴² Minutes of the SACBC AIDS Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

⁴³ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops’ Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

⁴⁴ SACBC AIDS Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁴⁵ SACBC, Minutes of the plenary session held at St. Peter’s Seminary, Pretoria between 23 and 31 January 2002.

⁴⁶ Minutes of the SACBC AIDS Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

⁴⁷ Alison Munro, *In conversation with the Catholic Church: a response to AIDS* (Pretoria: SACBC, 2003), 4-7.

⁴⁸ *Southern Cross*, “The church is doing nothing about AIDS? Think again!” 26 November 2000.

⁴⁹ Hansjörg Dilger, “Religion, the Virtue-Ethics of Development and the Fragmentation of Health Politics in Tanzania in the Wake of Neoliberal Reform Processes and HIV/AIDS,” *Africa Today* 56, 1, (2009), 89-110.

⁵⁰ Terms of Agreement between the Catholic Medical Mission Board (CMMB) based in New York, USA, and the Southern African Catholic Bishops’ Conference, SACBC, Para 17, revised edition, 11 January 2000.

the attainment of success “by the use of measurable indicators”.⁵¹ The primary focus of the Bristol-Myers Squibb Foundation Community Outreach Fund was to provide grants to projects that “identify best practices and develop strategies to replicate the most effective programmes”. The key outcome expected from the ‘Secure the Future Programme’ was the “emergence of Non-Governmental Organizations (NGOs) that are capable of conducting meaningful assessment of community needs, designing effective and sustainable programmes, and collecting appropriate data to evaluate the impact of their programmes and to assess the potential for replicating successful programmes elsewhere”.⁵² Similarly, the CRS grant agreement required of each project a detailed and complex manner of record keeping and reporting. The CRS demanded that the records on file include all contracts and agreements, bank statements, and documentation of all purchases and payments including original vendor invoices with dates, disbursement checks and vouchers, and employee timesheets.⁵³ The agreement read as follows:

To provide narrative and financial Project Progress Reports (PPRs) in accordance with the progress report format approved by the CRS. The narrative should report against all objectives, targets, and indicators as stipulated in Project #686-009 (attached). The financial report should indicate how project funds and interest accrued on project funds were utilised and provide all the information required by the approved PPR format to the GRANTOR until the completion of the project. These reports will be due in 4 months, proceeding from a start date of December 1, 2000.⁵⁴

To meet the above expectations, both the CRS and BMS provided funds to cater for capacity building. The SACBC AIDS Office was required to conduct training workshops with project staff on leadership, management, record keeping, reporting, monitoring, and evaluation.

Most project leaders found the above expectations difficult to meet. On 28 August 2001, Emmanuel Mudikwane, one of the two SACBC AIDS project managers responsible for building capacity in projects, reported that almost all the 35 projects funded by CRS had “a dire lack of follow-up with people involved in their initial programmes”.⁵⁵ He observed further that “there was an urgent need to improve the people’s skills in keeping adequate records e.g. in home based care programmes”.⁵⁶ Bishop Dowling expressed discontentment with the “Western-advocated solutions which do not take account of the very particular context”.⁵⁷ He observed that because the projects relied on voluntary labour in poor communities with high levels of illiteracy, training and capacity building were bound to meet serious odds. He explained further that “to ask women, for example, to go through a training course for counsellors and home-care workers and then in addition care for their own children, to give long hours of training ... is just not on”.⁵⁸ He concluded that in such extreme conditions of poverty as the ones under which he served, in an informal squatter camp called Freedom Park in Rustenburg diocese, South Africa, any partnership with a donor agency in terms of supporting a home-care initiative should be realistically simple.

Nevertheless, the projects had to comply with the requirements of the donors in order to obtain their financial support. To do this, projects came up with tactics such as hiring expensive but highly competent personnel from outside the targeted communities as well as training their staff and members of the church in areas of management and finance. By 2005, the Catholic response to HIV and AIDS had come to be associated with such high levels of professionalism that projects were staffed with well-paid experts and preoccupied with capacity-building activities. Munro was right when she told the 14th International AIDS Conference held in Barcelona, Spain, in July 2002 that “often in [the Catholic] Church projects, the most required skills are not directly related to AIDS. Instead what people struggle with, as is in the case of NGOs and CPOs, is leadership, management, and financial skills. When these are better in place, projects flourish with regard to other enterprises such as vegetable gardening, sewing projects, jam- and candle-making, and various other income-

⁵¹ Terms of Agreement between the Catholic Medical Mission Board (CMMB) based in New York, USA, and the Southern African Catholic Bishops’ Conference, SACBC, Para 17, revised edition, 11 January 2000.

⁵² Secure the Future: Care and Support for Women and Children with HIV/AIDS, BMS Community Outreach Programme, undated brochure.

⁵³ Grant Agreement: Project #686-0009, Southern African Catholic Bishops’ Conference AIDS Office and CRS Small Projects Fund, November 2000.

⁵⁴ Grant Agreement: Project #686-0009, Southern African Catholic Bishops’ Conference AIDS Office and CRS Small Projects Fund, November 2000.

⁵⁵ SACBC AIDS Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁵⁶ SACBC AIDS Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁵⁷ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops’ Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

⁵⁸ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops’ Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

generating activities”.⁵⁹ Therefore, the manner in which the Catholic Church responded to HIV and AIDS between 2000 and 2005 was through activities that characterised ordinary NGOs such as support programmes, training and capacity building in the personnel’s ability to lead, manage, record, evaluate, monitor, and report succinctly.

NGO-isation as an organisation

A key finding of this research is that between 2000 and 2005 the Catholic Church in South Africa resorted to establishing projects as a way of responding to HIV and AIDS. The church created and empowered smaller NGOs,⁶⁰ which in turn formed the frontline of the response to HIV and AIDS. As opposed to the 1990s where the *parish* was the Catholic Church’s front-face in responding to HIV and AIDS, *projects* not only multiplied in 2000 but also became the centre of AIDS activities with a great deal of autonomy. Projects suddenly had more money than parishes; they could employ more people and were offering free training. All the dioceses, parishes and even religious communities that developed an interest in HIV and AIDS ended up starting an AIDS project. This was largely because it was through projects only that the church could access donor funds. It is no surprise, therefore, that in 2001 Munro reported as a chief accomplishment the fact that “each diocese within the SACBC region now has, at least, one AIDS project”.⁶¹ As early as February 2000, Bishop Dowling announced his plans to start a project that would train caregivers and counsellors as well as give homes to AIDS orphans and patients.⁶² The SACBC AIDS Office expanded so much that by 2005 it was channelling funds to non-Catholic NGOs as well.

In 2002 alone, the SACBC AIDS Office organised five different national “care for carers” retreats in South Africa with an average of 400 attendants.⁶³ This was meant to be an incentive for the caregivers who worked in the Catholic AIDS projects. However, as Munro noted, soon after their training these caregivers moved elsewhere, perhaps to formal employment or to a position in government where they may be remunerated for services they had been offering voluntarily before.⁶⁴ What ensued was the famous “volunteers’ crisis” where projects served to increase the employability of volunteers creating a scarcity of individuals willing to care for AIDS orphans for no pay. The projects in turn had to purchase the services they once enjoyed freely. In August 2002, the SACBC AIDS Office reported to the bishops’ conference that “in most provinces home based carers are being paid which means Church workers and members are idle”.⁶⁵ This contrasted sharply with the 1990s’ “community serving humanity” mobilisation of church members which had been born out of a spiritual awakening. The blossoming of AIDS activities around Catholic AIDS projects between 2000 and 2005 had a lot to do with the influx of foreign donors’ money which turned the entire field of HIV and AIDS into a booming business sector. In view of this, one wonders whether Munro’s description of the Catholic Church’s motivation in responding to HIV and AIDS does not leave out the gist of the matter. Commenting on the sudden increase in Catholic AIDS projects between 2000 and 2002 she asserted: “What is emerging clearly in many areas throughout the region is that people are taking seriously the call of the gospel to love their neighbour in deed.”⁶⁶ Whereas I perceive a multiple causal factor in the sudden increase of Catholic activity around HIV and AIDS, I contest that HIV and AIDS had become a very lucrative sector with money and career opportunities. Whereas the money was sought for the primary purpose of mitigating the suffering brought about by the AIDS epidemic, it also brought with it the capacity to hire skilled labour and do business. Therefore, the rapid growth in HIV- and AIDS-related activities was not solely brought about by the people’s love for their neighbours.

As Catholic AIDS projects flourished and multiplied, the SACBC AIDS Office became akin to a mega NGO with multiple smaller organisations loosely attached to the dioceses, religious communities, and parishes. This became a fulfilment by default of the 1990s’ expressed interest by the laity to operate independently of the clergy who were often perceived to be a hindrance regarding the work relating to HIV and AIDS. As Munro observed “even when clergy are obstacles to various ventures, many of the laity found innovative ways to offer their own response”.⁶⁷ Arguably, this was partly the reason why Towell left Sinosizo in 2002 and registered an independent HIV and AIDS project.⁶⁸ Similarly, her colleague, Sabbath Mlambo, left Sinosizo and opened the

⁵⁹ Alison Munro, *Belated, but powerful: The response of the Catholic Church to HIV/AIDS in five southern African countries* (Pretoria: SACBC Publications, 2002), 2. The paper was first presented at the 14th International AIDS Conference in Barcelona in July 2002.

⁶⁰ The terms ‘FBOs’ and ‘NGOs’ are used here to refer to the church-owned projects as opposed to the more independent organisations such as the World Vision. For a further discussion on the use of the terms see Philippe Denis, *AIDS and Religion in Sub-Saharan Africa in a Historical Perspective*, 3.

⁶¹ SACBC AIDS Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁶² *Southern Cross*, “AIDS now a Church priority,” 27 February 2000.

⁶³ Report of the SACBC AIDS Office to the Plenary Session of the SACBC, August 2002.

⁶⁴ Munro, *Belated, but powerful*, 4.

⁶⁵ Report of the SACBC AIDS Office to the Plenary Session of the SACBC, August 2002.

⁶⁶ Munro, *Belated, but powerful*, 4.

⁶⁷ Munro, *Belated, but powerful*, 4.

⁶⁸ Towell, interview by author, 9 July 2008.

St. Clement's AIDS Project located in New Germany, a suburb on the western side of Durban. This project is an independent organisation although it shares the same facility as the St. Emmanuel Cathedral. During my interview with her, Mlambo indicated that the members of the parish had often raised criticism over their disenfranchised position in matters relating to the running of the project. These two cases (Towell and Mlambo) are typical examples of the church's departure from the 1990s' parish-centred response to the 2000s' project-centred response.

Conclusion

In this article, I have argued that the proliferation of AIDS projects in the Catholic Church in South Africa had a significant impact on the manner in which the church was publicly perceived, how it conducted its business, and how it was internally organised. This influence of AIDS-related monies made it appear more as a non-governmental organisation (NGO) and less as an FBO. Otherwise said, the institution had to carefully navigate its identity in the context of a changing environment.

However, the NGO-isation of the church's projects involved in responding to HIV and AIDS had a lot to do with the place of religion in contemporary South African society. Apparently, the African people that John Mbiti described as incurably religious in 1969⁶⁹ have a different form of religiosity today. Their conceptualisation of religion has been reshaped by other social economic forces such as secularism, HIV and AIDS, the decline of the postcolonial welfare state, growing privatisation and shifts in the labour market. Whereas South Africa is still massively religious, unlike Europe or Australia, religious institutions in the country seem to be losing social control. South Africa is predominantly a Protestant country. However, the role of Catholicism in fighting apartheid and in responding to HIV and AIDS has increased the visibility of the church in the public arena. In line with Taylor and Asad's arguments and interviews with individual Catholic members, Catholicism in South Africa is becoming individualised. The hierarchy is not only less in a position to influence behaviour but also the members' conceptualisation of religion has changed from a system of public beliefs and practices enforced from a central and organisational point to a private and experiential reality judged by the individual. This reform may be seen as an effect of secularism and other social forces on the modern South African society. Whereas the NGO-isation of Catholic projects involved in HIV and AIDS has publicised Catholicism in the country, secularism and other socioeconomic forces have privatised Catholicism, leading to a loss of control with regard to ideology and practices of individual members.

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⁶⁹ John Mbiti, *African Religions and Philosophy* (London: Oxford Press, 1969), 1.

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