

Chapter 5

The ‘Value-Added’ of Masangane as a FBO/I offering ART

5.1 Introduction

If we suggest that religious health assets (RHAs) hold distinctive advantages specific to their religious character, then the functioning of Masangane’s anti-retroviral treatment (ART) programme and its outcomes, as a particular case study of RHAs, needs to be shown to embody such distinctive advantages as a faith-based organisation or initiative (FBO/I). This chapter probes the evidence for this.

ARHAP’s most basic hypothesis is that religion adds particular value to a programme (even as it may cause impediments to its functioning), value that has significance for public health policies and practices, value that can be leveraged or built upon to strengthen public health responses to the critical challenges it faces.

A full justification of this hypothesis would require further comparative studies with other FBO/Is in health and with similar bodies that are not faith-based. The limits of this study exclude direct comparative research at this stage, though extant literature provides some support for what we have discovered¹⁴¹; and we anticipate that possibilities for comparison will arise through ARHAP’s work in other sites. Nevertheless, our research has produced enough to allow us to make a number of

tentative claims. (For recommendations that flow from these claims, see our concluding Chap 7: 7.6 and 7.7.)

This chapter describes the ways in which the difference an FBO/I makes is experienced or observed by stakeholders, considering mainly the way in which Masangane does its work. Among other things we probed this issue by asking respondents if they thought there was a difference between the service Masangane is providing compared to other secular NGOs or government services; and by asking whether they saw any link between perceived strengths (and weaknesses) of the programme and the fact that it was faith-based and connected to a church.

In evaluating the answers to these questions we had to consider that, in this context, most health seekers and members of the Management committee have had little opportunity to compare Masangane services with other secular options as there are few - if any - similar local services. The exceptions are those clients who have been transferred to government sites for their monthly ARV supplies. Masangane staff and key informants from the health sector had more access to comparative data or experience.

In unpacking the data, we discuss “assets” that are most clearly *tangible*, moving to increasingly *intangible* ones. This follows the analytical framework of a continuum of religious health

Masangane as a FBO/I

Masangane is identified as a Faith Based Organisation or Initiative (FBO/I) by virtue of a set of ‘family resemblances’ (Wittgenstein) that we may regard as characteristic of FBO/Is:

1. Most of those seeking health through Masangane make reference to their faith and beliefs;
2. Most of its staff and volunteers overtly acknowledge that they are people of faith and that this is one reason for their involvement;
3. It was launched under the auspices of a religious body, the Moravian church;
4. It gets the bulk of its funding from religious agencies, churches in this case;
5. It knowingly utilises elements of its host faith tradition in its work, which links it to a religious reality that endures over time, thus providing a dimension of sustainability;
6. It thereby also rests in an acknowledged and long-standing framework of life-giving values and norms of action and responsibility held and asserted by its members and many other people around them, adding an institutional quality otherwise rare, seldom explicit if not absent from other kinds of organizations.

assets from tangible to intangible ARHAP presented in Chap 1: 1.6.4.

5.2 Access to communities and potential clients

You are doing community mobilization through churches.¹⁴²

The value of Masangane being a faith-based organisation is linked to what the church offers by virtue of its local rooting in communities. For the organisers of Masangane the church, with its congregations, situated often in otherwise hard to access rural communities, acts as a helpful point of entry into them. Masangane first made itself known in Matatiele on this basis, utilising church meetings of the Moravian or Lutheran congregations to introduce its vision and spread information. And that is how it has gained access to new geographical areas for its awareness and treatment work.

It is workshops here at church and the opportunity that the church gives itself to mix with people that are sick. It would be a workshop and they will invite other churches and all the people that are sick. Be taught about everything about HIV and AIDS. Masangane also gets a chance to talk about themselves and their origin and how it helps other people.¹⁴³

Congregations offer access in a way that is seen by our respondents to be different from that of other community based organisations, primarily because of a greater implicit confidence on the part of congregants in those who visit, speak to or work with them if they are from the same denomination. They are then not mere strangers external to the community that congregants value. And there is likely

to be greater trust that they will remain in a durable relationship with congregants rather than enter into an ad hoc, temporary or fragmented encounter with them.¹⁴⁴

Further, in accessing communities, treatment educators find it helpful to be able to use the facilities of churches for conducting workshops, though this access is likely to be greater if there is more than a utilitarian connection here but also a respectful engagement with their traditions, such as that embodied by Masangane. It is seen as part of the church and, hence, as acting in relation to the self-understanding of the church. This also enables some Masangane clients, acting as advocates for ART, to use their participation in congregational activities as a means to reach others with their message.¹⁴⁵

5.3 Advocacy through access

While Masangane directly and indirectly works against stigma and negative messages about HIV, it does so within a context - the churches - typically characterised by views that generate stigma and

negative judgement. Representative of this attitude is the not uncommon pronouncement by prominent religious leaders in certain faith communities, still resonant in the areas where Masangane works, that AIDS is God's deserved punishment on sinners. It also rings in the minds of many people living with HIV, warning them that the church may be a very unsafe place for disclosing their status. This is clear to members of Masangane, and they seem conscious of the fact that they are in a position to counteract such stigma and negativity in the congregations to which they have access.¹⁴⁶

Even in church they [Masangane] have a role. During the time for announcements they stand and talk about Masangane and they pray about it. They are not afraid to talk about HIV in church.¹⁴⁷

It is really something good and it lifts up the stigma that is stuck around HIV/AIDS so that we can feel free. Even in the communities as they have said there are families who are afraid to be seen when they are sick and I think if the church continues to be actively involved and not leave this to Masangane only, people will be open too.¹⁴⁸

Beyond the advocacy role actually played by the church, some roles the church could potentially play have been indicated by respondents. These include motivating private doctors to engage more actively in ways that the doctors who work with Masangane demonstrate, and finding ways of mobilizing the best traditions of what were originally mission hospitals¹⁴⁹ (in South Africa, under Apartheid, most of these hospitals were taken over by the state).



Location of Masangane's office in Matatiele

5.4 Motivated, committed staff and volunteers

A common view on religion is that it taps into deep-seated anthropological, psychological sources of personal motivation and commitment and that, suitably directed, this is likely to add value to people's engagements in service to others or to an organisation or initiative. The case of Masangane seems to bear this out.

The vital contribution of its committed workers is in no small measure driven by their sense of themselves as faithful people living out the mandates that they see as given by their Christian tradition. This is true of the Masangane employees, voluntary workers who make up the bulk of the Masangane team, and church officials involved in the management of the programme. Only the last category is exclusively Moravian, so this is not just a factor of one denominational heritage at work, but a reflection of a broader common understanding about key values and norms in the faith tradition (Christian, in this case).

The 'value added' by the faith of its workers is reflected in the attitudes they bring to the task: Commitment, passion, caring, willingness to work hard for little compensation in order to make a difference to the lives of others.¹⁵⁰

A Moravian pastor in the Masangane team speaks of being an "instrument of hope" diagnosing, in a way analogous to the doctor's stethoscope, the real pain of a patient, a significant metaphor for the added value of religion:

And I can understand as a Pastor, you really have a big task to know where the doctor is using stethoscopes to find out what is wrong with the person; but when you see the soul of the person, what is the pain, you know, you really feel that you know, people really need to understand that God is there, even in this suffering of theirs. You are that instrument to bring that hope.¹⁵¹

Attributes of commitment and motivation are, of course, not exclusive to people of faith in general, or Christians in particular, and one can find some rather un-Christian attitudes within this project too (see Chap 3: 3.11 and 3.14). Yet there is no denying that those who know Masangane or are involved in it see these attributes as natural outcomes of being part of a FBO/I.

Masangane acts as an "instrument that brings hope"

Masangane workers also bring their faith into their work with PLWAs. Respondents repeatedly point out that this is a valuable ingredient in the service Masangane offers, even when they do not quite agree with a particular expression of faith.

I've listened to quite a number of meetings, workshops which Zola was conducting; she was always quoting from the Bible, so she does this out of, out of faith, and out of love for the work. And I think this is a great advantage that she's able to make use of her faith in improving the health of other people, so that people don't rely only on tablets.¹⁵²

5.5 Liturgy, rituals, love and care: "Things that bind"¹⁵³

Interventions in health (or any other sphere of human life) that encompass more than the technical-rational or instrumental dimension, but also include the emotional, affective and imaginative dimensions of human being, are ipso facto likely to be deeper in their impact on attitudes, behaviour and practice. For this reason, liturgical and ritual actions - what we might call the "performative" dimension of religious traditions - are not inconsequential in considering how health interventions work. In the case of Masangane, its faith-based church connection

brings with it a performative style that shapes meetings and other activities including treatment practices, as we note below.

Support groups and workshops conducted on church premises call on the church traditions for their style of meeting. Prayer, scripture readings and singing of worship songs, at times adapted to become songs against AIDS, are used widely. These, the faith they grow out of and the impact they have on clients were mentioned by support group members as Masangane "services" which the clinic cannot offer.¹⁵⁴

One specifically Moravian liturgical tradition has been introduced into Masangane treatment practices in a rather unique way. Moravians worldwide use standard daily devotional texts that guide faithful practice through readings, one each from the Old and the New Testament. This is provided to members in the form of a small book. Masangane has linked ARV adherence to this book as an ingenious support measure for treatment protocols, as reported here by the Masangane treatment manager:

We also give them textbooks. That helps them to take their medication. Tell them to read their Old Testament in the morning, that is when they are taking their medication, also to read the New Testament in the evening, when they are taking their medication.¹⁵⁵

The clients, whether Moravian or not, find this helpful and encouraging.

I must say there are these books that we have to open up and read each day before we take our pills. You read on the specific day that you are in. You read, pray and drink your pills.¹⁵⁶

Given the frequency and strength with which interviewees commented on this practice in our qualitative interviews, we may judge that it adds great value to Masangane's ability to encourage

adherence to treatment protocols. Moreover, this link of ART - sometimes resisted if the patient fears being exposed as HIV positive - to a spiritual discipline, helps counteract stigma and claims made by some religious leaders that taking ART is an act of unbelief.

In other words, a religious legitimisation of treatment takes place, a strong positive act. This double effect - a systematic treatment ritual and its implicit undermining of stigma - offers an important clue to the way in which rituals and liturgical practices of an FBO/I might support health practices generally.

While neither the church in general nor the daily readings were mentioned in the individual structured questionnaires as something that helped the majority of clients with treatment adherence, the focus groups reported that Church rituals and participation in church activities are considered valuable to Masangane's patients in other ways. Through them they are supported in their struggle with AIDS and offered a space of comfort, a place to submerge themselves temporarily in another reality, drawing on the support of the congregation and rituals such as holy communion.

I get a lot of joy from going to church because when I get there people are always happy. I forget about many things and the problems of my home that sometimes boggle my mind. I get advice and they give me hope about life. They tell me it is not the end of the world to have this disease.¹⁵⁷

My church is African Gospel. They are born again Christians, they pray so much for this virus to go away. They give me love. Sometimes they would fast for me to be well, they would pray for me. I felt like the church was my home. They showed me the love that they have for me.¹⁵⁸

These testimonies make it clear that churches and their like, often justifiably criticised for propagating stigmatising messages, are just as

much vital sources of care, nurture and hope.

5.6 Spiritual support

Support of its clients in support groups and through counsellors plays an important role in the work of Masangane and in the lives of its clients (see Chap 2: 2.6, Chap 3: 3.6 and 3.8). In this regard, Masangane offers more than treatment advice, solidarity and income generation - as our respondents stress, the spiritual support offered and received is crucial.

You do not impose religion on a person but if a person needs spiritual support it is there.¹⁵⁹

Respondents have difficulty defining the exact nature of spiritual support, though most of them clearly regard ART offered with faith as superior to ART alone. The notion that ARVs from Masangane include a spiritual quality that other ARVs do not have has been reinforced by responses to the Masangane treatment coordinator from Matatiele. She was visiting Moravians who are in the Durban metropolitan area seeking help with ART, and encountered resentment from them about having to go to government facilities for ART that they consider "inferior" to Masangane's. This perception persisted even though they were clearly told that the drugs from both sources are medically and chemically identical.

Statements that amplify on the presupposed spiritual quality of Masangane's ART programme include the belief that treatment offered by an FBO/I "makes people to be healthy spiritually",¹⁶⁰ that God is acting and healing through Masangane, and that it delivers "something...which is expected from the church" or from God.¹⁶¹ In our reading of the interviews, the dimension of "spirituality" refers primarily to an experience of healing, holding and helping people that makes a connection with a

transcendent reality, God - a loving God rather than a judging one - that gives strength to people for the task of living a life with AIDS and all the challenges that brings.¹⁶² Some describe this in terms of making a new beginning, whether in their faith or in their daily life:

And they see now, yes, there were rumours that when you are HIV positive you are punished by God. But now when they see that the church opens their hands, you know, so that people must have a shoulder to cry [on]; someone is listening to their pains and sorrows - and I feel that that strength, it also gives the chance to the people to realise and to reshape themselves.¹⁶³

Not everyone sees any particular spiritual quality, however. Some respondents regard care for the affected as the main issue, not faith or church connections which they regarded as irrelevant:

I think Masangane is doing the same thing as the clinic, the government hospital...If you have care about the people who are HIV positive, I think you can run the programme, even if you are not of faith.¹⁶⁴

Another respondent, while not denying the value of the spiritual component of its work, sees the real contribution of Masangane's programme in the linking of support to empowerment of the clients through education and information. While this may be unusual in faith based support groups it is not surprising here, given that Masangane has followed the MSF/TAC model.

I mean it didn't centre around prayer, it didn't centre around the support groups, they were not spiritual support groups. But as I understand it, the support groups were education support groups.¹⁶⁵

Clearly, both views are present - that spirituality is central to what Masangane adds, and that it is not that important. Generally, we might conclude that the special contribution of Masangane as an FBO/I lies in offering comprehensive support to its

clients, and that for many this includes spiritual support. Some further indications of this are captured in the comments below:

I have not been here for a long time but I have seen the way people encourage and support me. I feel free, they encourage me, they advise me. I carry home with me the encouragement that they give.¹⁶⁶

Actually, these comments could be made about any support group and not just one rooted in an FBO/I. Other bodies involved in ART, such as MSF and TAC, report similar experiences in the support groups they run. The “spiritual” dimension reported in Masangane as valued and of added value might be reflected in these groups as well, albeit couched not in faith-based language, performances or idioms.

Clearly, then, we need to be careful about what we mean by spiritual support and about its link to FBO/Is. At the same time, it is counter-intuitive - and contrary to what some people at least value - to suggest that the faith-based roots of a programme such as Masangane are of little consequence in this respect. These roots are in fact likely to be important for those to whom faith matters, and we have good grounds to say that it matters to a great many people in a country such as South Africa.¹⁶⁷

5.7 Reach out to the marginalised and neglected

A number of respondents are very clear that what motivates Masangane as a project and inspires its vision and many of its staff and volunteers is something essentially religious: “We are in that mission of Jesus”.¹⁶⁸ Masangane’s purpose, as embodied in its name, is to embrace those affected by AIDS. In this respondents see it as following the example of Jesus, inspired by his care and love for

those on the margins of society. Alternatively, it is said that those who claim to follow Jesus have no alternative but to be involved in reaching out thus.

I am sure it is like that because in his ministry Jesus’ main focus was people who are despised (vulnerable and marginalised), sick and those people who are outcasts. So those are the people Jesus was very close to, for example in the bible it is the leprosy which can be associated with HIV/AIDS where people were despised and people were instructed not to go to them but Jesus made a way to people like that. So by what we are doing at Masangane and the church we are in that mission of Jesus Christ; that we must come close to people, love each other and not segregate from each other just because one of us has a certain condition.¹⁶⁹

For the clients, this motivation is strong. They witness to experiencing the love of God through and in the work of Masangane, where they do not feel like outcasts, but like people who matter and who are cared for and about, irrespective of whether they themselves are church members or not.¹⁷⁰

5.8 Inclusivity

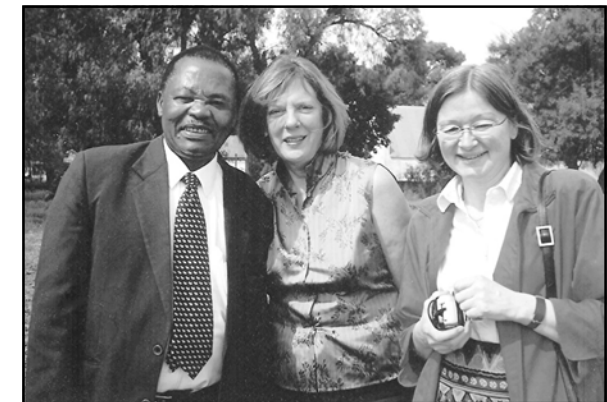
Another aspect that church leaders regard as relevant to Masangane’s work is the inclusive nature of the church, in as much as it has “different kinds of people, poor and rich, it welcomes everybody”.¹⁷¹ In the same way as differences in other areas of life are put aside in common worship, Masangane is experienced as an inclusive community. Clients, staff and volunteers from all walks of life and denominations, and indeed even those who are not Christian, are equally welcome in their view.¹⁷²

Masangane’s clients and support group members echo these sentiments in highlighting the importance of this element to their experience. They regard it as part of what makes Masangane special, and as something that clearly demonstrates its Christian nature.

What I can say is, ha, when you walk through that door you feel welcome and loved dearly. That to me shows it is a church organisation.¹⁷³

Also to show that it is connected to the church they do not discriminate [treat people differently]. Even if you do not belong to this church and you are sick they do not send you from pillar to post, they give you treatment at the same time.¹⁷⁴

This last remark emphasises the experience that is so common for many poor South Africans in countless situations - to find no help when they approach institutions and, instead, be sent ‘from pillar to post’. To be accepted and welcomed in an organisation to which one has no official claim, speaks to them clearly of being “under the protection” of the church.¹⁷⁵



Rev Mgcayi, Mary Baich and Beate Jakob

5.9 Credibility

In bringing HIV awareness and information about AIDS and its treatment to congregations, Masangane gains credibility from being associated with the church and having its workers introduced in church services by the clergy.

As you stand in front of people, now what you are saying, it does make an impact in the lives of people especially in the rural areas (ja) because many people believe exactly that the minister when he or she stands there, is talking what God wants him or her to speak out.¹⁷⁶

This approach is evidence of huge trust in the church and its clergy and, while one may want to challenge absolute faith in the clergy and point out its potential for abuse, it does demonstrate the great potential churches have for supporting AIDS awareness and for fighting (or promoting, unfortunately, it must be said) HIV-related stigma.

In this regard Masangane, by virtue of its link with the Moravian church, benefits from the credibility of the church. This opens doors not only to its workers, as we have already noted, but equally importantly, to the message they bring in and through congregations.

I would say it is the fact that Masangane is a faith-based organisation which is able to reach congregations and receive warmer welcome than community based organisations... Now Masangane is composed of people they know and some are members of the church therefore it becomes easy to listen and welcome the messages or what they say.¹⁷⁷

One could say that FBO/Is can offer religious legitimacy for positive attitudes and responses to HIV and AIDS, in the same way that they might promote stigma and negativity. This other, potentially positive side of the coin is important, not just in theory but in practice.

Many respondents in this respect clearly distinguish Masangane from secular NGOs, but also from government agencies which they seem to regard with more suspicion than those who speak or act on behalf of the church.¹⁷⁸ This is probably in part due to the role of the Church in social justice in the recent past and the kudos it received as a result.

At least one respondent was quite direct: Believing that the church 'guarantees' that there will be no corruption "because the church preaches truth and honesty" whereas in other institutions resources might easily get diverted to other purposes than what they were intended for.¹⁷⁹

Whatever the naiveté of the speaker about corruption in churches, the standard normative position against corruption or fraudulent behaviour that is intrinsic to their religious tradition remains relevant.

And even government itself seems to agree on the value of the credibility that churches and church-related bodies offer, the confidence this engenders for FBO/Is for which reasons it also wishes churches to take up the role of offering support to people living with HIV.¹⁸⁰

5.10 Norms, values and rules

The church is a presence in Masangane's work – by making its buildings available, by its 'ownership' of and support for the project and by the fact that most of the staff and volunteers are members of churches. Tangible impacts such as these do also have less tangible outcomes. For instance ecclesial norms and rules shape any programme with such an ecclesial 'body'. We do not mean here the general set of norms and rules that govern church membership, but a specific orientation, urged upon members as part of a disciplined Christian life, that is relevant to the spread or control of HIV.

But I think the involvement of the church is important, because it gives the structure a format, it gives a set of rules, which I think, is essential in this.¹⁸¹

In particular, admonitions about personal control in sexual relationships, and the use or abuse of alcohol enter into the way in which Masangane relates to those whom it treats.

Some rules, primarily to do with proper treatment protocols, do in fact function in Masangane as regulations to which clients on ARVs are expected to adhere, for which reason they enter into a formal contract with Masangane when they enter into the treatment programme itself. Most clients value the rules as such.

Another area in which the values of the church were mentioned is that of fostering an attitude that helps people accept their HIV positive status. While this could be seen as fatalist, the quotation here demonstrates that it is regarded rather in a positive context:

All the power and strength come from God and that is where you get your self esteem, your self control from. They say whatever God has given, you should accept it.¹⁸²

Occasionally, however, these rules and norms of the church are considered burdensome, as something attached to the programme that is conditional and not helpful. At least one respondent, himself on ART and somewhat resentful of the lifestyle this imposed on him, commented:

You know when treatment is funded by the church you get these rules and regulations: This is how you should behave, you should not smoke, you should not drink. It is not like I am proud of, or I am into, drinking, I drink sometimes and I do not like to hide myself.¹⁸³

This signals a wider issue that impacts generally on the difficulties in achieving full adherence to treatment protocols, namely, the ongoing importance of individual agency in making choices or shaping behaviour, and this cannot be ignored.

5.11 Conclusion

In probing what value is added by a specifically *faith based* health intervention such as Masangane's ART programme, some practical advantages become

evident.

Setting up a community programme is much easier if this can be done through an existing structure in the target communities. The church is not only present in these often remote areas, but it has its infrastructure to offer, and conducts meetings that can be utilised for promoting the programme.

Further, a FBO/I approaching the community through an established church benefits from the credibility of this institution, and through it, has access to a volunteer base. These tangible assets available to those establishing FBO/Is within a religious denomination offer a definite comparative advantage.

The norms and rules that religious bodies propagate have become the substance of other major initiatives in the field of HIV prevention or control, in particular through the famous ABC model,¹⁸⁴ and more recently (especially as part of the PEPFAR programme) through the emphasis on 'abstinence only' programmes. Though the ABC model has been used in Masangane's educational programmes, Masangane's stress is less on advocacy of the model than on combating stigma (through education and through the effects of its treatment programme), supporting AIDS orphans, and extending the lives of the parents so that their children do not become orphans in the first place.

The norms, rules and regulations they do propagate (which have to do with adherence to ARV treatment protocols primarily) function mainly in support of these activities. For those on ART, the support of some sort of intact family is thus strongly emphasized, as is care for each other, monitoring through a buddy system, openness in confronting HIV positive status, and support from families and friends for those who do acknowledge their status. Virtually all of these norms or values are linked to religious ideas or beliefs in the Christian tradition

about compassion, love and hope although they are by no means exclusive to Christian groups.

Apart from the one expression of discomfort with Masangane's religious nature mentioned above, only positive comments were made by respondents regarding the role of the church - and this in itself ought to be probed further. We also have to consider that it may be difficult for those benefiting from a church programme to voice their concern with areas of the programme with which they are uncomfortable.

In other circles there is much concern about the role of churches regarding ART, especially of churches who undermine ART programmes by their teaching. Thus they may proclaim that "the blood of Jesus is sufficient for healing" and no medical treatment is required for those with AIDS; or go even further in suggesting that entering into an ART programme in itself constitutes an admission of disobedience and lack of faith.

To its credit, Masangane as a programme has been able to maintain a connection to the teaching, values and structures of the religious tradition within which it is embedded while maintaining a scientific approach to the actual treatment it offers. To be able to call on the resources of its religious tradition, and yet remain open to new possibilities in responding to AIDS; to offer a Christian embrace to those with HIV - wherever they come from - and draw them into a well controlled bio-medical treatment programme is no mean feat. And in this context, its faith-based character clearly adds considerable value. While it may be difficult to measure this contribution, it is very obviously an important part of Masangane's success.

5.12 SUMMARY OF EVALUATIVE JUDGEMENTS: THE 'VALUE-ADDED' OF A FBO/I OFFERING ART

§ *Access to communities and to potential clients*

The link of an FBO/I to a broader based religious body which has existing local presence, such as a church denomination in the case of Masangane, offers opportunities for strong local access (to congregations, for example) based on trust in the motives, commitments and ideological foundations of those who act on behalf of the FBO/I - thus, the FBO/I is likely to reach potential clients more effectively than most other agencies.

§ *Advocacy through access*

Through its access as an FBO/I to local congregations and related groups, Masangane is able to advocate for greater openness about and understanding of HIV and AIDS, and to work thereby against stigma; similarly, it can play an advocacy role among local doctors to encourage them to offer their services in innovative ways.

§ *Motivated, committed staff and volunteers*

The 'value added' by the faith of the FBO/I workers is reflected in the attitudes they bring to the task: Commitment, passion, caring, willingness to work hard for little compensation, in order to make a difference to the lives of others. Faith leaders are able to be instruments of hope to those in need.

§ *Liturgy, rituals, love and care*

The performative (liturgy and ritual) and affective (love and care) dimensions of religious or faith community life, which bind people together in ways that they regard as vital, function positively to guide health behaviour (e.g. adherence to treatment protocols as in Masangane's use of Moravian twice daily devotional readings to govern the taking of ARVs) and provide needed care and support.

FBO/Is may be able to support ARV treatment and other health practices through the use of rituals that provide religious legitimisation of treatment and undermine stigma.

§ *Spiritual support*

The faith-based roots of FBO/Is provide particularly rich resources, languages, performative practices and idioms to engage with and sustain the intrinsically "spiritual" encounter that people experience in support groups, making it more durable and lodging it in an enduring tradition. In socio-psychological terms, the dynamics of "belonging" are enhanced and have the potential, at least, to anchor this belonging over time (that is, through incorporation into a history of belonging) and through space (that is, in relation to other groups linked to the same religious tradition).

§ *Reach out to the marginalised and neglected*

Given that HIV/AIDS invokes taboos, evokes stigma, and provokes marginalisation of people known to be HIV positive, a faith tradition that encourages its adherents to respond positively to those who are marginalised and neglected can be a potent tool for action appropriate to that vision, as is the case with Masangane as an FBO/I consciously relating itself to an exemplifier such as Jesus.

§ *Inclusivity*

It is considered especially valuable that an FBO/I such as Masangane is, as part of its self-identity, inclined to welcome all and sundry in a context where many people feel pushed from "pillar to post".

§ *Credibility*

FBO/Is such as Masangane, in their interventions in health, are able constructively and effectively to draw on the credibility offered by their host or affiliate religious body because it is (often, though not always) generally more trusted than many other institutions in society in local contexts. This includes their "power to speak" to people - a huge potential - and the enabling environment provided by the host or affiliate religious body.

§ *Norms, values and rules*

Norms, values and rules in FBO/I environments often carry weight; and even if this is so only to the extent that individuals accept them, it remains a potentially important dimension of how health interventions, including ART, are delivered or received. Though there is obvious room here for abuse, so too is there and for gain, Masangane being an example of the latter.
