



20/02/25

STRATEGIC PLAN

FROM HUMAN HEALTH TO
CREATION HEALTH

DRAFT

1. Introduction

The South African Network of Religious Leaders Living with or Personally Affected by HIV & AIDS (SANERELA+) has embarked on a strategic planning process to chart its course for the coming years, aligning with national and global HIV/AIDS response frameworks. This strategic plan seeks to reinforce SANERELA+'s commitment to eradicating HIV-related stigma, empowering faith leaders as agents of change, and ensuring that faith communities actively contribute to South Africa's broader public health and social justice agenda. As an interfaith organization, SANERELA+ recognizes the intersectional challenges faced by people living with and affected by HIV, including gender-based violence, economic marginalization, and systemic inequalities. This plan will serve as a guiding document, outlining key strategies to strengthen SANERELA+'s institutional capacity, enhance advocacy efforts, and expand service delivery models that are community-centered and sustainable.

SANERELA+ operates within the broader context of South Africa's HIV/AIDS response, aligning its initiatives with the National Strategic Plan (NSP) on HIV, TB, and STIs, as well as global frameworks such as UNAIDS' 95-95-95 strategy. The network's faith-based approach is an essential complement to biomedical and structural interventions, ensuring that religious institutions—often the first point of community engagement—become spaces of hope, support, and action. Given South Africa's high HIV prevalence and the continued burden of stigma, SANERELA+ aims to integrate spiritual leadership into the national response, leveraging its unique position to foster openness, disclosure, and treatment adherence. Additionally, SANERELA+ aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequalities), ensuring that faith communities contribute meaningfully to global development objectives.

While SANERELA+ has made significant strides in engaging religious leaders in the fight against HIV, it continues to face systemic challenges that require strategic responses. The persistence of HIV-related stigma within faith communities remains one of the greatest barriers to disclosure, testing, and treatment adherence. Many religious institutions still propagate harmful theological perspectives that discourage modern medical interventions, leading to avoidable suffering and loss of life. Addressing these misinterpretations through faith-based education and advocacy is paramount. Additionally, funding constraints threaten the sustainability of SANERELA+'s programs, particularly as donor priorities shift away from HIV-specific funding toward broader health and development issues. Strengthening resource mobilization efforts and fostering partnerships with governmental and non-governmental

stakeholders will be crucial.

2. Background and History

Establishment and Growth of SANERELA+

The South African Network of Religious Leaders Living with or Personally Affected by HIV & AIDS (SANERELA+) was founded in 2006 and officially registered as a Not-for-Profit Organization (NPO) in 2007. It emerged as a vital response to the persistent challenges faced by religious leaders living with or affected by HIV, offering a faith-based platform for advocacy, empowerment, and action. SANERELA+ has since evolved into an essential player within South Africa's faith communities, using a multi-faceted approach to break down stigma, increase awareness, and promote inclusive health interventions.

The foundation of SANERELA+ was driven by an urgent need to address the silence, shame, stigma, and discrimination that had long pervaded religious spaces concerning HIV and AIDS. For decades, many faith-based institutions either ignored the crisis or perpetuated narratives of divine punishment, thereby exacerbating the exclusion and suffering of those living with or affected by HIV. Recognizing this, SANERELA+ positioned itself as a transformative force, determined to shift the discourse from condemnation to compassion, from stigma to support. Under the leadership of its National Director, Prof. Mbulelo Dyasi, the organization has expanded its reach and influence, demonstrating an unwavering commitment to eradicating HIV-related stigma while integrating faith into a more inclusive public health response.

Since its inception, SANERELA+ has experienced significant growth, both in membership and impact. The organization now comprises over 400 registered lay and ordained religious leaders, all of whom either live with HIV or have been personally affected by it. This network serves as a crucial foundation for grassroots mobilization, ensuring that HIV-related interventions are not only effective but also culturally and spiritually relevant. Additionally, SANERELA+ has strengthened its internal structures, developed strategic partnerships, and expanded its programmatic focus to address broader social justice issues, including gender-based violence, mental health, and climate justice. These developments have positioned the organization as a leading interfaith movement within South Africa's health and social justice landscape.

Relationship with INERELA+ and Global Networks

As the South African chapter of the International Network of Religious Leaders Living with or Personally Affected by HIV & AIDS (INERELA+), SANERELA+ functions as an integral part of

a broader global initiative aimed at leveraging faith leadership to combat HIV and related inequalities. INERELA+ operates across 18 African countries, including Lesotho, Eswatini, Botswana, Namibia, Zambia, Mozambique, Rwanda, Uganda, Ethiopia, Nigeria, Sierra Leone, Kenya, Tanzania, the Democratic Republic of the Congo, Malawi, Madagascar, and Zimbabwe. This extensive network fosters cross-border collaboration, knowledge exchange, and coordinated advocacy efforts, thereby amplifying the collective impact of its member organizations. SANERELA+ has maintained a dynamic relationship with INERELA+, drawing from the global network's resources, frameworks, and best practices. The SAVE Model—which encompasses Safer Practices, Available Medication and Nutrition, Voluntary HIV Counseling and Testing, and Empowerment—has been a cornerstone of SANERELA+'s strategic interventions. Through this model, the organization has actively promoted safer sexual practices, encouraged HIV testing, ensured access to antiretroviral treatment (ART), and empowered communities to challenge harmful myths and misconceptions about HIV.

Achievements Over the Past Strategic Period (2020-2024)

The 2020-2024 strategic period has been a defining chapter in SANERELA+'s trajectory, marked by both challenges and significant achievements. Despite the disruptions caused by the COVID-19 pandemic, which strained global health systems and redirected donor priorities, SANERELA+ remained steadfast in its mission. The organization not only adapted to these unprecedented challenges but also expanded its scope of work, addressing emerging issues such as mental health, gender-based violence, and climate justice. One of the most notable achievements of this period has been SANERELA+'s increased visibility and influence in national policy dialogues. As the General Secretary of the SANAC PLHIV Sector, Prof. Mbulelo Dyasi has been instrumental in shaping national HIV-related policies and interventions. His leadership has ensured that faith communities are not merely passive recipients of public health strategies but active contributors to policy formulation and implementation.

In terms of organizational sustainability, SANERELA+ has worked diligently to strengthen its governance structures and financial accountability. The establishment of a Finance and Audit Board Subcommittee has been a crucial step in ensuring transparency, compliance, and responsible resource allocation. Additionally, the organization has engaged in active fundraising efforts, including the R30 National Campaign, which seeks to mobilize grassroots financial support for its programs. At the grassroots level, SANERELA+ has expanded its footprint in faith communities, training religious leaders to integrate HIV education, sexual and reproductive health (SRHR), and social justice advocacy into their ministry. By equipping faith leaders with the necessary knowledge and tools, SANERELA+ has fostered health-promoting

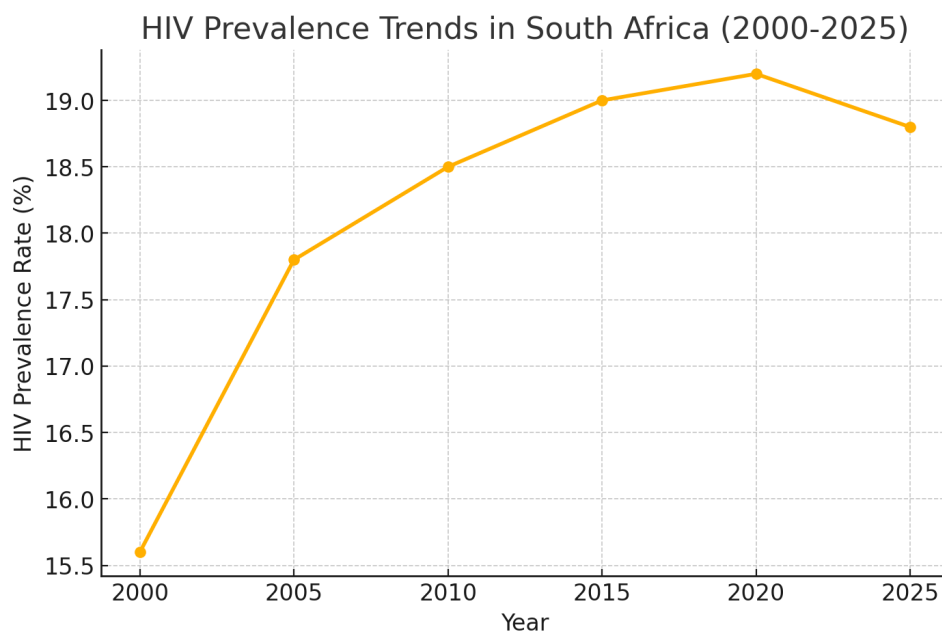
faith communities, where discussions about HIV prevention, treatment, and care are normalized rather than stigmatized. Despite the numerous achievements of the past strategic period, SANERELA+ remains cognizant of the persistent challenges that require urgent attention. These include funding constraints, the impact of shifting donor priorities, and the need to further decentralize its operations across South Africa's provinces. Moving forward, SANERELA+ is committed to refining its strategic approach, reinforcing its partnerships, and ensuring that its interventions remain both impactful and sustainable.

3. Situational Analysis

HIV/AIDS Landscape in South Africa

The HIV/AIDS epidemic in South Africa remains one of the most severe globally, affecting millions of individuals across various demographics. Despite efforts to curb new infections, the country continues to experience high HIV prevalence rates, particularly among vulnerable groups such as women, young adults, and key populations, including sex workers and men who have sex with men (MSM). The widespread availability of antiretroviral therapy (ART) has significantly reduced AIDS-related mortality, but numerous socio-economic and structural challenges persist. The South African government, in partnership with organizations such as SANERELA+, has developed comprehensive strategies aligned with the UNAIDS 95-95-95 targets to ensure that individuals living with HIV are diagnosed, linked to treatment, and achieve viral suppression. However, gaps remain in addressing HIV-related stigma, gender-based violence, and healthcare access, especially in rural areas.

Graph 1: HIV Prevalence Trends in South Africa (2000-2025)



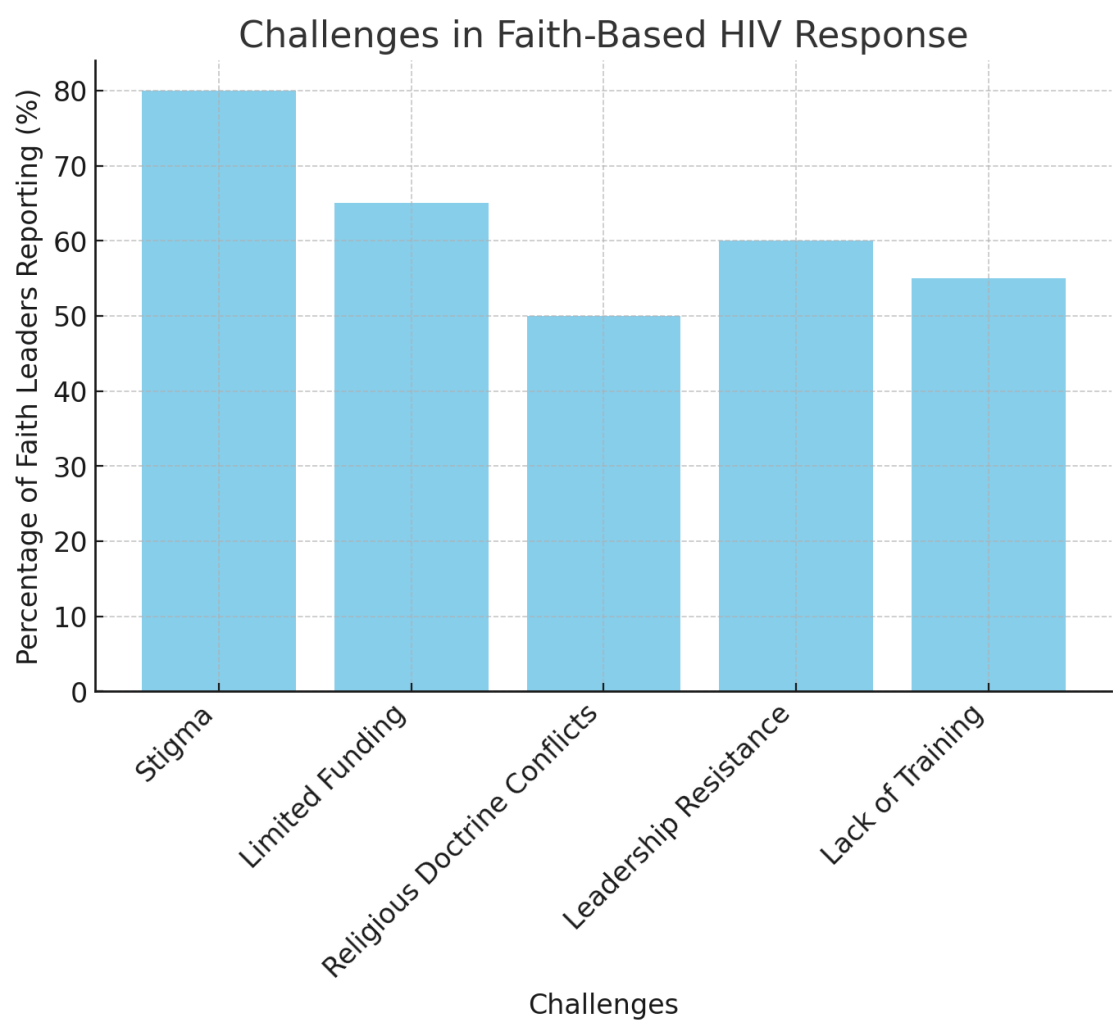
The graph above illustrates the trend in HIV prevalence in South Africa over the past two decades. While the prevalence peaked around 2010 at 19.2%, recent years have shown a slight decline due to improved ART coverage and prevention programs. However, persistent challenges such as inadequate healthcare infrastructure, socio-cultural stigma, and treatment adherence issues hinder further progress. The continued prevalence of HIV/AIDS indicates that more than biomedical interventions are needed to eliminate the epidemic. Faith-based organizations such as SANERELA+ play a crucial role in addressing these barriers by integrating spiritual guidance with health advocacy. The intersection of religion and health in HIV/AIDS interventions requires a balanced approach that ensures faith communities are empowered with evidence-based knowledge while preserving theological principles that promote inclusivity and non-discrimination. Moreover, SANERELA+ must strengthen advocacy efforts to promote HIV prevention strategies such as the SAVE model, which encompasses safer sexual practices, access to treatment, voluntary counseling and testing, and empowerment.

Challenges in Faith-Based Responses to HIV/AIDS

Faith-based organizations (FBOs) have been at the forefront of community-based HIV/AIDS interventions, providing psychosocial support, care, and education to affected individuals. However, despite their contributions, they face significant challenges in effectively responding to the epidemic. One of the most prominent issues is stigma, which persists within religious communities and often discourages individuals from seeking HIV testing and treatment. Many religious leaders lack formal training in HIV/AIDS awareness, resulting in the propagation of misinformation or silence on crucial topics such as reproductive health, contraception, and

harm reduction. Additionally, faith-based organizations often struggle with financial constraints, limiting their ability to sustain programs that require long-term commitment and infrastructural development.

Graph 2: Challenges in Faith-Based HIV Response



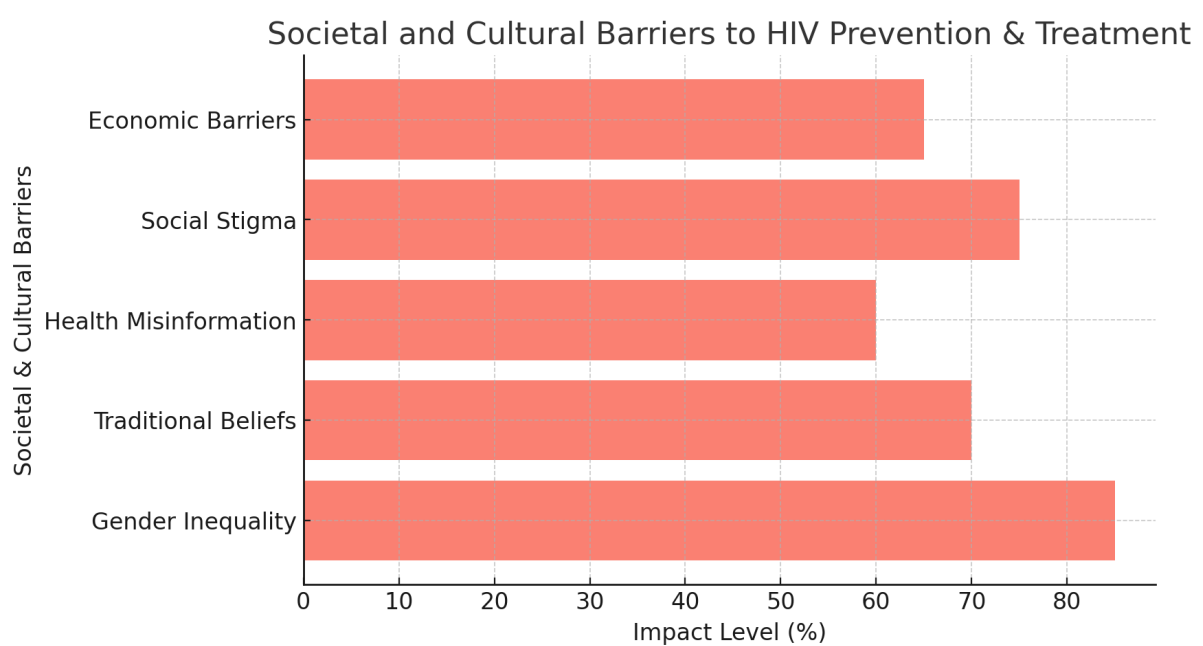
The graph above highlights the primary challenges faced by faith-based organizations in responding to HIV/AIDS. Stigma remains the most significant obstacle, with 80% of faith leaders acknowledging its impact on their ability to support congregants living with HIV. Limited funding and theological conflicts regarding sexuality and reproductive health further compound these challenges. Addressing these challenges requires a paradigm shift within faith-based institutions. Religious leaders must be capacitated with accurate, science-based HIV knowledge while ensuring that theological interpretations align with human rights principles. Organizations such as SANERELA+ must advocate for increased funding and strategic partnerships with governmental and non-governmental agencies to enhance program sustainability. Furthermore, it is critical to foster interfaith collaborations that promote

inclusive messaging and dismantle religiously motivated stigma. Empowering faith leaders as community health ambassadors can bridge the gap between traditional beliefs and modern medical interventions, fostering a holistic approach to HIV response.

Societal and Cultural Barriers to HIV Prevention and Treatment

South Africa's diverse socio-cultural landscape presents both opportunities and challenges in the fight against HIV/AIDS. Deeply ingrained traditional beliefs, gender norms, and socio-economic disparities influence the uptake of HIV prevention and treatment services. Many communities still uphold patriarchal structures that limit women’s autonomy over their sexual and reproductive health. This gender imbalance increases women's vulnerability to HIV infection, as they often lack the agency to negotiate safe sex or access healthcare independently. Additionally, cultural taboos surrounding discussions on sexuality contribute to misinformation and reluctance to engage in HIV testing or disclosure.

Graph 3: Societal and Cultural Barriers to HIV Prevention & Treatment



The graph above showcases the most significant societal and cultural barriers to HIV prevention and treatment. Gender inequality ranks as the most critical barrier, with 85% of respondents identifying it as a factor that exacerbates the HIV/AIDS crisis. Other substantial challenges include traditional beliefs that discourage medical treatment and the perpetuation of health misinformation.

To address these barriers, SANERELA+ must implement targeted community engagement initiatives that challenge harmful cultural norms while promoting progressive interpretations of

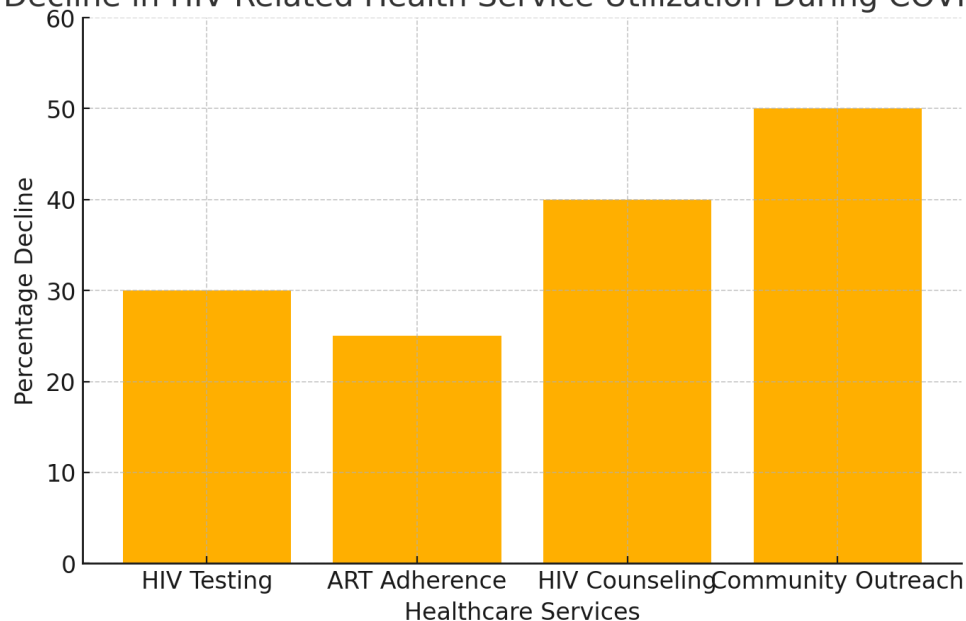
faith-based teachings. Interventions should focus on gender empowerment programs that equip women with knowledge and resources to advocate for their health rights. Additionally, faith leaders should be trained to facilitate open dialogues about sexuality and reproductive health within religious spaces, countering the misinformation that hinders effective HIV prevention. A multi-stakeholder approach that includes traditional leaders, healthcare providers, and policy-makers is essential to creating an environment conducive to HIV prevention and treatment. SANERELA+ has a critical role in bridging the gap between faith and health advocacy in South Africa. The organization must leverage its influence within religious spaces to promote evidence-based HIV interventions while addressing deep-seated cultural and theological barriers. Through strategic partnerships, community-driven initiatives, and the empowerment of faith leaders, SANERELA+ can contribute meaningfully to the national HIV/AIDS response, ensuring that affected populations receive the holistic support necessary for a healthier future.

Impact of COVID-19 and Other Health Emergencies on SANERELA+ Work

The COVID-19 pandemic and other health emergencies profoundly impacted the operations of SANERELA+, disrupting key HIV/AIDS interventions, advocacy efforts, and community outreach programs. The pandemic led to widespread lockdowns, which affected HIV testing, treatment adherence, and access to essential healthcare services. Many religious leaders affiliated with SANERELA+ found themselves unable to conduct face-to-face engagements, diminishing the effectiveness of faith-based HIV advocacy. Furthermore, economic disruptions heightened vulnerabilities for people living with HIV (PLHIV), leading to treatment interruptions and increased stigma due to fears of immunocompromised individuals being more susceptible to severe COVID-19 outcomes. To illustrate the decline in access to healthcare services, the following graph presents the percentage drop in HIV-related health service utilization during the pandemic.

Graph: Decline in HIV-Related Health Service Utilization During COVID-19

Decline in HIV-Related Health Service Utilization During COVID-19



The graph above highlights the significant decline in critical HIV-related healthcare services during the COVID-19 pandemic. Notably, community outreach saw the largest drop (50%), followed by HIV counseling (40%), HIV testing (30%), and ART adherence (25%). These disruptions not only hindered SANERELA+'s efforts but also exacerbated the challenges faced by PLHIV, making it imperative for the organization to develop robust contingency plans for future health emergencies. Another critical impact of COVID-19 on SANERELA+ work was the shift towards digital advocacy and virtual engagements. While this adaptation allowed for continued support and awareness campaigns, it also widened the digital divide, particularly in rural communities where internet access remains a challenge. This necessitated alternative approaches, such as radio broadcasts and printed educational materials, to ensure continued reach. Additionally, the economic consequences of the pandemic increased food insecurity, which in turn affected ART adherence, as malnutrition can reduce the effectiveness of treatment. Moving forward, SANERELA+ must integrate food security initiatives into its HIV intervention strategies.

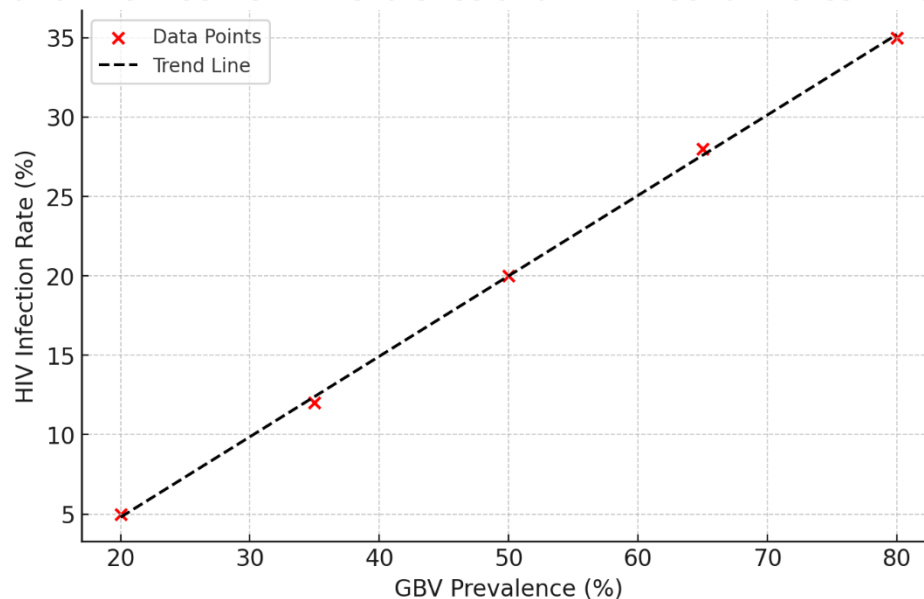
Intersectionality of HIV with Gender-Based Violence, Mental Health, and Socioeconomic Issues

The intersectionality of HIV with gender-based violence (GBV), mental health issues, and socioeconomic challenges presents a complex web of vulnerabilities that SANERELA+ must address. Gender-based violence has been widely recognized as a significant driver of HIV transmission, particularly among women and adolescent girls. Survivors of GBV often experience increased susceptibility to HIV due to forced sexual encounters and the inability to

negotiate safe sex. Additionally, stigma associated with HIV status can heighten the risk of domestic violence, creating a vicious cycle that impedes efforts to achieve health equity. The following graph illustrates the correlation between GBV prevalence and HIV infection rates among women.

Graph: Correlation Between GBV Prevalence and HIV Infection Rates Among Women

Correlation Between GBV Prevalence and HIV Infection Rates Among Women

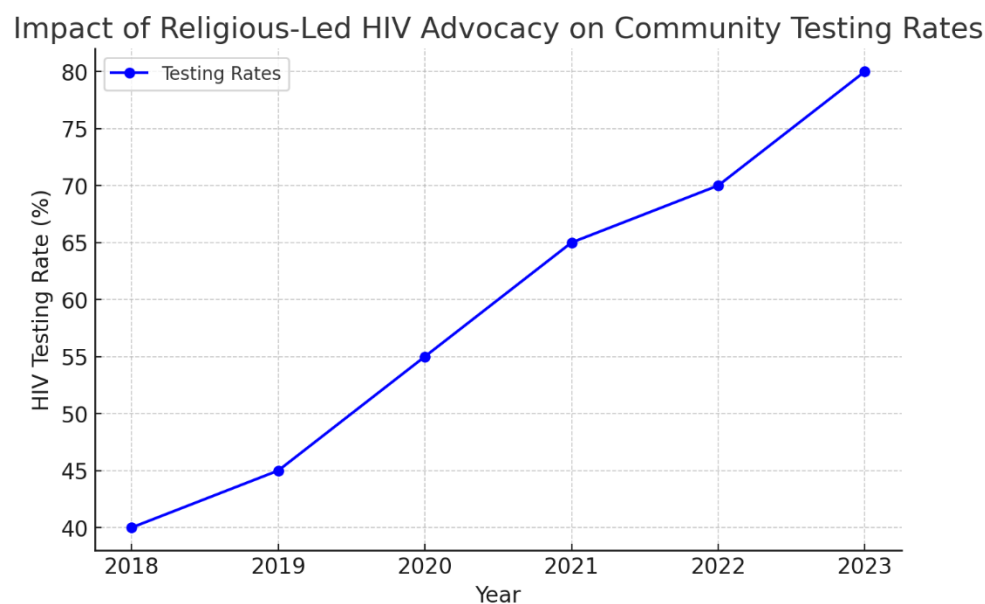


The graph above demonstrates a clear correlation between GBV prevalence and HIV infection rates among women. As GBV prevalence increases, so does the likelihood of HIV infection. This reinforces the need for SANERELA+ to integrate gender-responsive approaches into its HIV advocacy programs, ensuring that GBV survivors receive not only psychological support but also access to preventive healthcare services, including post-exposure prophylaxis (PEP). In addition to GBV, mental health challenges pose significant barriers to HIV prevention and treatment. Depression, anxiety, and trauma are prevalent among PLHIV, often leading to treatment non-adherence and risky behaviors. Stigma further compounds mental distress, making it essential for SANERELA+ to strengthen psychosocial support systems within faith communities. Moreover, socioeconomic struggles, such as unemployment and food insecurity, disproportionately affect PLHIV, reducing their ability to maintain consistent healthcare access. To address these multifaceted challenges, SANERELA+ should adopt holistic interventions that incorporate livelihood support, counseling, and legal assistance for affected individuals.

The Role of Religious Leaders in HIV Advocacy and Support

Religious leaders play an instrumental role in shaping public attitudes and responses to HIV. Their influence within communities positions them as key agents in dismantling stigma, promoting HIV testing, and encouraging treatment adherence. Faith-based organizations, such as SANERELA+, have been at the forefront of HIV advocacy, leveraging religious platforms to foster inclusive and non-judgmental dialogues around HIV prevention and care. However, there remain challenges, particularly in addressing conservative religious narratives that may inadvertently perpetuate stigma and exclusion. The following graph illustrates the impact of religious-led HIV advocacy on community testing rates.

Graph: Impact of Religious-Led HIV Advocacy on Community Testing Rates



The graph above highlights the positive impact of religious-led HIV advocacy on community testing rates over the years. From 2018 to 2023, there has been a consistent increase in testing rates, indicating that faith-based interventions have played a crucial role in encouraging early HIV detection. This trend underscores the importance of continued engagement with religious leaders in public health initiatives. Despite these gains, challenges remain, particularly in conservative religious settings where discussions around sexuality and HIV prevention methods, such as condom use, remain taboo. SANERELA+ must enhance capacity-building initiatives for faith leaders, equipping them with scientifically sound yet theologically appropriate messaging to address HIV-related stigma. Additionally, collaboration with medical professionals and policymakers can help bridge the gap between faith-based advocacy and clinical healthcare services, ensuring that religious leaders are active participants in the broader public health response.

4. Strategic Review of the 2020-2024 Plan

Performance Review of Strategic Objectives

The 2020-2024 strategic plan of SANERELA+ was designed to build a resilient, well-structured, and action-oriented faith-based organization that effectively addresses the intersectionality of HIV and AIDS, stigma, discrimination, and broader social justice issues. Throughout this period, SANERELA+ pursued its strategic objectives with measured success, demonstrating agility in navigating an increasingly complex socio-political and funding landscape. One of the central objectives was to build the capacity of religious leaders living with or affected by HIV, equipping them with tools to challenge stigma and discrimination. The rollout of the SAVE model—focusing on safer practices, accessible medication, voluntary HIV testing, and empowerment—played a pivotal role in amplifying the reach of SANERELA+ programs. However, while the model was effectively disseminated, gaps remained in ensuring its full implementation across all provinces. Additionally, the effort to increase advocacy and representation in policymaking circles was commendable, with SANERELA+ securing a stronger position within SANAC structures. However, challenges such as inconsistent funding, structural limitations, and inadequate human resource capacity hindered full realization of this objective.

The objective of strengthening organizational governance and operational capacity also saw significant strides. The successful compliance with South African Revenue Service (SARS) regulations and improved financial oversight mechanisms reflected the organization's commitment to accountability. However, despite these administrative successes, financial sustainability remained a pressing challenge, particularly as external donor reliance proved to be unpredictable. The termination of psychosocial support contracts by SANAC posed significant constraints, affecting program continuity. Although internal governance structures improved, inefficiencies in policy approvals and the collapse of the policy review subcommittee highlighted areas where stronger internal coherence is needed.

Major Successes and Achievements

One of the most notable achievements during this strategic period was SANERELA+'s active participation in national HIV and health advocacy efforts, particularly within the SANAC framework. The organization successfully positioned itself as a critical voice in the People Living with HIV (PLHIV) sector, contributing to national discourse on treatment access, stigma reduction, and community-based interventions. Furthermore, the increased representation in men's health forums and the leadership of SANERELA+ in addressing treatment fatigue and ageing with HIV within the SANAC framework illustrated the organization's growing influence. The launch of gender-based violence (GBV) initiatives also marked a significant milestone.

SANERELA+ took a proactive stance in advocating for survivor support and men's accountability, engaging faith leaders in public campaigns such as #BetterMan4Tomorrow. These initiatives reinforced the organization's commitment to tackling GBV as a structural driver of HIV infection, particularly among vulnerable women and girls.

Challenges and Lessons Learned

Despite these successes, SANERELA+ encountered several operational and strategic challenges. One of the most pressing issues was financial instability. The heavy dependence on external donors left the organization vulnerable to abrupt funding withdrawals, as evidenced by SANAC's discontinuation of its psychosocial support contract. While the organization made strides in compliance and governance, the absence of a robust, diversified resource mobilization strategy limited its financial resilience. The reliance on a single consultant for financial management further highlighted gaps in institutional capacity-building. The COVID-19 pandemic also posed unforeseen disruptions. Restrictions on movement and social gatherings significantly affected SANERELA+'s ability to conduct in-person workshops and community engagement sessions. While the organization adapted by incorporating virtual platforms, digital accessibility remained a challenge, particularly for grassroots faith leaders who lacked the necessary technological resources. A crucial lesson learned was the need for greater strategic foresight in anticipating and mitigating funding risks. The reliance on donor funding without a parallel investment in local fundraising efforts placed SANERELA+ in a precarious position when external support waned. This highlighted the need for a more diversified financial model, incorporating private sector partnerships, community-driven fundraising initiatives, and strategic alliances with government entities.

Areas Requiring Improvement

Moving forward, several key areas require strategic intervention to enhance the effectiveness and sustainability of SANERELA+. First, financial sustainability must be prioritized. Developing a structured resource mobilization strategy that includes corporate partnerships, individual giving campaigns, and social enterprise models is essential. The proposed R30 National Campaign, which aims to engage public contributions, is a step in the right direction but requires a well-executed marketing and engagement strategy to maximize its impact. Second, internal governance structures need strengthening. Establishing functional board subcommittees for finance, strategy, and policy review will ensure better oversight and decision-making. Furthermore, enforcing accountability measures for policy implementation and ensuring that all board decisions translate into actionable outcomes will be critical.

Third, SANERELA+ must enhance its provincial coordination mechanisms. Granting provincial structures greater autonomy in financial and programmatic decision-making—within a clearly defined accountability framework—will improve localized impact. Provinces must be empowered with the tools and resources necessary to implement context-specific interventions, reducing the over-reliance on the national office. Finally, greater emphasis must be placed on advocacy and digital transformation. The organization must leverage social media and digital storytelling to amplify its impact, particularly in engaging younger audiences. Digital platforms offer an opportunity to expand reach, raise awareness, and drive advocacy efforts beyond traditional in-person engagements.

5. SWOT Analysis of SANERELA+

Strengths

SANERELA+ possesses significant institutional strengths that reinforce its position as a critical stakeholder in the fight against HIV/AIDS within faith-based communities. One of the most significant strengths is its strong interfaith network, which enables it to bridge denominational divides and reach a broad spectrum of religious communities. This network provides an unparalleled platform for advocacy, education, and mobilization, ensuring that faith leaders are equipped with the necessary tools to address HIV-related stigma and discrimination effectively. Furthermore, SANERELA+ benefits from the trust and credibility it has established within communities. Unlike secular organizations, which may struggle to gain traction in deeply religious communities, SANERELA+ enjoys a level of legitimacy that allows for impactful engagement in sensitive discussions around sexuality, health, and HIV prevention.

Additionally, SANERELA+ is one of the few organizations in South Africa implementing the SAVE model, a holistic HIV prevention approach encompassing safer practices, access to medication, voluntary testing, and empowerment. This model is particularly effective because it integrates medical, psychological, and social dimensions of HIV prevention and management, distinguishing SANERELA+ from other faith-based initiatives that may focus solely on behavioral change. This strategic approach enhances SANERELA+'s ability to contribute meaningfully to the national HIV response, positioning it as a model for other faith-based networks. Moreover, SANERELA+ is strategically positioned within key national and international policy structures, including its representation at the South African National AIDS Council (SANAC) and its collaboration with INERELA+, further strengthening its influence and operational reach.

Weaknesses

Despite these strengths, SANERELA+ faces considerable challenges that threaten its sustainability and long-term impact. One of the most pressing weaknesses is limited funding, which has consistently hindered its ability to scale up operations and sustain critical programs. Faith-based organizations, particularly those focusing on HIV, struggle to secure consistent funding as donor priorities shift towards emerging global health issues such as mental health and climate-related diseases. Without a robust and diversified funding strategy, SANERELA+ remains vulnerable to financial instability, affecting its ability to retain staff, expand outreach efforts, and provide necessary support to communities.

Another significant weakness is SANERELA+'s volunteer-based operational structure. While the reliance on volunteers ensures grassroots engagement, it also introduces challenges in consistency, professionalism, and program sustainability. Volunteers, by nature, have fluctuating levels of commitment, and without adequate financial incentives, retaining skilled personnel remains difficult. This lack of institutional stability may affect long-term project planning and implementation, leading to gaps in service delivery. Additionally, policy inconsistencies within the organization and among key stakeholders have created barriers to effective programming. Without clear, unified policy guidance, SANERELA+ risks internal fragmentation, reducing the coherence of its advocacy and intervention strategies.

Opportunities

SANERELA+ is uniquely positioned to capitalize on several opportunities that could enhance its operational effectiveness and sustainability. One of the most promising opportunities is collaboration with SANAC, INERELA+, and international partners, which can provide both technical and financial support. Strengthening partnerships with organizations such as the AIDS Foundation of South Africa (AFSA), PEPFAR, and UN agencies can help secure sustainable funding and expand programmatic reach. By leveraging its role within SANAC, SANERELA+ can push for increased representation of faith-based organizations in national HIV/AIDS policymaking, ensuring that religious leaders are at the forefront of advocacy efforts. SANERELA+ also has an opportunity to expand its role in addressing gender-based violence (GBV) and mental health challenges within faith communities. HIV-related stigma is often compounded by social issues such as domestic violence and untreated mental health conditions, particularly in marginalized communities. By integrating mental health and GBV interventions into its SAVE model, SANERELA+ can position itself as a holistic wellness advocate, further enhancing its credibility and relevance.

Threats

Despite these opportunities, SANERELA+ operates in a highly challenging environment marked by external threats that could undermine its mission. One of the most significant threats is donor fatigue, as international funding for HIV-related programs declines in favor of other global health priorities. With the looming 2030 deadline for ending HIV as a public health emergency, there is increasing concern that donors may shift resources away from HIV programming, forcing organizations like SANERELA+ to compete for scarce funding. To mitigate this risk, SANERELA+ must develop a comprehensive resource mobilization plan that includes government funding, private sector partnerships, and individual donor contributions.

Another major threat is the persistence of stigma against people living with HIV (PLHIV), particularly within conservative religious communities. While SANERELA+ has made significant progress in promoting HIV acceptance within faith spaces, deeply ingrained prejudices still exist, making it difficult for religious leaders to fully embrace HIV-positive individuals. This stigma hampers disclosure rates and treatment adherence, presenting a significant barrier to achieving SANERELA+'s goal of reducing AIDS-related deaths. The lack of strong government support for faith-based HIV interventions further exacerbates the challenges faced by SANERELA+. While SANERELA+ has established partnerships with SANAC and other governmental bodies, there remains a systemic reluctance to formally integrate faith-based approaches into national health strategies. The absence of institutionalized support limits SANERELA+'s ability to secure long-term funding and expand its reach.

6. Strategic Vision for 2025-2030

Revised Vision Statement

SANERELA+ envisions a South Africa free of HIV-related stigma and discrimination, where religious leaders—both living with and personally affected by HIV—serve as empowered, resilient agents of transformation. Through interfaith collaboration, evidence-based advocacy, and social justice interventions, SANERELA+ seeks to cultivate communities where HIV prevention, treatment, and care are fully integrated within faith structures, ensuring holistic well-being and human dignity. This vision extends beyond HIV to encompass broader health challenges, gender equity, and social justice, positioning SANERELA+ as a key player in the fight against structural inequalities that exacerbate public health crises.

Revised Mission Statement

As an interfaith network of religious leaders living with or affected by HIV, SANERELA+ is committed to empowering faith leaders through education, advocacy, and strategic action. By

equipping religious leaders with the necessary knowledge, skills, and resources, SANERELA+ fosters a faith-based response to HIV that is rooted in compassion, inclusivity, and justice. Through structured engagement with communities, government bodies, and civil society, SANERELA+ amplifies the voices of the marginalized and ensures that faith-based interventions contribute to national and global HIV response strategies. This mission is further anchored in addressing intersecting social determinants such as gender-based violence, mental health, and poverty, positioning SANERELA+ as a comprehensive force for transformation within the faith sector.

Core Values of SANERELA+

The foundation of SANERELA+'s work is built on a set of guiding principles that ensure accountability, inclusivity, and impact-driven faith leadership. These values not only reflect the organization's commitment to an ethical response to HIV but also serve as a framework for its broader engagement in public health, social justice, and faith-based activism.

1. Compassion and Empathy

At the heart of SANERELA+'s mandate is an unwavering commitment to compassion, ensuring that all interventions uphold the dignity and humanity of people living with HIV. Faith leaders are expected to embody empathy, offering non-judgmental support to those affected by HIV and other vulnerabilities.

2. Inclusivity and Interfaith Solidarity

SANERELA+ operates as an inclusive interfaith network that transcends denominational and doctrinal divides. By fostering solidarity among religious leaders from diverse backgrounds, SANERELA+ ensures that its interventions reach a broad spectrum of faith communities, encouraging unity in the fight against stigma and discrimination.

3. Social Justice and Human Rights

The intersection of HIV with gender inequality, poverty, and discrimination necessitates a justice-oriented approach. SANERELA+ champions the rights of all people, particularly those most vulnerable to stigma and exclusion, including women, young people, LGBTQI+ individuals, and persons with disabilities. The organization actively combats gender-based violence and advocates for policy reforms that protect and empower marginalized populations.

4. Transparency and Accountability

SANERELA+ upholds the highest standards of integrity, ensuring that all programs, partnerships, and resource allocations are managed with transparency. By maintaining accountability to its members, donors, and beneficiaries, SANERELA+ fosters trust and credibility in its engagements.

5. Empowerment Through Knowledge and Action

Recognizing that misinformation and harmful cultural beliefs fuel stigma and inaction, SANERELA+ prioritizes capacity-building initiatives for religious leaders. By providing access to accurate information on HIV, mental health, and gender justice, SANERELA+ empowers faith leaders to become informed advocates for change.

6. Resilience and Positive Living

SANERELA+ emphasizes resilience among religious leaders living with HIV, reinforcing the principle that a positive diagnosis is not an end but a call to leadership. By promoting positive living, treatment adherence, and psychosocial well-being, SANERELA+ cultivates a new narrative where HIV-positive leaders serve as beacons of hope in their communities.

7. Intersectionality and Holistic Approaches

HIV does not exist in isolation—it intersects with socio-economic conditions, gender-based inequalities, and public health systems. SANERELA+ embraces an intersectional approach that integrates HIV prevention with climate justice, mental health advocacy, and sustainable development, ensuring a holistic response to contemporary challenges.

8. Advocacy and Policy Engagement

SANERELA+ recognizes that systemic change requires direct engagement with policymakers, healthcare institutions, and civil society. By leveraging the influence of faith leaders, the organization works to shape national and regional policies that ensure equitable access to healthcare, reduce stigma, and promote inclusive development.

9. Community-Led Transformation

Sustainable impact is achieved when communities take ownership of their development. SANERELA+ supports grassroots mobilization, ensuring that faith

leaders and congregations actively participate in local health initiatives, stigma reduction programs, and community-based HIV interventions.

10. Spiritual and Ethical Leadership

Grounded in faith, SANERELA+ emphasizes the moral and spiritual responsibility of religious leaders to lead by example. Ethical leadership demands accountability, service-oriented action, and a commitment to upholding the dignity of all individuals, regardless of their HIV status.

Strategic Rationale for 2025-2030

The evolution of SANERELA+'s vision, mission, and core values is a direct response to the shifting landscape of HIV and public health challenges in South Africa. Despite progress in treatment accessibility and awareness, stigma, discrimination, and misinformation remain pervasive. The need for a faith-based response that integrates medical, social, and psychological support is greater than ever. Moreover, as global priorities shift towards broader development goals—such as mental health, gender justice, and climate resilience—SANERELA+ must position itself as a multifaceted actor capable of addressing these interconnected issues. By adopting a holistic strategy that expands its reach beyond HIV alone, SANERELA+ ensures that its work remains relevant and impactful in an era of rapid socio-political change. The revised strategic vision for 2025-2030 is thus an assertion of SANERELA+'s leadership in the faith sector, emphasizing that religious communities are not only places of worship but also catalysts for social transformation. By fostering interfaith collaboration, influencing policy, and strengthening grassroots engagement, SANERELA+ affirms its commitment to a South Africa where faith-driven leadership actively contributes to health equity, social justice, and human dignity.

7. Strategic Goals and Objectives

Goal 1: Strengthen Faith-Based HIV Prevention, Treatment, and Care Services

SANERELA+ remains committed to reinforcing faith-based interventions for HIV prevention, treatment, and care through the SAVE Model, which promotes safer practices, access to treatment, voluntary HIV testing, and empowerment. The expansion of this model will be driven by community-based initiatives that ensure faith leaders are trained to integrate HIV prevention into their teachings, breaking down barriers of misinformation and stigma. Furthermore, HIV testing and disclosure within religious spaces will be encouraged through confidential faith-based support networks that ensure that individuals feel safe to know their

status without fear of discrimination. To improve access to ARV treatment and psychosocial support, SANERELA+ will collaborate with the South African National AIDS Council (SANAC) and healthcare providers to establish faith-led ARV referral networks that facilitate early treatment access. This approach will leverage religious leaders as trusted intermediaries, helping to counter harmful theological misconceptions that prevent treatment adherence.

Goal 2: Combat Stigma, Discrimination, and Gender Inequality

Despite significant progress in addressing HIV-related stigma, faith communities in South Africa still wrestle with deep-seated prejudices that marginalize LGBTQI+ individuals, women, and youth. To combat these issues, SANERELA+ will intensify community-based awareness campaigns, utilizing faith-based language to shift narratives from judgment to inclusion. Faith leaders will undergo specialized training in human rights-based HIV interventions, equipping them with theological justifications for gender justice and non-discriminatory practices. Additionally, SANERELA+ will advocate for policy reforms that protect marginalized groups by engaging with government entities, faith institutions, and SANAC to ensure faith-based advocacy is reflected in public health policies. Through interfaith dialogues, SANERELA+ will also challenge misleading theologies that perpetuate stigma, replacing them with progressive interpretations of sacred texts that uphold dignity and inclusivity.

Goal 3: Expand Mental Health and Psychosocial Support for People Living with HIV (PLHIV)

Mental health remains an overlooked aspect of HIV care, despite its profound impact on treatment adherence and quality of life. SANERELA+ will establish faith-based mental health support groups within congregations, creating safe spaces where PLHIV can discuss their struggles free from stigma. These groups will be facilitated by faith leaders trained in trauma-informed counseling, ensuring a faith-sensitive approach that integrates mental well-being with spiritual support. Moreover, SANERELA+ will advocate for mental health integration within HIV services, engaging with Department of Health policymakers and SANAC representatives to push for holistic health interventions. Special emphasis will be placed on addressing HIV treatment fatigue, which remains a significant challenge, particularly for those ageing with HIV. This will involve incorporating self-care practices, mindfulness, and community-based mental health referrals within religious settings.

Goal 4: Enhance the Capacity of Religious Leaders in HIV Response

Given the influence of faith leaders in shaping societal attitudes, SANERELA+ will implement a comprehensive HIV leadership training program for clergy and religious representatives.

This program will equip them with scientifically accurate, theologically sound knowledge on HIV, allowing them to become change agents within their communities. To ensure sustainability, SANERELA+ will establish intergenerational mentorship programs, fostering collaboration between seasoned faith leaders and emerging religious figures. By doing so, knowledge transfer and advocacy longevity will be ensured. Furthermore, SANERELA+ will work towards solidifying its presence within SANAC's PLHIV sector, actively engaging in policy advisory boards to influence national HIV response strategies. Through these efforts, religious leaders will transition from being passive figures to proactive HIV champions leading stigma-free, health-oriented congregations.

Goal 5: Promote Gender Justice and Address Gender-Based Violence (GBV)

Faith institutions often play an ambiguous role in gender justice, sometimes reinforcing harmful patriarchal norms. SANERELA+ seeks to challenge and transform these norms through faith-based gender justice programs that educate communities on women's rights, gender equality, and sexual health. Special attention will be given to eradicating gender-based violence (GBV) by partnering with women's rights organizations, law enforcement, and health providers to create faith-led GBV response networks. Furthermore, SANERELA+ will train male faith leaders as gender equality champions, positioning them as advocates against GBV, femicide, and toxic masculinity. This approach ensures that faith-based interventions do not merely focus on victims but actively engage men and boys in deconstructing harmful behaviors. Through sustained advocacy, SANERELA+ will push for the legal and policy recognition of faith leaders as key actors in GBV prevention and response.

Goal 6: Advocate for Holistic Health and Climate Justice

With climate change disproportionately affecting vulnerable communities, SANERELA+ will integrate climate justice advocacy within its health response framework. Rising temperatures, food insecurity, and environmental instability exacerbate the vulnerability of PLHIV, particularly those reliant on nutritional support for ART adherence. SANERELA+ will therefore partner with environmental organizations to advocate for sustainable health solutions, including climate-smart nutrition programs for HIV-affected communities. Additionally, awareness campaigns will be launched to educate faith leaders on the intersection between climate change and health, ensuring that environmental justice is framed as a theological and ethical imperative. By embedding climate awareness within its faith-based programs, SANERELA+ will ensure resilient health responses that address both human and ecological well-being.

Goal 7: Strengthen Governance, Resource Mobilization, and Financial Sustainability

For SANERELA+ to fulfill its ambitious strategic vision, it must ensure financial sustainability through diversified resource mobilization efforts. The establishment of a Finance and Audit Board Subcommittee will enhance fiscal transparency and accountability, ensuring that funds are managed ethically and effectively. To mitigate donor dependency, SANERELA+ will develop a comprehensive resource mobilization strategy, incorporating crowdfunding, donor engagement, and income-generating activities. Leveraging its affiliation with INERELA+ and SANAC, SANERELA+ will pursue institutional partnerships that provide long-term funding stability. Furthermore, by strengthening governance structures, SANERELA+ will enhance internal accountability, policy compliance, and strategic oversight, reinforcing its credibility among stakeholders. In doing so, SANERELA+ will position itself as a financially resilient, governance-strong organization capable of sustaining its mission beyond fluctuating donor cycles.

8. Stakeholder Engagement and Partnerships

Collaboration with Government Agencies and SANAC

SANERELA+ recognizes the pivotal role of government agencies in shaping the HIV and AIDS response in South Africa. As a faith-based organization dedicated to supporting religious leaders living with or affected by HIV, SANERELA+ must strategically align itself with the South African National AIDS Council (SANAC) and other relevant government structures. By strengthening its engagement with SANAC, SANERELA+ can contribute to policy dialogues, ensure faith-based perspectives are included in national strategies, and secure government support for its initiatives. Given that SANERELA+ is actively involved in SANAC's PLHIV sector and the National Men's Forum, it is imperative to leverage these platforms to advocate for increased funding, policy amendments, and greater inclusion of faith communities in national HIV response programs. Furthermore, collaboration with provincial and municipal health departments is essential for scaling up community-based interventions, including psychosocial support, HIV testing, and stigma reduction programs within faith communities. SANERELA+ must therefore establish formalized partnerships with these agencies, ensuring sustained engagement that is not solely dependent on ad-hoc initiatives or short-term funding.

Engagement with International and Regional Faith-Based Organizations

As a national chapter of INERELA+, SANERELA+ benefits from being part of an extensive global network of faith-based organizations advocating for the rights and well-being of people living with HIV. However, to maximize this advantage, SANERELA+ must go beyond affiliation

and actively engage with international and regional faith-based organizations through joint programming, research collaborations, and shared advocacy efforts. Lessons learned from other INERELA+ chapters in countries such as Uganda, Kenya, and Zambia can be instrumental in refining SANERELA+'s interventions, particularly in addressing stigma and integrating faith-based approaches with biomedical HIV treatment and prevention strategies. Furthermore, engagement with interfaith organizations such as the World Council of Churches and the African Religious Leaders Initiative on HIV and AIDS (ARLAC) can amplify SANERELA+'s voice in global HIV discourse. This engagement must be intentional and structured, focusing on areas such as theological training for religious leaders, interfaith dialogue on sexuality and health, and joint campaigns against faith-based stigma and discrimination.

Partnership with Donors, NGOs, and Research Institutions

The sustainability of SANERELA+ depends on its ability to secure funding from diverse sources while ensuring that donor-driven priorities align with its faith-based approach to HIV and AIDS. Currently, the organization is facing funding challenges, particularly after the termination of SANAC's psychosocial support contract. To mitigate this risk, SANERELA+ must proactively engage with international donors, philanthropic foundations, and corporate social investment programs to secure multi-year funding agreements. Organizations such as PEPFAR, the Global Fund, and the AIDS Foundation of South Africa (AFSA) present strategic partnership opportunities that should be explored systematically. Additionally, partnerships with NGOs that specialize in HIV and AIDS service delivery, such as Médecins Sans Frontières (MSF) and the Treatment Action Campaign (TAC), could enhance the reach and impact of SANERELA+ programs.

Strengthening Relationships with Local Communities and Congregations

At its core, SANERELA+ is a grassroots organization, with its primary constituency being faith leaders and local congregations. However, the challenge remains in ensuring that these local networks remain actively engaged and aligned with SANERELA+'s broader strategic objectives. To address this, SANERELA+ must implement structured community engagement strategies that empower faith leaders to lead stigma reduction efforts in their congregations while fostering community ownership of HIV-related interventions. This includes training religious leaders on the SAVE model, equipping them with accurate information on HIV prevention and treatment, and facilitating interfaith dialogue to challenge harmful religious narratives that perpetuate stigma.

9. Monitoring, Evaluation, and Learning (MEL) Framework

Establishing Key Performance Indicators (KPIs)

For SANERELA+ to achieve its strategic objectives, it must establish clear Key Performance Indicators (KPIs) to measure the impact and effectiveness of its programs. These KPIs must align with national and global HIV response frameworks, including the UNAIDS 95-95-95 targets and South Africa's National Strategic Plan for HIV, TB, and STIs. Key indicators should include:

- The number of faith leaders trained on the SAVE model and its implementation within their communities.
- The percentage of congregations integrating HIV awareness, testing, and treatment support into their pastoral care programs.
- Reduction in self-reported HIV stigma and discrimination within faith communities engaged by SANERELA+.
- The extent of engagement with government structures, donors, and other stakeholders.
- The number of collaborative projects undertaken with research institutions, international networks, and NGOs.
- Financial sustainability indicators, including funds raised and donor retention rates.

By establishing robust KPIs, SANERELA+ can ensure that its interventions are not only impactful but also adaptable to emerging challenges.

Regular Performance Reviews and Adjustments

A dynamic and responsive MEL framework requires regular performance reviews to assess whether SANERELA+ is achieving its intended impact. Given the evolving nature of the HIV epidemic, the organization must institutionalize quarterly and annual performance reviews to assess progress against its KPIs. These reviews should involve key stakeholders, including faith leaders, SANERELA+ board members, community representatives, and funding partners. Performance reviews must not be bureaucratic checklists but rather strategic reflection points that inform decision-making. If an initiative is underperforming, SANERELA+ must be agile enough to either recalibrate its approach or reallocate resources to more effective interventions. Furthermore, the integration of digital data collection and analytics will

enhance the organization's ability to track trends, monitor engagement levels, and make evidence-based decisions.

Developing Feedback Mechanisms for Program Improvement

SANERELA+ must establish structured feedback mechanisms to ensure that its programs remain relevant, inclusive, and responsive to the needs of its stakeholders. This includes:

- Periodic surveys and focus group discussions with faith leaders and community members.
- Stakeholder consultative meetings to evaluate program impact and effectiveness.
- Open communication channels for faith leaders to report challenges, successes, and recommendations.
- Use of digital platforms and social media to solicit real-time feedback and promote engagement.

By prioritizing feedback loops, SANERELA+ can refine its interventions in a way that reflects the lived experiences of the people it serves, ensuring that its work remains both practical and impactful.

Conducting Annual Impact Assessments

Annual impact assessments are essential in determining the long-term effectiveness of SANERELA+'s interventions. These assessments must go beyond quantitative metrics and incorporate qualitative insights to capture the human impact of SANERELA+'s work. Areas of assessment should include:

- Changes in attitudes and behaviors towards HIV within faith communities.
- The effectiveness of training programs in equipping faith leaders with advocacy and counseling skills.
- The role of SANERELA+ in influencing policy changes and government engagement.
- The impact of partnerships with research institutions, donors, and NGOs on program sustainability.

By systematically evaluating its work through rigorous annual impact assessments, SANERELA+ will not only demonstrate accountability to donors and stakeholders but also

position itself as a thought leader in faith-based HIV advocacy. This, in turn, will strengthen its credibility and ability to attract funding, ensuring the long-term sustainability of its mission.

10. Risk Analysis and Mitigation Strategies

Funding Constraints and Donor Dependency

SANERELA+ operates in a challenging funding environment where global financial priorities are shifting away from HIV advocacy towards other pressing social and public health issues. A heavy reliance on international donors, particularly from the Global North, poses a significant threat to SANERELA+'s sustainability. The unpredictability of donor priorities exacerbates financial instability, making long-term planning difficult. Additionally, restrictions imposed by certain funders, such as limitations on advocacy efforts related to key populations, further constrain SANERELA+'s ability to fully implement its mission. To mitigate these risks, SANERELA+ must aggressively pursue a diversified funding model. While maintaining strategic relationships with existing donors, the organization must prioritize local resource mobilization through faith-based institutions, philanthropic partnerships, and private-sector engagements. The establishment of an endowment fund will also provide a financial buffer against sudden funding cuts. Moreover, SANERELA+ should leverage its interfaith network to encourage congregations to incorporate HIV advocacy into their social responsibility programs, thus reducing dependency on external donors.

Societal and Political Barriers to HIV Advocacy

Religious organizations have long been at the forefront of HIV-related stigma and discrimination, with many faith leaders still influenced by outdated theological perspectives. Additionally, the sociopolitical landscape in South Africa presents numerous obstacles to effective advocacy, particularly regarding issues such as gender and sexual diversity, which are deeply intertwined with the HIV response. The politicization of HIV funding and the exclusion of key populations, including sex workers and the LGBTQI+ community, further hinder SANERELA+'s advocacy efforts.

To counteract these challenges, SANERELA+ must intensify its internal education programs for religious leaders, equipping them with scientifically accurate and theologically sound arguments for HIV advocacy. The organization must also strengthen alliances with progressive faith-based organizations and human rights groups to collectively challenge discriminatory policies. Engaging political stakeholders through evidence-based advocacy, particularly leveraging the SAVE model, will be critical in demonstrating the public health benefits of inclusive HIV interventions. Additionally, integrating HIV-related advocacy within

broader social justice frameworks, such as gender-based violence (GBV) and mental health awareness, will position SANERELA+ as a relevant and indispensable voice in national policy discussions.

Internal Governance and Operational Challenges

SANERELA+ faces internal governance challenges that could undermine its operational effectiveness. Limited capacity in financial management, a lack of consistent monitoring and evaluation mechanisms, and weak provincial structures pose significant risks. Additionally, the reliance on volunteer-driven leadership in some areas raises concerns about sustainability and institutional memory. To address these risks, SANERELA+ must prioritize governance reform, ensuring clear separation of powers between the board and operational leadership. The establishment of a Finance and Audit Subcommittee will enhance transparency and accountability in resource management. Furthermore, the organization should implement standardized performance evaluation tools to monitor programmatic impact and financial compliance across all provinces. Investing in leadership development programs for provincial coordinators and staff will also enhance organizational resilience and succession planning.

Emergency Preparedness for Future Pandemics

The COVID-19 pandemic exposed weaknesses in global health infrastructure, including faith-based responses to public health emergencies. As a frontline organization working with vulnerable communities, SANERELA+ must develop a robust emergency preparedness plan to ensure continuity of services during future pandemics. This will require strengthening partnerships with health authorities to integrate faith leaders into national disaster response frameworks. Additionally, SANERELA+ must build its digital infrastructure to facilitate remote training, psychosocial support, and advocacy initiatives in times of restricted mobility. Investing in contingency funds for emergency response and creating an internal rapid response team will further enable SANERELA+ to adapt swiftly to unforeseen public health crises.

11. Resource Mobilization and Sustainability Plan

Diversification of Funding Sources

The over-reliance on external donor funding presents a strategic vulnerability for SANERELA+, particularly as global HIV funding shifts towards emerging public health priorities. To ensure long-term sustainability, the organization must expand its revenue streams beyond traditional grants. One critical approach is leveraging faith-based giving. SANERELA+ should engage religious congregations across South Africa to adopt HIV-related

interventions as part of their community outreach programs, encouraging regular financial contributions to sustain the organization's work. Additionally, SANERELA+ can explore partnerships with corporate social responsibility (CSR) programs, particularly within industries that prioritize public health and social justice.

Strengthening Local Fundraising Initiatives

Local fundraising has been underutilized in SANERELA+'s financial strategy, yet it holds significant potential in ensuring financial sustainability. Faith communities are a crucial resource that SANERELA+ must mobilize to create a sustainable financial ecosystem. To achieve this, SANERELA+ should launch targeted fundraising campaigns, such as the R30 National Campaign, which encourages widespread but small-scale individual contributions. Additionally, engaging high-net-worth individuals within faith communities through structured giving programs, such as monthly pledges or legacy donations, will provide a steady revenue stream. The organization must also develop a province-level fundraising strategy to empower local chapters to generate funds independently. This could include hosting community fundraising events, applying for municipal grants, and forming collaborative agreements with local businesses to support HIV advocacy projects.

Engaging the Private Sector and Philanthropic Organizations

The private sector presents a largely untapped opportunity for SANERELA+ to secure funding and strategic partnerships. Many South African corporations have robust CSR programs aligned with the United Nations Sustainable Development Goals (SDGs), which prioritize public health and social justice. SANERELA+ must proactively engage corporate stakeholders, positioning itself as a strategic partner in achieving HIV-related SDG targets. This can be achieved through formalized agreements where companies fund specific projects, such as workplace HIV prevention programs or employee wellness initiatives. Furthermore, philanthropic foundations, both local and international, provide another avenue for funding. The organization should actively apply for grants from entities that support faith-based public health interventions. A dedicated Private Sector Engagement Taskforce should be established to coordinate efforts in this regard, ensuring that SANERELA+ effectively communicates its impact and value proposition to potential corporate donors.

Capacity Building for Financial Management within SANERELA+

Sound financial management is essential for building donor confidence and ensuring the effective use of resources. Currently, SANERELA+ faces challenges related to financial oversight, compliance, and accountability, which could undermine funding opportunities. To

address this, SANERELA+ must strengthen its financial governance through capacity-building initiatives. This includes training staff and provincial coordinators in financial management best practices, ensuring adherence to compliance requirements from funders, and adopting financial management software for better transparency and reporting.

Additionally, SANERELA+ should conduct regular external audits to reinforce financial accountability. Implementing stringent budget monitoring mechanisms will further enhance the organization's ability to track expenditures effectively. A key component of this strategy should also involve financial literacy training for faith leaders within the network. Many religious leaders play a pivotal role in managing community funds, and equipping them with financial management skills will improve transparency and efficiency at the grassroots level. By embedding financial sustainability into its core operations, SANERELA+ can position itself as a resilient and trustworthy organization capable of withstanding funding uncertainties while continuing to deliver impactful HIV advocacy and community empowerment programs.

12. Theory of Change

The Role of Faith in Addressing HIV and Social Inequalities

SANERELA+ recognizes that faith remains a powerful force in shaping social values, attitudes, and behaviors. However, faith has historically been a double-edged sword in the fight against HIV—both a source of support and an instrument of stigma and discrimination. A transformative approach is required, one that harnesses faith as a tool for empowerment, healing, and social justice. The Theory of Change underpinning SANERELA+'s strategic plan asserts that religious leaders, when equipped with the right knowledge and skills, can significantly influence their congregations and communities to address HIV-related inequalities, promote gender justice, and advocate for the dignity and rights of all people living with HIV.

At the core of this transformation is the shift from exclusionary and punitive theological interpretations to an inclusive, compassionate, and justice-driven faith discourse. By integrating scientifically accurate information on HIV with faith-based values of love, dignity, and acceptance, SANERELA+ seeks to challenge harmful cultural practices, theological misinformation, and social inequalities that drive the HIV epidemic. Faith leaders will be trained as agents of change, ensuring that their messages, teachings, and actions actively dismantle stigma and foster supportive environments for people living with HIV. A significant aspect of this paradigm shift involves a multi-stakeholder approach, where religious leaders engage with policymakers, healthcare providers, and civil society to create an integrated, community-

driven response to HIV. This strategic alignment will ensure that faith communities are not only spaces of worship but also centers of holistic health promotion, psychological support, and social transformation.

Strengthening Faith-Based Advocacy and Community Resilience

SANERELA+ acknowledges that faith-based advocacy must move beyond rhetoric and into tangible actions that address structural inequalities contributing to HIV vulnerability. The organization's Theory of Change identifies three key pillars that drive sustainable impact: education, empowerment, and engagement.

1. **Education:** SANERELA+ will invest in building the capacity of religious leaders to understand HIV and its intersection with gender, poverty, mental health, and social justice. This will be achieved through structured training programs that integrate theological perspectives with biomedical knowledge. These leaders will, in turn, serve as educators within their communities, ensuring accurate information dissemination and reducing HIV-related misinformation.
2. **Empowerment:** Beyond knowledge, religious leaders must be empowered to take proactive steps in their communities. SANERELA+ will provide technical support, mentorship, and resources to enable faith leaders to implement HIV prevention, care, and support programs within their congregations. These efforts will include promoting voluntary HIV testing, facilitating disclosure support groups, and integrating HIV awareness into religious teachings.
3. **Engagement:** Advocacy requires sustained engagement with multiple stakeholders, including government agencies, the healthcare sector, and international donors. SANERELA+ will position itself as a key intermediary, ensuring that faith communities have a voice in policy dialogues, funding discussions, and programmatic interventions. Additionally, interfaith collaborations will be strengthened to create a unified, ecumenical approach to HIV advocacy and service provision.

By reinforcing these three pillars, SANERELA+ aims to cultivate community resilience—where faith communities not only survive in the face of HIV-related challenges but actively thrive as inclusive and supportive spaces that uphold the dignity and rights of all individuals.

Transforming Social Attitudes Towards HIV through Faith Leadership

The success of SANERELA+'s Theory of Change hinges on its ability to shift deep-seated social attitudes that perpetuate HIV stigma and discrimination. Faith leaders, given their moral

authority and influence, are strategically positioned to lead this transformation. Central to this change is the recognition that stigma is a learned behavior, often reinforced through religious teachings, cultural narratives, and societal norms. SANERELA+ will work with faith leaders to reframe the discourse around HIV, positioning it as a public health issue rather than a moral failing. Through theological reinterpretation and contextualized scriptural analysis, faith leaders will be equipped to challenge harmful doctrines that alienate people living with HIV. To ensure long-term attitudinal change, SANERELA+ will incorporate structured behavioral change interventions into its programming, drawing from psychology, social work, and public health frameworks. These interventions will focus on addressing internalized stigma among people living with HIV, unconscious bias among faith leaders, and systemic discrimination within religious institutions. By strategically engaging faith leadership, SANERELA+ envisions a South Africa where people living with HIV are fully integrated into faith communities, experiencing dignity, respect, and unwavering support. The transformation of social attitudes will ultimately contribute to increased uptake of HIV services, improved mental health outcomes, and the dismantling of HIV-related inequalities.

13. Conclusion and Way Forward

Key Takeaways from the Strategic Plan

This strategic plan outlines SANERELA+'s commitment to addressing the HIV epidemic through faith-driven interventions that prioritize inclusion, justice, and resilience. The Theory of Change underlines the pivotal role of faith in transforming HIV-related stigma, reinforcing community advocacy, and fostering holistic well-being. By leveraging faith leaders as community anchors, SANERELA+ aims to dismantle harmful theological narratives, empower vulnerable populations, and influence policy to create an equitable society for all. A core element of the plan is the integration of HIV with broader socio-economic and environmental issues, ensuring that SANERELA+ remains relevant in the evolving global landscape. By prioritizing intersectionality, the organization will address the interconnected challenges of gender inequality, climate change, and mental health—demonstrating that HIV advocacy cannot exist in isolation from other social justice concerns.

Call to Action for Stakeholders

The success of SANERELA+'s strategic vision is dependent on a collective commitment from all stakeholders. Faith leaders, policymakers, civil society actors, and donors must actively engage in realizing this ambitious plan.

- **Faith Leaders** are called upon to become champions of progressive HIV discourse

within their congregations, dismantling stigma and fostering environments of acceptance and support.

- **Government Agencies** must recognize the strategic role of faith-based organizations in HIV prevention and treatment and provide the necessary funding and policy support to strengthen these interventions.
- **International Donors** are urged to prioritize faith-driven HIV programs, acknowledging their deep-rooted community influence and their ability to drive sustainable impact.
- **People Living with HIV** must be at the forefront of shaping advocacy and service delivery, ensuring that lived experiences inform programmatic approaches.

A commitment from all these actors will ensure that SANERELA+ continues to be a leading force in the national HIV response, promoting dignity, health, and inclusion for all.

Next Steps for Implementation

To translate this strategic plan into action, SANERELA+ will undertake the following next steps:

1. **Capacity Building:** Training faith leaders on inclusive theological perspectives, HIV science, and advocacy strategies.
2. **Community Engagement:** Establishing local faith-based support networks for people living with HIV to promote disclosure, mental health support, and treatment adherence.
3. **Policy Influence:** Strengthening engagement with SANAC, government bodies, and donors to ensure that faith-based perspectives are included in national HIV strategies.
4. **Strategic Partnerships:** Collaborating with INERELA+ and other regional actors to share best practices, mobilize resources, and implement evidence-based interventions.
5. **Monitoring and Evaluation:** Developing robust impact assessment frameworks to track progress and continuously refine advocacy and service delivery approaches.

By executing these steps with precision, SANERELA+ will solidify its position as a transformative force in faith-based HIV advocacy, ensuring that faith communities become beacons of hope, healing, and inclusion in South Africa.