

# Catalysing change from inside UBS

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In the past five years United Bible Societies (UBS) has gone a long way in making fundamental shifts in its strategy and its systems. It has broken out of the status quo and become more relevant to the society it serves and also more able to manage external donor funding. The Good Samaritan HIV programme has played a significant role in catalysing this shift. Internal change agents working in the HIV department have had an impact on the wider UBS organisation.

The UBS is a fellowship of 145 individual Bible Societies working in over 200 countries and territories. From wherever and however they operate, Bible Societies all share the mission of placing the Word of God in the hearts and minds of the people they serve. The mission is to ensure the widest possible, effective and meaningful distribution of Scripture.

## Major strategy change

Until about ten years ago, UBS still took a fairly traditional approach to its work. We prided ourselves on simply producing and distributing Bibles. We distributed without making any theological comment. Most of the funding came from internal and church-based sources.

As we entered the new Millennium there were a number of strategic discussions about our core business. Some people asked whether mere distribution left the Bible as a closed book, irrelevant to peoples' everyday lives. They believed it was vital to engage people at their point of need. These discussions culminated in a strategic decision at the 2000 World Assembly held in Midrand, South Africa, to shift from mere scripture distribution to scripture engagement.

## HIV at the sharp end

Engaging with HIV epitomised this critical shift for UBS. Some questioned: *'How can UBS work in HIV, when HIV is not even mentioned in the Bible?'* But others, including those at leadership level were passionate about making the connections between the Bible and this pandemic which was causing such catastrophe in peoples' everyday lives.

By setting up a coordination centre (HIV Desk at the time) in the UBS Africa Area office in Nairobi with the blessings of the Africa Area Board, the change process started. The first HIV materials were produced in 2000. The Desk then got together with Norwegian Church Aid and Norwegian Bible Society to develop an HIV programme called the Good Samaritan. This approach was field tested in Rwanda 2002 and piloted in three countries Uganda, Togo and Cameroon from 2004 with support from Swedish Bible Society and funding from Sida.

## Big challenges

At first, things were far from smooth. We met on-going resistance from parts of the organisation, who were not yet convinced by the strategic shift. Even though translation colleagues saw HIV work as laudable, there were critical practical issues that they brought up. Perhaps they were sceptical about a programme that was not wholly scripture in content and they had a case.

For example, they argued whether translating *Where is the Good Samaritan Today?* was the same as translating the Bible? Do the same translation principles hold? To them, the answer was obviously not! One school of thought said it was an exercise in **adaptation** rather than in **translation**. We were even faced with the challenge of finding within Bible Society translations teams across Africa, translators who could in spite of their creativity and experience in Bible translation, understand and find equivalents in medical terminology such “HIV-AIDS”, “virus”, “sero-positive”, “immune system”, “cancer”, etc.?

There were also major challenges in managing this external funding. The UBS did not have the systems to adequately report to international aid donors. We were strong on the narrative stories, but weak on the numbers in forms required by the development partners. We did not have the tools to measure impact. We were not able to provide sufficient accountability or link the programmatic work with the budgets. Our systems did not link with our funders’. We did not really understand the funding agreements. Our audits fell quickly behind schedule.

## Internal change agents

So to make the HIV programme successful and implement our strategic shift in direction, we had to work on our own internal organisation. We set up a dedicated team tasked with bringing necessary internal changes. A programme manager, together with a seconded consultant from the Norwegian Bible Society and a project officer were tasked with making the internal changes happen. We closely collaborated with our funding partners from Sweden and Norway and we deeply appreciated their support in patiently walking alongside us. It was a tough, but positive challenge. It was at this point also that we decided to change our name from HIV Desk to HIV Service to reflect a shift from a static office to a dynamic office serving national Bible Societies and partners engaged with our HIV program, branded also as the Good Samaritan Program.

Fortunately within the UBS leadership key people saw this HIV programme as breaking new grounds for scripture engagement in the UBS. They gave us their full support. The Africa Area Secretary, David Hammond was a prime mover promoting this strategy shift together with Konstanse Raen, the creator of the Good Samaritan Outreach package for the program. Together with the pioneers of the HIV programme we formed a guiding coalition. We

worked hard to get the translators on board by involving them. We had lots of meetings. We asked for their help in translating our materials. This asking for help enabled us to travel with them as they began to take an interest and become convinced by the value of what we were doing. We also worked hard with the finance teams to make sure they clearly understood what was expected of them.

Furthermore we rigorously tried to learn from our experiences. We carefully reviewed our pilot work; we organised a mid-term review; we set up an annual joint evaluation meeting (now called Joint Program Review) for all implementing countries and partners; and encouraged national offices to conduct their own midterm external evaluations with wider stakeholders.

### **Impact on people**

Looking just at the HIV work, it has clearly been successful. People living with the virus are accepted and are actively participating in training and sensitizing others to get to know their HIV status. People are taking responsibility both at individual and community levels to address the pandemic and to support and care for the infected and affected. The involvement of people living positively with the virus has encouraged people to want to know their HIV status voluntarily. This is not usual in Africa. The Good Samaritan initiative has been already been replicated with 13 fully-funded projects in 21 countries. Churches, Christian organisations and government agencies have responded to the Good Samaritan programme with a level of enthusiasm beyond the wildest dreams of the project initiators. In many instances, Good Samaritan Associations have been formed after decentralized workshops have been conducted.

### **Impact on UBS**

This HIV programme has also catalysed change within the wider UBS. It has put into operation the strategic shift from mere Scripture distribution to Scripture engagement.

It has helped us improve our internal control structures significantly as we have had to deliver timely audits and reports to funding partners. This has not just affected the HIV work, but has affected UBS more broadly. The national staff have embraced the culture of periodic reporting. As one national finance person said, *“I have learnt a lot about the Good Samaritan policies and procedures as well as the level of integrity required in the whole process.”*

It has promoted a culture of learning within UBS. The rest of the organisation has seen how our annual evaluations provide a rich source of learning. It has also instilled more of a team-work approach. As some staff from other parts of the organisation state: *“We appreciate the professionalism in product development and the spirit of partnership. We have become more informed about HIV and related issues as a result of working together.”* or according to another: *“Working with the HIV team, I have experienced their passion and learnt from their focus on team and project goals.”*

The Good Samaritan HIV programme has also been able to model how to constructively engage with government, both nationally and internationally. Many Health Ministers and AIDS Commission officials have welcomed the material from the UBS as a good contribution to get religious organisations involved. The Health Minister in Uganda said when she opened the Campaign: *“This is what we have been waiting for!”* The Health Minister in Ethiopia said: *“We have invested a lot, but have not been able to measure great changes in people’s behaviour. This program I think will have a special impact because it is religious based!”*

It has demonstrated to other parts of the organisation the potential for accessing funding from non-traditional sources. This is an opportunity that others should embrace if they are to work towards program sustainability. The HIV programme has helped us begin to think through questions of sustainability. We are more intentional now about measuring impact and documenting. We are looking at sustainability beyond the current funding period. We have learnt that so much of sustainability requires quality engagement with communities.

### **Key Success Factors for internal change**

There are a number of inter-related factors that have made a big difference to this change process. They include having:

- **Strong support from leadership.** The change process was clearly driven from the top, which gave weight and legitimacy to what we were proposing
- **Dedicated resourcing with staff.** We did not try and piggy-back this HIV work with other responsibilities. We are able to be 100% focused.
- **Supportive relationship with funders.** We worked closely with our international funders to build common understanding and relationship. The Swedish Bible Society, not only held our hand, but they also held Swedish Mission Council’s hand to ensure we all walked together. The same can be said of the Bible Societies in Norway, Denmark and Finland.
- **An intentional approach to learning.** This started off with the pilot programme, and then was further developed with mid-term reviews and annual evaluation meetings. These annual review meetings were vital to build energy.
- **A receptive audience.** This shift resonated with existing desire to be more relevant and meet people at their point of need. The country offices responded with enthusiasm and dedication to the programme and were prepared to learn in order to make it work. They hired dedicated people to make it happen. If the country offices had failed to rise to the challenge of this innovative approach, the whole programme would have failed.
- **Like-minded coalitions.** Churches can be highly resistant to change. It helped when we built like-minded coalitions 3-4 influential people who were positive about the change. We gradually added to this core group until we had a critical mass of support.

- **Courage to change.** To accept change is very difficult. We had prided ourselves on the way we used to work. But if we had not been open to new innovation, we would have eventually become irrelevant and died. We learnt not to fear when our systems were challenged by new ways of doing things.
- **Persistence and patience.** Change takes a lot of time. We found that we could not bulldoze change, but had to take people along with us, one step at a time.

### **Conclusion**

The only thing in the world that does not change is “change” itself. One small step towards change may just result in a big leap towards greater impact. We cannot conclude the story of change here; at best we have pushed the frontiers of change further and that means new challenges which we must not be afraid to conquer. We are mindful always that whatever change we have gone through, has been for the purpose of refining us to deliver better to the direct beneficiaries of the UBS HIV program.