



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَلَا تَقْرَبُوا الزِّنَىٰ إِنَّهُ كَانَ فَحِشَةً وَسَاءَ سَبِيلًا



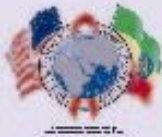
Islamic Approach to HIV/AIDS:  
Enhancing the Community Response



**TRAINING GUIDELINES**  
for Imams,  
Community Educators  
and Mosque Communities



USAID  
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT



IMAU



EIASC



EMDA



Jihad on AIDS - Self discipline using Allah's guidance



**ISLAMIC APPROACH TO HIV/AIDS:  
ENHANCING THE COMMUNITY RESPONSE**

**TRAINING GUIDELINES FOR IMAMS, COMMUNITY EDUCATORS  
AND MOSQUE COMMUNITIES.**

Derived from discussions by participants from 29 countries who attended the 3<sup>rd</sup> International Muslim Leaders' Consultation on HIV/AIDS in Addis Ababa Ethiopia 23-27 July 2007.

**Jihad on AIDS: Self-Discipline using Allah's Guidance.**

**International Centre for Promotion of the Islamic Approach to HIV/AIDS  
c/o Islamic Medical Association of Uganda**

December 2007

Islamic Approach to HIV/AIDS  
Enhancing the Community Response.

Training Guidelines for Imams, Community educators and Mosque communities.

Edited by:

Dr. Magid Kagimu  
Dr. Yusuf Walakira  
Dr. Karama Said.

International Centre for Promotion of the Islamic Approach to HIV/AIDS (ICPIAA)  
c/o Islamic Medical Association of Uganda  
P. O. Box 2773  
Kampala, Uganda  
Tel: 256-414-570701/3/4  
Email : [imau@utlonline.co.ug](mailto:imau@utlonline.co.ug)  
Website : [www.imau-uganda.org](http://www.imau-uganda.org)

## CONTENTS:

Abbreviations .....	iv
Preface .....	v
Topic 1 Introduction.....	1
Topic 2 – The Islamic Approach to HIV/AIDS IAA).....	3
Topic 3 – Planning process for the IAA .....	6
Topic 4 - The IAA prevention .....	11
Topic 4A – HIV Prevention .....	11
Topic 4B – Responsible parenthood .....	13
Topic 4C – Voluntary Counselling and Testing (VCT) .....	15
Topic 4D – Prevention of Mother to Child HIV Transmission (PMTCT) .....	17
Topic 4E – Gender Inequalities .....	19
Topic 4F – Planning for the IAA prevention – Situation analysis. ....	20
Topic 4G – Setting goals, objectives & activities of IAA prevention .....	25
Topic 4H – Monitoring & evaluation, resource mobilization, resolutions & commitments for IAA Prevention .....	27
Topic 5 – IAA Treatment .....	30
Topic 5A – Antiretroviral Therapy .....	30
Topic 5B – Planning for the IAA treatment – Situation Analysis.....	32
Topic 5C – Setting goals, objectives & activities of IAA treatment .....	35
Topic 5D – Monitoring & evaluation, resource mobilization, resolutions and commitment for the IAA treatment .....	37
Topic 6 - IAA care and support .....	40
Topic 6A – Community home-based care and support for PLWHAs and their families.....	40
Topic 6B – Planning for the IAA care and support - Situation Analysis.....	42
Topic 6C – Setting goals, objectives and activities of IAA care and support.....	45
Topic 6D – Monitoring & Evaluation, resource mobilization, resolutions & commitment regarding IAA care & support .....	48
Topic 7 - IAA Stigma and discrimination .....	50
Topic 7A – Stigma and discrimination .....	50
Topic 7B – Planning for the IAA stigma and discrimination .....	52
Topic 7C – Setting goals, objectives, activities of the IAA stigma and discrimination .....	55
Topic 7D – Monitoring & Evaluation, resource mobilization, resolutions & commitment regarding IAA stigma and discrimination .....	57
Topic 8 – IAA life skills .....	59
Topic 8A – Understanding life skills .....	59
Topic 8B – Planning for IAA life skills - Situation Analysis .....	64
Topic 8C – Setting goals, objectives related to IAA life skills .....	68
Topic 8D – Monitoring & evaluation, resource mobilization, resolutions & commitments related to IAA life skills .....	70
Topic 9 – Behaviour change communication .....	73
Topic 10 – Community mobilization for IAA .....	75
Appendixes:	
1 – The IAA Network model for improving AIDS services .....	87
2 – Resolutions for 3 <sup>rd</sup> IMLC participants .....	90
3 – Friday sermon at 3 <sup>rd</sup> IMLC .....	91
4 – IAA Country Community Coordinators who attended 3 <sup>rd</sup> IMLC .....	94

## ABBREVIATIONS

ART	-	Antiretroviral Therapy
ARVs	-	Antiretroviral Medicines
CCC	-	Country Community Coordinator
C & S	-	Care and Support
EIASC	-	Ethiopian Islamic Affairs Supreme Council
EMDA	-	Ethiopian Muslim Development Agency
HCT	-	HIV Counselling and testing
HQ	-	Holy Qur'an
IAA	-	Islamic Approach to HIV/AIDS
IMAU	-	Islamic Medical Association of Uganda
IMLC	-	International Muslim Leaders' Consultation on HIV/AIDS
PHAs	-	People living with HIV/AIDS
PLWHAs	-	People Living with HIV/AIDS
PMTCT	-	Prevention of Mother to Child HIV Transmission
STDs	-	Sexually Transmitted Diseases
STI	-	Sexually Transmitted Infections
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counselling and Testing

## PREFACE

### Bismillah Rahman Rahim

How to use the guidelines:

These guidelines are targeted at Imams and community educators for use to educate and mobilize communities for the purpose of increasing understanding and utilization of the Islamic approach to HIV/AIDS prevention, treatment, care and support. Community educators include Imams, Sheikhs, male and female volunteers from mosque communities, teachers, community leaders and other stakeholders involved in community education. They are among a band of people Allah talks about in the Holy Qur'an who invite to all that is good and forbid evil. Some of them will volunteer to be community coordinators for the Islamic approach to HIV/AIDS (IAA) in their respective Mosque communities.

*“Let there arise out of you a band of people inviting to all that is good, enjoining what is right and forbidding what is wrong. They are the ones to attain success.”(Holy Qur'an 3.104)*

The guidelines are derived from discussions by 150 participants from 29 countries on five different continents who attended the 3<sup>rd</sup> International Muslim Leaders' Consultation on HIV/AIDS (3<sup>rd</sup> IMLC) in Addis Ababa, Ethiopia from 23 – 27 2007. These participants resolved to become Community educators of the Islamic approach to HIV/AIDS (IAA) in their respective countries.

The teaching and learning methods that are used in these guidelines are derived from Allah's methods of educating mankind and include the following:-

1. Asking questions – This was Jibril's method of education. The angel would ask questions and Prophet Muhammad (SAW) would answer them.
2. Answering questions – When Prophet Muhammad (SAW) answered questions those around him learnt the issues.
3. Reading what is written – Allah teaches man what he does not know by enabling him to read what is written by the pen.
4. Repetition – Allah repeats messages in the Holy Qur'an to promote learning.
5. Reminding of past stories and experiences – Allah uses this method in the Holy Qur'an to encourage learning.

These methods of teaching and learning can be applied at individual, family and community levels. In other words the same questions can be asked and answers given at individual, family and community levels during home visits and small group discussion sessions.

Using the above methods, the educator asks questions and the participants give their responses. As a result of this process, learning takes place as follows: If the participants know the answer, it means the educator has caused learning by reminding them of the issue. If the participants have misconceptions about the issue, the educator corrects them and causes learning through corrections. If the participants do not know the answer, the educator gives the answer and causes learning by adding new knowledge to the participants. Participants are encouraged to recall Islamic teachings that are relevant to the topic and which will enhance understanding and utilization of the Islamic approach to HIV/AIDS. When correcting misconceptions and giving new knowledge the educator will either read what is written down, repeat known messages or remind participants of past stories and experiences from the Holy Qur'an, Hadith and scientific books all relevant to HIV/AIDS. The education approach is participatory and results in stimulation of community dialogue on issues related to the Islamic approach to HIV/AIDS prevention, treatment, care and support, stigma and discrimination as well as life skills. In addition, these guidelines can be used for sermons and mini-lectures. Under these circumstances, the community educator uses the key messages as a basis for the sermon or mini-lecture.

The target audience for the Islamic approach to AIDS includes Community educators themselves, people living with HIV/AIDS, men, women, the youth and children as individuals, families and communities. It is hoped that when the communities are more knowledgeable about the Islamic approach to AIDS, they will demand for and increase utilization of HIV/AIDS prevention, treatment, care and support services. Stigma and discrimination in the communities is expected to be reduced. The communities will also be using appropriate life skills to address all HIV/AIDS issues. This means that we shall eventually be able to protect our communities from HIV/AIDS using the Islamic approach to HIV/AIDS, Inshallah.

We are grateful to all participants who attended the 3<sup>rd</sup> international Muslim leaders consultation on HIV/AIDS in Addis Ababa, Ethiopia in July 2007 and who volunteered to work as IAA Country Community Coordinators in their respective countries. These countries included:

- |                |                  |                              |
|----------------|------------------|------------------------------|
| 1. Afghanistan | 11. Malawi       | 21. Saudi Arabia             |
| 2. Algeria     | 12. Myanmar      | 22. Sudan                    |
| 3. Bangladesh  | 13. Namibia      | 23. Tanzania                 |
| 4. Egypt       | 14. Niger        | 24. TChad                    |
| 5. Ethiopia    | 15. Nigeria      | 25. Thailand                 |
| 6. Ghana       | 16. Pakistan     | 26. Uganda                   |
| 7. India       | 17. Philipines   | 27. United Kindgom           |
| 8. Indonesia   | 18. Rwanda       | 28. United States of America |
| 9. Iran        | 19. Somaliland   | 29. Zambia                   |
| 10. Kenya      | 20. South Africa |                              |

We are also grateful for the support given by National and international agencies to promote the Islamic Approach to HIV/AIDS. Special thanks go to USAID/Health Policy Initiative, Task Order 1, Washington and PEPFAR Ethiopia for sponsoring the 3<sup>rd</sup> IMLC. We pray to Almighty Allah to reward them all abundantly. We encourage Imams and their leaders as well as IAA Country Community Coordinators to continue to mobilize resources for IAA from willing local and international partners in the Jihad on AIDS.

Dr. Magid Kagimu  
Dr. Yusuf Walakira  
Dr. Karama Said

International Centre for Promotion of the Islamic Approach to HIV/AIDS (ICPIAA)  
C/O Islamic Medical Association of Uganda,  
Wattuba 14Km Bombo Road  
P. O. Box 2773 Kampala,  
Uganda  
Email: [imau@utlonline.co.ug](mailto:imau@utlonline.co.ug)  
Tel: 256-414-570701/3/4  
Website: [www.imau-uganda.org](http://www.imau-uganda.org)

## TOPIC 1: INTRODUCTION:

1. Ask participants the reasons why it is important to introduce each other at the beginning of our interactions.
2. Ask participants what basic information we need to know about each other at the beginning of our interactions?
3. Ask each participant and facilitator to introduce themselves according to the basic information required above, such as names, home, work, leisure, role in the community and the capacity in which they have come to attend the education session.
4. Ask participants to set ground rules for the education sessions.
5. Ask participants about their expectations of the education sessions.
6. Inform participants about the objectives of the education sessions.
7. Inform participants about the duration of the education sessions.
8. Ask participants to reflect on why they are participating in the education sessions and promotion of the Islamic approach to AIDS.
9. Ask participants to give examples of faith teachings that support introduction of each other and participation in education activities.

### Key messages:

1. It is important to introduce each other at the beginning of our interactions so that we understand each other.
2. The objectives of the education sessions for participants include the following:
  - i) To increase understanding of the following issues related to the Islamic Approach to HIV/AIDS (IAA):

a) Operational definition of IAA.	d) IAA care and support
b) IAA prevention	e) IAA stigma and discrimination
c) IAA treatment	f) IAA life skills.
  - ii) To increase understanding of the following issues related to planning for IAA at the mosque community level.

a) Situation analysis	c) Monitoring and evaluation of IAA.
b) Setting goals, objectives and activities for IAA.	d) Resource mobilization for IAA.
	e) Resolutions and commitments on IAA..
  - iii) To increase understanding of the following issues that need to be addressed in the implementation of IAA.

a) HIV prevention
b) Voluntary HIV Counselling and Testing
c) Gender inequalities
d) Stigma and discrimination
e) Responsible parenthood.
f) Prevention of mother to child HIV transmission
g) Antiretroviral therapy
h) Life skills.
i) HIV/AIDS care and support.
  - iv) To increase understanding of the process of behaviour change at the community level in relation to IAA.
  - v) To increase understanding of the issue of community mobilization for IAA.



3. Target communities should always reflect on why they have a responsibility in promoting the understanding and utilization of the Islamic approach to AIDS. Reasons include the following
  - a) To obey and serve Allah.
  - b) To enable each one as an individual to address HIV/AIDS issues
  - c) To encourage our families and friends to address HIV/AIDS issues
  - d) To empower our communities to combat HIV/AIDS
  - e) To support our Imams and Sheikhs in the work of assisting our families and communities to fight HIV/AIDS and care for people living with HIV/AIDS using Allah's guidance.

4. Examples of Islamic teachings that support introduction and education:

A. Holy Qur'an: Chapter 24 verse 27-29

*O ye who believe! Enter not houses other than your own, until you have asked permission and saluted those in them, that is best for you, in order that you may heed (what is seemly).*

*If you find no one in the house, enter not until permission is given to you. If you are asked to go back, go back. That makes for greater purity for yourselves and Allah knows well all that you do*

*It is no fault on your part to enter houses not used for living in, which serve some (other) use for you.*

**Relationship to Topic:**

*Community educators should greet the participants they meet in education sessions whether it is in sermons, group talks, home visits or mini-lecture. They should introduce themselves and explain the purpose and duration of education sessions. They should then seek permission to conduct the sessions. If the time is inconvenient and they are asked to go back they should go back. In other words they should only conduct sessions at times convenient both to participants and themselves.*

Holy Qur'an: Chapter 96 verse 1 – 8:

*Read! In the name of your Lord and Cherisher, who created-*

*Created man, out of a leech-like clot:*

*Read! And your Lord is Most Bountiful, -*

*He who taught (the use of) the pen,-*

*Taught man that which he knew not.*

*No, but man does transgress all bounds,*

*In that he looks upon himself as self-sufficient.*

*Surely, to your Lord is the return (of all).*

**Relationship to Topic:**

*Everyone is encouraged to read so that he can learn about issues such as HIV/AIDS. Allah gave us the faculties of writing with the pen and reading so that we learn about issues. Allah therefore encourages us to read. The community educators should therefore, read the guidelines and pass on what they learn to their communities. The communities should in turn participate in reading and learning whatever education materials the community educators will provide. However, there will still be some people who will ignore this advice and think that they are self sufficient and that they know everything about HIV/AIDS issues. Such people should be reminded to return to Allah's guidance.*

## TOPIC 2: THE ISLAMIC APPROACH TO HIV/AIDS:

Ask participants the following:

1. What is the Islamic approach to HIV/AIDS?
2. What are the five components in the operational definition of the Islamic approach to HIV/AIDS?

### Key messages:

The operational definition of the Islamic approach to HIV/AIDS includes the following:

#### 1. Believing in Allah and Prophet Muhammad (SAW)

This is the first pillar of Islam indicating that an individual recognizes that there is an invisible God who has power over all creation, who is the Most Gracious and Most Merciful and who has given guidance to mankind on how to live on this earth and in the Hereafter. This guidance includes Islamic teachings that promote HIV prevention, treatment, care and support, stigma reduction, and life skills utilization. Some of the verses in the Holy Qur'an which support this include the following:

HQ 10:3.

*"Certainly your Lord is Allah, who created the heavens and the earth in six days and He established Himself on the throne of authority regulating and governing all things. No intercessor can plead with Him except after His leave has been obtained. This is Allah your Lord; therefore, serve Him. Will you not receive this reminder?"*

HQ 3:164

*Allah did confer a great favour on the Believers when He sent among them an Apostle from among themselves, rehearsing to them the signs of Allah, sanctifying them, and instructing them in scripture and wisdom, while before that, they had been in manifest error.*

HQ 33:21.

*You have indeed in the Apostle of Allah a beautiful pattern of conduct for anyone whose hope is in Allah and the final day, and who engages much in the Praise of Allah.*

#### 2. Acquiring scientific knowledge about HIV/AIDS

Eliminating or reducing risk of infection requires learning about and understanding the scientific facts about HIV prevention and risk avoidance, and about treatment, care and support of people living with HIV/AIDS (PLWHA). Allah's guidance to believers is to read and learn in order to acquire knowledge and education. Holy Qur'an, chapter 96, verses 1-5:

*"Read! In the Name of your Lord who has created all that exists. He has created man from a clot. Read! And your Lord is the most generous who has taught by the pen. He has taught man that which he knew not."*

HQ. 20:114. *"High above all is Allah, the King, the Truth. Be not in haste with the Qur'an before its revelation to you is completed, but say, "O my Lord, advance me in knowledge."*

Hadiith:

*Anas Ibn Malik relates from the Prophet when he addressed the issue of knowledge in the hadith where he said, "Seeking knowledge is compulsory upon every Muslim and Muslimah," (Ibn Majah #240, the hadith is Sahih)*

Hadiith:

*Anas reported from the Prophet (SAW) "Whoever treads on a path in search of Islamic knowledge, Allah will ease the way to paradise for him; the angels will lower their wings, pleased with this seeker of knowledge, and everyone in the heavens and on earth will ask forgiveness for the knowledgeable person, even the fish in the deepest of waters will ask for his forgiveness. The superiority of the knowledgeable man over the worshipper in Islam, is like the superiority of the full moon over the rest of the planets. And the scholars are the inheritors of the Prophets, but the Prophets did not leave behind wealth but they left behind knowledge. And whoever takes firm hold of this is a very fortunate man". (Abu Dawud, Ibn Majah, Tirmidhi #2835 – Sahih hadith.)*

### 3. Making use of relevant Islamic teachings and practices

For example, there is an Islamic teaching in the Holy Qur'an discouraging adultery, which can be a predisposing factor for HIV transmission.

*"Do not come near to adultery. For it is a shameful deed and an evil, opening the road to other evils" (Holy Qur'an 17:32)."*

This means that people should not indulge in activities that stimulate their sexual desires, which could then lead them to commit adultery. Adultery is a shameful behaviour that may increase risk of HIV infection. Marriage is encouraged but people must have the means to marry including testing for HIV infection as indicated below:

HQ. 24:32-33:

*Marry those among you who are single, or the virtuous ones among yourselves, male or female,. If they are in poverty, Allah will give them means out of His grace, for Allah is ample-giving and He knows all things. Let those who find not the wherewithal (means) for marriage keep themselves chaste, until Allah gives them means out of His grace. And if any of your slaves ask for a deed in writing to enable them to earn their freedom for a certain sum, give them such a deed if you know any good in them. Yes, give them something yourselves out of the means which Allah has given to you. But if anyone compels them, yet, after such compulsion, is Allah, oft-forgiving, Most Merciful to them.*

### 4. Forming partnerships with and making use of religious leaders and their administrative structures.

The Mosque Imams are the major pillars in this partnership. They can deliver AIDS education and counseling to grassroots communities. Islamic guidance in the Holy Qur'an encourages people to form partnerships for promoting good behaviours.

*"Let there arise out of you a band of people inviting to all that is good, enjoining what is right and forbidding what is wrong. They are the ones to attain success."(Holy Qur'an 3:104)*

Holy Qur'an: An Nisaa 4:59-64

*O ye who believe! Obey Allah, and those charged with authority among you. If you differ in anything among yourselves, refer it to Allah and His Messenger, if you do believe in Allah And the Last Day: That is best, and most suitable for final determination. Have you not turned your thought to those who declare that they believe in the revelations that have come to you and to those before you? Their (real) wish is to resort together for judgment (In their disputes) To the Evil (Tagut) Though they were ordered to reject him. But Satan's wish is to lead them astray far away (from the right). When it is said to them: "Come to what Allah has revealed. And to the Messenger", You see the Hypocrites avert their faces from you in disgust. How then, when they are seized by misfortune, Because of the deeds which their hands have sent forth? Then they come to you, swearing by Allah: "We meant no more than good-will and conciliation!". Those men, Allah knows what is in their heart; So keep clear of them But admonish them, And speak to them a word to reach their very souls. We sent not a Messenger, but to be obeyed, in accordance with the leave of Allah. If they had only, when they were unjust to themselves, come unto you and asked Allah's forgiveness, And the Messenger had asked forgiveness for them, they would have found Allah indeed oft-returning, Most Merciful.*

The believers are advised to obey Allah, the Apostle and those charged with authority. These include religious leaders who teach their communities behaviors that promote HIV/AIDS prevention, treatment, care and support. Their teachings are deep and able to reach people's souls.

### 5. Making use of the concept of Jihad Nafs (struggle of the soul against temptation) by each individual to combat AIDS.

In this context, the Jihad on AIDS is about each person's individual struggle to control their own personal behaviour for the welfare of themselves and their families, as well as each community's struggle to address the broader context of preventing HIV transmission and to provide care and support to those coping with HIV infection. All Muslims were advised to participate in this Jihad Nafs by Prophet Muhammad (Peace be upon Him). He called it the biggest Jihad because it is not easy for anyone to control the tempting desires of his or her soul. Implementation of the first four components of the Islamic approach to HIV/AIDS above is likely to have a limited impact at the community level until a significant proportion of individuals participate in this Jihad.

People living with HIV/AIDS should be at the forefront of this Jihad by participating in all prevention, treatment, care and support efforts using this concept.

Hadith: *Some troops came back from an expedition and went to see the Messenger of Allah Sallallahu alayhi wa-salaam. He said: "You have come for the best, from the smaller Jihad (al-jihad al-asghar) to the greater Jihad (al-jihad al-akbar)". Someone said, "What is the greater jihad?" "The servant's struggle against his lust" (Mujahadat al-abdi hawah). Al-Bayhaqi narrated it in al-Zuhd al-Kabir (Haydar ed. p. 165 #373 & p. 198 #374)*

The enemy in this Jihad is shaitan (satan) and Allah provides guidance on how to handle this enemy.

Holy Qur'an. Al-A'araf – 7:200-206:

*If a suggestion from Satan Assail your (mind), seek refuge with Allah: For He hears and knows (All things). Those who fear Allah, When a thought of evil from Satan assaults them, bring Allah to remembrance, when lo! They see (aright)! But their brethren (the evil ones) Plunge them deeper into error, and never relax (their efforts). If you bring them not a revelation, they say: "Why have you not got it together"? Say: "I but follow what is revealed to me from my Lord: This is (nothing but) Lights from your Lord, and guidance, and Mercy, for any who have faith." When the Qur'an is read, Listen to it with attention, and hold your peace: That you may receive Mercy. And do you (O reader!) Bring your Lord to remembrance in your (very) soul, with humility and remember without loudness in words, in the mornings and evenings; and be not you of those who are unheedful. Those who are near to your Lord disdain not to worship Him: They glorify Him and prostrate before Him.*

Surah An-Nas 114: 1-6.

*Say I seek refuge with the Lord and Cherisher of mankind. The King or Ruler of mankind. The God or Judge of mankind. From the mischief of the whisperer of evil, who withdraws after his whisper. Who whispers into the hearts of mankind among Jinns and among men.*

The Islamic approach to AIDS should be implemented at the individual level, at the family level, and at the community level. At the individual level, the person should believe in God, learn the scientific information about AIDS, learn the faith teachings that support AIDS prevention and control, listen to and use the advice of his or her Imams, and participate in the Jihad Nafs by controlling his or her behaviour. Family members should support each other in implementing these same things. Similarly, communities should support families and individuals in the implementation of all the components of the Islamic approach to AIDS.

### TOPIC 3: PLANNING PROCESS FOR THE ISLAMIC APPROACH TO HIV/AIDS:

Ask participants:

- What are the major issues that have to be considered in making a strategic plan for implementation of the IAA for mosque communities?

Key messages:

#### REVIEW OF PLANNING PROCESS:

Planning involves conducting situation analysis, setting clear goals and objectives, and conducting monitoring and evaluation. A brief review of these issues follows:

#### ➤ Situation Analysis

##### What is Situation Analysis?

- A process to gather and analyze information that helps in:
  - Guiding planning
  - Building consensus
  - Setting priorities
  - Mobilizing action

##### How to do it

- Gather data – HIV incidence, existence of policies, current activities taking place in the area, etc.
- Ask questions – identify contributing factors, identify consequences of HIV/AIDS
- Share information/results – use analysis to engage community and develop a plan

##### Identify:

- Where we stand at the moment on the issues under discussion
- Where we need to go
- What our priorities are

##### Questions to address:

- What are the target communities for an Islamic approach to HIV/AIDS?
- What are their needs, their strengths and weaknesses?
- What are the priority issues that must be addressed?

#### ➤ Goals and Objectives

##### Goal

- Broad general statement
- What the organization or mosque community hopes to achieve
  - Regarding a target population
  - By end of planning period
- Focus on major outcomes or results
- Qualitative

##### Objectives

- Specific, quantifiable, and time-based statements for the achievement of goals
- **S**pecific—to avoid differing interpretations
- **M**asurable—to allow monitoring and evaluation
- **A**ppropriate—to goals and strategies
- **R**ealistic—achievable, challenging, and meaningful
- **T**ime bound—with a specific time period for achieving them

##### Strategic Interventions

- Interventions that are consistent with the overall strategy to achieve the goal e.g.:
  - Establish a mosque-based care program
  - Train community leaders in Islamic approach to addressing HIV/AIDS

## Activities

- Specific actions necessary to achieve each objective (related to strategic intervention) e.g.
  - Develop guidelines for care program
  - Develop training curriculum for community members

## Action Plan Defined

- What is the activity?
- Who is the person responsible for seeing that the activity is carried out?
- What resources are necessary?
- By what date should the activity be completed?
- Where will the activity take place?

## ➤ Monitoring and Evaluation

### What is Program Evaluation?

- A chance to find out what is working and what is not
- A chance to make changes to a program
- Useful, practical, and relevant
- Compare what happened to what was planned

### Levels of Evaluation

- **Formative evaluation research (determines concept & design)**
- **Process evaluation (monitors inputs & outputs, assesses service quality)**
- **Effectiveness evaluation I (measures and assessed outcome and impact)**
- **Cost-effectiveness analysis (includes sustainability issues)**

### What Evaluation is NOT:

- An opportunity to point fingers or lay blame;
- An activity that produces fear that a program will be reduced or eliminated
- A one time activity

### Purpose of Evaluation:

- Inform action
- Enhance decision-making
- Apply knowledge to solve human and societal problems

### Participatory Evaluation:

- Stakeholders substantively involved in:
  - Project/program & evaluation *design*
  - Identify evaluation issues
  - Process of self-assessment
  - Collection and analysis of data
  - Action taken as a result of findings

### Levels of Evaluation:

- Formative evaluation research (determines concept & design)
- Process evaluation (monitors inputs & outputs; assesses service quality)
- Effectiveness evaluation (measures and assesses outcome and impact)
- Cost-effectiveness analysis (includes sustainability issues)

### What is Monitoring?

- Systematic, periodic tracking
- Continuous management function
- Provides regular feedback
- Accountability of achievement
- Results-oriented
- Compares actual with expected
- Process level evaluation

### Hierarchical Objectives:

HIV/AIDS intervention evaluation:

- Longest term – impact – biologic
- Shorter term – outcome – behavioral
- Shortest term – output – activities (Process)

### Questions to ask of an objective:

- How will we know this has happened?
- What kind of indicator will tell us?
- How will we measure it?
- Where will the data come from?
- How much will data collection cost?
- How will we interpret the data?
- Who will do all this? When? How?

### Every objective needs indicators:

- Valid: measure what they intend to measure
- Reliable: produce the same results when used more than once to measure the same condition or event
- Specific: measure only what they're intended to measure
- Sensitive: should reflect changes in the state of the condition or event under observation
- Operational: possible to measure or quantify them with developed and tested definitions and reference standards
- Affordable: costs of measuring are reasonable
- Feasible: should be possible to carry out the proposed data collection

### In short, indicators need:

- Quantity
- Quality

- Time frame
- Means of verification (source of data)

### Example of an impact indicator:

- 25% reduction in HIV prevalence among young women aged 15-24 attending antenatal clinics in [location] by [date];
- Monitors progress in preventing new infections; proxy for incidence; biologic; longest term change.

### Examples of outcome indicators:

#### Knowledge:

- Statistically significant increase in the percentage of target population mentioning use of non-sterile razor blades during circumcision when asked how HIV can be transmitted (unprompted) by end of project

#### Project exposure:

- Statistically significant increase in the percentage of target population who reports hearing their Imam mention HIV/AIDS prevention at least once during religious gatherings by end of project
- Statistically significant increase in the percentage of target population who reports having been contacted by a community educator at least once during the previous 6 months, at the end of project

#### Attitude:

- Statistically significant increase in percentage of surveyed population reporting their perception that AIDS stigma and discrimination is "less now than it used to be in the past" at end of project [complementary qualitative data can explore *why* this might have happened]

#### Behavior:

- Statistically significant decrease in the percentage of target population sexually active in past 12 months, reporting sexual intercourse with at least one non-marital partner during the previous 12 months (at end of project)
- At least 75% of religious leaders who participate in AIDS care and support training make 4 home visits to AIDS patients in their mosque communities each month during the 6 months following training [self-reported]
- Statistically significant increase in the percentage of AIDS patients seen at clinic who report having been contacted at least once by their Imam at their home, in a comforting and compassionate manner, during the previous 12 months [prompted]
- At least 60% of participants attending most recent IMLC report participating in at least one strategic planning meeting sponsored by national AIDS control program in their home country, to report on their IMLC participation [data obtained from phone/email survey conducted 6 months post-IMLC]
- Percentage of district Imams trained in IAA
- Percentage of mosque communities sending representatives to IAA training
- Percentage of religious leaders committed to incorporating IAA into their religious ceremonies
- Percentage of AIDS patients in village who receive at least one visit from their Imam during the previous month

### Examples of process indicators:

- Number of Imams trained each month
- Number of community members contacted by community educators each week
- Number of IAA manuals distributed each quarter
- Number of IMLC participants who schedule planning meetings with home country religious leaders each month

### What are we evaluating?

#### Interventions:

- Prevention
- Treatment
- Care & support
- Stigma reduction
- Life skills utilization

#### Islamic approach:

- Belief in Allah
- Scientific knowledge
- Using Islamic teachings
- Forming partnerships
- Concept of Jihad Nafs

### Implementing an “approach”

- “Approach” = method of doing something
- Technique
- Faith-based strategy to reduce prevalence and incidence, and reduce risk behavior
- Means to an end
- Unique way to intervene

### A complicated question...

- How can an approach or method or concept be translated or incorporated into an intervention which can be monitored and evaluated?

### How to “evaluate” the Islamic approach to AIDS?

- Believing in Allah
- Acquiring scientific knowledge about HIV/AIDS
- Making use of relevant Islamic teachings and practices
- Forming partnerships with religious leaders and their administrative structures
- Making use of the concept of Jihad Nafs

### Many M&E tools already exist:

- *How* can existing tools be used in M&E?
- Local resources
- National AIDS control programmes
- International resources via web
- PEPFAR
- UNAIDS
- “Three Ones”

#### *Developing an M&E Plan*

- Read what is written
- Ask questions
- Answer questions
- Repetition
- Remember past stories and experiences

### “The Three Ones” UNAIDS 2004

- ONE agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners
- ONE national AIDS coordinating authority with a broad based multi-sector mandate
- ONE agreed country level monitoring and evaluation system

### Main evaluation questions?

- How will we know that we’ve made progress towards implementing an Islamic approach to HIV prevention, treatment, care & support, reduction in stigma & discrimination, and life skills utilization?
- What are our indicators of success?
- How will we measure them?

**What is Evaluation?** “Applied evaluative research is judged by its usefulness in making human actions and interventions more effective and by its practical utility to decision makers, policymakers and others who have a stake in efforts to improve the world.” *Michael Quinn Patton*



**Participatory Evaluation:** "One of the negative connotations often associated with evaluation is that it is something done to people. One is evaluated. Participatory evaluation, in contrast, is a process controlled by the people in the program or community. It is something they undertake as a formal, reflective process for their own development and empowerment." *M. Patton, Qualitative Evaluation Methods, (2nd ed.), 1990, p. 129.*

"Participatory evaluation aims to create a learning process for the program recipients that will help them in their effort to reach desired goals."

*D. Greenwood and M. Levin, Introduction to Action Research, 1998, p. 239.*

## ➤ Resource Mobilization, Resolutions and Commitments

### What is Resource Mobilization?

- *Not* just fundraising
- Obtaining needed resources (people, materials, funds, time) to do planned work
- Maximize range of resources from many providers through a variety of mechanisms
- Resources – different kinds of things that are needed
- Mechanisms – different ways of directly obtaining resources
- Resource providers – different people & organizations that contribute needed time, funds, materials, staff

### What is a Resolution?

- A state or quality of firm determination
- A conviction to do something
- A course of action determined or decided upon
- A formal statement of a decision or expression of opinion put before or adopted by an assembly

### What are Commitments?

- Pledges to action - to do something
- The state of being bound emotionally or intellectually to a course of action
- Best reached by consensus
- Formulated in a participatory fashion
- Written statements
- Can be monitored & evaluated

## TOPIC 4: THE ISLAMIC APPROACH TO HIV/AIDS (IAA) PREVENTION:

### 4A: HIV PREVENTION:

1. Ask participants what HIV is and the main modes of HIV transmission from one person to another.
2. What other common STDs do you know of and what is their role in HIV transmission?
3. Ask participants how HIV is transmitted to children. What proportion of HIV infected mothers pass on the virus to their children? Why is it that some children get HIV and others don't get it from their parents?
4. Ask participants how HIV infection can be prevented.
5. Ask participants the groups of people where HIV infection is high in the country.
6. Ask participants the possible reasons why some people fail to prevent HIV infection at home, at work and during leisure and what should be done by the individuals, the family and the community to overcome these problems?
7. Ask participants to give examples of Islamic teachings that promote HIV prevention.

#### Key messages:

1. HIV is a very small living germ that reduces the ability of the human body to fight diseases. It can not be seen with the naked eye but it exists and its effects can be seen on the human body. In fact it is a good reminder of the importance of the invisible world. Allah is invisible and yet He is the Master of our world both visible and invisible. HIV is transmitted from one person to another through the following avenues:
  - i) Sexual intercourse with an infected person
  - ii) Inoculation of blood from the infected person to one who was not infected before.
  - iii) Mother transmitting HIV to her infant.
2. Other sexually transmitted diseases such as syphilis and gonorrhoea open the way for easy transmission of HIV.
3. Children can get HIV through the following methods:
  - i) Over 90% of HIV transmission to children comes from their parents under the following circumstances:
    - a) Father infects mother with HIV or mother got HIV from another partner or through inoculation of infected blood.
    - b) Mother infects child with HIV during the following circumstances:
      - During pregnancy
      - During labour and delivery
      - After delivery during breast feeding
  - ii) Inoculation of blood samples from an infected person to a child who is not infected.
  - iii) Defilement
  - iv) 15 – 40% of HIV infected mothers transmit the virus to their children if there is no intervention for prevention of Mother to Child HIV transmission (PMTCT). Many HIV positive mothers do not transmit HIV to their babies. The explanation for this may be that some of these mothers have low levels of HIV in their bodies which is not easily passed on to their babies. Other explanations await future scientific studies to understand how Allah makes this happen.
4. HIV can be prevented through the following measures:
  - i) Abstaining from sex before marriage and during marriage if your partner is not around.
  - ii) Having sex only with married partner or partners when both of you are HIV free from the beginning of your sexual relationship.
  - iii) Using condoms correctly and consistently in marriage with a spouse who may be positive when the other is negative and vice versa.
  - iv) Using protective measures to avoid inoculation of blood samples that may have HIV infection.
  - v) Preventing the parents from transmitting HIV to their children.

- Some people fail to prevent HIV infection because of inadequate risk perception that they can get HIV with a partner who appears healthy. To overcome such a problem more effective and regular education is required. In addition, many people today are getting infected because they do not realize that they can be unknowingly living in a marriage when one of the couple is HIV positive. Researchers have shown that some of the new HIV infections are taking place within marriages where one partner has HIV infection and the other has not got it. Most of these couples assume they both have the same HIV sero status. In other words they assume that if one of them has HIV the other one automatically has it as well or that if one of them has no HIV, the other one automatically hasn't got it.

However, this is not the case and both the husband and wife need to be tested to know if one is positive and the other negative, both are positive or both are negative. Data from the HIV/AIDS Testing Centres where voluntary HIV counselling and testing is done shows that some couples who test together, and one of them is HIV positive, the other is HIV negative. It is therefore, important that couples test themselves together to understand their situation regarding HIV infection and take measures to prevent further spread of the infection.

Other reasons for failure to prevent HIV infection include:

- Poverty
- Cultural influences such as widow inheritance
- I don't care attitude towards HIV infection
- Refusal to change behaviour
- Lack of self control

More reasons for failure to prevent HIV infection:

**Home:**

- Lack of religious restrictions
- Poverty
- Impotence or infertility at home
- Cultural practices such as offering sexual partners as a form of welcoming guests

**Work:**

- Sexually attractive dresses such as mini-skirts
- Exchanging sex for getting a job
- Type of job such as requiring night duty, or job involving staying away from home, job with many attractive members of the opposite sex.

**Leisure:**

- Stimulation of sexual desires during leisure such as pornographic films, strip tease dances, discos.
- Drug and alcohol abuse
- Sex is a common enjoyable leisure activity. Many times it comes automatically, naturally and quickly so that many people find it difficult to control it during their leisure.

There is a need to educate and counsel the communities regularly so that they avoid these risky situations.

- Examples of Islamic teachings that support HIV prevention:

**Holy Qur'an: Chapter 17 verse 32:**

*Nor come nigh to adultery; for it is an indecent (deed) and an evil way*

**Relationship to topic:**

*People should not indulge in anything that stimulates their sexual desires to commit adultery. If one commits adultery it is indecent and an evil way because it may result in getting HIV infection.*

**Holy Qur'an: Chapter 23 verse 1 – 6:**

*The believers must eventually win through; Those who humble themselves in their prayers; Who avoid vain talk; Who abstain from sex; Except to those joined to them in the marriage bond, .....*

**Relationship to topic:**

*The believers in Allah's guidance will eventually win in preventing HIV infection if they abstain from sex except to those married to them. This means both men and women abstain from sex before marriage in which case they will remain HIV negative and when they get married they only have sex with their HIV negative married partners.*

#### 4B: RESPONSIBLE PARENTHOOD:

1. Ask participants what preparations need to be made by men and women to become parents before and after marriage?
2. Ask participants the responsibilities of the father and mother before the child is born.
3. Ask participants the responsibilities of the father and mother after a child is born.
4. Ask participants why some fathers and mothers find it difficult to fulfill their responsibilities and how they can overcome these difficulties.
5. Ask participants to give examples of faith teachings that promote responsible parenthood.

#### Key messages:

1. Parents need to make sure they are capable of looking after children. They should be healthy and financially able to look after a family. The responsibilities fall on both the mother and father to be. They include the following:

##### Men before marriage:

- i. Look for a suitable partner
- ii. Look for accommodation
- iii. Buy household utilities
- iv. Have financial facilities/resources.
- v. Voluntary Counselling & Testing (VCT)
- vi. Have commitment
- vii. Pre-marital counselling
- viii. Pre-marital preparations (for the ceremonies)

##### Women before marriage:

- i. Look for a suitable partner
- ii. VCT
- iii. Introduction ceremony
- iv. Improve on her beauty and health
- v. Pre-marital counseling from the elders.
- vi. Prepare culturally.
- vii. Learning household activities e.g. cooking.
- viii. Be mature to endure problems.
- ix. Learn how to care about your husband and children.

2. Parents have a responsibility to care for the child who is still in the womb to ensure the birth of a healthy baby. The responsibilities include the following:

##### Responsibilities of the father:

- i. Ensure good nutritional status of the mother
- ii. Protect the family from danger.
- iii. Avoid domestic violence to ensure no harm to the unborn baby.

- iv. Escort her to the antenatal clinic and make sure she attends.
- v. Prepare how the child will be looked after.
- vi. Do shopping for the baby.
- vii. Control sexual desires
- viii. VCT

**Responsibilities of the mother:**

- |  |  |
|--|--|
| i. Attend ANC clinic   | vi. Avoid too much work                    |
| ii. Inform the husband about outcomes of ANC visits  | vii. Change of attire to maternity dresses |
| iii. Eat well,   | viii. Shopping for the baby                |
| iv. Do exercises.  | ix. Get counselling from elders            |
| v. Get information about pregnancy.  | x. Avoid harmful herbs and drugs           |
| xii. Arrange to get the money for transport to hospital and to support the baby after delivery | xi. VCT                                    |
| xiii. Prepare for breast feeding.  |  |

3. Parents have a responsibility to ensure the growth and development of a healthy baby and the education of the child until he/she becomes a mature independent adult. The responsibilities include the following:

**Responsibilities of the father:**

- |  |  |
|--|--|
| i. Be more loving to the child and the mother                        | vi. Abstain from sex until the right time after recovery of the mother |
| ii. Encourage her to go for postnatal care and immunization          | vii. Help in taking care of the baby                                   |
| iii. Continue providing nutritious foods to the mother and baby      | viii. Taking the child to school                                       |
| iv. Assist in feeding the baby                                       | ix. Bring up a morally upright child.                                  |
| v. Help in domestic work   | x. Initiate child spacing  |
| xi. Provide protection to the child until he/she becomes independent |  |
| xii. Give a good name to the child                                   |  |

**Responsibilities of the mother:**

- |  |   |
|--|---|
| i. Prepare food for the child          | v. Take the child for immunization and treatment in case of an illness. |
| ii. Breast feeding                     | vi. Show the child love and care  |
| iii. Hygiene for her and the baby      | vii. Good upbringing of the child                                       |
| iv. Habit training                     | viii. Protect the baby from any harm                                    |
| ix. Look for abnormalities on the baby |   |

4. Some parents do not prepare adequately to look after their children. There is need to educate the communities in how to prepare adequately for parenthood. Some parents find it difficult to fulfill their responsibilities for the following reasons:

- i. Illnesses
- ii. Lack of knowledge
- iii. Poverty
- iv. Lack of support from the father in case of mother and vice versa
- v. Cultural beliefs
- vi. Job patterns/responsibilities leaving little time for children
- vii. Laziness/carelessness of the parents
- viii. Unfaithfulness in the family e.g. father doubting whether the child belongs to him.
- ix. Death of one of the parents
- x. Insecure marriages (disharmony in the home)
- xi. Peer pressure
- xii. Copying foreign cultures e.g. not to breast feed.

There is need for appropriate education to assist parents to overcome these problems.

5. Examples of Islamic teachings that support responsible parenthood:

A. Holy Qur'an: Chapter 46 verse 15:

*We have enjoined on man kindness to his parents: In pain did his mother bear him, and in pain did she give him birth. The carrying of the (child) to his weaning is (A period of) thirty months. At length, when he reaches the age of full strength and attains forty years, He say, "O my Lord! Grant me that I may be grateful for your favour which you have bestowed upon me, and upon both my parents, and that I may work righteousness such as you may approve; And be gracious to me in my issue. Truly have I turned to you and truly do I submit (To you) in Islam.*

**Relationship to topic:**

*Responsible parenthood includes bearing the pain of child birth, looking after the child until he stops breastfeeding, and looking after the child until he gains full strength. In other words responsible parents ensure their child grows well and is healthy without HIV infection. Such responsible parents will earn the gratefulness of their children when they grow up.*

**4C: VOLUNTARY COUNSELLING AND TESTING (VCT)**

Ask participants the following questions:

1. What is voluntary counseling and testing?
2. What are the possible results when a couple goes for an HIV test? What do these results mean?
3. What services are provided at VCT centres? Where are these centres located in your community?
4. What are the benefits of VCT to the individual, family and community?
5. Why do some people fail to accept VCT and how can this problem be overcome?
6. Ask participants to give examples of Islamic teachings that promote utilization of VCT services.

## Key messages:

1. VCT is a personal informed decision to go for discussions about HIV issues after which blood is taken for an HIV test.
2. Possible results when a couple goes for VCT are:
  - i. Both negative
  - ii. Both positive
  - iii. One positive the other negative

If both are negative it is necessary to repeat the test after three months, provided that both partners do not engage in any risky activity. If both are still negative, then this is a true negative test and the partners should remain faithful to each other and avoid risky sexual behaviours. The HIV test is a measure of the body's reaction to defend itself from the virus. The body reaction takes up to 3 months to occur. If the first test is done soon after HIV infection, the body may not have reacted and the test would be negative. However, after a waiting period of three months, (window period) the body is likely to have responded to defend itself from the virus. If both partners are positive they should avoid spreading the infection to others. If one partner is positive and the other negative, it is necessary to protect the HIV negative partner to avoid getting HIV infection.

3. The services provided at VCT centres include; reception, registration, confidential counselling, HIV testing, receiving results, post-test counselling, post test club for support and referral for specialized services such as PMTCT or antiretroviral therapy (ARV). VCT centres include, public and private laboratories, hospitals and clinics.
4. VCT increases understanding of a person's life so that he/she can plan for a better future.

Benefits of VCT include:

- |  |  |
|--|--|
| i) Acceptance of sero-status and coping                    | v) Preventive therapy and contraceptive advice.        |
| ii) Facilitating behaviour change                          | vi) Referral to social and peer support                |
| iii) Reduces mother to child HIV transmission              | vii) Normalizes HIV/AIDS and reduces stigma.           |
| iv) Early management of opportunistic infections and STDs. | viii) Planning for future orphan care and will making. |
5. Some people fail to go for VCT because of the following reasons:
    - Fear that some service providers may breach confidentiality and reveal the client's HIV status to other people
    - Lack of adequate information especially about the benefits of VCT.
    - Lack of access to VCT services
    - Inadequate funds to pay for VCT services.
    - Reluctance by some men to be tested with their partners for fear that it may reveal that the men engaged in risky sexual behaviour.

It requires appropriate education for people to be able to overcome these problems.

6. Examples of Islamic teachings that support VCT:

### A. Holy Qur'an: Chapter 17 verse 80-81:

*Say: O my Lord! Let my entry be by the gate of truth and honour, and likewise my exit by the gate of truth and honour; and grant me from you an authority to aid me. And say: Truth has (now) arrived and falsehood perished: for falsehood is (by its nature) Bound to perish*

### Relationship to topic:

*People should go for VCT to get the truth about their HIV status. In that case they will enter a new life in the gate of truth and honour and they will likewise exit their lives with truth and honour. Once truth about HIV status arrives, falsehood perishes. Falsehood about HIV status by its nature will perish even if one hides it initially because he will eventually manifest the signs of AIDS when he becomes sick. People should therefore, become courageous and face truth about their HIV status and manage the problem honourably by getting appropriate treatment and care if they are HIV positive.*

#### 4D: PREVENTION OF MOTHER TO CHILD HIV TRANSMISSION (PMTCT):

1. Ask participants what Prevention of Mother to Child HIV Transmission means at the individual, family and community level.
2. Ask participants the benefits we get from being involved in PMTCT as individuals, family and community.
3. Ask participants strategies that need to be used for PMTCT.
4. Ask participants the services that need to be available to promote each strategy?
5. Ask participants the centres available in their communities from which to access PMTCT services.
6. Ask participants what they know about the current behaviour problems regarding inadequate utilization of PMTCT services.
7. Ask participants to give possible causes for these problems and how they can be addressed.
8. Ask participants to give examples of Islamic teachings that promote PMTCT.

#### Key messages:

1. PMTCT means preventing our innocent children from getting HIV infection from their parents. This applies to the individual, family and community.
2. The benefits of involvement in PMTCT include getting a healthier individual, family and community and reducing use of limited resources on sick children and their parents.

#### Other benefits include:

- Most of our babies get saved from getting HIV infection
- Death rates of babies will reduce
- Mothers will know their HIV status and take appropriate action to prevent and control HIV infection
- Economic situation will improve since less money will be used on sick children
- Families will be healthier.

3. There are three main strategies for PMTCT:
  - i) Primary prevention of HIV among parents to be
  - ii) Prevention of unwanted pregnancies among HIV infected women.
  - iii) Prevention of HIV transmission from HIV infected women to their infants through the provision of antiretroviral drugs to HIV infected pregnant women and their infants, safe delivery practices and counseling and support for safer infant feeding practices.
4. The services needed for each strategy include the following:
  - i) Primary prevention of HIV among parents to be:
    - a) Information, education and counselling on HIV prevention and care
    - b) Voluntary counselling and testing
    - c) Appropriate condom education
    - d) Treatment of sexually transmitted infections
    - e) Community action to reduce stigma and discrimination and increase support for HIV prevention and care interventions.
  - ii) Prevention of unwanted pregnancies among HIV infected women:
    - a) Information, education and counselling about HIV prevention and care.
    - b) Appropriate condom education
    - c) Voluntary Counselling and Testing
    - d) Reproductive health services
    - e) Community action to reduce stigma and discrimination



- iii) Prevention of HIV transmission from HIV infected pregnant women to their infants:
    - a) Information, education and counselling about HIV prevention and care.
    - b) Appropriate condom education.
    - c) Voluntary counselling and testing
    - d) Antenatal care
    - e) Prevention of HIV transmission with prophylactic antiretroviral regimens such as:
      - Nevirapine
      - Zidovudine
      - Highly active antiretroviral therapy.
    - f) Safe delivery practices
    - g) Counselling and support for safer infant feeding practices
    - h) Community action to reduce stigma and discrimination
5. Currently PMTCT services are not adequately utilized due to the following problem behaviours:
- i) Some women who attend antenatal care clinics do not accept voluntary counselling and testing.
  - ii) Some pregnant women who are found to be HIV positive do not enroll for PMTCT services.
  - iii) Many mothers and their babies who enroll for PMTCT services at the first attendance do not return for regular follow ups.
  - iv) Some women do not attend antenatal care and postnatal care services.
  - v) Some HIV positive mothers breast feed their babies and combine this with other fluid foods.
  - vi) Some women get inadequate counselling from service providers regarding VCT and infant feeding options.
  - vii) The community is not providing adequate support for promoting PMTCT.
  - viii) The community is not adequately supporting infant feeding choices of HIV+ve mothers.
  - ix) Men are not adequately supporting their pregnant partners.
  - x) Decision makers are not adequately supporting PMTCT especially in resource allocation.
6. One of the main reasons for inadequate utilization of PMTCT services is inadequate information, education and communication to communities regarding these issues. To overcome this there is need for more information, education and communication regarding these issues.

In addition, many women do not have support from their partners and communities and are not encouraged to get VCT during pregnancy or use alternative infant feeding practices.

Other reasons include the following:

- Waiting time is sometimes too long at antenatal clinics and people have no time to wait
- Stigma associated with HIV/AIDS makes some people to avoid utilizing PMTCT services
- Some people avoid using PMTCT services because they are not well cared for by service providers.

7. Examples of Islamic teachings:

**A. Holy Qur'an: Chapter 6 verse 140:**

*Lost are those who slay their children from folly, without knowledge and forbid food which Allah has provided for them, forging (lies) against Allah, they have indeed gone astray and heeded no guidance*

**Relationship to topic:**

*People should not kill their children as a result of foolishness and ignorance about prevention of Mother to Child HIV infection. If Allah has given them guidance on prevention of Mother to child HIV infection, they should use it. Otherwise they will go astray and pass HIV infection to their children.*

#### 4E: GENDER INEQUALITIES:

Ask participants the following questions:

1. What gender inequalities inhibit utilization of HIV/AIDS services?
2. How can these issues be overcome.
3. Ask participants to give examples of Islamic teachings that address gender inequalities.

Key messages:

1. Men are usually the dominant people in relationships and their attitudes and behaviours may inhibit women from enrolling for HIV/AIDS services. Women need to be educated to be more assertive of their rights. Men need to be educated to change attitudes and accept women's changing roles.

There are biological, social, spiritual and psychological gender related factors that inhibit utilization of HIV/AIDS services. They include the following:

**Biological:**

- i. Because of the biological make up, men cannot attend antenatal care and feel the services do not benefit them directly.
- ii. Men don't get pregnant
- iii. The men may not understand the breast feeding processes because they don't have breasts for breast feeding.

**Social:**

- i. Socially men are superior
- ii. Socially women are brought up to bear children whereas men perform other roles of caring for the family
- iii. Influence of the parents during the upbringing process.
- iv. Antenatal clinics are historically taken as women clubs so this is not a place suitable for men.
- v. Culturally women are not recognized as leaders in society.

**Spiritual inequalities:**

- i. Religious leaders are mostly men and some of them are not well informed about HIV/AIDS services.
- ii. Women are taken to be of lesser status than the men who are physically stronger.
- iii. Women are regarded as a temptation and so men should not go near them

**Psychological factors:**

- i. Women are not psychologically independent in some situations
- ii. Psychologically men believe women are of low esteem economically
- iii. Women are not empowered psychologically for decision making in some situations

#### 2. How can these factors be overcome:

- i. Education and communication through community dialogue.
- ii. There should be marriage counselling by the religious leaders, for both men and women

#### 3. Examples of faith teachings:

A. Holy Qur'an: Chapter 4 verse 127:

*"They ask you instruction concerning the women. Say: Allah does instruct you about them: And (remember) what has been rehearsed unto you in the Book, concerning the orphaned women to whom you give not the portions prescribed, and yet whom you desire to marry, as also concerning the children who are weak and oppressed. That you stand firm for justice to orphans. There is not a good deed which you do, but Allah is well-acquainted therewith.*

**Relationship to topic:**

*Women, children and orphans are physically weaker than men and they can easily be oppressed. However, Allah commands that there should be justice for all these people. Women want justice in the way they are handled. They need justice in the way men handle HIV/AIDS issues.*

#### 4F: PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS PREVENTION:

##### SITUATION ANALYSIS:

##### Ask participants:

1. a. What is the benefit of each of the components of the Islamic approach to HIV/AIDS prevention? Identify examples of relevant Islamic teachings?
- b. What indicators identify successful implementation of the Islamic approach to HIV/AIDS prevention in the individual, family and community? Ensure the indicators are relevant to the 5 components of the IAA.
- c. Who gives the mandate to implement the Islamic approach to HIV/AIDS prevention at the individual, family and community levels?
2. What are the target communities for the Islamic approach to HIV/AIDS prevention?
3. a. What are the needs of the target communities as far as the Islamic approach to HIV/AIDS prevention is concerned? Identify the needs for the following groups: children, youth, men and women.
- b. What are the strengths and weaknesses of these target groups as far as implementing the Islamic approach to HIV/AIDS prevention is concerned?
- c. How should the weaknesses of those who are unable to consistently and correctly implement the Islamic approach to AIDS prevention be handled?
4. What are the priority issues that need to be addressed in the Islamic approach to HIV prevention for each of the target communities?

##### Key messages:

##### Situation analysis:

The benefits of the Islamic approach to HIV/AIDS prevention (IAA prevention):

##### **Benefits of believing in Allah and Prophet Muhammad (SAW)**

- Guides behavior of Muslims
- It is the corner-stone of the Islamic approach to AIDS
- Encourages obedience to Prophet Muhammad (SAW)

Surat Al-Baqara, 2:2-5

*This is the Book. In it is guidance sure, without doubt, to those who fear Allah., Who believe in the Unseen, are steadfast in prayer, and spend out of what we have provided for them, and who believe in the revelation sent to them and sent before your time and in their hearts, Have the assurance of the hereafter. They are on true guidance, from their Lord, and it is these who will prosper.*

##### **Benefits of making use of Islamic teachings and practices**

- Promotes avoiding adultery, fornication and narcotic drugs
- Encourages individual to put in his or her mind that Allah is always watching him or her

HQ 2:219

*They ask the concerning wine and gambling. Say: "In them is great sin, and some benefit, for men; but the sin is greater than the benefit". They ask you how much they are to spend; Say: "What is beyond your needs". Thus does Allah make clear to you His signs: in order that you may consider.*

HQ 5:90-92.

*O you who believe! Intoxicants and gambling, sacrificing to stones, and divination by arrows, are an abomination, of satan's handiwork. Eschew such abomination, that you may prosper. Satan's plan is but to excite enmity and hatred between you, with intoxicants and gambling, and hinder you from the remembrance of Allah, and from prayer. Will you not then abstain? Obey Allah, and obey the Messenger, and beware of evil: If you do turn back, know you that it is our Messenger's duty to proclaim the message in the clearest manner.*

Hadith:

Narrated Ibn Umar: *Allah's Messenger said, once three persons from the previous nations were traveling, and suddenly it started raining and they took shelter in a cave. The entrance of the cave got closed suddenly by the falling of a huge rock while they were inside. They said to each other, O You! Nothing can save you except the truth, so each of you should ask Allah's help by referring to such a deed as he thinks he did sincerely (i.e. just for gaining Allah's pleasure). So one of them said 'O Allah! You know that I had a labourer who worked for me for one faraq i.e. three SA of rice, but he departed, leaving it i.e. his wages. I sowed that faraq of rice and with its yield I bought cows for him. Later on when he came to me asking for his wages, I said to him, go to those cows and drive them away. He said to me, but you have to pay me only a Faraq of rice. I said to him, go to those cows and take them, for they are the product of that faraq of rice. So he drove them. O Allah! If you consider that I did that for fear of You, then please remove the rock. The rock shifted a bit from the mouth of the cave. The second one said, 'O Allah, You know that I had old parents whom I used to provide with the milk of my sheep every night. One night I was delayed and when I came, they had slept, while my wife and children were crying with hunger. I used not to let them i.e. my family drink unless my parents had drunk first. So I disliked to wake them up and also disliked that they should sleep without drinking it, I kept on waiting for them to wake till it dawned. O Allah! If you consider that I did that for fear of You, then please remove the rock. So the rock shifted and they could see the sky through it. The third one said, 'O Allah! You know that I had a cousin i.e. my paternal uncle's daughter who was most beloved to me and I sought to seduce her, but she refused, unless I paid her one hundred dinars i.e. gold pieces. So I collected the amount and brought it to her, and she allowed me to sleep with her. But when I sat between her legs, she said: Be afraid of Allah, and do not deflower me but legally. I got up and left the hundred dinars for her. O Allah! If you consider that I did that for fear of you then please remove the rock. So Allah released them (removed the rock) and they came out of the cave. (Sahih Al-Bukhari, 4/3465 O.P. 671).*

#### **Benefits of forming partnerships with religious leaders**

- Makes use of these leaders to teach individuals and communities
- Information will reach a wide number of people
- Provides continuous reminders about good and bad behaviours

#### **Benefits of making use of the concept of Jihad Nafs**

- Helps in controlling temptations

The indicators of successful implementation of the Islamic approach to HIV/AIDS prevention in the individual, family and community are as follows:

- Individual
  - Abstinence from sex outside marriage
  - Reduced drug abuse
  - Avoiding bad company that practices risky behaviours.
  - Regular practicing of pillars of Islam (Prayers, fasting, performing Haj, paying zakat)
- Family
  - Fearing Allah
  - Reduced stigma, discrimination
  - Acceptance of HIV positive individuals
  - Acceptance of HIV counseling and testing
  - Parents become more courageous and communicate with children about risky behaviours
  - Reduction in risky cultural practices

- Community
  - Reduced HIV infection rates (Long term indicator)
  - Encourages HIV testing especially before marriage
  - Timely marriages (not too early, not too late)
  - Community is considerate to PLWHAs
  - Teenage pregnancies reduced

The mandate to implement the Islamic approach to HIV/AIDS prevention at the individual, family and community levels is given by the following:

- Individual
  - Allah
  - Individual's conscience
- Family
  - Allah and Prophet Muhammad (SAW)
  - Parents.
- Community
  - Allah
  - Community leaders
  - Governments leaders

The target communities for the Islamic approach to HIV/AIDS prevention are as follows:

- |            |                        |               |
|------------|------------------------|---------------|
| ▪ Children | ▪ Men                  | ▪ PLWHAs      |
| ▪ Youth    | ▪ Disadvantaged people | ▪ Sex workers |
| ▪ Women    |                        | ▪ IDUs        |

The needs of the target communities as far as the Islamic approach to HIV/AIDS prevention is concerned are as follows:

- Children
  - Awareness raising according to their age
  - Protection from bad company
  - Financial support from parents
  - Education about Islam
  - Legislation by government
- Youth
  - Education
  - Empowerment for HIV prevention
  - Love & hope for a better future
  - Compassion, Care & Consideration
- Women
  - Economic empowerment
  - Education
  - Teaching them to protect themselves
  - Appropriate health services for women
  - How to preserve modesty

HQ. 24:31.

*And say to the believing women that they should lower their gaze and guard their modesty; that they should not display their beauty and ornaments except what must ordinarily appear thereof; that they should draw their veils over their bosoms and not display their beauty except to their husbands, their fathers, their husband's fathers, their sons, their husbands' sons, their brothers or their brothers' sons, or their sisters' sons, or their women, or the slaves whom their right hands possess, or male servants free of sexual urge, or small children who have no carnal knowledge of women; and that they should not strike their feet in order to draw attention to their hidden ornaments. And O you believers, turn you all together towards Allah, that you may attain Bliss.*

- Men
  - How to preserve modesty
  - How to lower gaze when meeting opposite sex in accordance to Islamic teachings
  - Islamic education

HQ. 24:30.  
*Say to the believing men that they should lower their gaze and guard their modesty, that will make for greater purity for them; And Allah is well acquainted with all that they do.*
- PLWHAs
  - Education, care & support
- Sex workers
  - Economic empowerment
  - Capacity building to resist temptations
- IDUs
  - HIV Counselling and testing
  - Capacity building to resist temptations

The strengths and weaknesses of these target groups as far as implementing the Islamic approach to HIV/AIDS prevention is concerned are as follows:

### Strengths

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>■ Children:           <ul style="list-style-type: none"> <li>• Follow their role models</li> <li>• Listen to their parents advice</li> <li>• Fast learners</li> </ul> </li> <li>■ Youth:           <ul style="list-style-type: none"> <li>• Easily adapt</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>■ Men:           <ul style="list-style-type: none"> <li>• One of the pillars of the family</li> <li>• Have financial power (bread winners)</li> </ul> </li> <li>■ Women:           <ul style="list-style-type: none"> <li>• Other pillar of the family</li> <li>• Care givers</li> <li>• Transmitters of knowledge and culture</li> </ul> </li> </ul> |
|--|--|

### Weaknesses

- Children:
  - Easily influenced
- Youth:
  - Easily perverted
- Men:
  - Assume they know every thing
  - Rigidity in their behaviours
  - Aggressive
  - Arrogant
- Women:
  - Vulnerable to men's negative influences
  - Emotional

The weaknesses of those who are unable to consistently and correctly implement the Islamic approach to AIDS prevention should be handled as follows:

- Patience, care, counseling, education
- Islamic teachings
- Experience sharing

- Control (particularly for children)
- Family guidance
- Spiritual guidance

The Islamic teachings that support this include: HQ. 4:145-152

*The hypocrites will be in the lowest depths of the fire. No helper will you find for them, except for those who repent, Mend their life, hold fast to Allah and make their religious devotion, Sincere to Allah. If so they will be numbered with the believers and soon will Allah grant to the believers a reward of immense value. What can Allah gain by your punishment if you are grateful and you believe? Nay it is Allah that recognizes all good and knows all things. **Allah does not like that evil should be uttered in public except by one who has been wronged**, for Allah is He who hears and knows all things. Whether you do openly a good deed or conceal it or cover evil with pardon, surely Allah is ever pardoning, powerful. Those who deny Allah and His messengers, and wish to separate between Allah and His Messengers, saying: "We believe in some but reject others",. And wish to take a course midway. They are in truth unbelievers; and we have prepared for unbelievers a humiliating punishment. To those who believe in Allah and His messengers and make no distinction between any of the messengers, we shall soon give their due rewards. For Allah is oft-forgiving Most Merciful.*

HQ. 2:262-263:

*Those who spend their wealth in the cause of Allah, and follow not up their gifts with reminders of their generosity or with injury for them their reward is with their Lord. On them shall be no fear nor shall they grieve. **Kind words and covering of faults are better than charity followed by injury.** Allah is free of all wants, and He is most forbearing.*

HQ. 24:18-21.

*And Allah makes the signs plain to you, for Allah is full of knowledge and wisdom. **Those who love to see scandal circulate among the Believers, will have a grievous chastisement in this life and in the hereafter; Allah knows, and you know not.** Were it not for the Grace and Mercy of Allah on you, and that Allah is full of kindness and mercy, you would be ruined indeed. O you who believe, follow not satan's footsteps; if any will follow the footsteps of satan, he will but command what is shameful and wrong, and were it not for the grace and mercy of Allah on you, not one of you would ever have been pure; but Allah does purify whom He pleases and Allah is One who hears and knows all things.*

The priority issues that need to be addressed in the Islamic approach to HIV prevention for the target communities are as follows:

- Children
  - Love, care, protection and Islamic teachings
- Youth
  - Education (scientific & religious)
  - Counseling
- Women
  - Dignity, care and support by the society
  - Empowerment
  - Education
- Men
  - Education
  - Better understanding of the needs of women & children
  - Counseling

#### 4G: SETTING GOALS, OBJECTIVES, AND ACTIVITIES OF THE ISLAMIC APPROACH TO HIV/AIDS PREVENTION.

##### Ask participants:

1. What are the major goals of the Islamic approach to HIV/AIDS prevention for the individual, family and the community?
2. What are the major objectives of the Islamic approach to HIV/AIDS prevention for the individual, family and the community? Make the objectives specific, measurable, achievable, realistic and time bound.
3. What major activities are needed to achieve the goal and objectives of the Islamic approach to HIV prevention for the individual, family and community? Who should do the activities, when, with what motivation and at what cost? As an example you can plan for a Muslim community at a mosque, with 100 households, 5 people in each household, an HIV prevalence of 5% and a budget of US\$.1,000 or equivalent in local currency, for HIV prevention. You can also plan for a family in a household or plan for an individual. Make a matrix table of these items.
4. What channels of communication should be used to implement the Islamic approach to HIV/AIDS prevention by the individual, family and community?
5.
  - a. What other partners and alliances are needed to network with in the implementation of the Islamic approach to HIV/AIDS prevention in the target communities?
  - b) What is the role of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS.
  - c) What types of interactions with other faiths can enhance the use of the Islamic approach to HIV/AIDS prevention by the individual, family and community?

##### Key messages:

The major goal of the Islamic approach to HIV prevention for the individual, family and the community is the following:

- To prevent new HIV infections by using the IAA.

The major objectives of the Islamic approach to HIV prevention for the individual, family and the community are as follows:

- To increase the knowledge of 50% of the community regarding IAA prevention within 3 years
- To have 30% of the community tested for HIV within 3 years
- To have 50% of Imams, mosque administrators, youth associations, female and male Madrasa teachers well-grounded in the use of the IAA prevention within 3 years (depending on the setting)

The major activities needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS prevention for the individual, family and community are given in the example below in table 2: The example is for a mosque community with 100 households, 5 people in each household an HIV prevalence of 5% and a budget of US 1,000 or equivalent in local currency. The workplan can be adjusted depending on setting, and available resources.



**Table 1: Example of work plan for activities at the mosque level**

Activity	By Who	When	Motivation	Cost
Advocacy meeting with the Imams and community leaders	Community Coordinator	July-October 2007	Reward from Allah, transport , approval by the Imam and refreshments	\$ 10
Follow up meeting with Imams and chief administrator	Imam	July-October 2007	Reward from Allah, transport , approval by the Imam and refreshments	\$ 50
Developing training manual to cater for all goals and objectives	Community Coordinator	October-December 2007	Reward from Allah, transport , approval by the Imam, allowances and refreshments	\$ 200
Training of trainers	Community Coordinator	December 2007	Reward from Allah, transport , approval by the Imam, allowances and refreshments	\$ 200
Community information, education and communication, through sermons, video shows, drama, songs, group discussion, home visits etc.	Community Coordinator	On going process to 2010	Reward from Allah/ incentives/refreshment/IEC materials	\$ 400
Monitoring and Evaluation	Community Coordinator	On going process to 2010	Reward from Allah/ incentives/refreshment/ monitoring forms	\$ 140
			<b>Total</b>	<b>\$1,000</b>

The channels of communication that should be used to implement the IAA prevention by the individual, family and community include the following:

- Religious sermons
- Electronic and print media
- Posters and leaflets
- Home visits
- Support groups
- Using influential and charismatic leaders
- PLWHAs
- Madrasa
- Religious Social gatherings

The partners and alliances that are needed to network with in implementation of the IAA prevention in the target communities include the following:

- Donor agencies
- Government
- Medical experts and associations
- Other faith communities
- Media persons

The benefit of networking between communities and health facilities in the implementation of the IAA prevention as indicated in appendix 1 is as follows:

- Sharing information
- Referral of clients
- Counseling services

The types of interactions with other faiths that can enhance the use of the IAA prevention by the individual, family and community are as follows:

- Interfaith dialogue
- Peaceful co-existence
- Sharing medical services
- Mutual understanding
- Experience sharing
- Joint resource mobilization
- Sharing resources

Islamic teachings and guidance to support this include the following: HQ. 6:102-108.

*That is Allah, your Lord. There is no god but He, the Creator of all things, then worship you Him and He has power to dispose of all affairs. No vision can grasp Him, but His grasp is over all vision, He is subtle well-aware. Now have come to you, from your Lord proofs to open your eyes if any will see, it will be for the good of his own soul. If any will be blind, it will be to his own (harm). I am not here to watch over your doings. Thus do we explain the signs by various (ways) that they may say, you have learnt this from somebody and that We may make the matter clear to those who know. Follow what you are taught by inspiration from the Lord. There is no god but He and turn aside from those who join gods with Allah. If it had been Allah's will, they would not have taken false gods, but we made you not one to watch over their doings, nor are you set over them to dispose of their affairs. **Insult not you those whom they call upon besides Allah, lest they out of spite insult Allah in their ignorance.** Thus have we made alluring to each people its own doings. In the end will they return to their Lord and He shall then tell them the truth of all that they did.*

These verses encourage avoiding insulting other people even when they do not believe in one God. Indeed Allah may make them your friends, if He so wills.

HQ. 60:7-9.

*It may be that Allah will grant love and friendship between you and those whom you now hold as enemies. For Allah has power over all things; And Allah is oft-forgiving, Most Merciful. Allah forbids you not, with regard to those who fight you not for your faith nor drive you out of your homes, from dealing kindly and justly with them, for Allah loves those who are just. Allah only forbids you, with regard to those who fight you for (your) faith, and drive you out of your homes, and support others in driving you out, from turning to them for friendship and protection. It is such as turn to them in these circumstances, that do wrong.*

More guidance comes from Sayyidina Abubakar, the first Caliph, given to Yazid bin abu Sufyan while the latter was engaged in Jihad:

*"When you travel, do not drive your comrades so much that they get tired on the journey. Do not be angry upon your people and consult them in your affairs. Do justice and keep them away from tyranny and oppression, because a community that engages in tyranny, does not prosper, nor do they win victory over their enemies. When you become victorious on your enemies, do not kill their children, old people and women. Do not go even closer to their date palms, nor burn their harvest, nor cut the fruit bearing trees. Do not break the promise once you have made it, and do not break the terms of treaty, once you have entered into it. You will meet on your way people in the monasteries, the monks engaged in the worship of Allah, leave them alone and do not disperse them. Let them please themselves and do not destroy their monasteries, and do not kill them. May Peace of Allah be upon you".*

#### 4H: MONITORING AND EVALUATION, RESOURCE MOBILIZATION, RESOLUTIONS AND COMMITMENTS REGARDING THE ISLAMIC APPROACH TO HIV/AIDS PREVENTION.

Ask participants:

1. a. What data needs to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS prevention by the individual, family and community?  
b. How can this data be collected?
2. a. What data needs to be collected to evaluate the outcome and impact of implementing the Islamic approach to HIV/AIDS prevention? Ensure the data is relevant to the 5 components of the Islamic approach to AIDS.  
b. How can this data be collected?
3. a. What are the possible resources for implementing the Islamic approach to HIV/AIDS prevention that can be mobilized locally and externally by the individual, family and community? Identify the required financial, human and technical resources.  
b. How can these resources be attracted and accessed?
4. What resolutions and commitments should be made regarding enhancing of the Islamic approach to HIV/AIDS prevention by the individual, family and community?

## Key messages:

The data that needs to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS prevention by the individual, family and community is shown in the example in table 2 below:

**Table 2: Process indicators for prevention programs using the IAA**

Activity	Indicator
Advocacy meeting with the Imams and community leaders	<ul style="list-style-type: none"> <li>▪ No. of Imams, community leaders, at the meeting</li> <li>▪ No. of meetings held</li> <li>▪ Report of meetings</li> </ul>
Follow up meeting with Imams and chief administrator	<ul style="list-style-type: none"> <li>• No. of Imams, community leaders, participants at the meeting</li> <li>• No. of meetings held</li> <li>• Reports of meetings</li> </ul>
Developing training manual to cater for all objectives	<ul style="list-style-type: none"> <li>▪ Training manual developed pre-tested</li> <li>▪ No. of copies printed &amp; circulated</li> </ul>
Training of trainers	<ul style="list-style-type: none"> <li>▪ No. of trainers trained</li> </ul>
Community information, education and communication through sermons, songs, drama, video shows, group discussion etc.	<ul style="list-style-type: none"> <li>▪ No. of participants</li> <li>▪ No. of workshops done</li> <li>▪ No. of songs and poems developed</li> <li>▪ No. of sermons done</li> </ul>
Monitoring and Evaluation	<ul style="list-style-type: none"> <li>▪ Reports indicating outcomes (successes and challenges)</li> <li>▪ M&amp;E system framework</li> </ul>

The data that need to be collected to evaluate the outcome of implementing the Islamic approach to HIV/AIDS Prevention is shown in table 3 below:

**Table 3: Outcome Indicators for prevention programs using the IAA**

IAA Component	Indicators
Believing in Allah and Prophet Muhammad (SAW)	<ul style="list-style-type: none"> <li>▪ Proportion of people who report using the belief in Allah in the prevention of HIV/AIDS</li> <li>▪ Proportion of people who use preventive methods (e.g. abstinence and faithfulness in marriage) using Allah's guidance</li> <li>▪ Proportion of people who are avoiding drug abuse using Allah's guidance.</li> </ul>
Learning the scientific knowledge	<ul style="list-style-type: none"> <li>▪ Proportion of people with the correct scientific knowledge about modes of transmission and prevention of HIV/AIDS as a result of IAA</li> <li>▪ Proportion of people who are going for treatment &amp; rehabilitation for drug abuse in accordance with IAA</li> </ul>
Making use of Islamic teachings and practices	<ul style="list-style-type: none"> <li>▪ Proportion of people who care for PLWHA to support positive prevention</li> <li>▪ Proportion of people who are practicing the pillars of Islam (prayers, fasting, zakat, Haj)</li> <li>▪ Proportion of discordant married couples using HIV prevention methods in accordance with IAA. e.g. H.Q 2:195 "<i>And spend of your substance in the cause of Allah, and make not your own hands contribute to (your) destruction, but do good: For Allah loves those who do good</i>".</li> </ul>
Forming partnerships with and making use of religious leaders and their administrative structures	<ul style="list-style-type: none"> <li>• Proportion of people who participate in community activities related to HIV/AIDS prevention in accordance with IAA</li> <li>• No. of support groups for positive prevention</li> </ul>
Concept of Jihad Nafs	<ul style="list-style-type: none"> <li>▪ Proportion of people who report using the concept of Jihad Nafs in their HIV prevention methods (abstinence and faithfulness in marriage)</li> <li>▪ Proportion of people who are avoiding drug abuse by using the concept of Jihad nafs.</li> <li>▪ Proportion of people who care for PLWHA (support positive prevention) by using the concept</li> <li>▪ Proportion of people tested for HIV voluntarily by using the concept.</li> </ul>

## The Impact indicator of IAA prevention is as follows

HIV incidence (new cases) among targeted groups will reduce.

The possible resources for implementing the Islamic approach to HIV/AIDS prevention that can be mobilized locally and externally by the individual, family and community include the following:

### ■ Financial

- Money
- Zakat for the poor
- Endowment (Waqf)
- Local and International donor agencies

### ■ Human

- Imams and other religious leaders
- Volunteers
- Family members
- Community members

### ■ Technical

- Medical personnel
- Counselors
- Teachers
- Training materials
- IEC materials

These resources can be attracted and accessed through the following avenues:

- Writing project proposals
- Mobilizing the community
- Organizing fund raising activities
- Accountability for resources acquired

The resolutions and commitments that should be made regarding enhancing of the Islamic approach to HIV/AIDS prevention by the individual, family and community include the following: Other resolutions are in appendix 2.

## Resolutions

- To implement IAA prevention in our communities guided by the strategic frame work
- To continue exchanging experiences in the implementation of IAA prevention
- To share IAA prevention with other communities and people of other faiths
- To encourage Muslim leaders at all levels to integrate IAA prevention within their strategic frame work
- To encourage respective governments and international organizations to support and finance the IAA prevention strategy

Other resolutions are in appendix 2

## Commitment

- To popularize and implement IAA prevention in our different countries and communities.

## Topic 5: THE ISLAMIC APPROACH TO HIV/AIDS TREATMENT:

### 5A: ANTIRETROVIRAL THERAPY:

Ask participants the following questions:

1. What is anti-retroviral therapy? What other care and support should be given to people living with HIV/AIDS at home, at work and during leisure by the individual, the family and the community?
2. What are the benefits of ART to the individual, family and the community? What are the advantages and disadvantages of ART in HIV/AIDS prevention, care and support?
3. Where is ART provided and how long should the drugs be taken?
4. Does ART have any side effects and how are these managed?
5. What is the cost of ART?
6. What misconceptions have you heard about ART and how can they be overcome?
7. Ask participants to give examples of Islamic teachings that support utilization of ART.

#### Key messages:

1. Anti-retroviral therapy is the use of drugs to interfere with the multiplication of HIV.
  - ART reduces multiplication of HIV and boosts the body's immune system so that it can fight diseases better. Many people on ART live longer useful lives.
  - Care and support needed by people living with HIV/AIDS:

#### Home:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>- Accept them</li><li>- Give them love</li><li>- Good food</li><li>- Assist with hygiene</li><li>- Reduce their work load</li><li>- Pray with them</li></ul> | <ul style="list-style-type: none"><li>- Take them for treatment</li><li>- Give them financial support</li><li>- Listen to their problems</li><li>- Remind them to take their drugs</li><li>- Encourage their morale</li><li>- Comfort them.</li></ul> |
|--|---|

#### At work:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>- Accept them</li><li>- Reduce their workload</li><li>- Do not terminate their services</li><li>- Give them sick leave if they are unwell</li><li>- Give them salary advance if necessary</li></ul> | <ul style="list-style-type: none"><li>- Show them love</li><li>- Listen to their problems and take appropriate action</li><li>- Involve them in programmes</li></ul> |
|---|--|

#### During leisure:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>- Involve them in indoor games</li><li>- Involve them in prayer groups</li><li>- Accept them in leisure groups</li></ul> | <ul style="list-style-type: none"><li>- Counsel them on faithfulness and safer sex when satisfying sexual needs.</li></ul> |
|--|--|

2. Benefits of using ART:

**The benefits of using ART include the following:**

#### Individual:

- i. Boost immunity
- ii. Life is prolonged
- iii. Get healthy babies
- iv. Become stronger and this helps you to work
- v. Helps you to plan your future
- vi. Save money

Family:

- i. Happiness in the family because they are healthy
- ii. Economic status will improve as they will all be working

Community:

- i. Reduces orphans
- ii. Reduction in stigma
- iii. Community continues to develop because the workforce is maintained
- iv. Reducing the spread of disease
- v. Economic gains as a result of reduction in attending of funeral rites

**Advantages of ART in HIV prevention:**

- Children are prevented from getting HIV infection
- Reduction in viral load reduces HIV transmission from one person to another
- More people are counseled and tested for HIV and this encourages behaviour change.

**Advantages of ART in care and support:**

- Reduced time spent on care of bed ridden patients since those on ARV can recover and take care of themselves.
- Care givers are happier because patients recover.

**Disadvantages of ART on prevention:**

- Reduced fear of getting HIV infection since it has become a chronic treatable infection.
- Deliberate spread may increase since those who are HIV positive become more healthy and mobile.
- Some people may not take their drugs properly and this can result in the appearance of HIV types that are used to the drugs (resistant) so that they continue to multiply in the presence of the drugs. These drugs resistant types may increase and make it difficult to treat HIV once again.

**Disadvantages of ART in care and support:**

- People living with HIV/AIDS may get less support from their carers.

3. Where to get ART:

ART are provided at some public and private hospitals and clinics.

The drugs should be taken for life.

4. Side effects of ART:

**ART have side effects including the following:**

- |                      |                         |                   |
|----------------------|-------------------------|-------------------|
| i. Pain in the feet  | vi. Reduce blood        | xi. Numbness      |
| ii. Darkens the skin | vii. Disturb the nerves | xii. Skin rashes  |
| iii. Blurred vision  | viii. Abdominal upsets  | xiii. Yellow eyes |
| iv. Mental confusion | ix. Vomiting            | xiv. Diarrhoea    |
| v. Liver damage      | x. Joint pains          |                   |

These side effects can usually be managed at health units.

5. ARV are still quite expensive when all costs are taken into account. However some governments have started distributing free ARVs in some hospitals.

6. Misconceptions of ART

**Some of the misconceptions about ART are shown below with the corrections in bold.**

i. Quickens ones death  
**ARTs prolong life but if one gets serious side effects, they can kill like any other drugs**

ii. It cures AIDS  
**It reduces multiplication of HIV. It does not cure.**

iii. Manufacturers are only money makers.  
**There are some benefits to the community besides profits to manufacturers.**

7. Examples of Islamic teachings supporting ART:

A. Holy Qur'an: Chapter 94 verse 1-8

*Have we not expanded your breast? And removed from you your burden; which did gall your back? And raised high the esteem (in which) you (are held); So surely with every difficulty, there is relief; surely, with every difficulty there is relief; Therefore, when you are Free (from your immediate task), still labour hard; And to your Lord turn (all) your attention*

**Relationship to topic:**

***Allah has provided relief for the difficulty of HIV/AIDS in the form of ARVs. Therefore, HIV positive people should use the ARVs and ask Allah to continue assisting them.***

## 5B: PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS TREATMENT:

### SITUATION ANALYSIS:

Ask participants:

1.
  - a. What is the benefit of each of the 5 components of the Islamic approach to HIV/AIDS treatment? Identify examples of relevant supportive Islamic teachings. (Remind participants about the components of the Islamic approach to AIDS).
  - b. What indicators identify successful implementation of the Islamic Approach to HIV/AIDS treatment by the individual, family and community. Ensure the indicators are relevant to the 5 components of the Islamic approach to AIDS.
  - c. Who gives the mandate to implement the Islamic approach to HIV/AIDS treatment at the individual, family and community levels?
2. What are the target communities for the Islamic approach to HIV/AIDS treatment?
3.
  - a. What are the needs of the target communities as far as the Islamic approach to HIV/AIDS treatment is concerned? Identify the priority needs for the following groups: children, youth, men and women.
  - b) What are the strengths and weakness of these target groups as far as implementing the Islamic approach to AIDS treatment is concerned.
  - c) How should the weaknesses of those who are unable to consistently and correctly implement the Islamic approach to AIDS treatment be handled?
4. What are the priority issues that need to be addressed for each target group in the Islamic approach to HIV/AIDS treatment?

## Key messages:

The indicators for successful implementation of the Islamic Approach to HIV/AIDS treatment in the individual, family and community include the following:

### Individual

- Reduction in stigma
- Person feels part of the community
- Improvement in health
- Number of HIV positive people who adhere to treatment increases

### Family

- Family has increased knowledge about HIV treatment
- Family can talk about HIV treatment
- Family accessing HIV treatment

### Community

- Enhanced community knowledge about HIV treatment
- Better understanding of community on HIV issues e.g. causes and treatment
- Increase in positive health seeking behaviour e.g. HCT and treatment
- Reduction in stigma and discrimination
- Community actually providing care and support services

The mandate to implement the Islamic approach to HIV/AIDS treatment at the individual, family and community levels is given by the following:

- **Individual**
  - Allah
  - Self
- **Family**
  - Allah
  - Head of family
  - Mother
  - Ulama
  - Every person should take responsibility for self and others
- **Community**
  - Allah
  - Community leaders

The target communities for the Islamic approach to HIV/AIDS treatment include the following:

- Women
- Children
- Self
- Men
- High risk groups e.g. soldiers, prisoners
- PLWHAs
- Patients with STIs

The needs of the target communities as far as the Islamic approach to HIV/AIDS treatment is concerned include the following:

#### i) Children

- Counseling and HIV testing
- Care and support
- Nutrition
- Medication
- Encouraging adherence

#### ii) Youth

- Counseling and encouragement not to give up treatment
- Empowerment
- Capacity building
- Information and Guidance

#### iii) Men

- Counseling
- Information sharing
- Adherence to treatment
- Nutrition support
- Disclosure counseling and support



#### iv) Women

- Empathy
- Economic Empowerment to go for treatment
- Information
- Support and understanding from spouses
- PMTCT services

#### v) PHAs

- Compassion
- Spiritual empowerment
- Family and community support
- Counseling for adherence
- Nutrition

The strengths and weaknesses of these target groups as far as implementing the Islamic approach to AIDS treatment is concerned include the following:

#### Strengths

- **Children**
  - Obedient and Innocent, so will do as instructed e.g. take all medicine
  - Have support of parents/guardians
- **Youth**
  - Strong, ambitious, hopeful and vibrant, therefore eager to take treatment
- **Men**
  - Have power and control over everything, so can access HCT, care and treatment anytime
- **Women**
  - Strong, persevering. tolerant, patient over treatment
  - Near kitchen so they can eat well
  - Have good health seeking behaviour
- **PLWHAs**
  - There is a known care model for them
  - Have good information from counseling
  - Know their HIV status

#### Weaknesses

- **Children**
  - Dependant on parents so may not get attention especially if parents too are sick
  - Have less knowledge about HIV treatment
  - They don't have resources
  - Are vulnerable
  - Many of them are orphans
- **Youth**
  - Emotional, Weak faith, want independence, difficult to control while on HIV treatment
- **Men**
  - Secretive, shy, don't disclose to their wives about their HIV status
  - Can refuse treatment
  - Have poor health-seeking behaviour
  - Don't go to support groups
- **Women**
  - Vulnerable, Poor, Dependant on husbands and Lack empowerment
- **PLWHAs**
  - Stigma
  - Despair

The weaknesses of those who are unable to consistently and correctly implement the Islamic approach to AIDS treatment can be handled as follows:

- Give information and education about HIV treatment
- Economic empowerment
- Access to treatment improved
- Continuous counseling
- Family and Community to know about AIDS treatment and to be supportive

The priority issues that need to be addressed for each target group in the Islamic approach to HIV/AIDS treatment include the following:

- **Children**
  - Promote fear of Allah
  - PMTCT & HIV testing for children
- **Youth**
  - Promote fear of Allah, PMTCT & HIV testing,
  - Keep them at school
  - Promote early and timely marriage (as soon as youth is ready)
- **Men**
  - Information about HIV
  - Support for Disclosure
- **Women**
  - Information about HIV
  - Empowerment
- **PLWHAs**
  - Access to treatment, counseling & testing, Care and support, spiritual Counseling
  - Reduction of self and external stigma

## 5C: SETTING GOALS, OBJECTIVES AND ACTIVITIES OF THE ISLAMIC APPROACH TO HIV/AIDS TREATMENT

Ask participants:

1. What are the major goals of the Islamic approach to HIV/AIDS treatment for the individual, family and community?
2. What are the major objectives of the Islamic approach to HIV/AIDS treatment for the individual, family and community? Make the objectives specific, measurable, achievable, realistic and time bound.
3. What major activities are needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS treatment for the individual, family and community? Who should do the activities, when, with what motivation and at what cost. As an example you can plan for a Muslim community at a mosque, with 100 households, 5 people in each household, an HIV prevalence of 5% and a budget of US\$ 1,000 or its equivalent in local currency, for treatment. You can also plan for a family in a household or plan for an individual. Make a matrix table of these items.
4. What channels of communication should be used to implement the Islamic approach to HIV/AIDS treatment by the individual, family and community?
5.
  - a. What other partners and alliances are needed to network with in the implementation of the Islamic approach to HIV/AIDS treatment?
  - b. What is the role of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS treatment?
  - c. What types of interactions with other faiths can enhance the Islamic approach to AIDS treatment by the individual, family and community.

## Key messages:

The major goal of the Islamic approach to HIV/AIDS treatment for the individual, family and community is as follows:

- To reduce suffering and death due to HIV/AIDS, improve quality of life and reduce HIV transmission in individuals, families and communities using Islamic principles.

The major objectives of the Islamic approach to HIV/AIDS treatment for the individual, family and community are as follows:

### Objectives of programs focusing on HIV/AIDS treatment, using the IAA

- Provide information about HIV/AIDS treatment
- Provide HIV counseling and testing to all adult Muslim individuals and couples
- Increase access to HIV treatment (ARVs) by 25%, every 12 months

The major activities needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS treatment for the individual, family and community are shown in table 4 as an example:

Table 4: Work plan for activities at the mosque level

Activity	By Who	When	Motivation	Cost (USD)
1) Give a report to the mosque community about the 3 <sup>rd</sup> IMLC in Addis Ababa.	Community Coordinator	Aug 2007	Allah's reward	0
2) Establish a mosque IAA planning committee	Community Coordinator	Aug 2007	Allah's reward	100
3) Develop & print curriculum for training the community on IAA treatment	Community Coordinator with Technical Assistance from e.g. Supreme Council	Dec 2007	Allah's reward Work allowances	250
4) Train the Imam and Trainers (TOT)	Community Coordinator Technical Advisors	Jan 2008	Allah's reward Training allowances	150
5) Educate communities and refer the sick	Imam and Assistants	Jan–Dec 08	Allah's reward Transport Allowances	400
6) Monitoring, Evaluation and report writing	Community Coordinator Technical Advisor Imam Assistants	Jan – Dec 2008	Allah's reward Transport Allowances	100
			<b>TOTAL</b>	<b>1000</b>

The channels of communication that should be used to implement the Islamic approach to HIV/AIDS treatment by the individual, family and community include the following:

1. Sermons (Khutbas)
2. Fliers, posters, pamphlets, bill boards
3. Islamic social gatherings e.g. weddings, support groups
4. Lectures
5. Media
6. Schools/madrasas
7. Home visits

The partners and alliances needed to network with in implementation of the Islamic approach to HIV/AIDS treatment include the following:

1. Government e.g. Ministry of Health, AIDS Control Programmes.
2. Health Facilities
3. NGOs, CBOs, FBOs
4. Companies
5. Media e.g. TV and Radio stations
6. Individual Muslims
7. Muslim Supreme Councils

The benefits of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS treatment as indicated in appendix 1 include the following:

1. Referral for treatment
2. Health Education
3. Advocacy
4. Share Resources (Resource mobilization)
5. Technical assistance or professional assistance (e.g. medical treatment)
6. Joint Planning

The types of interactions with other faiths that can enhance the Islamic approach to AIDS treatment by the individual, family and community include the following:

1. Share good experiences so that we can obtain solutions to local, national and international problems
2. Coordination of activities
3. Sharing resources
4. Joint religious IEC materials
5. Humanity promotion
6. Improved interfaith cooperation through dialogue.
7. Promotion of understanding of Islam

#### **5D: MONITORING AND EVALUATION, RESOURCE MOBILIZATION, RESOLUTIONS AND COMMITMENTS REGARDING THE ISLAMIC APPROACH TO HIV/AIDS TREATMENT.**

**Ask participants:**

1. a. What data needs to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS treatment by the individual, family and community?  
b. How can this data be collected?
2. a. What data needs to be collected to evaluate the impact of implementing the Islamic approach to HIV/AIDS treatment? Ensure the data is relevant to the 5 components of the Islamic approach to AIDS.  
b. How can this data be collected?
3. a. What are the possible resources for implementing the Islamic approach to HIV/AIDS treatment that can be mobilized locally and externally by the individual, family and community? Identify the required financial, human and technical resources.  
b. How can these resources be attracted and accessed?
4. What resolutions should be made regarding enhancing the use of the Islamic approach to HIV/AIDS treatment by the individual, family and community?

**Key messages:**

The data that need to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS treatment by the individual, family and community is as follows in table 5:

**Table 5: Process indicators**

Activities	Indicators
1. Give a report to the mosque community about the 3 <sup>rd</sup> IMLC in Addis Ababa	<ul style="list-style-type: none"> <li>▪ Report of the consultation</li> </ul>
2. Establish a mosque IAA planning committee	<ul style="list-style-type: none"> <li>▪ No of meetings</li> <li>▪ Minutes of the meeting(s)</li> </ul>
3. Develop & print curriculum for training the community on IAA treatment	<ul style="list-style-type: none"> <li>▪ IAA treatment Training manual(s)</li> <li>▪ No of copies printed</li> </ul>
4. Train the Imams and Trainers (ToT)	<ul style="list-style-type: none"> <li>▪ No of Imams and (Assistants), Trainers trained</li> </ul>
5. Educate communities and refer the sick	<ul style="list-style-type: none"> <li>▪ No of IEC materials produced and distributed</li> <li>▪ No of families educated</li> <li>▪ No of people educated</li> <li>▪ No of education sessions held</li> <li>▪ No of referrals</li> </ul>
6. Monitoring, Evaluation and report writing	<ul style="list-style-type: none"> <li>▪ M &amp; E system developed</li> <li>▪ Monthly/quarterly/annual monitoring and evaluation reports</li> </ul>

The data that need to be collected to evaluate the outcome of implementing the Islamic approach to HIV/AIDS treatment is as follows in table 6:

**Table 6: Outcome Indicators**

IAA Component	Outcome indicators
1. Believing in Allah	<ul style="list-style-type: none"> <li>▪ Increase in adherence to Islamic teachings on treatment</li> <li>▪ Improved health seeking for treatment</li> <li>▪ Increased community support for HIV treatment</li> </ul>
2. Making use of Islamic teachings and practices	<ul style="list-style-type: none"> <li>▪ Positive attitudes from the community towards PHAs</li> <li>▪ HIV/AIDS interventions understood in the context of Islam</li> <li>▪ Positive attitudes of PHAs to treatment</li> </ul>
3. Learning the scientific knowledge	<ul style="list-style-type: none"> <li>▪ Decrease in misconceptions about HIV/AIDS</li> <li>▪ Correct knowledge/information about HIV/AIDS</li> <li>▪ Increases confidence to seek treatment</li> <li>▪ Increase in the number of people seeking treatment</li> <li>▪ Increase in community support for PHAs</li> <li>▪ Empowered Imams who are able to give correct Islamic guidance to the Muslim community</li> </ul>
4. Forming partnerships with and making use of religious leaders and their admin structures	<ul style="list-style-type: none"> <li>▪ No. of NGOs /FBOs giving support to the IAA treatment</li> <li>▪ No. of partnerships formed by Imams with PLWHAs, families,</li> <li>▪ Improved coordination and planning among IAA treatment partners</li> </ul>
5. Concept of Jihad Nafs	<ul style="list-style-type: none"> <li>▪ Increased health seeking behavior e.g. VCT, ART</li> <li>▪ Adherence to treatment</li> <li>▪ Increased PLWHAs involved in positive prevention using the concept</li> </ul>

The possible resources for implementing the Islamic approach to HIV/AIDS treatment that can be mobilized locally and externally by the individual, family and community include the following:

## Resources

### Financial

- i. Zakat
- ii. Donations
- iii. Local government funds
- iv. Charitable endowments
- v. Community contributions
- vi. Membership contributions
- vii. Small scale investments

### Human

- i. Imams/Muslim preachers
- ii. Family members
- iii. IMLC participants
- iv. Health workers
- v. Women groups
- vi. Youth organizations
- vii. PLWHAs
- viii. Men's groups
- ix. Madrasa/school teachers

### Technical

- i. Medical professionals
- ii. Counselors
- iii. Islamic affairs village administrators
- iv. Social workers
- v. Media experts

These resources can be attracted and accessed as follows:

1. Community mobilization
2. Proposal writing
3. Sharing the success stories of the IAA treatment
4. Fundraising e.g. community events,
5. Create income generating activities (IGAs)
6. Prayers and special Islamic occasions e.g. Eids, Ramadhan
7. Joint participatory planning
8. Good and transparent management of IAA treatment
9. Accountability
10. Advocacy

The resolutions and commitments that should be made regarding enhancing the use of the Islamic approach to HIV/AIDS treatment by the individual, family and community include the following:

## Resolutions

- To implement the IAA treatment work plans
- That Imams should be committed to the implementation of IAA treatment
- To support PLWHAs to access and adhere to treatment
- The Supreme Councils should provide leadership and guidance for the implementation of IAA treatment with technical support from experts.
- That the International Center for the Promotion of IAA should monitor implementation in countries

Others are in appendix 2.

## Commitment

To implement the resolutions and workplans and give feedback to the International Center for the Promotion of IAA in Kampala, Uganda

Topic 6: ISLAMIC APPROACH TO HIV/AIDS CARE AND SUPPORT OF THE INFECTED AND AFFECTED.

**6A: COMMUNITY HOME-BASED CARE AND SUPPORT FOR PEOPLE WITH HIV/AIDS AND THEIR FAMILIES:**

**Ask participants:**

1. What is community home based care?
2. What are the major needs of PHA's and their families at home?
3. What should the minimum community home based care package or kit contain and what should each item be used for?
4. How should PHAs and their families who need community home based care be identified?
5. How should PHAs and their families who are receiving community home based care be monitored and evaluated?
6. Which PHA receiving community home based care should be referred to the health centre or hospital and how should this be done? How should PHAs be referred back from the hospital to the community home based care programme.
7. Ask participants to give examples of Islamic teachings that support community home based care for people living with HIV/AIDS and their families.

**Key messages:**

1. Community home based care is the care given to individuals with HIV/AIDS or other chronic illness at their homes by their families supported by friends, neighbours, volunteers and health workers in order to meet their needs of the mind, body and soul.
2. The major needs of PHAs and their families include the following:

**A. Needs of the mind (Psychological):**

- i. Education on prevention, care and support.
- ii. Education on HIV transmission and HIV prevention
- iii. Education on HIV treatment including antiretroviral drugs and treatment of opportunistic infections.
- iv. Education on HIV testing
- v. Education on HIV care and support
- vi. Education on legal and human rights and available support in planning for inheritance, widows, orphans etc.

**B. Needs of the body (Physical):**

- i. Health:
  - a. Antiretroviral drugs
  - b. Nursing care
  - c. Treatment of opportunistic infections
  - d. Nutrition
  - e. Palliative care.
- ii. Material and financial support (social):
  - a. Nursing Aids and hygiene requirements
  - b. Beddings
  - c. Food for individual, family and visitors
  - d. Accommodation and other utilities at home
  - e. Transportation
  - f. Schooling and other family needs

**C. Needs of the soul (spiritual):**

Spiritual, emotional and social support for:

- i. Individual and family regarding illness, stigma and discrimination, guilt, blame, loss of independence and impending death.
- ii. Children, parents and care givers to cope with 'burn out' or fatigue, death and bereavement.

3. The home based care package or kit should include the following:
  - i. Gloves for protection of care givers
  - ii. Plastic sheets for protecting beddings
  - iii. Bar soap, liquid soap and washing detergents for bathing and washing clothes and utensils.
  - iv. Disinfectants e.g. iodine and savlon for cleaning skin and wounds
  - v. Dressing pack with cotton wool, gauze swabs, bandages and plaster for dressing wounds.
  - vi. Plastic apron for protecting care giver.
  - vii. Catheters for preventing urine from contaminating bed sheets.
  - viii. Simple easy to take medicines e.g. Oral Rehydration Salts
  - ix. Antibiotic ointments (e.g. Tetracycline, skin ointment), to care for skin wounds
  - x. Vaseline to soften skin
  - xi. Massage oil to soften skin
  - xii. Talcum powder to keep the skin dry
  - xiii. Liquid bleach e.g. JIK for disinfection of utensils i.e. bed pans and scissors
  - xiv. Scissors and razorblades to cut gauze and plaster
  - xv. Mosquito net to prevent mosquito bites that bring malaria in endemic areas
  - xvi. Community home based care bag to keep the items neatly and safely.
  
4. The procedure of identification of PHAs includes the following:
  - i. Community educators should inform their communities about the home based care programme through sermons, home visits and group talks.
  - ii. Families and PHAs should inform community educators about their need for support
  - iii. Community educators should visit the identified PHAs
  
5. The procedure for monitoring and evaluation is as follows:
  - i. The community educators accompanied by a health professional whenever possible should visit the PHAs and their families
  - ii. The visiting team should provide services to the PHAs and their families within their areas of competence
  - iii. The community educators should fill a monitoring form and return it to the Community Coordinator once every month.
  
6. i. PHAs should be referred to the health facilities under the following circumstances:
  - a. PHAs not yet HIV tested and agree to undergo HIV testing
  - b. PHA too ill to be managed at home
  - c. PHA requiring ARV
  - d. Pregnant PHA.
  
7. Examples of Islamic teachings that support HIV care and support:

**A. Holy Qur'an: Chapter 4 verse 36-37:**

*Serve Allah, and join not any partners with Him: And do good to parents, kin's folk, orphans, those in need, neighbours who are strangers, the companion by your side, the way-farer you meet and what your right hands possess. For Allah loves not the arrogant, the vainglorious. (Nor) those who are niggardly (miserly), enjoin niggardliness on others, hide the bounties which Allah has bestowed on them; for we have prepared, for those who resist faith, a punishment that steepens them in contempt.*

**Relationship to topic:**

PHAs and their families are our neighbours and we must do good to them. Doing good to them includes visiting them and caring for them. We should not be misers when we are giving care to PHAs and their families. If Allah has given us some advantage whether material, financial, spiritual, or physical we should use it to care for PHAs and their families without hiding it.



## 6B; PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS CARE AND SUPPORT:

### SITUATION ANALYSIS:

#### Ask participants:

1. a. What is the benefit of each of the components in the Islamic approach to HIV/AIDS care and support of those infected and affected? Identify relevant supportive Islamic teachings. (Remind the participants about the components of Islamic approach to AIDS)
- b. What indicators identify successful implementation of the Islamic Approach to HIV/AIDS, care and support of the infected and affected, by the individual, family and community?
- c. Who gives the mandate to implement the Islamic approach to HIV/AIDS care and support at the individual, family and community levels.
2. What are the target communities for the Islamic approach to HIV/AIDS care and support of the infected and affected?
3. a. What are the needs of the target communities as far as the Islamic approach to HIV/AIDS care and support of the infected and affected is concerned? Identify the needs for the following groups: children, youth, men and women.
- b. What are the strengths and weaknesses of these target groups as far as implementing the Islamic approach to HIV/AIDS care and support of the infected and affected is concerned?
- c. How should the weaknesses of those who are unable to consistently and correctly implement the Islamic approach to HIV/AIDS care and support be handled?
4. What are the priority issues that need to be addressed for each target group in the Islamic approach to HIV/AIDS care and support of the infected and affected?

#### Key messages:

The benefits of the Islamic approach to HIV/AIDS care and support of those infected and affected are as follows:

#### 1. Believing in Allah

Gives hope to the affected and infected and the caregivers.

Holy Qur'an: 10:55-58

*Is it not the case that to Allah belongs whatever is in the heavens and on Earth? Is it not the case that Allah's promise is assuredly true? Yet most of them do not know. It is He who gives life and who takes it, and to Him shall you all be brought back. O mankind, there has come to you a direction from your Lord and a healing for the diseases in your hearts, and for those who believe, a guidance and a mercy. Say: "In the bounty of Allah, and in His Mercy in that let them rejoice"; that is better than the wealth they hoard.*

#### 2. Learning scientific facts

This creates awareness on care and support.

Knowledge gives confidence.

#### 3. Learning Islamic teachings

Encourages care and support and reinforces hope. e.g. HQ. 3:132-142:

*And obey Allah and the Apostle; that you may obtain mercy. Be quick in the race for seeking forgiveness from your Lord, and for a garden whose width is that of the whole of the heavens and of the Earth, prepared for the righteous, those who spend freely, whether in prosperity, or in adversity; who restrain anger, and pardon all men; for Allah loves those who do good; and those who, having done something to be ashamed of, or wronged*

*their own souls, earnestly bring Allah to mind, and ask for forgiveness for their sins, and who can forgive sins except Allah? And are never obstinate in persisting knowingly in the wrong they have done. For such the reward is forgiveness from their Lord, and gardens with rivers flowing underneath, an eternal dwelling: How excellent a recompense for those who work and strive. Many were the ways of life that have passed away before you, travel through the Earth, and see what was the end of those who rejected Truth. Here is a plain statement to men, a guidance and instruction to those who fear Allah. **So lose not heart, nor fall into despair; for you must gain mastery if you are true in Faith. If a wound has touched you, be sure a similar wound has touched the others. Such days of varying fortunes we give to men by turns: that Allah may know those that believe, and that He may take to Himself from your ranks Martyr-witnesses to Truth. And Allah loves not those that do wrong. Allah's object also is to purge those that are true in Faith and to deprive of blessing those that resist Faith. Did you think that you would enter Heaven without Allah testing those of you who fought hard (in His cause) and remained steadfast?***

#### 4. Forming partnerships with religious leaders

Imams can create awareness after Juma prayers.

Give hope through teaching and counseling.

Disseminate information to members of community because they believe more in them.

#### 5. Concept of Jihad Nafs

Supports Muslim communities in care and support.

The indicators for successful implementation of the Islamic Approach to HIV/AIDS, care and support of the infected and affected, by the individual, family and community include the following:

##### Individual

- Believes in Allah regarding HIV/AIDS care and support
- Has self-confidence
- Has self-esteem
- Is hopeful (optimistic)

##### Family

- Accepts the infected and affected as they are, and helps and supports them morally and materially.
- Encourages family to be friendly and empathetic by using Islamic teachings.

e.g. HQ. 2:177:

*It is not righteousness that you turn your faces towards East or West; but it is righteousness to believe in Allah and the Last Day and the Angels and the Book and the Messengers, to **spend of your substance out of love for Him, for your kin, for orphans, for the needy, for the wayfarer, for those who ask and for the ransom of slaves; to be steadfast in prayer and give Zakat, to fulfil the contracts which you have made and to be firm and patient, in pain or suffering and adversity, and throughout all periods of panic such are the people of truth, the God-fearing.***

##### Community

- Gives support to the sick.
- Society accepts their sick
- Reduces stigma and discrimination.

The mandate to implement the Islamic approach to HIV/AIDS care and support at the individual, family and community levels is given by the following:

##### Individual

- Allah gives mandate before any other
- Our free will to serve Allah.

## Family

- Allah first, then the head of family, parent or guardian.

## Community

- Allah, Imams and other religious leaders plus the community leaders.

The target communities for the Islamic approach to HIV/AIDS care and support of the infected and affected include:

- Ourselves
- The Imams
- Children
- Families/ Relatives
- People living with HIV/AIDS
- Orphans
- The communities
- Herbalists
- Government

The needs of the target communities as far as the Islamic approach to HIV/AIDS care and support of the infected and affected is concerned are as follows:

- **Children**
  - Education, knowledge about care and support.
- **Orphans**
  - Material support and counseling.
- **Youths**
  - Empowerment, guidance, counseling and rehabilitation.
- **Men**
  - Employment, counseling and support.
- **Women**
  - Empowerment, counseling and support.
- **PLWHAs**
  - Support
  - Encouragement to seek health care
  - Support groups.

The strengths and weaknesses of the target groups as far as implementing the Islamic approach to HIV/AIDS care and support is concerned are as follows:

### Strengths:

- **Children**
  - Easily accept care and support.
- **Orphans**
  - Easily encouraged to live with other families
- **Youth**
  - Some can read and understand issues
- **Men**
  - They are heads of families and have access to financial resources
- **Women**
  - Compassionate, caring for their health and others.
- **PLWHAs**
  - Can accept to live positively.

### Weaknesses

- **Children**
  - Can easily be manipulated
- **Orphans**
  - Are easily traumatized.
- **Youth**
  - Resist suggestions, susceptible to peer influence and are stubborn.
- **Men**
  - Take time to open up, assume they know and are reluctant to seek health advice.
- **Women**
  - Lack resources and easily taken up, always depend on husbands.
- **PLWHAs**
  - Feel neglected and get depressed.

The weaknesses of those who are unable to consistently and correctly implement the Islamic approach to HIV/AIDS care and support can be handled as follows:

Education and counseling

Using Islamic teachings and counseling

e.g. HQ. 39:53-54,

*Say: O my servants who have transgressed against their souls! Despair not of the mercy of Allah: for Allah forgives all sins for He is off-forgiving, most Merciful. Turn you to your Lord in repentance and submit to Him before the chastisement comes on you. After that you shall not be helped.*

2:151-156.

*A similar favour have you already received in that we have sent among you a Messenger of your own, rehearsing to you our signs, and purifying you and instructing you in scripture and wisdom and in new knowledge. Then do you remember Me, I will remember you. Be grateful to Me and reject not faith. O you who believe! Seek help with patient perseverance and prayer. For God is with those who patiently persevere. And say not of those who are slain in the way of Allah. "They are dead". No, they are living though you perceive it not. Be sure we shall test you with something of fear and hunger, some loss in goods, lives and the fruits of your toil, but give glad tidings to those who patiently persevere. Who say, when afflicted with calamity, to Allah we belong and to Him is our return.*

Economic empowerment for women, men, youth, children and orphans.

Encouragement and support groups.

Clarifying myths and misconceptions.

Dialogue between men and women

The priority issues that need to be addressed for each of the target groups in the Islamic approach to HIV/AIDS care and support of the infected and affected are as follows:

- **Children:**
  - Giving the right knowledge and information to prevent misleading them. (Both Islamic and scientific knowledge)
- **Orphans**
  - Economic empowerment and support.
- **Youth**
  - Scientific and Islamic education.
- **Men**
  - Encourage husbands to care and support their wives even when infected.
- **Women**
  - Islamic and scientific teachings
- **PLWHAs**
  - Give support, counseling, and provide support groups.

## 6C: SETTING GOALS, OBJECTIVES AND ACTIVITIES OF THE ISLAMIC APPROACH TO HIV/AIDS CARE AND SUPPORT OF THE INFECTED AND AFFECTED

Ask participants:

1. What are the major goals of the Islamic approach to HIV/AIDS care and support of the infected and affected for the individual, family and community?
2. What are the major objectives of the Islamic approach to HIV/AIDS care and support of the infected and affected for the individual, family and community? Make the objectives specific, measurable, achievable, realistic and time bound.

3. What major activities are needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS care and support of the infected and affected for the individual, family and community? Who should do the activities, when, with what motivation and at what cost. Plan for a Muslim community at a mosque, with 100 households, 5 people in each household, an HIV prevalence of 5% and a budget of US\$ 1,000 for HIV care and support. You can also plan for a family in a household or plan for an individual. Make a matrix table of these items.
4. What channels of communication should be used to implement the Islamic approach to HIV/AIDS care and support of the infected and affected?
5.
  - a. What other partners and alliances are needed to network with in the implementation of the Islamic approach to HIV/AIDS care and support of the infected and affected?
  - b. What is the role of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS care and support of the infected and affected?
  - c. What types of interactions with other faiths can enhance the Islamic approach to HIV/AIDS care and support by the individual, family and community?

**Key messages:**

The major goal of the Islamic approach to HIV/AIDS care and support of the infected and affected for the individual, family and community is as follows:

- To empower the individual, family and community with knowledge and skills to address HIV/AIDS care and support using Islamic principles.

The major objectives of the Islamic approach to HIV care and support of infected and affected for the individual, family and community are as follows:

- To provide care and support to 50% of people infected and affected by HIV/AIDS at the mosque community within 3 years.
- To facilitate access to ART by 60% of those who need it within 3 years.
- To provide health care and educational support for 50% of orphans and vulnerable children within 3 years.
- To provide economic and educational care and support to 50% of women living with HIV/AIDS in targeted communities, within 3 years.
- To increase knowledge and skills of using the Islamic approach to HIV/AIDS care and support to all stakeholders in the community.
- To increase number of sermons preaching on IAA care and support.

The major activities needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS care and support for the individual, family and community are shown in table 7 below as an example.

**Table 7: Workplan for activities at the mosque level**

Activity	By who	When	Motivation	Cost US\$
Conduct a brief discussion of the proceedings of the 3 <sup>rd</sup> IMLC regarding care and support using the Islamic approach.	Community Coordinator	August 2007	Allah's reward	3\$
Planning meeting with Imam and mosque committee.	Community Coordinator	August 2007	Allah's reward	10\$
Develop and print a training curriculum/manual on IAA care and support.	Community Coordinator Technical advisers	September and October 2007	Financial, and material support Allah's reward	300\$
Train 20 Imams and their assistants on IAA care and support	Community Coordinator and other partners	November 2007	Material and financial support Allah's reward	150\$
Form a committee that will be responsible for Home based care and support.	Imam and the mosque committee	November 2007	Financial Allah's reward	US\$ 200
Lobby for funds locally and internationally to facilitate care and support activities.	Imam and the mosque committee on HIV/AIDS	On going	Human, technical and financial support	400\$
Educate the mosque community on care and support activities.	Imam	Ongoing	Human and financial support Allah's reward	US\$. 2000
Monitor and evaluate all the care and support activities within the mosque community.	The mosque committee on HIV/AIDS	On going	Technical and financial support Allah's reward	10% of the total budget

The channels of communication that should be used to implement the Islamic approach to HIV/AIDS care and support of the infected and affected include the following:

**Channels of communication**

- Through the sermons in the mosques.
- Home visits.
- Mass media
- Social/religious gatherings.
- Support groups.
- Counseling centers.
- IEC materials.

The networking partners and alliances needed to implement the Islamic approach to HIV/AIDS care and support of the infected and affected include the following:

- Islamiyyah schools.
- Muslim NGOs.
- Other Mosques
- Shariah courts
- Community based organizations
- Cultural and other religious groups.
- The governments.
- Traditional, women and youth leaders.

The benefits of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS care and support of the infected and affected as indicated in appendix 1 is as follows.

- It promotes referral of clients

The types of interactions with other faiths that can enhance the Islamic approach to HIV/AIDS care and support, by the individual, family and community include the following.

- Dialogue among the faith groups.
- Experience sharing among them.
- Information dissemination.
- Joint planning and programming.

#### 6D: MONITORING AND EVALUATION, RESOURCE MOBILIZATION, RESOLUTIONS AND COMMITMENTS REGARDING ISLAMIC APPROACH TO HIV/AIDS CARE AND SUPPORT OF THE INFECTED AND AFFECTED.

##### Ask participants:

- What data needs to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS care and support of the infected and affected by the individual, family and community?
  - How can this data be collected?
- What data needs to be collected to evaluate the impact of implementing the Islamic approach to HIV/AIDS care and support of the infected and affected? Ensure the data is relevant to the 5 components of the Islamic approach to AIDS.
  - How can this data be collected?
- What are the possible resources for implementing the Islamic approach to HIV/AIDS care and support that can be mobilized locally and externally? Identify the required financial, human and technical resources.
  - How can these resources be attracted and accessed?
- What resolutions and commitments should be made on the Islamic approach to HIV/AIDS care and support of the infected and affected by the individual, family and community?

##### Key messages:

The data that need to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS care and support of the infected and affected by the individual, family and community is shown in table 8 below as an example:

**Table 8: Process Indicators**

Activity	Indicator
Conduct a brief discussion of the proceedings of the 3 <sup>rd</sup> IMLC regarding IAA care and support.	Report of proceedings, minutes, list of attendants
Planning meeting with Imam and mosque committee.	Minutes of meeting
Develop and print a training curriculum/manual on IAA care and support.	No. of copies of training manual produced
Train 20 Imams and their assistants on IAA care and support	No. of Imams trained
Form a committee that will be responsible for Home based care and support.	Functional Home based care committee established
Source for funds locally and internationally to facilitate care and support activities.	Proposals written and contacts made
Educate the mosque community on IAA care and support activities.	The number of sermons on HIV/AIDS care and support delivered by the Imam
Monitor and evaluate all the IAA care and support activities within the mosque community.	M&E reports

The data that need to be collected to evaluate the outcome of implementing the Islamic approach to HIV/AIDS care and support of the infected and affected is shown in table 9 as an example.

**Table 9: Outcome indicators**

IAA Component	Impact Indicators
Believing in Allah	Proportion of people reporting adherence to Islamic practices in promoting care and support at individual, family and community levels
Learning the scientific knowledge	Proportion of people with correct scientific knowledge on care and support
Making use of Islamic teachings and practices	Proportion of people with correct knowledge and who are implementing Islamic teachings and practices for care and support
Forming partnerships with and making use of religious leaders and their admin structures	Proportion of people with established partnerships between Imams, clients and their families
Concept of Jihad Nafs	Proportion of people adhering to IAA care and support by using the IAA concept.

The possible resources for implementing the Islamic approach to HIV/AIDS care and support that can be mobilized locally and externally include the following:

**Financial**

- Local government funds
- Donations at the mosque
- Community donations
- Madarasas school fees
- Sadaqa and zakat

- Imams
- Mosque committee members
- Family members
- Health workers
- Muslims living with HIV/AIDS
- Teachers
- Kadhis

**Human**

**Technical**

- Counselors
- Social workers
- Health workers
- Teachers
- Community resource persons
- Muslims living with HIV/AIDS
- Kadhis

These resources can be attracted and accessed through the following avenues:

- Fund raising through proposal writing.
- Mosque contributions
- Using institution of Zakat and Sadaqat
- Personal donations and sacrifice



The resolutions and commitments that should be made regarding the Islamic approach to HIV/AIDS care and support of the infected and affected by the individual, family and community include the following.

To use the Islamic approach to HIV/AIDS care and support to improve the welfare of individuals, families and communities.

Other resolutions are in appendix 2.

### **Commitment**

We shall implement the action plan as regards to IAA care and support to the best of our ability.

## **Topic 7: ISLAMIC APPROACH TO HIV/AIDS STIGMA AND DISCRIMINATION.**

### **7A: STIGMA AND DISCRIMINATION:**

1. What is stigma and discrimination in regard to HIV/AIDS?
2. What are the types of stigma? What are the manifestations of stigma?
3. What are the advantages and disadvantages of stigma related to HIV/AIDS?
4. What factors promote stigma in the community and how can these be overcome?
5. Ask participants to give examples of faith teachings that assist in overcoming stigma and discrimination.

### **Key messages:**

1. Stigma regarding HIV/AIDS is when a Person Living with HIV/AIDS (PHAs) is looked down upon as a lesser person who does not fit in society and is therefore, sidelined in many activities. The PHA perceives this and may express it accordingly.

### **2. . Types of stigma:**

- i. Internal stigma - Perceived and expressed by behaviour of PHA towards the community.
- ii. External stigma - Perceived and expressed by behaviour of community towards PHA.

#### **• Manifestations of external stigma by community towards PHA:**

- |  |  |
|--|--|
| i. Isolation                                       | xi. Separating eating utensils             |
| ii. Back biting                                    | xii. Composing songs about PHA             |
| iii. Gossiping                                     | xiii. Abusing PHA                          |
| iv. Deserting                                      | xiv. Direct condemnation                   |
| v. Focusing eyes on PHA                            | xv. Talking negatively about PHA           |
| vi. They stop talking when they see PHA.           | xvi. Keep a distance from PHA              |
| vii. Talk about PHA                                | xvii. Facial expression                    |
| viii. Quarreling with PHA                          | xviii. Refusing to share things with PHA   |
| ix. Using PHA as an example in their talks/sermons | xix. Refusing PHA to contribute in talks.  |
| x. They write about PHA.                           | xx. Using parables when talking about PHA. |
|  | xxi. Stop PHA from planning                |

#### **• Manifestations of internal stigma as perceived and expressed by PHA:**

- |   |   |
|---|---|
| i. Psychologically tormented              | ix. Condemn God                                     |
| ii. Self isolation.                       | x. Feeling angry within oneself and towards others. |
| iii. Depression                           | xi. Regret internally                               |
| iv. Develop self pity and low self esteem | xii. Repentance towards God                         |
| v. Feel bitter                            | xiii. Selling belongings                            |
| vi. Aggressiveness towards others         | xiv. Carelessness – e.g. dressing                   |
| vii. Suicidal feelings                    | xv. Reckless towards sex                            |
| viii. Self condemnation                   |   |

### 3. Disadvantages of stigma in the community:

- i. People fear to come out. This leads to further spread of HIV
- ii. Strengthens the misconceptions about HIV/AIDS
- iii. Increases hatred in the community
- iv. Quarrels in the community
- v. Community loses manpower
- vi. Community education becomes very difficult

#### • Advantages of Stigma in the community:

Change of behaviour for fear of being stigmatized. However, no evidence that this is the case for the majority of people.

#### • Disadvantages of internal stigma:

- i. Creates more room for stress
- ii. May commit suicide
- iii. Fail to plan
- iv. Mental health deteriorates
- v. Family may get problems in supporting you.
- vi. Anxious
- vii. Health deteriorates
- viii. Loss of self esteem
- ix. Increased mood of revenge
- x. You may die faster
- xi. Marriages may break
- xii. Loss of sexual desires
- xiii. Loss of sleep, appetite
- xiv. Loss of your job

#### • Advantages of internal stigma:

Community draws attention towards you. The community may help you. However, no evidence that this is the case for the majority of PHAs.

### 4. Factors that promote stigma:

#### • Community:

- i. Lack of information
- ii. I don't care attitude
- iii. Ignorance of the feelings of other people
- iv. Lack of understanding of the people about what you are.
- v. Communities are not properly counselled
- vi. Misinterpretation of religious teachings e.g. that whoever has HIV is a sinner.

#### • Factors that promote self stigma:

- i. Lack of education and adequate Counseling
- ii. Poverty
- iii. Denial
- iv. Self condemnation from misinterpretation of religious teachings

### 5. Examples of Islamic teachings:

#### A. Holy Qur'an: Chapter 49 verse 11-13:

*O ye who believe! Let not some men among you laugh at others: It may be that the (latter) are better than the (former): Nor let some women laugh at others: It may be that the (latter) are better than the (former): Nor defame nor be sarcastic to each other. Nor call each other By (offensive) nicknames: Ill-seeming is a name connoting wickedness, (To be used of one) After he has believed: And those who do not desist are (indeed) doing wrong.*

*O ye who believe! Avoid suspicion as much (as possible): for suspicion in some cases is a sin: And spy not on each other, nor speak ill of each other behind their backs. Would any of you like to eat the flesh of his dead Brother? Nay, ye would abhor it... But fear Allah: For Allah is oft-returning, most Merciful.*

*O mankind! We created you from a single (pair) of a male and a female, and made you into nations and tribes, that you may know each other (not that you may despise (each other). Surely the most honoured of you in the sight of Allah is (he who is) the most Righteous of you. And Allah has full knowledge and is well acquainted (with all things).*

Relationship to topic:

*People should not laugh at those living with HIV/AIDS (PLWHA). It is possible the latter are better than the former in many ways. For example, some people after learning that they are HIV positive may understand Allah more and become more religious and spiritual. People should avoid suspicion that all PLWHA got HIV from the sin of adultery and fornication. People should not backbite PLWHAs because even if one dies of AIDS no one would like to eat his flesh. Allah created us different in many ways to know each other and not to despise each other. We have different identification features, we get different diseases, and we have different tribes and nations.*

## **7B: PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS STIGMA AND DISCRIMINATION**

### **SITUATION ANALYSIS:**

#### **Ask participants:**

1. a. What are the benefits of each of the components in the Islamic approach to HIV/AIDS stigma and discrimination? Identify relevant supportive Islamic teachings. (Remind participants about the components of the Islamic approach to AIDS.
  - b. What indicators identify successful implementation of the Islamic Approach to HIV/AIDS, stigma and discrimination by the individual, family and community?
  - c. Who gives the mandate to implement the Islamic approach to HIV/AIDS stigma and discrimination at the individual, family and community levels?
2. What are the target communities for the Islamic approach to HIV/AIDS stigma and discrimination?
3. a. What are the needs of the target communities as far as the Islamic approach to HIV/AIDS stigma and discrimination is concerned? Identify the priority needs for the following groups: children, youth, men and women.
  - b. What are the strengths and weaknesses of these target groups as far as implementing the Islamic approach to HIV/AIDS stigma and discrimination is concerned?
  - c. How should the weaknesses of those who are unable to consistently and correctly implement the Islamic approach to stigma and discrimination be handled?
4. What are the priority issues that need to be addressed for each target group in the Islamic approach to HIV/AIDS stigma and discrimination?

#### **Key messages:**

The benefits of the Islamic approach to HIV/AIDS stigma and discrimination are as follows:

- **Believing in Allah and Prophet Muhammad (SAW)**

This means you will do what Allah wants and therefore you will not stigmatize and discriminate.

HQ 3:109-110

*To Allah belongs all that is in the heavens and on Earth, to Him do all questions go back for decision. You are the best of peoples, evolved for mankind, enjoining what is right, forbidding what is wrong, and believing in Allah. If only the people of the Book had faith, it were best for them: among them are some who have faith, but most of them are perverted transgressors.*

HQ 4:26-32

*Allah does wish to make clear to you and to show you the ordinances of those before you; and (He does wish to) turn to you in Mercy: And Allah is All-knowing, all-wise. Allah does wish to turn to you, but the wish of those who follow their lusts is that you should turn away (from Him), far, far away. Allah does wish to lighten your difficulties: for man was created weak in flesh. O you who believe, eat not up your property among yourselves in vanities; but let there be among you traffic and trade by mutual good-will; nor kill or destroy yourselves; for surely Allah has been*

*to you Most Merciful. If any do that in rancour and injustice, soon shall we cast them into the fire; and easy it is for Allah. If you (but) eschew the most heinous of the things which you are forbidden to do, we shall expel out of you all the evil in you, and admit you to a gate of great honour. And in no wise covet those things in which Allah has bestowed His gifts more freely on some of you than on other. To men is allotted what they earn, and to women what they earn, but ask Allah of His bounty. For Allah has full knowledge of all things.*

- **Learning scientific facts**

Reading facts about HIV/AIDS gives you the correct knowledge on HIV/AIDS & therefore you would not discriminate.

The first verse of the Quran "Iqra" encourages reading: HQ: 96:1-5

*Proclaim or read in the name of the Lord and Cherisher, who created. Created man, out of a leech like clot. Proclaim and your Lord is most Bountiful, He who taught the use of the pen. Taught man that which he knew not.*

- **Making use of Islamic teaching and practices**

Following Islamic teachings and practices means you will follow Allah's guidance and therefore you will not discriminate against the sick.

Hadith:

*Abu Hurayrah (radiyallahu anhu) reported that the Messenger of Allah (SAW) said, "Do not envy one another; do not outbid one another, do not hate one another, do not shun one another and don't enter into a transaction when the others have entered into that transaction; and be as fellow-brothers and servants of Allah. A Muslim is the brother of a Muslim. He neither oppresses him nor humiliates him nor looks down upon him. The piety is here, and while saying so he pointed towards his chest thrice. It is a serious evil for a Muslim that he should look down upon his brother Muslim. All things of a Muslim are inviolable for his brother in faith; his blood, his wealth and his honour. [Muslim relates this].*

- **Forming partnership with religious leaders**

Allah tells us to cooperate with good people.

- **Using the concept of "Jihad Nafs"**

A Mujahid is a person who controls himself and controls his temptations: Therefore the Mujahid will not stigmatize.

The indicators of successful implementation of the Islamic Approach to HIV/AIDS stigma and discrimination by the individual, family and community include the following.

- Individual
  - Individual will visit people with HIV/AIDS.
  - Individual will attend education sessions on stigma and discrimination.
  - Individual will give testimonies about HIV/AIDS without apprehension.
- Family
  - Acceptance of family members living with HIV.
- Community
  - Increase in number of people going for HCT.

The mandate to implement the Islamic approach to HIV/AIDS stigma and discrimination at the individual, family and community levels is given by the following:

**Individual**

- Allah and Prophet Muhammad (SAW)
- Parents

**Family**

- Parents.

**Community**

- Scholars, Imams, political leaders.

The target communities for using the Islamic approach to HIV/AIDS stigma and discrimination include the following:

- Imams
- Muslim women and men
- Madrasa Teachers
- Qadis
- Youth leaders
- Islamic civil society
- Scholars
- Islamic media
- Religious authority
- PLWHA
- Parents
- Singers
- Children
- Non-Muslims

The needs of the target communities as far as the Islamic approach to HIV/AIDS stigma and discrimination is concerned are as follows:

- Children
  - Parental Guidance & Islamic Guidance
- Youth
  - Parental Guidance & Islamic Guidance
- Men
  - Knowledge on HIV/AIDS & Islam
- Women
  - Knowledge on HIV/AIDS & Islam

The weaknesses of those who are unable to consistently and correctly implement the IAA stigma and discrimination can be handled as follows:

Constant education that should involve good behaviour role models.

- Constant Islamic education & guidance on reduction of stigma & discrimination of PLWHAs.

The strengths and weaknesses of these target groups in terms of implementing the Islamic approach to HIV/AIDS stigma and discrimination include the following:

### Strengths

#### Children

- Children's behavior easily modeled
- They can easily be taught
- Children have parent's guidance
- Children don't usually stigmatize

#### Youth

- Many youth are still under parents' guidance
- Many youth have correct knowledge about HIV/AIDS

#### Men

- Many men are educated
- They have economic power

#### Women

- Are the pillars of the family
- Women have a soft and caring heart & do not stigmatize patients.

### Weaknesses

#### Children

- Children can't easily portray their feelings
- Children are easily influenced and therefore this could lead them to stigmatizing.

#### Youth

- They may not care about other people's problems
- They are not yet mature

#### Men

- They could misuse their power & discriminate against the sick
- Usually have little time to seek knowledge on reduction of HIV/AIDS stigma

#### Women

- Rights of women are usually denied. Therefore, they can easily be stigmatized when HIV positive.
- Usually suppressed

The priority issues that need to be addressed for the target groups in the Islamic approach to HIV/AIDS stigma and discrimination include the following:

**Children:**

- Need knowledge on HIV/AIDS
- Need knowledge on Islam
- Need spiritual counseling & guidance

**Youth:**

- Need knowledge on HIV/AIDS
- Need knowledge on Islam
- Need spiritual counseling & guidance

**Men:**

- They need knowledge & constant reminder on HIV/AIDS
- They need education in Islam & Islamic guidance

**Women:**

- They need empowerment
- They need information on their rights
- They need knowledge on HIV/AIDS & Islam

**7C: SETTING GOALS, OBJECTIVES, ACTIVITIES OF THE ISLAMIC APPROACH TO HIV/AIDS STIGMA AND DISCRIMINATION.**

**Ask participants:**

1. What are the major goals of the Islamic approach to HIV/AIDS stigma and discrimination in the target communities?
2. What are the major objectives of the Islamic approach to HIV/AIDS stigma and discrimination in the target communities? Make the objectives specific, measurable, achievable, realistic and time bound.
3. What major activities are needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS stigma and discrimination among the target communities? Who should do the activities, when, with what motivation and at what cost. As an example you can plan for a Muslim community at a mosque with 100 households, 5 people in each household, an HIV prevalence of 5% and a budget of US\$ 1,000 or its equivalent in local currency, for reducing HIV/AIDS stigma and discrimination. You can also plan for a family in a household or plan for an individual. Make a matrix table of these items.
4. What channels of communication should be used to implement the Islamic approach to HIV/AIDS stigma and discrimination?
5. a. What other partners and alliances are needed to network with in the implementation of the Islamic approach to HIV/AIDS stigma and discrimination?  
b. What is the role of networking between communities and health facilities in the implementation of the Islamic approach to stigma and discrimination.  
c. What types of interactions with other faiths can enhance the Islamic approach to HIV/AIDS stigma and discrimination by the individual, family and community?

**Key messages:**

The major **goal** of the Islamic approach to HIV/AIDS stigma and discrimination as far as the individual, family and community are concerned is to handle people with HIV/AIDS with mercy and compassion in the Muslim community.

The major **objective** of the Islamic approach to HIV/AIDS stigma and discrimination as far as the individual, family and community are concerned is to increase the knowledge and improve the attitudes of community members regarding IAA stigma and discrimination.

The major **activities** needed to achieve the goal and objective of the Islamic approach to HIV/AIDS stigma and discrimination as far as the individual, family and community are concerned are shown in table 10 below as an example:

**Table 10: Work Plan for Activities at Mosque Level**

Activity	By Whom	When	Motivation	Cost US\$.
Meet Imams and mosque administrators	Community Coordinator	September 2007	Allah's reward Financial support	\$50
Develop curriculum for training in IAA stigma and discrimination (S & D)	Imams, Medical Professionals	November 2007	Sympathy, Love of Allah Financial support	\$150
Training of Trainers	Community Coordinator, Imams, Trainers	December 2007	Allah's reward Financial support	\$30
Conduct training of Imams and assistants.	Imams, Trainers	March 2008	Compassion, Allah's reward, Financial support	\$100
Promotion of IAA S & D at the grass roots level through education	Local Imams, Community educators	On going	Compassion Allah's reward Financial support	\$400

The **channels of communication** that should be used to implement the Islamic approach to reducing HIV/AIDS stigma and discrimination include the following:

- Mosques
- Media
- IEC Materials
- Madrasahs
- Religious and social gatherings
- Conferences
- Consultations/Seminars
- Individual Visits
- Funerals

The **partners and alliances** needed to network with in the Islamic approach to reducing HIV/AIDS stigma and discrimination include the following:

- Other religious leaders
- NGOs
- Civil societies
- Governments
- Ministry of Health
- Communities
- Media
- Private sector
- Political parties
- Medical staff
- Political leaders
- PLWHAs
- Educational institutions
- UN agencies
- Lawyers

The benefits of **networking** between communities and health facilities in the the Islamic approach to HIV/AIDS stigma and discrimination as indicated in appendix 1 are as follows:

- Sharing resources
- Facilitating HCT
- Having efficient care and support for patients
- Education of Imams about scientific facts
- Removing stigma and discrimination
- Avoiding duplication of effort
- Complementary counseling
- Encouraging disclosure & family testing

The types of **interactions with other faiths** that can enhance the Islamic approach to HIV/AIDS stigma and discrimination as far as the individual, family and community are concerned include the following:

- Dialogue
- Developing consensus
- Sharing experiences
- Common campaign
- Joint social services
- Exposure visits
- Common training
- Common funding

**7D: MONITORING AND EVALUATION, RESOURCE MOBILIZATION, RESOLUTIONS AND COMMITMENTS REGARDING THE ISLAMIC APPROACH TO HIV/AIDS STIGMA AND DISCRIMINATION.**

**Ask participants:**

1. a. What data needs to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS stigma and discrimination by the individual, family and community?  
b. How can this data be collected
2. a. What data needs to be collected to evaluate the impact of implementing the Islamic approach to HIV/AIDS stigma and discrimination? Ensure the data is relevant for the five components of the Islamic approach to AIDS.  
c. How can this data be collected?
3. a. What are the possible resources for implementing the Islamic approach to HIV/AIDS stigma and discrimination that can be mobilized locally and externally? Identify the required financial, human and technical resources.  
b. How can these resources be attracted and accessed?
4. What resolutions and commitments should be made regarding the Islamic approach to HIV/AIDS stigma and discrimination by individual, family and community?

**Key messages:**

The **data** that need to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS to stigma and discrimination as far as the individual, family and community are concerned are shown in table 11 below as an example

**Table 11: Process Indicators**

Activities	Indicators
Meeting Imams and mosque administrators	No of participants in meeting Report of meeting
Developing curriculum for training in the IAA S&D	Training curriculum developed
Training of Trainers	No. of trainers trained
Conducting training of Imams & assistants	No. of Imams and assistants trained
Education of community members	No. of community members educated



The data that need to be collected to evaluate the impact of implementing the Islamic approach to HIV/AIDS stigma and discrimination is shown in table 12 below as an example:

**Table 12: Impact indicators**

IAA Components	Impact indicators
<ul style="list-style-type: none"> <li>▪ Belief in Allah</li> <li>▪ Acquiring scientific knowledge about HIV/AIDS</li> <li>▪ Making use of relevant Islamic teachings and practices</li> <li>▪ Forming partnerships with religious leaders and their administrative structures</li> <li>▪ Using concept of Jihad Nafs</li> </ul>	<ul style="list-style-type: none"> <li>% of PLWHA who report receiving care &amp; acceptance from members of the community in the past six months</li> <li>% of community members who report acceptance of PLWHA and empathy for them</li> <li>% of self-disclosed PLWHA in the mosque community attending the mosque for prayers</li> <li>% of people from the community attending HIV/AIDS service points</li> <li>% of people reporting improved services with compassion</li> <li>% of youth attending religious lectures and seminars in mosques, madrassas &amp; other religious centers.</li> <li>% increase in number of testimonies or disclosures of status to community.</li> <li>% of people with correct knowledge and implementation of Islamic teachings for reduction of stigma and discrimination.</li> <li>% of people with correct scientific knowledge on HIV/AIDS stigma and discrimination</li> <li>% increase in number of Imams addressing stigma and discrimination issues</li> </ul>

The possible resources for implementing the Islamic approach to HIV/AIDS stigma and discrimination that can be mobilized locally and externally include the following:

- Human resources:
  - Physicians, religious communicators, govt. stakeholders, NGOs, IMLC participants.
- Financial:
  - Zakat, sadaka, Islamic life insurance, international NGOs, Islamic countries who can afford to help other countries, government support.
- Technical:
  - Equipments and supplies, material resources, IEC materials, training materials.

These resources can be attracted and accessed through the following avenues:

- Using coin collection boxes in mosques
- Donations from the mosque community
- Giving responsibility to community organizations
- Donations, Islamic Charity, strategic partnerships
- Personal contacts
- Writing project proposals
- Marketing successes and achievements
- Displaying good accountability
- Media campaign fund raising

The resolutions and commitments that should be made regarding using the Islamic approach to HIV/AIDS stigma and discrimination as far as the individual, family and community are concerned include the following:

### Resolutions

- We resolve from now on that we shall handle PLWHAs with compassion and mercy in all the Muslim communities that we serve.
- We resolve to persist and persevere till our goal is achieved in most areas populated by Muslims.
- We resolve that stigma and discrimination against PLWHAs is unacceptable in the Islamic approach to HIV/AIDS.

Other resolutions are in appendix 2.

### Commitments

- Through advocacy and dialogue we commit ourselves to engage governments and NGOs on the IAA stigma and discrimination.
- We commit ourselves to encourage Imams to incorporate IAA stigma and discrimination in Friday Kutbas (sermons)
- We commit ourselves to helping PLWHAs to maintain a normal way of life in the mosque communities that we live in.
- We commit ourselves to encourage our communities to address issues pertaining to gender discrimination and suppression of women's rights as part of IAA stigma and discrimination.

One of the Islamic teachings to support this is as follows:

An-Nisaa 4:34.

*Men are the protectors and maintainers of women, because Allah has given the one more strength than the other, and because they support them from their means. Therefore, the righteous women are devoutly obedient, and guard in the husband's absence what Allah would have them guard.*

## Topic 8: ISLAMIC APPROACH TO HIV/AIDS LIFE SKILLS FOR PREVENTION, TREATMENT, CARE AND SUPPORT.

### 8A: UNDERSTANDING LIFE SKILLS

#### Ask participants:

1. a. What are life skills?  
b. What are the 3 groups in which life skills are categorized? Give examples of life skills in each group that are essential for the implementation of the Islamic Approach to HIV/AIDS prevention, treatment, care and support. Identify supportive Islamic teachings for each life skill.

#### Key messages:

### ISLAMIC APPROACH TO HIV/AIDS LIFE SKILLS EXPLAINED

Life skills are tactics and tools used to save one's life and be able to survive. These skills are essential in AIDS prevention, treatment, care and support efforts of individuals, families and communities. All life skills that are used in IAA are supported by and derived from Islamic teachings. The life skills are divided into three groups. These are described below together with the Islamic teachings from which they are derived and get support.

#### 1. Personal skills of knowing and living with oneself

##### • Self awareness

Knowledge of oneself refers to the "who and what" one is. It helps one to know and acknowledge his or her strengths and weaknesses. It is the ability of oneself to understand why they behave and make choices the way they do.

HQ. 113:1-5. *"Say: I seek refuge with the Lord of the dawn, from the mischief of created things; from the mischief of darkness as it overspreads; from the mischief of those who blow on knots; and from the mischief of the envious one as he practices envy".*

HQ. 3:135-136. *"And those who, having done something to be ashamed of, or wronged their own souls, earnestly bring Allah to mind, and ask for forgiveness for their sins, and who can forgive sins except Allah? And are never obstinate in persisting knowingly in the wrong they have done. For such the reward is forgiveness from their Lord, and gardens with rivers flowing underneath, an eternal dwelling. How excellent a recompense for those who work and strive".*

- **Self Esteem**

Belief in self as a worthy person. It is an experience of being competent to cope with the basic challenges of life and being worthy of happiness. The way we feel about ourselves affects virtually every aspect of our existence.

HQ. 109:1-6: *"Say: O you that reject faith, I worship not that which you worship, nor will you worship that which I worship, and I will not worship that which you have been wont to worship, nor will you worship that which I worship. To you be your way, and to me mine".*

- **Assertiveness**

The ability to stand up for oneself: It is knowing what you want and going out to get it in a positive, firm but reasonable manner.

HQ. 8:45: *"O you who believe, when you meet a force, be firm, and call Allah in remembrance much and often; that you may succeed".*

- **Controlling Emotions**

The ability to overcome the strong illogical feelings of the human spirit. These can be fear, anger, love, guilt, hatred or grief. Emotions normally feel very real and overpowering at times but need to be kept under control so as to avoid regrets.

HQ. 3:132-134: *"And obey Allah and the Apostle; that you may obtain mercy. Be quick in the race for seeking forgiveness from your Lord, and for a Garden whose width is that of the whole of the heavens and of the Earth, prepared for the righteous, Those who spend freely, whether in prosperity, or in adversity; who restrain anger, and pardon all men; for Allah loves those who do good;"*

- **Coping with stress**

Learning to identify symptoms of and managing the pressures that are caused by difficulties in life. Stress is an ever-present pressure. One should never allow stress to overcome him or her.

HQ. 2:214: *"Or do you think that you shall enter the Garden of Bliss without such trials as came to those who passed away before you? They encountered suffering and adversity, and were so shaken in spirit that even the Apostle and those of faith who were with him cried: When (will come) the help of Allah? Ah! Surely, the help of Allah is always near".*

HQ. 22:34-35. *"To every people did We appoint rites (of sacrifice), that they might celebrate the name of Allah over the sustenance He gave them from animals (fit for food). But your God is one Allah, submit then your wills to Him (in Islam) and give the good news to those who humble themselves. To those whose hearts when, Allah is mentioned, are filled with fear, who show patient perseverance over their afflictions, keep up regular prayer, and spend (in charity) out of what we have bestowed upon them".*

HQ. 2:153-157. *"O you who believe! Seek help with patient perseverance and prayer, for Allah is with those who patiently persevere. And say not of those who are slain in the way of Allah: They are dead. No they are living, though you perceive it not. Be sure we shall test you with something of fear and hunger, some loss in goods or lives or the fruits (of your toil), but give Glad Tidings to those who patiently persevere, Who say, when afflicted with calamity: To Allah we belong and to Him is our return. They are those on whom (descend) blessings from Allah, and Mercy, and they are the ones that receive guidance".*

- **Patience and perseverance**

The capacity to endure hardship, difficulty, unpleasantness or inconvenience with calmness, self-control and without complaint.

HQ. 3:200. *"O you who believe, persevere in patience and constancy; vie in such perseverance; strengthen each other; and fear Allah that you may prosper."*

HQ. 3:186. *"You shall certainly be tried and tested in your possessions and in your personal selves; and you shall certainly hear much that will grieve you, from those who received the Book before you and from those who worship many gods. But if you persevere patiently, and guard against evil, then that will be a determining factor in all affairs".*

HQ. 103:1-3. *"By the token of time through the ages, surely man is in loss, except such as have faith, and do righteous deeds, and join together in the mutual enjoining of truth and of patience and constancy".*

- **Saying no temptations:**

Being able to resist reacting to various urges, violent emotions and bad desires that may result in inappropriate or risky behavior. Self-control enables people to resist temptations.

HQ. 7:200-201. *"If a suggestion from Satan assail your mind, seek refuge with Allah; for He hears and knows all things. Those who fear Allah, when a thought of evil from Satan assaults them, bring Allah to remembrance, and they see aright."*

- **Remembering and using Allah's guidance:**

Remembering to consult Allah and act on His guidance before making a decision to do anything.

HQ. 2:2-5.

*"This is the Book; in it is guidance sure, without doubt, to those who fear Allah; Who believe in the Unseen, are steadfast in prayer, and spend out of what We have provided for them; And who believe in the revelation sent to you, and sent before your time, and in their hearts have the assurance of the Hereafter. They are on true guidance, from their Lord, and it is these who will prosper".*

HQ. 2:29-39. *"It is He who has created for you all things that are on Earth; moreover His design comprehended the heavens, for He gave order and perfection to the seven firmaments, and of all things He has perfect knowledge. Behold, your Lord said to the angels: I will create a vicegerent on earth. They said: will you place therein one who will make mischief therein and shed blood? While we do celebrate Your praises and glorify your holy name? He said: I know what you know not. They said: Glory to you, of knowledge we have none save what you have taught us. In truth it is you who are perfect in knowledge and wisdom. He said: O Adam! Tell them their natures. When he had told them, Allah said: Did I not tell you that I know the secrets of Heaven and Earth, and I know what you reveal and what you conceal? And behold, we said to the angels: Bow down to Adam and they bowed down. Not so Iblis: he refused and was haughty. He was of those who reject faith. We said: O Adam! Dwell you and your wife in the Garden; and eat of the bountiful things therein as where and when you will; but approach not this tree, or you run into harm and transgression. Then did Satan make them slip from the garden, and get them out of the state of felicity in which they had been. We said: Get you down, all you people with enmity and your means of livelihood for a time. Then learnt Adam from his Lord words of repentance, and his Lord turned towards him; for He is oft-returning, most Merciful. We said: Get you down all from here; and if, as is sure, there comes to you guidance from Me, whosoever follows My guidance, on them shall be no fear, nor shall they grieve. But those who reject faith and belie our signs, they shall be companions of the fire; they shall abide therein".*

## 2. Skills of living with others.

- **Interpersonal relationships**

Developing and maintaining social relations between people. Quality of these relationships strongly influences family and community life.

HQ. 9:71. *"The believers, men and women, are protectors one of another, they enjoin what is just, and forbid what is evil; they observe regular prayers, pay zakat(charity), and obey Allah and His Apostle. On them will Allah pour His mercy, for Allah is exalted in power, wise".*

- **Friendship formation**

Establishing the conditions of sharing a friendly relationship or the process of acquiring persons with whom to share feelings, understanding and interests. Friends are helpers, supporters, advisers, and should be kind and understanding.

HQ. 3:159. *"It is part of the Mercy of Allah that you deal gently with them. Were you to be severe or harsh-hearted, they would have broken away from about you: so pass over their faults, and ask for Allah's forgiveness for them; and consult them in affairs of the moment. Then, when you have taken a decision, put your trust in Allah. For Allah loves those who put their trust in Him"*.

HQ. 5:54-58. *"O you who believe, if any from among you turn back from his faith, soon will Allah produce a people whom He will love as they will love Him – lowly with the believers, mighty against the rejecters, fighting in the way of Allah, and never afraid of the reproaches of such as find fault. That is the Grace of Allah, which He will bestow on whom He pleases. And Allah encompasses all, and He knows all things. Your real friends are no less than Allah, His Apostle, and the fellowship of believers – those who establish regular prayers and regular charity, and they bow down humbly in worship. As to those who turn for friendship to Allah, His Apostle, and the fellowship of believers, it is the fellowship of Allah that must certainly triumph. O you who believe, take not for friends and protectors those who take your religion for a mockery or sport – whether among those who received the scripture before you, or among those who reject faith; but fear Allah, if you have faith indeed. When you proclaim your call to prayer they take it but as mockery and sport; that is because they are a people without understanding"*.

- **Empathy**

Sharing another person's feelings. It is the power or state of imagining oneself to be another person and so sharing his or her ideas and feelings.

HQ. 2:177. *"It is not righteousness that you turn your faces towards East or West; but it is righteousness to believe in Allah and the Last Day, and the Angels, and the Book, and the Messengers; to spend of your substance, out of love for Him, for your kin, for orphans, for the needy, for the wayfarer, for those who ask, and for the ransom of slaves; to be steadfast in prayer, and practice regular charity; to fulfil the contracts which you have made; and to be firm and patient, in pain or suffering and adversity, and throughout all periods of panic. Such are the people of Truth, the God-fearing"*.

- **Negotiation**

The act of discussing options, ideas, and information between conflicting persons so as to reach an acceptable agreement. It needs flexibility, assertiveness, creativity, listening skills, openness and honesty to be effective.

HQ. 49:9. *"If two parties among the believers fall into a quarrel, make peace between them, but if one of them transgresses beyond bounds against the other, then fight you all against the one that transgresses until it complies with the command of Allah; but if it complies, then make peace between them with justice, and be fair for Allah loves those who are fair and just."*

- **Effective communication**

The act of making information, ideas, opinions, feelings, and news known and shared.

HQ. 2:83. *"And remember we took a covenant from the children of Israel to this effect: Worship none but Allah; treat with kindness your parents and kindred, and orphans and those in need; speak fair to the people; be steadfast in prayer; and practice regular charity. Then did you turn back, except a few among you, and you backslide even now."*

- **Peer resistance**

The ability to withstand negative pressures and influences from peers.

HQ. 5:2. *"O you who believe, violate not the sanctity of the symbols of Allah, nor of the sacred month, nor of the animals brought for sacrifice, nor the garlands that mark out such animals, nor the people resorting to the sacred house, seeking of the bounty and good pleasure of their Lord. But when you are clear of the sacred precincts and of pilgrim garb, you may hunt and let not the hatred of some people in once shutting you out of the sacred mosque lead you to transgression and hostility on your part. Help you one another in righteousness and piety, but help you not one another in sin and rancour. Fear Allah, for Allah is strict in punishment"*.

- **Non-violent conflict resolution**

Being able to resolve conflicts in a peaceful manner or never using force when resolving conflicts.

HQ. 5:27-32. *“Recite to them the truth of the story of the two sons of Adam. They each presented a sacrifice to Allah; it was accepted from one, but not from the other. Said the latter: Be sure I will slay you. Surely, said the former, Allah does accept of the sacrifice of those who are righteous. If you do stretch your hand against me, to slay me, it is not for me to stretch my hand against you to slay you; for I do fear Allah, the Cherisher of the worlds. For me, I intend to let you draw on yourself my sin as well as yours, for you will be among the companions of the fire, and that is the reward of those who do wrong. The selfish soul of the other led him to the murder of his brother. He murdered him, and became himself one of the lost ones. Then Allah sent a raven, who scratched the ground, to show him how to hide the shame of his brother. Woe is me, said he; Was I not even able to be as this raven, and to hide the shame of my brother? Then he became full of regrets. On that account we ordained for the children of Israel that if anyone slew a person – unless it be for murder or for spreading mischief in the land – it would be as if he slew the whole people; and if anyone saved a life, it would be as if he saved the life of the whole people. Then although there came to them our Apostles with clear signs, yet, even after that, many of them continued to commit excesses in the land”.*

### 3. Decision-making skills

- **Critical thinking**

The intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action and as a result of careful judgment.

HQ. 30:20-27. *“Among His signs is this that He created you from dust; and then, behold, you are men scattered far and wide. And among His signs is this that He created for you mates with them, and He has put love and Mercy between your hearts, surely in that are signs for those who reflect. And among His signs is the creation of the heavens and the Earth, and the variations in your languages and your colours, surely in that are signs for those who know. And among His signs is the sleep that you take by night and by day, and the quest that you make for livelihood out of His Bounty, surely in that are signs for those who hearken. And among His signs, He shows you the lightning, by way both of fear and of hope, and He sends down rain from the sky and with it gives life to the Earth after it is dead, surely in that are signs for those who are wise. And among His signs is this that Heaven and Earth stand by His command. Then when He calls you, by a single call, from the earth, behold, you straightway come forth. To Him belongs every being that is in the heavens and on Earth; all are devoutly obedient to Him. It is He who begins the process of creation; then repeats it; and for Him it is most easy. To Him belongs the loftiest similitude one can think of in the heavens and the earth, for He is exalted in might, full of wisdom”.*

- **Creative thinking**

Generally considered to be involved with the creation or generation of ideas, processes, and experiences -- exploring ideas, generating possibilities, looking for many right answers rather than just one. This has to be done within limits of faith in Allah. Thinking and questioning that may lead to loss of faith and other troubles is discouraged. For example asking to see God directly caused trouble for Musa (Moses).

HQ. 17:36:39. *“And pursue not that of which you have no knowledge; for every act of hearing, or of seeing or of feeling in the heart will be enquired into on the day of reckoning. Nor walk on the earth with insolence, for you cannot rend the earth asunder, nor reach the mountains in height. Of all such things the evil is hateful in the sight of your Lord. These are among the precepts of wisdom, which your Lord has revealed to you. Take not, with Allah, another object of worship, lest you should be thrown into Hell, condemned and rejected”.*

HQ. 5:101-102: *“O you who believe, ask not questions about things which, if made plain to you, may cause you trouble. But if you ask about things when the Qur’an is being revealed, they will be made plain to you, Allah will forgive those: for Allah is oft-forgiving, Most forbearing. Some people before you did ask such questions, and on that account lost their faith.”*

HQ. 7:143. *“When Moses came to the place appointed by Us, and his Lord addressed him, he said: “O my Lord, show Yourself to me, that I may look upon you”. Allah said: “By no means can you see Me direct: but look upon the Mount; if it abide in its place, then shall you see Me”. When his Lord manifested Himself on the Mount, He made it as dust and Moses fell down in a swoon (unconscious). When he recovered his senses he said: “Glory be to You, to You I turn in repentance, and I am the first to believe”.*

Hadith:

It was narrated on the authority of Abu Tha'labah al-Khushani Jurthum bin Nashir (radiyallahu anhu) that the Messenger of Allah (SAW) said, "Truly Allah the Most High has ordained certain duties, so neglect them not; He has laid down certain limits, so do not transgress them; He has forbidden certain things, do not indulge in them; and He has said nothing about certain things, as an act of mercy to you, not out of forgetfulness, so do not go enquiring into these. [an excellent Tradition which al-Daraqutni and others have related.]

- **Effective decision making**

The quality of being able to make correct choices or judgments and act on them with firmness.

HQ. 61:1-4. *"Whatever is in the heavens and on Earth, let it declare the Praises and Glory of Allah, for He is the exalted in might, the wise. O you who believe, why say you that which you do not? Grievously odious is it in the sight of Allah that you say that which you do not do. Truly Allah loves those who fight in His cause in battle array, as if they were a solid cemented structure".*

- **Problem solving**

The ability to deal with problems or to overcome difficulties after according attention and thought to them. It refers to getting an answer or developing a solution to a problem.

HQ. 94: 1-8. *"Have we not expanded your breast? And removed from you your burden which did gall your back? And raised high the esteem in which you are held? So surely, with every difficulty, there is relief, surely, with every difficulty there is relief. Therefore, when you are free from your immediate task, still labour hard, and to your Lord turn all your attention.*

All the above life skills can be utilized to combat AIDS in line with Islamic principles. In effect they are HIV/AIDS life skills. When the life skills are used in line with Islamic teachings for HIV/AIDS prevention, treatment, care and support and stigma reduction, this is what is called the Islamic approach to HIV/AIDS life skills.

## 8B: PLANNING FOR IAA LIFE SKILLS:

### SITUATION ANALYSIS:

1. a. What is the benefit of each of the 5 components in the Islamic Approach to HIV/AIDS life skills? Identify relevant supportive Islamic teachings. (Remind participants about the 5 components in the operational definition of the Islamic approach to AIDS).  
b. What indicators identify successful implementation of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community? Ensure that the indicators are relevant to the 5 components of the Islamic approach to AIDS.  
c. Who gives the mandate to implement the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support at the individual, family and community levels?
2. What are the target communities for the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support?
3. a. What are the needs of the target communities as far as the Islamic approach to HIV/AIDS life skills for prevention treatment, care and support is concerned? Identify the needs for the following groups: children, youth, men and women.  
b. What are the strengths and weaknesses of these target groups as far as the Islamic approach to HIV/AIDS life skills for prevention, treatment and care is concerned?  
c. How should the weaknesses of those who are unable to consistently and correctly implement the Islamic approach to HIV/AIDS life skills for prevention, treatment and care be handled?
4. What are the priority issues that need to be addressed for each target group related the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support?

## Key messages:

The benefits of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support are as follows:

### Believing in Allah & Prophet Muhammad (SAW);

- Enhances utilization of life skills for HIV/AIDS prevention, treatment, care and support.
- Allah's guidance in the Qur'an and the Prophet's guidance in Hadith prevent us from engaging in adultery and fornication. Q17:32.  
*"Nor come near to adultery. For it is an indecent deed and an evil way".*
- Belief in Allah will enable us to cope with whatever situation we find ourselves in while we continue to pray to Him to change the situation.
- Belief in Almighty Allah will enable us to build and develop positive relationships and prevent us from engaging in acts that are unlawful such as drug abuse and homosexuality.

HQ: 5:90.

*"O you who believe! Intoxicants and gambling, sacrificing to stones, and divination by arrows, are an abomination, of Satan's handiwork. Eschew such abomination, that you may prosper".*

HQ: 29:28 - 29.

*"And remember Lut; behold, He said to his people, You do commit lewdness such as no people in creation ever committed before you. Do you indeed approach men and cut off the highway and practice wickedness even in your councils? But his people gave no answer but this they said: bring us the wrath of Allah if you tell the truth".*

- Belief in Allah and the Prophet SAW enables Muslims to accept that whatever happens, be it good or bad, including HIV/AIDS is from Allah; Qur'an 64:11-13.

*"No kind of calamity can occur, except by the leave of Allah. And if any one believes in Allah, (Allah) guides his heart (a right): for Allah knows all things. So obey Allah, and obey His messengers, but if you turn back, the duty of our messenger is but to deliver the message clearly and openly. Allah! There is no god but He and on Allah, therefore, let the believers put their trust."*

Hadith:

Abu al-Abbas Abdullah bin Abbas (radiyallahu anhum) reported: I was behind the Prophet (SAW) when he said, "O young man, I will teach you some words of wisdom. Keep Allah in mind, He will preserve you. Keep Allah in mind, you will find Him in front of you. If you have need to ask, ask of Allah. And if you must seek help, seek help from Allah. Know that even if the whole community is united to do something to benefit you in any matter, they would not benefit you in anything save what Allah has written for you, and even if they were united to harm you in any matter they would not harm you in anything save what Allah has already written for you. The pens had been lifted and the pages were dry." [Al-Tirmidhi relates this and says: It is a good, genuine Hadith.]

According to a line of transmission other than that of al Tirmidhi it reads:

"Keep Allah in mind and you will find Him in front of you. Get acquainted with Allah in days of ease and He will know you in days of distress. Know that what missed you could not have hit you, and what hit you could not have missed you. Know that victory comes with patience, relief follows distress, ease follows hardship."

### Learning scientific facts

- Enhances utilization of life skills:
- Islam enjoins us to seek knowledge HQ: 96:1-5). *"Proclaim! Or read! In the name of the Lord and Cherisher, who created. Created man, out of a leech like clot. Proclaim and the Lord is Most bountiful, He who taught the use of the pen, taught man that which he knew not."* We therefore need to be knowledgeable on HIV/AIDS & related issues. The knowledge will equip us to act as required.



### Use of Islamic teachings

- Enhances utilization of life skills.
- Islamic teachings empower people to avoid what is bad and promote what is good. Knowledge of these teachings enhances worship of Allah and encourages effective communication, relationship building, self-esteem, problem solving, rational decision-making etc.

HQ:31:17-19.

*"O my son! Establish regular prayer, enjoin what is just, and forbid what is wrong. And bear with patient constancy whatever befalls you; for this is firmness of purpose in the conduct of affairs. And swell not your cheek for pride at men. Nor walk in insolence through the earth: for Allah loves not any arrogant boaster. And be moderate in the pace, and lower the voice, for the harshest of sounds without doubt is the braying of the ass."*

### Forming partnerships with religious leaders

- Enhances utilization of life skills.
- This is vital as our leaders will always provide guidance for us using the Quran and traditions of the Prophet (SAW).

### Concept of Jihad Nafs

- Enhances utilization of life skills.
- The greatest Jihad is Jihad Nafs. Jihad Nafs enable us to control emotion, be patient and have good behavior. Control of the soul is supported in Qur'an 91:7-10

*"By the soul, and the proportion and order given to it, and its inspiration as to its wrong and its right. Truly he succeeds that purifies it, and he fails that corrupts it".*

The indicators of successful use of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community include the following:

#### Individual

- Increased knowledge of Islam as related to life skills utilization.
- Improved communication skills, assertiveness, etc.

#### Family

- Improved interpersonal communication especially parent-children communication.
- Improved knowledge of HIV/AIDS & related issues e.g care and support to PLWHA.

#### Community

- Enabling environment for HIV/AIDS prevention, treatment, care and support.
- Reduction in stigma and discrimination.
- Increased number of interventions on the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support.
- Number of sermons delivered by Imam in a quarter on HIV/AIDS topics.

The mandate to use the Islamic approach to HIV/AIDS life skills for prevention, treatment and care and support at the individual, family and community levels is given by the following:

#### Individual

- Spiritual inspiration from Allah and the teachings from the Prophet Muhammad (SAW)
- Self-consciousness and self-esteem;

#### Family

- Allah and the Prophet Muhammad (SAW);
- Family head;
- Family council;

## Community

- Allah and Prophet Muhammad (SAW)
- Religious Leaders
- Community leaders

The target communities for the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support include the following:

- Ourselves
- Our families, including the children
- Communities
- People Living With HIV/AIDS
- The Vulnerable groups

The needs of the target communities as far as the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support is concerned are as follows:

### Children

– Knowledge, love and security, health care and support

### Youth

– Education, empowerment, communication skills, quality care and holistic support

### Men

– Education, including HCT and ART, empowerment, protection from superstitious practices

### Women

– HCT services, HIV/AIDS education, spiritual guidance, empowerment, protection from superstitious practices.

The strengths and weaknesses of the target groups as far as the Islamic approach to HIV/AIDS life skills for prevention, treatment and care is concerned include the following:

## Strengths

### Children

– Sociable,

### Youth

– Family asset, easily differentiate bad & good.

### Men

– Assertive, decision makers, source of security, some of them have high Iman (faith).

### Women

– Cheerful, influential, caring and loving, educative, tolerant, good health-seeking behaviour;

## Weaknesses

### Children

- Easily scared, easily influenced and vulnerable.

### Youth

- Have very high desires & demands, easily influenced.

### Men

- Aggressive, dictatorial, easily attracted to promiscuity, have poor health-seeking behaviour, higher tendency of using intoxicants, exploitative.

### Women

- Submissive, emotional, fearful and quiet, not decisive.

The weaknesses of those who are unable to consistently and correctly use the Islamic approach to HIV/AIDS life skills for prevention, treatment and care can be handled as follows:

- Education
- Spiritual counselling
- Empowerment
- Use of support groups
- Designing of special programs
- Rehabilitation
- Showing love & compassion

The priority issues that need to be addressed for target groups related to the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support include the following:

**Children:**

- Issues of child abuse

**Youth:**

- Promotion of abstinence
- Training in the use of the IAA life skills

**Men:**

- Training in use of the IAA life skills
- Empowerment of male religious leaders and the followers

**Women:**

- Empowerment, training in use of the IAA life skills

**8C; SETTING GOALS, OBJECTIVES, RELATED TO THE ISLAMIC APPROACH TO HIV/AIDS LIFE SKILLS FOR PREVENTION, TREATMENT, CARE AND SUPPORT.**

**Ask participants:**

1. What are the major goals related to the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community?
2. What are the major objectives of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community? Make the objectives specific, measurable, achievable, realistic and time bound.
3. What major activities are needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community? Who should do the activities, when, with what motivation and at what cost. As an example you can plan for a Muslim community at a mosque with 100 households, 5 people in each household, an HIV prevalence of 5% and a budget of US\$ 1,000 or equivalent in local currency, for the Islamic approach to life skills utilization. You can also plan for a family in a household or plan for an individual. Make a matrix table of these items.
4. What channels of communication should be used to promote the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support?
5.
  - a. What other partners and alliances are needed to network with in the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support?
  - b. What is the role of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support?
  - c. What types of interactions with other faiths can enhance the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community?

**Key messages:**

The major goal related to the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community is as follows:

To empower the Muslim community with the IAA life skills for prevention, treatment, care and support.

The major objectives of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community are as follows:

### Objectives

- To significantly increase the number of Imams and their assistants within the Mosque community with the knowledge on the Islamic approach to HIV/AIDS life skills within 3 years.
- To increase the proportion of people with knowledge on the Islamic approach to HIV/AIDS life skills in the Mosque community within 3 years.
- To advocate for the integration of the IAA life skills into the national HIV/AIDS strategic framework.

The major activities needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community are shown in table 13 below as an example.

**Table 13: Work plan for activities at mosque level**

Activity	By Who	When
1. Feed back on the 3rd IMLC to religious leaders in the respective community mosque	Community Coordinator	August/ Sept.07
2. Identify and orient Resource persons to conduct the needs assessment.	Community Coordinator + consultants(s)	Sept.07
3. Conduct the needs assessment in 20 households to assess the knowledge on IAA life skills.	Community Coordinator + Researchers	Oct.07
4. Develop training curriculum for use by the Imams, women and youth leaders	Consultant	Dec.07-Feb.08
5. Training of the Imams, Muslim youth leaders, Muslim women Leaders	Community Coordinator + local Trainers.	March. 08
6. Produce & distribute IAA life skills I.E.C materials	Community Coordinator + consultant.	March-April, 08
7. Conduct Radios & T.V programs to advocate for the integration of IAA life skills in national HIV/AIDS strategic framework.	Community Coordinator + trained Imams & their Assistants.	From May 08 - 2010.
8. Hold public rally & campaign to promote and advocate & popularize the IAA life skills.	Community Coordinator, Mufti, Kadhis, Sheiks + Muslim community members	May, 08
9. Conduct supervisory and monitoring visits to Imams and their Assistants	Community Coordinator + local Trainers	May-June ,08
10. Document & provide bi-annual reports to ICPIAA.	Community Coordinator	July. 08

The channels of communication that should be used to advocate for the use of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support include the following:

- Mosque sermons
- Print and electronic media
- Meetings, workshops & seminars
- Public gatherings
- Home visits
- Rallies and public campaigns
- Religious and social gatherings

The partners and alliances that are needed to network within the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support include the following:

- Government
- Health facilities
- Other religious and community leaders
- NGOs, CBOs, FBOs
- Schools
- Merchants
- Medical personnel
- Cultural leaders
- Philanthropists
- Artists

The benefits of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support as indicated in appendix 1 include the following:

- Enhancing referrals
- Joint planning
- Utilization of different professional skills of the medical staff
- Management of ill health conditions
- Access to & utilisation of available health services

The types of interactions with other faiths that can enhance the use of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support, by the individual, family and community include:

- Learn from one another.
- Promote Interfaith dialogue on areas of common interest e.g. HQ- 60:7-9:

*"It may be that Allah will establish friendship between you and those whom you now hold as enemies. For Allah has power (Over all things) and Allah is oft-forgiving. Most Merciful. Allah forbids you not with regard to those who fight you not for your faith nor drive you out of your homes from dealing kindly and justly with them: For Allah loves those who are just. Allah only forbids you with regard to those who fight you for your faith, and drive you out of your homes, and support others in driving you out, from turning to them for friendship and protection. It is such as turn to them in these circumstances that do wrong."*

- Share skills and resources.
- Use each others' facilities.
- Enhance healthy relationships such as respect and tolerance in service delivery.
- Create an interfaith forum.

#### **8D: MONITORING AND EVALUATION, RESOURCES MOBILIZATION, RESOLUTIONS AND COMMITMENTS RELATED TO THE ISLAMIC APPROACH TO HIV/AIDS LIFE SKILLS FOR PREVENTION, TREATMENT, CARE AND SUPPORT.**

Ask participants:

1. a. What data needs to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community?  
b. How can this data be collected?
2. a. What data needs to be collected to evaluate the impact of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support? Ensure the data is relevant to the 5 components of the Islamic approach to AIDS.  
b. How can this data be collected?
3. a. What are the possible resources for implementing activities related to the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support that can be mobilized locally and externally? Identify the required financial, human and technical resources.  
b. How can these resources be attracted and accessed?

4. What resolutions and commitment should be made regarding the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community?

**Key messages:**

The data that need to be collected to monitor the process and impact of implementation of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community are shown in table 14a and 14b as an examples.

**Table 14a: Process indicators**

Activities	Indicators	Means of verification
1. Feed back on the 3rd IMLC to religious leaders in the respective community	No. of meetings held	Participants list Minutes of the feedback meeting
2. Identify and orient Resource Persons to conduct the needs assessment.	No. of Resource persons identified	Developed Terms of reference and Signed contract
3. Conduct the needs assessment in 20 households to assess the knowledge on IAA life skills	No. of households covered in the baseline survey	Needs assessment report
4. Develop training curriculum for use by the Imams, youth and women leaders	No. of curricula developed.	The available curriculum for use.
5. Training of the Imams, Muslim youth leaders, Muslim women Leaders	No. of trainings conducted No. of participants trained.	Training report(s)
6. Produce & distribute I.E.C materials on IAA life skills	No. of IEC materials produced and disseminated.	Distribution list
7. Conduct Radio & T.V programs to advocate for the integration of IAA life skills in National HIV/AIDS framework.	No. of programs presented on Radio and T.V stations. Knowledge & perception of target group. Integration of IAA life skills into the national. HIV/AIDS strategy.	Video clips, Recorded Radio program, Survey reports National HIV/ AIDS strategy
8. Conduct supervisory and monitoring visits to Imams and their Assistants	No of supervisory visits conducted	Supervision reports
9. Document & provide bi-annual reports to International Centre for Promotion of the Islamic Approach to HIV/AIDS (ICPIAA).	Documents sent to ICPIAA	Acknowledgement from ICPIAA

**Table 14b : Impact Indicators**

IAA Components	Impact indicators
1. Believing in Allah and Prophet Muhammad (SAW)	<ul style="list-style-type: none"> <li>▪ Reduction in HIV prevalence</li> <li>▪ Reduction in stigma and discrimination</li> <li>▪ Increased proportion of PLWHAs on ART</li> <li>▪ Reduction in rate of new infections.</li> </ul>
2. Learning the scientific knowledge	
3. Making use of Islamic teachings and practices	
4. Forming partnerships with and making use of religious leaders/ administrative structures	
5. Concept of Jihad Nafs	

The possible resources for implementing activities related to the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support and how they can be mobilized and accessed are shown in table 15 below:

**Table 15: Resource Mobilization**

Type of Resource	Source	Mechanism of Mobilization
FINANCIAL	Gov't, Dev. Partners, Individuals, Private institutions, NGOs, Zakat, sadaqa, Philanthropists.	Proposal writing, fundraising, donations, contribution box,
HUMAN	Religious Leaders (Imams, Sheiks, Kadhis, Muftis), men & women leaders, Medical professionals, Youth leaders,	Community mobilization & sensitization.

The resolutions and commitments that need to be made include the following:

#### **Resolution**

We do hereby resolve to:

- ❖ Implement the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support.

Other resolutions are in appendix 2.

#### **Commitment**

We do hereby commit ourselves to:

- ❖ Implement the work plan and resolutions.

## Topic 9: BEHAVIOR CHANGE COMMUNICATION:

Ask participants the following questions:

1. What is behaviour change communication and what is its role in promoting utilization of HIV/AIDS services?
2. What are the objectives of behaviour change communication for promoting utilization of HIV/AIDS services?
3. What stages does someone go through to change behaviour?
4. What factors enable someone to change behaviour?
5. What is the role of Islamic teachings in changing behaviour to promote utilization of HIV/AIDS services services? Give examples.
6. What is the role of local leaders in changing behaviour to promote utilization of PMTCT services?
7. What channels of communication should be used to encourage people to change behaviour?
8. Ask participants to give examples of Islamic teachings that promote behaviour change communication?

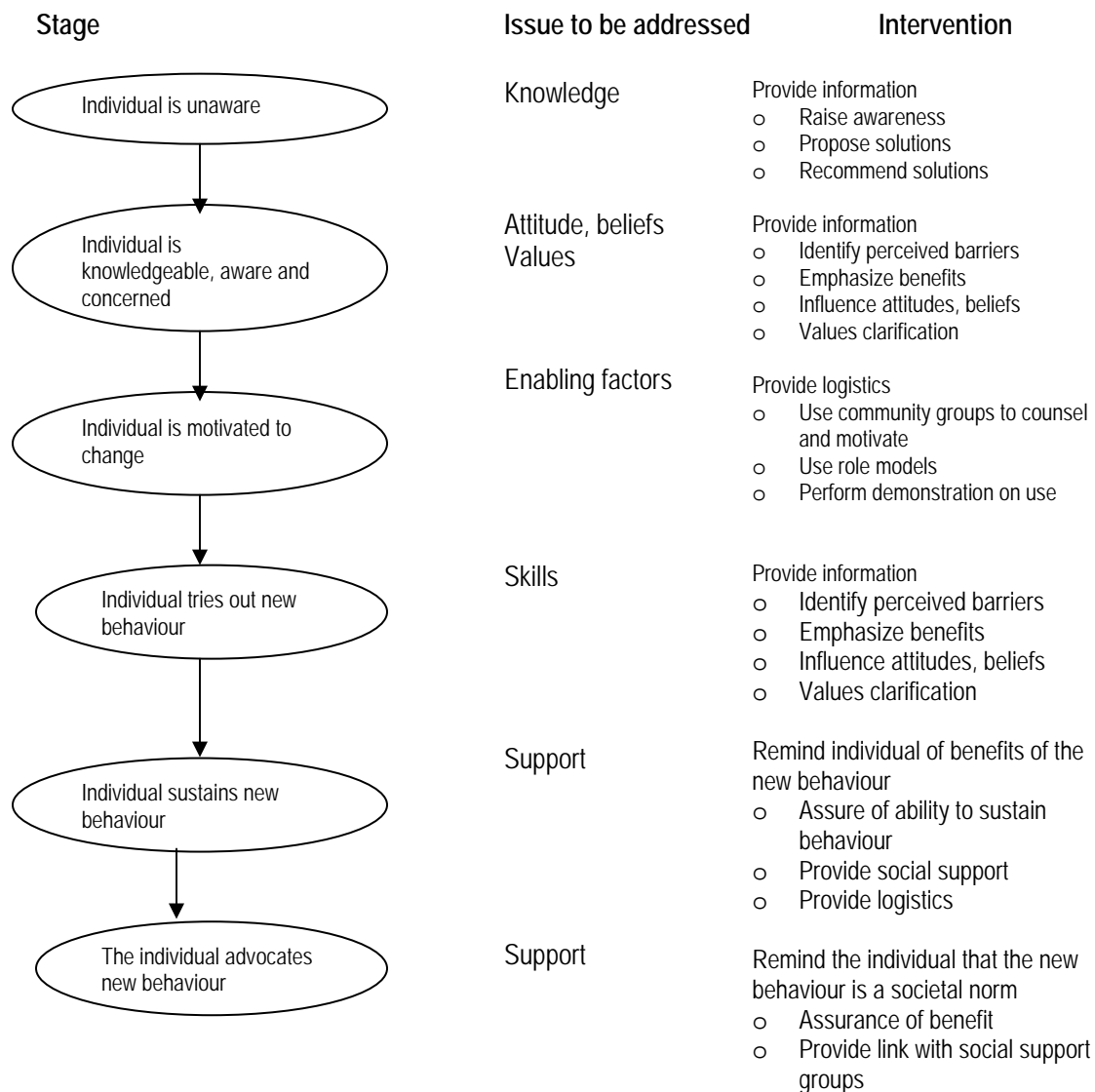
### Key messages:

1. Behaviour Change Communication is the process of communicating to individuals and the community for the purpose of changing unfavourable behaviours and attitudes to those that are favourable for promoting a particular issue such as increased utilization of HIV/AIDS services.
2. The objectives of behaviour change communication in promoting utilization of HIV/AIDS services include the following:
  - i) Increase knowledge
  - ii) Stimulate community dialogue
  - iii) Promote essential attitude change
  - iv) Reduce stigma and discrimination
  - v) Create a demand for information and services
  - vi) Advocacy on issues
  - vii) Promote services for prevention, treatment, care and support.
  - viii) Improve community skills and the sense of self efficacy.
3. The stages of behaviour change include the following:
  1. Unaware
  2. Aware
  3. Concerned
  4. Knowledgeable
  5. Motivated to change
  6. Practicing trial behaviour
  7. Practicing sustained behaviour change.

These stages are also shown in the behavior change process model in figure 1 below:



Figure 1: Behaviour change process model:



People go backwards and forwards through these stages

4. Enabling factors for behaviour change include the following:
  - i) Providing effective communication
  - ii) Creating an enabling environment in terms of policies, community values and human rights.
  - iii) Providing user friendly accessible services and commodities.
  
5. The role of religious teachings in changing behaviour includes the following:
  - i. Religious code of conduct maintains behaviour change
  - ii. Presence of penalties helps to change to acceptable behaviours. Examples of teachings:
    - a) Loving the wife
      - A man is the head of the family.
      - A man should love his wife
    - b) The best man is the one who loves his wife
    - c) Saving life is a cherished act
    - d) Never kill
    - e) Do not commit adultery and fornication
    - f) Saving one life is like saving the whole world

6. The role of local leaders in changing behaviours to promote utilization of HIV/AIDS services include the following:
  - i. Formulate bye laws
  - ii. Encourage people to go for group discussions
  - iii. They know the community and therefore can help in organizing them. They have their skills for organization and mobilization. They use these skills to get the mandate of their communities for leadership. The same skills can be utilized for promoting utilization of HIV/AIDS services.
7. The channels of communication include:
  - i) Mass media
  - ii) Community networks and traditional media e.g. local leaders and religious groups.
  - iii) Interpersonal communication e.g. during home visits.
  - iv) Group communication e.g. during meetings.
8. Examples of Islamic teachings:

**A. Holy Qur'an: Chapter 9 verse 122:**

*Nor should the believers all go forth together, if a contingent from every expedition remained behind, they could devote themselves to studies in religion, and warn the people when they return to them – that thus they (may learn) to guard themselves against evil.*

**Relationship to topic:**

*Not everyone should go away about their own business. Some people should stay behind and study issues such as HIV/AIDS and its relationship with religion. After studying they should communicate to others when they return from their usual business. They could do behaviour change communication to them during sermons, group talks or home visits when they have returned from their usual business. This approach is essential to remind people to change behaviour regarding issues of HIV/AIDS.*

**Topic 10: COMMUNITY MOBILIZATION FOR IAA**

Ask participants the following questions:

1. What is community mobilization?
2. What successful experiences of community mobilization do you know in your community?
3. What are the characteristics of a mobilized community?
4. What communication channels should be used to mobilize the communities for IAA?
5. What are the benefits of voluntarism in community mobilization to the individual, family and community?
6. What factors need to be put into consideration to promote education of adults?
7. What preparations are necessary for activities including home visits, sermons, group discussions and mini-lecture?
8. How should communication and mobilization activities be monitored and evaluated?
9. Ask participants to give examples of Islamic teachings that promote community mobilization for IAA.

**Key messages:**

1. Community Mobilization is the process of supporting members of a community to clarify and address their problems, needs and aspirations collectively. The people themselves understand the problem and its cause and are involved in articulating and responding to their own problems with support of the expert. Community mobilization encourages participation and empowerment. Through this process, community members and their resources come together to achieve a common goal.
2. Successful experiences of community mobilization include:
  - Mobilizing the community for local and national elections
  - Mobilizing the community to attend occasions such as funeral rites, weddings etc.
  - Mobilizing the community to build schools and places of worship

3. A mobilized community for HIV/AIDS related activities has the following characteristics:
  - i) Members are aware in a detailed and realistic manner of their individual and collective vulnerability to HIV/AIDS.
  - ii) Members are motivated to do something about this vulnerability and risk.
  - iii) Members have practical knowledge of the different options they can take to reduce their vulnerability and risk.
  - iv) Members can take action within their capability, applying their own strength and investing their own resources, including money, labour, time, materials or whatever else they have to contribute.
  - v) Members participate in deciding what action to take, evaluate the results and take responsibilities for success and failures.
  - vi) Members seek outside assistance and cooperation when needed.
  
4. Communication channels for community mobilization include:
  - i) Sermons during religious gatherings and mini-lectures during meetings such as local community meetings.
  - ii) Group discussions.
  - iii) Home visits and interpersonal communication
  - iv) Mass media.
  
5. The value of voluntarism is that it saves the community from problems. It shows one of the riches of a community. A community with voluntarism is rich and can more easily overcome problems. The status of an individual volunteer and that of his or her family are elevated in the eyes of the community. The community and nation saves resources as a result of its volunteers.
  
6. In educating adults, the following points should be taken into consideration
  - i) Adults need to know why they need to learn something.
  - ii) Adults maintain the concept of responsibility for their own decisions and their own lives.
  - iii) Adults enter the education activity with a greater volume and more varied experiences than children.
  - iv) Adults have a readiness to learn those things that they need to know in order to cope effectively with real life situations.
  - v) Adults are life centered in their orientation to learning.
  - vi) Adults are more responsive to internal motivators than external motivators.

In contrast, the educational model most often used in schools is as follows:

- i) Designed for teaching children.
- ii) Assigns to the teacher full responsibility for all decision making about the learning content, method, timing and evaluation.
- iii) Learners play a submissive part in the education dynamics.

#### 7. Preparations for activities:

The activities for community educators will include educating their people through sermons, group talks at meetings, home visits and participation in mass media sessions. There are 29 topics to be covered. Each of the topics can be modified to suit all these channels of communication. The community educator should therefore, endeavour to cover all the 29 topics in each of the communication channels being used whether they be sermons, group talks, home visits or mini-lectures. It is important to have a new topic every session or to introduce new ideas in a session so that participants are always expecting something new. People want new things. It is the job of the community educator to make every education session to appear new. Old information should be made to appear new. In other words the community educator should always be giving news to the community. He/she should be alert to what is happening in the community and use it to refresh the topics being delivered to the people. The community educators should be like media people. They always look for news and they always find it. That is why we all read newspapers and listen to the news.

## PREPARATIONS:

### A. Sermons and Mini-lectures:

1. Plan to cover a different topic for each sermon so that all the topics in the curriculum as indicated in the contents page are covered.

Topics to be covered are:

Topic 1: Introduction

Topic 2 : The Islamic Approach to HIV/AIDS (IAA)

Topic 3 : Planning process for the IAA

Topic 4A : Planning for IAA prevention

Topic 4B : Responsible parenthood

Topic 4C : Voluntary Counselling & Testing (VCT)

Topic 4D : Prevention of PMTCT

Topic 4E : Gender Inequalities

Topic 4F : Planning for IAA prevention

Topic 4G : Setting goals, objectives & activities of IAA prevention

Topic 4H : Monitoring & Evaluation, resource mobilization, resolutions and commitment regarding IAA prevention.

Topic 5A : Antiretroviral Therapy

Topic 5B: Planning for the IAA Treatment

Topic 5C : Setting foals, objectives and activities of IAA treatment

Topic 5D : Monitoring & Evaluation, resource mobilization, resolutions & commitments regarding IAA treatment

Topic 6A : Community home-based care and support for PLWHAAs & their families

Topic 6B: Planning for the IAA care & support

Topic 6C: Setting goals, objectives & activities of IAA care and support

Topic 6D: Monitoring & evaluation, resource mobilization, resolutions and commitments regarding IAA care & support of infected & affected.

Topic 7A: Stigma and discrimination

Topic 7B: Planning for the IAA Stigma and discrimination

Topic 7C: Setting goals, objectives, activities of IAA stigma and discrimination

Topic 7D: Monitoring & evaluation, resource mobilization, resolutions & commitments regarding IAA stigma & discrimination.

Topic 8A: Understanding life skills

Topic 8B: Planning for IAA Life skills

Topic 8C: Setting foals, objectives related to IAA life skills for prevention, treatment, care & support

Topic 8D: Monitoring & evaluation, resource mobilization, resolutions & commitments related to IAA life skills for prevention, treatment, care & support.

Topic 9: Behaviour change communication

Topic 10: Community mobilization for IAA

2. There are 29 topics to be covered. If you plan to cover 4 topics per month it will take you 8 months to cover the curriculum.

3. Sermons and mini-lectures must be short because they are not very interactive. Prepare a sermon not exceeding 10 minutes. The sermon should have only 1 to 3 key messages. An example of a sermon is given in appendix 3.

### B. Group Discussions:

1. Group discussions should be interactive
2. Make arrangements with your community regarding the most convenient time and place for group talks. For example, this could be after weekly religious prayers, or it could be at weekends in the afternoon among neighbours.
3. Plan to cover a different topic every session. If you decide to have 4 group talks per month the 29 topics can be covered in 8 months.

4. Go through the procedures as indicated in this curriculum by asking relevant questions to participants and guiding the responses.
5. Read for participants the key messages at the end of each session to cover the questions that were discussed.
6. Prepare your self by going through the questions before the group discussions.
7. The group discussions should last between 30 minutes to 1 hr.

**C. Home visits:**

1. The Imam should inform his community about home visits.
2. The Imam or his designated assistant should allocate to community educators homes of his community where he has direct responsibility. He should identify the homes of families in his area who come to attend his congregational prayers. He should inform this congregation about community educators who will visit their homes for IAA education. If he has 32 families close to him he should allocate 8 families to each of four community educators. He should visit these families to introduce their community educator to them and ask the families to support and encourage the educator in his or her voluntary work.
3. The community educator should arrange with the family an appropriate time for education sessions. For example these sessions could be held at weekends in the afternoons.
4. The education sessions should be interactive. The educator should ask the relevant questions according to the curriculum and guide the responses of the participants in the home. At the end of the session, the educator should read the key messages for the questions discussed.
5. The facilitator should prepare to discuss a different topic during every visit. If the educator is allocated 8 homes he may decide to visit 2 homes during each weekend. He/she can decide to cover 2 topics each weekend for each family so that the 29 topics are done in 15 months.
6. The educator should prepare and go through the questions in advance and time himself or herself according to the agreed time with the families. Each topic should be done in about 20 minutes so that the home visit session lasts 40 minutes if the two topics are to be covered. The duration of the home visit should not exceed 1 hour preferably.
7. Monitoring and evaluating community mobilization activities.  
The activities should be monitored through the following channels:

**I. Records by community educators and Imams**

**A. Community Educator:**

Each community educator should make records of the following:

**a) Activity:**

Each community educator should record activities done e.g. sermons, mini-lectures, group discussions and home visits.

**b) Number of people reached:**

Each community educator should record the number of people educated through each activity. These should be separated into males and females.

**c) Topics covered:**

The number of topics covered each month should be recorded for each activity.

## Recording procedure

1. The community educator should record his or her activities in an exercise book following the form as a guide. The educator should then transfer the data to this form 1.

Form 1

### Community Enhancement of the Islamic Approach to HIV/AIDS (CETIAA)

COMMUNITY EDUCATOR'S ACTIVITY FORM: COMMUNITY EDUCATION

Month \_\_\_\_\_

Mosque \_\_\_\_\_

Name of Community Educator: \_\_\_\_\_

Country \_\_\_\_\_

Date	Number of education activities		Number of people reached				Number of the topic covered	
	Activity	Place	Males		Females		New	Revised
			New	Re-attendance	New	Re-attendance		
	Sermon							
	Mini-lecture							
	Group talks							
	Home visits							
	Sermon							
	Mini-lecture							
	Group talks							
	Home visits							
	Sermon							
	Mini-lecture							
	Group talks							
	Home visits							
	Sermon							
	Mini-lecture							
	Group talks							
	Home visits							
Total no. of activities	Sermon							
	Mini-lecture							
	Group talks							
	Home visits							
Total no. of people reached								
Total no. of different topics covered								
Total no. of referral cards distributed								

*\*This form should be given to the Imam at the end of every month*

2. The Community educator should take the exercise book and form to the Imam at the end of the month so that all the activities are summarized on form 2
  
3. Number of pregnant women reached:  
Each community educator should identify pregnant women in the community to support them in utilizing PMTCT services. The number of pregnant women reached and services provided should be recorded in form 3. This form should be taken to the Imam monthly who should forward it to the IAA Country Community Coordinator.





**4. Number of patients living with HIV/AIDS:**

Each community educator should also identify people living with HIV/AIDS in the community and support them in utilizing HIV/AIDS services. The number of PLWHA, reached and supported should be recorded on form 4. This should be sent to the Imam monthly who should in turn forward it to the country community coordinator.

Community Enhancement of the Islamic Approach to HIV/AIDS (CETIAA)															
Community educator's home based care activity form for people living with HIV/AIDS													Form 4		
Client's name	Client No.	Number of the topic covered in the curriculum		Care services provided to client and family								Community and Health facility Linkages			Functional status
		NEW	REVISED	Given spiritual education and support (Y/N)	Given psychosocial support (Y/N)	Given education on HIV/AIDS (Y/N)	Supported client to follow medical advice (Y/N)	Supported client with a home based care KIT (Y/N)	Supported client with a basic Care package (Y/N)	Supported client with septrin prophylaxis(Y/N)	Supported client with other material support (ITN) (Y/N)	Referred to health facility with: R = Referral card P = Phone calls, N = Written note	Client escorted to health facility for HIV/AIDS services (Y/N)	Health facility service provider made feedback through: F= Thank you card /feedback form, P=Phone call, N=Written note,	

**CODES FOR FUNCTIONAL STATUS:**

- B = Bedridden (very sick)
- A = Ambulatory (sickly but not bedridden)
- W = Working (able to perform usual tasks)

Name of Community educator: \_\_\_\_\_ Mosque: \_\_\_\_\_ District:/state/Province \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

To be submitted by the community educator to the Imam who should send it to the IAA Country Community Coordinator, monthly

**B. Imams**

The Imam should complete a summary form including the activities undertaken by his or her educators during each month:

- i. The summary form by the community leader includes the following:
  - a) Name of community educators
  - b) Number of activities.
  - c) Total number of people reached for each activity – males/females.
  - d) No. of topics covered.

**Procedure:**

- 1. The Imam should summarize the activities of his or her community educators on a form every month. This form is as follows:

<b>Community Enhancement of the Islamic Approach to HIV/AIDS (CETIAA)</b>		<b>Form 2</b>
<b>IMAM'S MONTHLY SUMMARY FORM: COMMUNITY EDUCATION</b>		
Name of Community Coordinator _____		
Centre _____	Date of meeting with community educators _____	
District/State/Province _____		
Country _____		

Name of community educator	Activities				Number of people reached				Number of the topics covered	
	Sermons	Mini-lectures	Group talks	Home visits	Males		Females		New	Revised
					New	Re- attendance	New	Re- attendance		
<b>TOTAL</b>										

*\*\* The Imam should summarize the activities of his/her community educators on this form every month and send it to the IAA Country Community Coordinator.*

- The Imam should return forms 2, 3, 4 to the designated IAA Country Community Coordinator.

### C. IAA Country Community Coordinator

- Each Muslim community in a country should use its existing administrative structure to identify a suitable IAA Country Coordinator.
- Each IAA Country Community Coordinator should compile the data received from forms 2, 3, and 4 and summarize them by completing form 5.

Form 5

#### Community Enhancement of the Islamic Approach to HIV/AIDS (CETIAA)

##### Country Community Coordinators' reporting form

Implementing partner: \_\_\_\_\_ Country of operation: \_\_\_\_\_

Name of reporting country community coordinator: \_\_\_\_\_ Reporting period: \_\_\_\_\_

#### Prevention, Treatment, Care and Other Program Areas - Summary

Program Area		Number of Service Outlets or Programs	Number of Clients/Individuals Served/Reached			Number of Service Providers Trained
			Female or Pregnant Women	Male	Total	
<b>Prevention Programs using IAA:</b>						
Prevention Programs: Total						
Abstinence/Be Faithful	Community Outreach					
Abstinence Only (This is a subset of A/BF)	Community Outreach					
Other Prevention Activities (Not AB)	Community Outreach					
Medical Transmission/Blood Safety						
Medical Transmission/Injection Safety						
PMTCT						
PMTCT Services	Received Counseling, Testing and test results					
	Complete ARV Prophylaxis in PMTCT setting					
<b>Care Programs using IAA:</b>						
Care and Support (including TB/HIV): Total						
Palliative Care/Basic Health Care and Support (HBHC) for HIV Infected Individuals (including TB/HIV)						
Palliative Care: TB/HIV( Prophylaxis and/or Treatment)						
Clients receiving TB + HIV care/treatment						

HIV+ clients receiving TB preventive therapy						
Orphans and Vulnerable Children						
Counseling & Testing And Receiving Results						
<b>Other Program Areas using IAA :</b>						
Laboratory Infrastructure						
Number of tests performed	HIV Tests					
	TB Tests					
	Syphilis Tests					
	HIV Disease Monitoring					
Strategic Information						
Other/Policy Analysis and System Strengthening						
Policy Development						
Institutional capacity building						
Stigma & discrimination reduction						
Community mobilization						

#### HIV/AIDS Treatment/ARV Services using IAA - Summary (Direct Counts Only)

Program Areas	Number of Service Outlets	Number of Current Clients Served							Number of Service Providers Trained
		Children (0-14)			Adults (15+)				
		Female	Pregnant Female	Male	Female	Pregnant Female	Male	Total	
<b>HIV/AIDS Treatment / ARV Services (including PMTCT+): Current (Active) Total</b>									
New (Naive) Clients receiving ARVs:									
Clients EVER received ARVs.									
<b>ART Sites including PMTCT+: Current (Active)</b>									
New (Naive) clients receiving ART									
Clients EVER received ARVs.									

This form is filled by the Country Community coordinator, every six months and submitted to the International Centre for Promotion of the Islamic approach to HIV/AIDS in Kampala, Uganda in the seventh month (i.e. July and January)

## II. Monthly Meetings for community educators:

There should be monthly meetings of community educators and Imams to review IAA activities.

The agenda for these meetings should include:

- a) Achievements made including records of activities
- b) Challenges
- c) Suggested solutions to challenges.

## III. Quarterly meetings of Imams and community educators and IAA Country Community Coordinator or designated representative..

There should be quarterly meetings of the above IAA workers.

The agenda for these meetings should include:

- i) Achievements made including return of summary forms for activities.
- ii) Challenges
- iii) Suggested solutions to challenges

### Islamic teachings that support community mobilization for IAA:

#### A. Holy Qur'an: Chapter 3 verse 104:

*Let there arise out of you a band of people inviting to all that is good, enjoining what is right and forbidding what is wrong: They are the ones to attain felicity*

#### Relationship to topic:

*In any community some people must arise and volunteer to invite people to what is good as far as HIV/AIDS is concerned and forbidding what is wrong as far as HIV/AIDS is concerned. They are the ones to achieve success in the struggle to protect the community from AIDS. The Imams, IAA community educators and IAA Community Coordinators are such people who have arisen to mobilize their communities to address HIV/AIDS as part of the Jihad on HIV/AIDS*

## THE ISLAMIC APPROACH TO HIV/AIDS (IAA) NETWORK MODEL FOR IMPROVING AIDS SERVICES.

### Integration of AIDS Services:

It has been noted at both national and international levels that it is important to integrate HIV/AIDS services for the benefit of the clients and the community. This means that there should be linkages and referrals between the health facilities and the communities where the clients live. These integrated services are what is called the “**the network model**” for improving HIV/AIDS service delivery, by some authorities.

### Islamic approach to HIV/AIDS network model for improving AIDS services:

The **network model concept**” can be implemented in line with Islamic principles. This is what is called “**the Islamic approach to HIV/AIDS network model for improving AIDS services**”. It includes the following components:

#### I. Health facility:

At the facility health service providers are encouraged to deliver HIV/AIDS services for prevention, treatment, care and support using their scientific knowledge supplemented by Islamic teachings. For example, the standard operating procedures for a Muslim service provider to incorporate Islamic faith into his or her work include the following:

1. Believe in Allah. This means give health services for Allah who taught you health services.
2. Pray as you start your work to seek Allah’s help to make your work easy.
3. Pray as you start any procedure on patients.

When the service provider meets a client or patient he or she should do the following:

1. Greet patient: Assalam Alaikum.
2. Explain the condition you have found to the client. Inform the client that Allah is in charge of making him or her better.
3. Pray with the patient asking Allah to improve his or her condition.

Non-Muslim service providers are also encouraged to use similar principles that apply to their faith. The Muslim service providers are encouraged to use similar principles that are relevant when they provide services to non-Muslim patients and clients.

#### II. Community:

Imams and their assistants are trained on how to educate their communities on issues of HIV/AIDS prevention, treatment, care and support. The training is done using a curriculum which has both scientific information as well as Islamic teachings. The Imam and his team who are called “**community educators**” educate their communities through sermons during Juma prayers, home visits, group talks and mini-lectures. In addition, they refer patients and clients to health facilities.

III. Linkages between community and health facility:

a) From community to health facility:

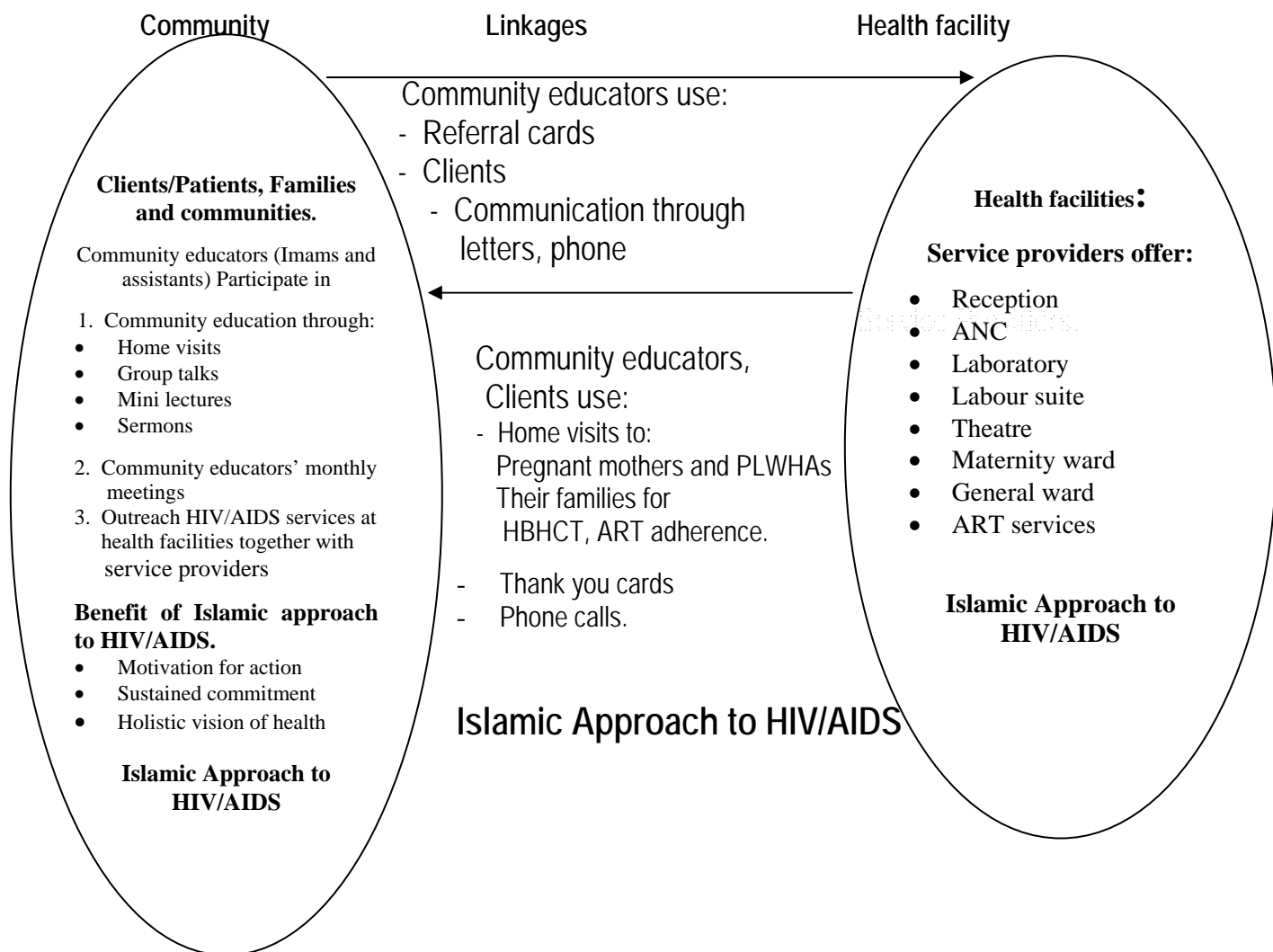
The Imam and his team refer clients to health facilities using referral cards, letters or phone calls. Sometimes they escort the clients to the health facility. The clients themselves take the referral cards and letters to the hospital.

b) From health facility to communities:

Service providers refer clients back to the community educators through “thank you cards”, letters and phone calls sometimes. The service providers also provide home based AIDS services such as HIV counseling and testing and services for prevention of Mother to Child HIV Transmission. In these circumstances service providers visit homes guided by the Imams and their assistants. The Imams and their assistants provide ongoing care and support to clients and their families after the visit of the service providers.

A diagram depicting the Islamic faith based network model for improving AIDS services is indicated in figure 2 below:

Figure 2: Islamic Approach to HIV/AIDS network model for improving AIDS services



ART = Anti-retroviral treatment

HBHCT = Home based HIV Counselling and Testing

PLWHAs = People Living with HIV/AIDS

**Conclusion:**

The IAA network model is a good delivery system for providing integrated HIV/AIDS services. It is supported by both communities and health facility service providers. It is flexible in that it can incorporate other religious leaders in the community to ensure comprehensive service provision to all members of the community.

**Recommendation:**

It is recommended that this model should be scaled up to cover more communities. It should be used in the implementation of the Islamic approach to HIV/AIDS prevention, treatment, care and support.



## RESOLUTIONS OF COUNTRY COMMUNITY COORDINATORS OF IAA.

The 3<sup>rd</sup> International Muslim Leaders' Consultation on HIV/AIDS took place in Addis Ababa, Ethiopia, from 23<sup>rd</sup> – 27<sup>th</sup> July 2007, with more than 150 participants from 29 countries. The theme of the consultation was "*The Islamic Approach to HIV/AIDS: Enhancing the community response*".

We, the participants, resolve as follows:

1. To urge all Muslim communities and their leaders to be concerned with the HIV/AIDS epidemic and to continue the "Jihad on AIDS."
2. To implement the five components of the Islamic Approach to HIV/AIDS (IAA):
  - Believing in Allah and Prophet Muhammad (SAW).
  - Acquiring scientific knowledge on HIV/AIDS
  - Making use of relevant Islamic teachings and practices
  - Forming partnerships with religious leaders and their administrative structures
  - Making use of the concept of Jihad Nafs
 in providing services (prevention, treatment, care and support, stigma reduction, and life skills) to those infected and affected by HIV/AIDS in Muslim communities.
3. To encourage all Muslim leaders to integrate the IAA in their preaching, teaching and community programs.
4. To engage Muslim women and youth organizations in providing peer education and training on IAA.
5. To endeavor to mobilize all Islamic educational institutions to use the IAA.
6. To conduct research to evaluate the outputs, outcomes and impact of the IAA in Muslim communities.
7. That stigma, denial and discrimination against people living with HIV/AIDS (PLWHAs) is unacceptable in IAA.
8. To show compassion and mercy to PLWHAs, facilitate access to treatment, and enable them to feel fully accepted in local Muslim communities.
9. To encourage everyone to go for HIV counseling and testing, especially those preparing for marriage and those in marriage.
10. To work towards the establishment of an International Islamic Fund to support the implementation of the IAA.
11. To strengthen collaboration with other partners in a collective response to HIV/AIDS consistent with the IAA
12. To promote inter-religious cooperation on HIV/AIDS consistent with IAA.
13. To advocate with international organizations and other key stakeholders to recognize the Islamic Approach to HIV/AIDS as an integral component in the global response to HIV/AIDS.
14. To urge our respective governments and international organizations to support and finance the IAA.
15. To form an international IAA network under the coordination of the International Center for the Promotion of the IAA in Uganda. The IMLC International Advisory Committee is to formulate the operational guidelines for this network.
16. To constitute ourselves into the General Assembly of Community Coordinators of IAA in the network.
17. To establish a Muslim women's forum within the IAA network to address women's issues on HIV/AIDS.

**FRIDAY SERMON AT THE 3<sup>RD</sup> INTERNATIONAL MUSLIM LEADERS' CONSULTATION ON HIV/AIDS,  
ADDIS ABABA, ETHIOPIA, 23-27 JULY 2007, 13-RAJAB/1428 A.H.**

Mosque	-	A/Jami-U Anwar
Topic	-	HIV/AIDS Epidemic
Preacher	-	Sheikh, Twaha Muhammad Haruna, Imam and Preacher Aljami-U Mosque
Date	-	27/7/2007 (13-07-1428 A.H).

**Part I of the sermon:**

All praise is due to Allah whom we worship in His Majesty. He is alone in His earth and heavens. We praise Him. He is a true King, the Almighty, the All-wise. We praise Him the glorified and Him alone we ask for help, guidance, repentance and forgiveness. He is the oft-forgiving, the Most Merciful.

We are witnesses that none has a right of being worshipped except Allah alone, and nothing is associated with Him in worship. The one, the Self sufficient, Master whom all creatures need, the one who begets not nor was He begotten. There is none equal or comparable to Him. We also witness that Muhammad (P.B.U.H) is His messenger and slave, His chosen and loved one. He sent him (Muhammad) to all creatures. May Allah shower His mercy and blessings upon Prophet Muhammad, his family, all his companions and those who followed their footsteps until the day of recompense. Amma B'aad.

First of all I enjoin my soul together with yours to fear Allah, O you who believe. Fear Allah as He should be feared. Indeed our Lord has recommended that, in His book (The Qur'an) thus "O you who believe fear Allah as He should be feared, and die not except in a state of Islam" Imran (3:102).

Indeed fearing of Allah is light in one's heart and it is the best act one would ever meet Allah with, on the day whereon neither wealth nor sons will be of any use except him who comes to Allah with a clean heart. And do whatever you do with an intention of seeking Allah's pleasure. You should always remember that to Him you shall return, and you will be accountable and answerable for your deeds.

The best of you is he who commits himself and does what would benefit him in the hereafter, and the worst is he who transgresses Allah's bounds and prefers the desires of his soul. And be aware of the day when you shall be brought back to Allah. Then every person shall be paid whatever he earned, and they shall not be dealt with unjustly.

Today's topic on this splendid day shall rotate around the HIV/AIDS epidemic. Servants of Allah, let me share with you in this sermon about the dangerous and alarming topic that we hear about almost every single day. Different meetings and conferences have been conducted to discuss HIV/AIDS. Both hands are joined to fight against HIV/AIDS in almost every corner of the world. They have even reached to an extent of choosing a full day to commemorate the HIV/AIDS epidemic all over the world, and tried their level best to raise awareness of their societies from being infected by the virus.

Workshops and conferences are often organized to create awareness about the consequences of being infected by the virus. AIDS is a disease that can be transmitted from one person to another, and it has no cure yet. Allah has brought this disease (AIDS) partly as a warning to the transgressors who go beyond His bounds – men and women who commit adultery and fornication.

In this context let us ask ourselves, what this epidemic is? How is it transmitted from one person to another? What are its signs and symptoms? AIDS makes the infected person live an unhappy, stressful and sorrowful life. It is a lesson from the

consequences that may occur if one transgresses Allah's bounds. Glad tidings are upon one who knows the consequences of anything before he or she gets involved in it.

### **Characteristics of HIV/AIDS:**

AIDS is a condition that causes loss of weight, brought by a virus that is responsible for weakening the white blood cells in the body. Various theories and assumptions have been brought to trace the origin of the virus that causes AIDS, how it is transmitted and how it can be treated. A lot of arguments have been said, as regards to its origin, but because of time we cannot go into that.

This disastrous virus is found in the whole body once one is infected especially in the blood, body fluids, saliva and tears among others, as it is clearly stated by the specialists. Its prevalence rate is too high all over the world, which has led to an increase in the number of health workers working on this problem and the formation of AIDS organizations that try to give counselling to the infected ones in order to prevent societies from being infected further.

Dear Muslims, it is upon us to briefly talk about the Islamic perspective regarding HIV/AIDS. We all know and believe that our religion (Islam) is not silent on the day-to-day circumstances. It is concerned about the prevailing situation.

Islam looks at humanity with a lot of care. That is why when Allah accomplished the creation of man, He did not give him freedom of behaving like animals. Man has regulations to follow. Man is Allah's creature whom He created from soil and blew in him the soul. And because of that, Angels prostrated for man and all the inhabitants of heaven and earth were surprised to see that Allah had created man from clay. Therefore, both the body and the soul have their respective responsibilities. As far as the soul is concerned, it should be obedient to Allah. If the soul goes astray, it creates problems to itself as well as the body.

Allah confirms that humanity is too weak, i.e. it can easily be tempted by Satan to change its way of life. This is evidently stated in the Qur'an "Allah wishes to accept your repentance, but those who follow their lusts, wish that you (believers) should deviate tremendously away (from the right path). Allah wishes to lighten (the burden) for you and man was created weak (e.g. cannot be patient to leave sexual intercourse outside marriage)".

Having known that humanity is weak and has little control over lusts, Islam laid strategies that would prevent man from disrupting Allah's orderly creation. We should not be like bad drivers who do not follow traffic lights. Whenever it shows red bad drivers do not stop and they may suffer themselves and cause suffering for others because of accidents.

Dear Muslims, these are some of the strategies that Islam laid down to keep humanity safe. Islam has already put preventive measures in place. It is upon us to follow them. These include: prohibition of fornication and adultery. To maintain this, Allah commanded the believing men and women to lower their gaze from looking at forbidden things and protect their private parts. He commended women not to show off their adornments and forbade them from displaying themselves (tabarruj). He encouraged separation of people of opposite sex whenever possible. He advised against unnecessary mixture of men and women in an endeavour to protect humanity against the likely consequences such as fornication and adultery. He reached to an extent of prohibiting a woman from traveling without a "Dhu-mahram" (any relative to her, e.g. her father, brother or husband) even if she is traveling for pilgrimage.

To support that, a man came complaining to the Prophet that he had registered his name among those who were going out for Jihad, and his wife was soon traveling for pilgrimage. So when he asked the Prophet what to do, the Prophet replied 'your family first'.

O servants of Allah, we should always remember that Allah prohibited fornication. However, He did not directly prohibit it. He first prohibited what could lead one to fornication. "And come not near to unlawful sex, verily it is a great sin, and an evil way that leads one to other evils". On top of that, Allah prohibited homosexuality. In a hadith narrated by Anas, May Allah be pleased with him, he said that Allah's messenger said "when my 'Umma' commits five destructive sins, Allah would destroy them. They include homosexuality and lesbianism.

Dear Muslims, AIDS was discovered in early '80s because of man's involvement in committing what Allah forbade such as homosexuality that led to the destruction of the people of Luut, and yet he (Luut) had warned them against it.

Allah bestowed the human body with enough protection. In so doing, He installed strong and resistant soldiers that defend the body against various diseases. These soldiers live in the blood and they work tirelessly day and night to protect the body against any infections. But when the HIV virus enters the body immune system it weakens the white cells, and after some time, it makes it easy for other opportunistic infections to attack the immune system, and consequently, different bacterias, germs and other viruses easily attack the body that is now weakened. Eventually, a person develops on and off fevers, skin rashes, loss of weight, until one dies.

Because of this dangerous virus, medical doctors all over the world hold different workshops and conduct research. However, they have not found the cure for this disease. In different workshops, medical doctors have confessed and declared that the only cure to this epidemic is following what the Qur'an advocates in matters concerning sexual affairs, i.e. the Qur'an advocates for marriage and faithfulness in marriage, and protection of the youth from amusements that tempt them to fornication.

O Allah, safeguard our chastity, and protect our families against HIV/AIDS, get us out from fawaahish (evil doings) both the seen and unseen for indeed you are able to do all things. I seek refuge with Allah from Satan the cursed one. "Allah is He who created you, then provided food for you, then will cause you to die, then (again) He will give you life (on the day of resurrection). Is there any of your (so-called) partners (of Allah) that do anything of that? Glorified is He! And exalted is He above all that (evil) they associated (with Him). Evil (sins and disobedience to Allah) has appeared on land and sea because (Allah) may make them taste a part of that which they have done, in order that they may return (by repenting to Allah and begging His pardon).

May Allah make you and me benefit from the recitation of the Qur'an and the Prophetic hadiths, and may He distance you and me from the torments of Hell fire. I have said what you have heard and I seek forgiveness for my soul, yours and the rest of the Muslims from the Almighty Allah. Seek for forgiveness from Him. Indeed He is the oft-forgiving most merciful.

#### **Part 2 of the sermon:**

All praise is due to Allah alone the irresistible. And I bear witness that there is none other than Allah alone who has the right of being worshipped and has no partners. He is the Creator of the heart and eyes. I indeed bear witness that our beloved Prophet Muhammad is His slave and His messenger, the chosen one. May He shower His perfect blessings to Him and to his family and to all his companions and those, who followed their footsteps so long as the day and night comes.

I enjoin my soul together with yours to fear Allah. Fear Allah, O Allah's servants and protect yourselves against that disastrous and dangerous disease. And be among those whom Allah referred to as follows "And those who guard their chastity except from their wives or the slaves that their right hands possess – for them, they are free from blame".

And be aware, dear Muslim youths, that you should engage yourselves in the amusements and sports that are not controversial to the Islamic teachings. Protect societies from men mixing up with women unnecessarily. All the above mentioned, are ways of preventing communities from being infected with the dangerous virus.

And finally, it is an obligation upon every individual, organization and governments to help one another in the fight against HIV/AIDS. With that pray for the warner –Muhammad S.A.W.

## AFGHANISTAN

Dr Baz Mohammad Shirzad  
[baz.mohammad@gmail.com](mailto:baz.mohammad@gmail.com)

## ALGERIA

Dr. Youcef Belmahdi  
[belmahdi63@yahoo.com](mailto:belmahdi63@yahoo.com)

## BANGLADESH

[sheadhar\\_bd@yahoo.com](mailto:sheadhar_bd@yahoo.com)

## EGYPT

Dr. Sayed El-Zenari  
[sayedzenari@yahoo.com](mailto:sayedzenari@yahoo.com)

Dr. Oussama Tawil  
[tawilo@un aids.org](mailto:tawilo@un aids.org)

Radwan Salem  
[b.salem1@islamway.net](mailto:b.salem1@islamway.net)

## ETHIOPIA

Abdela Zeinu  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Abubeker Ali  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Alfiya Ibrahim  
[emdda@ethionet.et](mailto:emdda@ethionet.et)

Ali mohammed Siraje  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Awoel Sheikh Mehdi  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Dr. Abdella Kedir

Dr. Abdurazak Ahmed

Dr. Abdurhaman Shemsu

Dr. Miftah Mohammed

Fethudin Ibrahim  
[fetudin@yahoo.com](mailto:fetudin@yahoo.com)

Fetiya Ibrahim  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Hadiya Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Abdo Ali  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Abdurahman  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Ahmedel Hadi Seid  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Al-Hassen Al-Meumun  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Arage Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Bedredin Hamid  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Hamid Omer  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Ibrahim Sherif  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Kerara Al-Kherib  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Mehbub Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Mohammed Abdela  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Mustefa Hussein  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Seid Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Teshale Kero  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Yusuf Ali Yassin  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Haji Yusuf Ibrahim  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Halima Akmel  
[babahalim@yahoo.co.uk](mailto:babahalim@yahoo.co.uk)

Miss. Sara Muhammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Mohammed Ali Idris  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Mr. Abdela Ismael

Mr. Abdulhafiz Kemal Issa  
[abdulkemalo@yahoo.com](mailto:abdulkemalo@yahoo.com)

Mr. Ahmed Wasse

Mr. Awad Jibril

Mr. Ayub Abdulkadir

Mr. Birara Modhammed  
[birraz@yahoo.com](mailto:birraz@yahoo.com)

Mr. Habib Seid

Mr. Hashim Shitu

Mr. Ilias Seid  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Mr. Mesfin Moges  
[medfin\\_mog@yahoo.com](mailto:medfin_mog@yahoo.com)

Mr. Musema Fereja  
[mussema.fereja@yahoo.com](mailto:mussema.fereja@yahoo.com)

Mr. Nuredin Jemal Muktar  
[nuredin\\_jemal@yahoo.com](mailto:nuredin_jemal@yahoo.com)

Mr. Nuri Kedir  
[nurikam@ethionet.et](mailto:nurikam@ethionet.et)

Mrs. Fatuma Abdella

Ms. Bedriya Ausab  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Ms. Bedriya Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Ms. Feyda Khedir  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Ms. Seid Negash  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Mufti Umer Idris  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Ousman Adem  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Rabiya Hussen  
[rabihsen@yahoo.com](mailto:rabihsen@yahoo.com)

Sadiya Bedru  
[sadia2flowers@yahoo.com](mailto:sadia2flowers@yahoo.com)

Sheih Mohammed Kahsaye  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheik Mohammed Abdulkadir  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Ismael Abdela  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Abayezid Haji Kiyar  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Adem Abdela  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Ahmedin Sheikh Abdelahi  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Ezedin Abdulaziz  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Hamid Mussa  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Kedir Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Kedir Mohammed Abagaro  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Khalif Adem Osman  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Mohammed Deressa  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Mohammed Mubark  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Mohammed Sultan  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Muktar Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Muktar Mubarak  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Mussa Mohammed  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Mustefa Mohammed Siye  
[eiasc@ethionet.et](mailto:eiasc@ethionet.et)

Sheikh Omer Farah

## GHANA

Zuleya Abdullah  
[murag@africonline.com.gh](mailto:murag@africonline.com.gh)

**Abdul-Karim Ibrahim Afa-zie**  
[dawahacademy2005@yahoo.com](mailto:dawahacademy2005@yahoo.com)

## INDIA

Reshma Azmi  
[reshma.azmi@rediffmail.com](mailto:reshma.azmi@rediffmail.com)  
[azmi.reshma@gmail.com](mailto:azmi.reshma@gmail.com)

Shabab Alam  
[shababalam2000@yahoo.co.in](mailto:shababalam2000@yahoo.co.in)

Prof. Akhtarul Wasey  
[akhtarulwasey@yahoo.co.uk](mailto:akhtarulwasey@yahoo.co.uk)

## INDONESIA

Dhea Dahlia Madanih  
[dhee\\_dahlia@yahoo.com](mailto:dhee_dahlia@yahoo.com)

Sonhaji Abdul Shomad  
[nu\\_kabpasuruan@hotmail.com](mailto:nu_kabpasuruan@hotmail.com)

Syafiq Abdul Mughni  
[mughni54@yahoo.com](mailto:mughni54@yahoo.com)

Ella Mutadjarridah Giri Komala  
[muipropjabar@bdg.centrin.net.id](mailto:muipropjabar@bdg.centrin.net.id)  
[muipropjabar@plasa.com](mailto:muipropjabar@plasa.com)

Lahmuddin Nasution  
[tion@IAINSU.ac.id](mailto:tion@IAINSU.ac.id)

Dr. H. Achmad Ramadan, MA  
[ramazait@hotmail.com](mailto:ramazait@hotmail.com)

## IRAN

Dr. Hamidreza Setayesh  
[setayeshH@unaids.org](mailto:setayeshH@unaids.org)

Ayatollah Ghorban-Ali Dorri  
Najafabadi  
[salems@undp.org](mailto:salems@undp.org)

Dr. Hojattollaeslam Hessam-eddin  
Ashna  
[salems@undp.org](mailto:salems@undp.org)

Yousef Keheh  
[salems@undp.org](mailto:salems@undp.org)

## KENYA

Prof. Mohamed S. Abdullah  
[Abdullah@mediplan.or.ke](mailto:Abdullah@mediplan.or.ke)

Lattif N. Shaban  
[lanshab@yahoo.com](mailto:lanshab@yahoo.com)  
[ncep@supkem.or.ke](mailto:ncep@supkem.or.ke)

Rukiya Bakari  
[rukiyahd@yahoo.com](mailto:rukiyahd@yahoo.com)

Dr. Hafsa Mohamed Zuber  
[hafsajin@yahoo.com](mailto:hafsajin@yahoo.com)

## MALAWI

Chunga Ousmane  
[quadriamw@malwi.net](mailto:quadriamw@malwi.net)

## MYANMAR

Mr. Hoosein Abdul Kader  
[kader@myanmar.com.mm](mailto:kader@myanmar.com.mm)

## NAMIBIA

Sheikh Ssekamate Ali  
Windhoek Islamic Center  
[sekamateali@yahoo.com](mailto:sekamateali@yahoo.com)

## NIGER

Djataou Oussa  
[swaaniger@yahoo.fr](mailto:swaaniger@yahoo.fr)

## NIGERIA

Ismaeel Abdulqadir Danesi  
[Maeel2001@yahoo.com](mailto:Maeel2001@yahoo.com)

Dr. Durosinmi Lateefat Moyosore  
[lateefahdurosinmi@yahoo.com](mailto:lateefahdurosinmi@yahoo.com)

Sulaiman Hajarat  
[wummahgroupng@yahoo.com](mailto:wummahgroupng@yahoo.com)

Muhammad Ibrahim Adama  
[adamamibrahim@yahoo.com](mailto:adamamibrahim@yahoo.com)

Dr. Abdul Muhammad Adogie  
[maabdul90@yahoo.com](mailto:maabdul90@yahoo.com)

Orire Abdulkadir  
[jni@yahoo.com](mailto:jni@yahoo.com)

Sani Rakiya  
[rakiyasaani@yahoo.com](mailto:rakiyasaani@yahoo.com)

Ahmad Abdur Rahman

Hajo Mohamed Sani  
[hsani@sfnkgeria.org](mailto:hsani@sfnkgeria.org)  
[hajosani@yahoo.co.uk](mailto:hajosani@yahoo.co.uk)

## PAKISTAN

Hameed ul Mehdi  
[lionhu2m@gmail.com](mailto:lionhu2m@gmail.com)  
Prof. Malik Babikir Badri  
[malik1932@yahoo.com](mailto:malik1932@yahoo.com)

## PHILLIPINES

Abdulbasit R. Benito  
[bob.bc.justpeace@gmail.com](mailto:bob.bc.justpeace@gmail.com)  
[centerforjustpeace@yahoo.com](mailto:centerforjustpeace@yahoo.com)

## RWANDA

Byukusenge Abdoul  
[onabdul@gmail.com](mailto:onabdul@gmail.com)

## SAUDI ARABIA

Mohamed Hameduddin  
[mhamedud@isdb.org](mailto:mhamedud@isdb.org)

## SOMALILAND

Anwar Abdirahman Warsame  
[anwarwarsame@yahoo.co.uk](mailto:anwarwarsame@yahoo.co.uk)

## SOUTH AFRICA

Dhansay Khursheed Bibi  
[absa@iafrica.com](mailto:absa@iafrica.com)

## SUDAN

El Elmobasher Abu Bakar Abd Farag  
[mobash18@hotmail.com](mailto:mobash18@hotmail.com)

Dr. Mohammed Saeed Alkhalifa Hag  
[afmo20@hotmail.com](mailto:afmo20@hotmail.com)  
[sudanese\\_m\\_a@yahoo.com](mailto:sudanese_m_a@yahoo.com)

## TANZANIA

Abdulla Talib Abdulla  
[atalibu@yahoo.com](mailto:atalibu@yahoo.com)

Dr. Amur Amur Abdallah  
[amurmails@yahoo.co.uk](mailto:amurmails@yahoo.co.uk)

Ms. Nuru R.Mbarouk  
[nururam@hotmail.com](mailto:nururam@hotmail.com)

Mzee Aisha Aboud  
[ashaaboud@msn.com](mailto:ashaaboud@msn.com)

## TCHAD

Adam Abakar Kayaye  
[kayaye76@yahoo.fr](mailto:kayaye76@yahoo.fr)

## THAILAND

Simone Charnley  
[simone.charnley@arf-asia.org](mailto:simone.charnley@arf-asia.org)  
Thailand

## UGANDA

Dr. Akol Okure Zainab  
[akolzainabdr@yahoo.co.uk](mailto:akolzainabdr@yahoo.co.uk)

Dr. Karama Said Ali  
[skarama@imau-uganda.org](mailto:skarama@imau-uganda.org)  
[sakarama48@hotmail.com](mailto:sakarama48@hotmail.com)

Lubega Aligawesa Agiri  
[aglubega@yahoo.co.uk](mailto:aglubega@yahoo.co.uk)

Sheikh Lubowa Ali Ali  
[luub2006@yahoo.co.uk](mailto:luub2006@yahoo.co.uk)

Dr. Mayanja Magid Kagimu  
[mmkagimu@utlonline.co.ug](mailto:mmkagimu@utlonline.co.ug)  
[imau@utlonline.co.ug](mailto:imau@utlonline.co.ug)

Sheikh Mbago Abdul Maged Ramadhan  
[mbagomaged2@yahoo.co.uk](mailto:mbagomaged2@yahoo.co.uk)

Sheikh Mubajje Shaban Ramadhan  
[bwalula@hotmail.com](mailto:bwalula@hotmail.com)  
Nakebba Nulu  
[nnakeba@yahoo.com](mailto:nnakeba@yahoo.com)

Nakimwero Hadija  
[hadijakibira@yahoo.co.uk](mailto:hadijakibira@yahoo.co.uk)

Sheikh Haruna Sengoba  
[cmu-cmu@yahoo.com](mailto:cmu-cmu@yahoo.com)

Nambajjwe Mastula  
[mnseruqo@yahoo.com](mailto:mnseruqo@yahoo.com)

Ojwang Juma  
[ojwang71@hotmail.com](mailto:ojwang71@hotmail.com)

Sheikh Waiswa Muhammad Ali  
[sheikhwaiswa@yahoo.com](mailto:sheikhwaiswa@yahoo.com)

Dr. Walakilra Misango Yusuf  
[imau@utlonline.co.ug](mailto:imau@utlonline.co.ug)

## UNITED KINGDOM

Yousra Bagadi  
[bagadiyousra@hotmail.com](mailto:bagadiyousra@hotmail.com)

Sukainah Jauhar  
[sukainah.jauhar@lambethpct.nhs.uk](mailto:sukainah.jauhar@lambethpct.nhs.uk)

Dr. Iyabode Munirat Ayoka Ogunlayi  
[iamogunlayi@hotmail.com](mailto:iamogunlayi@hotmail.com)

## UNITED STATES OF AMERICA

Imam Abdur-Rashid Talib W.  
[ImamTalib@aol.com](mailto:ImamTalib@aol.com)

Janice Alene Hogle  
[jh4cm@meadowrocks.com](mailto:jh4cm@meadowrocks.com)

Jim Cairns  
[jcairns@wcrp.org](mailto:jcairns@wcrp.org)

Jay Gribble

## ZAMBIA

Sheikh Ali Banda  
[sheikhalibanda@yahoo.com](mailto:sheikhalibanda@yahoo.com)