

**FAITH-BASED APPROACH TO HIV/AIDS:
ENHANCING THE COMMUNITY RESPONSE**

**TRAINING GUIDELINES FOR RELIGIOUS LEADERS, COMMUNITY
EDUCATORS AND THE COMMUNITIES.**

Islamic Medical Association of Uganda

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Faith-based Approach to HIV/AIDS
Enhancing the Community Response.

Training Guidelines for Religious leaders, Community educators and the communities.

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CONTENTS:

Abbreviations	iv
Preface	v
Topic 1 Introduction.....	1
Topic 2 – The Faith-based Approach to HIV/AIDS (FBAA).....	3
Topic 3 – Planning process for the FBAA	6
Topic 4 - The FBAA 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 FBAA prevention – Situation analysis.	20
Topic 4G – Setting goals, objectives & activities of FBAA prevention	25
Topic 4H – Monitoring & evaluation, resource mobilization, resolutions & commitments for FBAA Prevention	27
Topic 5 – FBAA Treatment	30
Topic 5A – Antiretroviral Therapy	30
Topic 5B – Planning for the FBAA treatment – Situation Analysis.....	32
Topic 5C – Setting goals, objectives & activities of FBAA treatment	35
Topic 5D – Monitoring & evaluation, resource mobilization, resolutions and commitment for the FBAA treatment	37
Topic 6 - FBAA care and support	40
Topic 6A – Community home-based care and support for PLWHAs and their families.....	40
Topic 6B – Planning for the FBAA care and support - Situation Analysis.....	42
Topic 6C – Setting goals, objectives and activities of FBAA care and support.....	45
Topic 6D – Monitoring & Evaluation, resource mobilization, resolutions & commitment regarding FBAA care & support	48
Topic 7 - FBAA Stigma and discrimination	50
Topic 7A – Stigma and discrimination	50
Topic 7B – Planning for the FBAA stigma and discrimination	52
Topic 7C – Setting goals, objectives, activities of the FBAA stigma and discrimination	55
Topic 7D – Monitoring & Evaluation, resource mobilization, resolutions & commitment regarding FBAA stigma and discrimination	57
Topic 8 – FBAA life skills	59
Topic 8A – Understanding life skills	59
Topic 8B – Planning for FBAA life skills - Situation Analysis	64
Topic 8C – Setting goals, objectives related to FBAA life skills	68
Topic 8D – Monitoring & evaluation, resource mobilization, resolutions & commitments related to FBAA life skills	70
Topic 9 – Behaviour change communication	73
Topic 10 – Community mobilization for FBAA	75
Appendixes:	
1 – The FBAA Network model for improving HIV/AIDS services	87

ABBREVIATIONS

ART	-	Antiretroviral Therapy
ARVs	-	Antiretroviral Medicines
C & S	-	Care and Support
FBAA	-	Faith based approach to HIV/AIDS
HCT	-	HIV Counselling and testing
HQ	-	Holy Qur'an
IMAU	-	Islamic Medical Association of Uganda
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
VCT	-	Voluntary Counselling and Testing

PREFACE

How to use the guidelines:

These guidelines are targeted at Religious leaders and community educators for use to educate and mobilize communities for the purpose of increasing understanding and utilization of the faith based approach to HIV/AIDS prevention, treatment, care and support. Community educators include Religious leaders, male and female volunteers from communities around places of worship, teachers, community leaders and other stakeholders involved in community education. Some of them will volunteer to be community coordinators for the faith-based approach to HIV/AIDS (FBAA) in their respective communities around places of worship. The faith teachings below, support this.

A. Holy Qur'an: 3.104

"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 success."

B. Holy Bible: Matthew: Chapter 5 verse 14-16:

You are the light of the world. A city that is set on a hill cannot be hid

Neither do men light a lamp, and put it under a bushel, but on a lamp stand, and it gives light unto all that are in the house

Let your light so shine before men, that they may see your good works, and glorify your Father who is in heaven

In using these guidelines, 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 faith teachings that are relevant to the topic and which will enhance understanding and utilization of the faith based 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 faith teachings, and scientific literature all relevant to HIV/AIDS. The education approach is participatory and results in stimulation of community dialogue on issues related to the faith based 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 faith based 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 faith based 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 faith based approach to HIV/AIDS, God willing.

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TOPIC 1: INTRODUCTION:

Ask participants the reasons why it is important to introduce each other at the beginning of our interactions.

Ask participants what basic information we need to know about each other at the beginning of our interactions?

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.

Ask participants to set ground rules for the education sessions.

Ask participants about their expectations of the education sessions.

Inform participants about the objectives of the education sessions.

Inform participants about the duration of the education sessions.

Ask participants to reflect on why they are participating in the education sessions and promotion of the faith-based approach to AIDS.

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:

To increase understanding of the following issues related to the faith-based Approach to HIV/AIDS (FBAA):

- | | |
|------------------------------------|-----------------------------------|
| a) Operational definition of FBAA. | d) FBAA care and support |
| b) FBAA prevention | e) FBAA stigma and discrimination |
| c) FBAA treatment | f) FBAA life skills. |

To increase understanding of the following issues related to planning for FBAA at the mosque or church community level.

- | | |
|---|--|
| a) Situation analysis | c) Monitoring and evaluation of FBAA. |
| b) Setting goals, objectives and activities for FBAA. | d) Resource mobilization for FBAA. |
| | e) Resolutions and commitments on FBAA.. |

To increase understanding of the following issues that need to be addressed in the implementation of FBAA.

- HIV prevention
- Voluntary HIV Counselling and Testing
- Gender inequalities
- Stigma and discrimination
- Responsible parenthood.
- Prevention of mother to child HIV transmission
- Antiretroviral therapy
- Life skills.
- HIV/AIDS care and support.

To increase understanding of the process of behaviour change at the community level in relation to FBAA.

To increase understanding of the issue of community mobilization for FBAA.

3. Target communities should always reflect on why they have a responsibility in promoting the understanding and utilization of the faith-based approach to AIDS. Reasons include the following
 - a) To obey and serve God.
 - 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 Religious leaders in the work of assisting our families and communities to fight HIV/AIDS and care for people living with HIV/AIDS using God's guidance.
4. Examples of faith teachings that support introduction and education:

Holy Qur'an: Chapter 24 verse 27-29

O you 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.

Holy Bible. Proverbs: Chapter 1 verse 7:

The fear of the Lord is the beginning of knowledge; but fools despise wisdom and instruction.

Relationship to topic:

People should not despise wisdom and instruction on HIV/AIDS issues given to them by community educators. If they ignore wisdom and God's guidance they will be classified as fools and no one wants to be in that class.

Proverbs: Chapter 8 verse 10-11:

*Receive my instruction and not silver; and knowledge rather than choice gold
For wisdom is better than rubies; and all the things that may be desired are not to be compared to it.*

Relationship to topic:

Knowledge and wisdom on HIV/AIDS issues are better than money. Community educators and their communities should value this knowledge and wisdom more than money. The community educators should be proud of and value the voluntary work they are doing of gaining knowledge and wisdom and disseminating it to others. The communities should also be grateful that they have such volunteers in their communities who are spreading knowledge and wisdom to them on HIV/AIDS issues.

Proverbs: Chapter 12 verse 1:

Whosoever loves instruction loves knowledge but he that hates reproof is stupid

Relationship to topic:

People should love instruction to gain more knowledge on HIV/AIDS issues. If some people hate being counseled on HIV/AIDS issues they will be in the class of the stupid and no one wants to be in that class.

TOPIC 2: THE FAITH BASED APPROACH TO HIV/AIDS:

Ask participants the following:

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

Key messages:

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

Believing in God

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

A. Holy Qur'an: 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?"

B. Holy Bible: Mathew: 6:5 - 13

"When you pray, do not be like the hypocrites! They love to stand up and pray in the houses of worship and on the street corners, so that everyone will see them. I assure you, they have already been paid in full. But when you pray, go to your room, close the door, and pray to your Father, who is unseen. And your Father, who sees what you do in private, will reward you. When you pray, do not use a lot of meaningless words, as the pagans do, who think that their gods will hear them because their prayers are long. Do not be like them. Your Father already knows what you need before you ask him. This then, is how you should pray: 'Our Father in heaven: May your holy name be honoured; may your Kingdom come; may your will be done on earth as it is in heaven. Give us today the food we need. Forgive us the wrongs we have done, as we forgive the wrongs that others have done to us. Do not bring us to hard testing, but keep us safe from the Evil one'."

Holy Bible: Luke 11:27-28.

"When Jesus had said this, a woman spoke up from the crowd and said to him, 'How happy is the woman who bore you and nursed you!' But Jesus answered, 'Rather, how happy are those who hear the word of God and obey it!'"

Holy Bible: Mathew 22:34-40:

"When the Pharisees heard that Jesus had silenced the Sadducees, they came together, and one of them, a teacher of the Law, tried to trap him with a question. Teacher, he asked, which is the greatest commandment in the Law? Jesus answered, Love the Lord your God with all your heart, with all your soul, and with all your mind. This is the greatest and the most important commandment. The second most important commandment is like it: Love your neighbour as you love yourself. The whole law of Moses and the teachings of the Prophets depend on these two commandments."

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). God's guidance to believers is to read and learn in order to acquire knowledge and education.

A. 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."

B. Holy Bible: Proverbs: 2:10-22:

When wisdom enters into your heart, and knowledge is pleasant unto your soul; Discretion shall preserve you, understanding shall keep you: To deliver you from the way of the evil man, from the man that speaks perverse things; Who leave the paths of uprightness, to walk in the ways of darkness; Who rejoice to do evil, and delight in the perverseness of the wicked; Whose ways are crooked, and who are perverse in their paths. To deliver you from the immoral woman, even from the seductress who flatters with her words; Who forsakes the companion of her youth, and forgets the covenant of her God. For her house leads unto death, and her paths unto the dead. None that go unto her return again, neither take they hold of the paths of life. That you may walk in the way of good men, and keep the paths of the righteous. For the upright shall dwell in the land, and the blameless shall remain in it. But the wicked shall be cut off from the earth, and the transgressors shall be rooted out of it.

Making use of relevant faith teachings and practices

For example, there are teachings in the Holy Qur'an and Holy Bible discouraging adultery, which can be a predisposing factor for HIV transmission.

A. Holy Qur'an 17:32:

"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.

Holy Qur'an: 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-forging, Most Merciful to them.

B. Holy Bible: Mathew: 5:27-28:

You have heard that it was said, Do not commit adultery. But now I tell you; anyone who looks at a woman and wants to possess her is guilty of committing adultery with her in his heart.

Holy Bible: I Corinthians: 7:1-11:

Now concerning the things of which you wrote unto me: It is good for a man not to touch a woman. Nevertheless, to avoid fornication, let every man have his own wife, and let every woman have her own husband. Let the husband render unto the wife her due: and likewise also the wife unto the husband. The wife has not power over her own body, but the husband: and likewise also the husband has not power over his own body, but the wife. Deprive not one the other, except it be with consent for a time, that you may give yourselves to fasting and prayer; and come together again, that Satan tempt you not for your lack of self-control. But I speak this by permission, and not of commandment. For I would that all men were even as I myself,. But every man has his proper gift of God, one after this manner, and another after that. I say therefore, to the unmarried and widows, it is good for them if they abide even as I. But if they cannot have self-control, let them marry: for it is better to marry than to burn with passion. And unto the married I command, yet not I, but the Lord, let not the wife depart from her husband. But if she depart, let her remain unmarried, or be reconciled to her husband: and let not the husband put away his wife.

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

The mosque and church leaders are the major pillars in this partnership. They can deliver AIDS education and counseling to grassroots communities.

A. 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.

B. Holy Bible Luke: 9: 1-6:

Jesus called the twelve disciples together and gave them power and authority to drive out all demons and to cure diseases. Then he sent them out to preach the Kingdom of God and to heal the sick, after saying to them, 'Take nothing with you for the journey: no stick, no beggar's bag, no food, no money, not even an extra shirt. Wherever you are welcomed, stay in the same house until you leave that town; wherever people don't welcome you, leave that town and shake the dust off your feet as a warning to them. The disciples left and traveled through all the villages, preaching the Good news and healing people everywhere.

Making use of the concept of self-control (struggle of the soul against temptation) by each individual to combat AIDS.

In this context, self control regarding 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. Implementation of the first four components of the faith based 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 self control. People living with HIV/AIDS should be at the forefront of this self control by participating in all prevention, treatment, care and support efforts using this concept.

A. Hadith and Holy Qur'an:

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 of 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.

B. Holy Bible: Proverbs 16: 31-32::

It is better to be patient than powerful. It is better to win control over yourself than over whole cities.

Holy Bible: Mathew 16: 25-26:

For whosoever will save his life shall lose it: and whosoever will lose his own life for my sake shall find it. For what is a man profited, if he shall gain the whole world, and lose his own soul? Or what shall a man give in exchange for his soul?

The faith based 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 religious leaders, and participate in the self control regulating 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 faith based approach to AIDS.

TOPIC 3: PLANNING PROCESS FOR THE FAITH BASED 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 FBAA for mosque or church 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 the faith based 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

Specific—to avoid differing interpretations

Measurable—to allow monitoring and evaluation

Appropriate—to goals and strategies

Realistic—achievable, challenging, and meaningful

Time 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 of church -based care program
 - Train community leaders in faith based 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 (measures and assesses 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

- v. Operational: possible to measure or quantify them with developed and tested definitions and reference standards

- vi. Affordable: costs of measuring are reasonable
vii. 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 religious leader 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 or church 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 religious leader at their home, in a comforting and compassionate manner, during the previous 12 months [prompted]

- Percentage of district religious leader trained in FBAA

Percentage of mosque or church communities sending representatives to FBAA training

Percentage of religious leaders committed to incorporating FBAA into their religious ceremonies

Percentage of AIDS patients in village who receive at least one visit from their religious leader 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 FBAA manuals distributed each quarter

What are we evaluating?

Interventions:

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

Faith based approach:

- Belief in God
- Scientific knowledge
- Using faith teachings
- Forming partnerships

- Concept of self control

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 faith based approach to AIDS?

- Believing in God
- Acquiring scientific knowledge about HIV/AIDS
- Making use of relevant faith teachings and practices
- Forming partnerships with religious leaders and their administrative structures
- Making use of the concept of self control

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 the faith based 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 FAITH BASED APPROACH TO HIV/AIDS (FBAA) 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 faith 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. God 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:
 - Sexual intercourse with an infected person
 - Inoculation of blood from the infected person to one who was not infected before.
 - 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 by an HIV infected person
 - 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 God makes this happen.
4. HIV can be prevented through the following measures:
 - Abstaining from sex before marriage and during marriage if your partner is not around.
 - Having sex only with married partner or partners when both of you are HIV free from the beginning of your sexual relationship.
 - Using condoms correctly and consistently in marriage with a spouse who may be positive when the other is negative and vice versa.
 - Using protective measures to avoid inoculation of blood samples that may have HIV infection.
 - Preventing the parents from transmitting HIV to their children.

5. 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.

6. Examples of faith teachings that support HIV prevention:

A. 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.

B. Holy Bible: Matthew: Chapter 5 verse 27-32:

*You have heard that it was said by them of old time. You shall not commit adultery
 But I say unto you, that whosoever looks on a woman to lust after her has committed adultery with her
 already in his heart
 And if your right eye causes you to offend, pluck it out, and cast it from you. For it is better for you that one
 of your members should perish, and not that your whole body should be cast into hell
 It has been said, whosoever shall put away his wife, let him give her a writing of divorcement.
 But I say to you that whosoever shall put away his wife, except for the cause of fornication, causes her to
 commit adultery; and whosoever shall marry her that is divorced commits adultery.*

Relationship to topic:

*People should not indulge in activities that stimulate their sexual desires to commit adultery such as looking
 lustfully at women. If they do so they would eventually commit adultery which may result in HIV infection.
 People should struggle to keep their marriages so that they minimize spreading infections such as HIV.*

4B: RESPONSIBLE PARENTHOOD:

Ask participants what preparations need to be made by men and women to become parents before and after marriage?

Ask participants the responsibilities of the father and mother before the child is born.

Ask participants the responsibilities of the father and mother after a child is born.

Ask participants why some fathers and mothers find it to difficult to fulfill their responsibilities and how they can overcome these difficulties.

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:

- Look for a suitable partner
- VCT
- Introduction ceremony
- Improve on her beauty and health
- Pre-marital counseling from the elders.

- Prepare culturally.
- Learning house hold activities e.g. cooking.
- Be mature to endure problems.
- 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
- ii. Inform the husband about outcomes of ANC visits
- iii. Eat well,
- iv. Do exercises.
- v. Get information about pregnancy.
- xii. Arrange to get the money for transport to hospital and to support the baby after delivery
- xiii. Prepare for breast feeding.

- vi. Avoid too much work
- vii. Change of attire to maternity dresses
- viii. Shopping for the baby
- ix. Get counselling from elders
- x. Avoid harmful herbs and drugs
- xi. VCT

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
- ii. Encourage her to go for postnatal care and immunization
- iii. Continue providing nutritious foods to the mother and baby
- iv. Assist in feeding the baby
- v. Help in domestic work
- xi. Provide protection to the child until he/she becomes independent
- xii. Give a good name to the child

- vi. Abstain from sex until the right time after recovery of the mother
- vii. Help in taking care of the baby
- viii. Taking the child to school
- ix. Bring up a morally upright child.
- x. Initiate child spacing

Responsibilities of the mother:

- Prepare food for the child
- Breast feeding
- Hygiene for her and the baby
- Habit training
- Look for abnormalities on the baby

- Take the child for immunization and treatment in case of an illness.
- Show the child love and care
- Good upbringing of the child
- Protect the baby from any harm

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.

Examples of faith teachings that support responsible parenthood:

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.

Holy Bible: Timothy I : Chapter 5 verse 8:

But if any provide not for his own, and especially for those of his own house, he has denied the faith, and is worse than an unbeliever.

Relationship to topic:

If parents are irresponsible and do not provide for the health of their own children in their house to ensure they are healthy and do not get HIV infection, it is as if they have denied faith in God and have become unbelievers

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 faith teachings that promote utilization of VCT services.

Key messages:

VCT is a personal informed decision to go for discussions about HIV issues after which blood is taken for an HIV test.

Possible results when a couple goes for VCT are:

- Both negative
- Both positive
- 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.

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.

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. |

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.

Examples of faith teachings that support VCT:

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.

Holy Bible: Proverbs: Chapter 2 verses 1-5:

My son, if you will receive my words, and lay up my commandments with you;

*So that you incline your ear to wisdom, and apply your heart to understanding
Yea, if you cry after knowledge, and lift up your voice for understanding
If you seek her as silver, and search for her as for hid treasures;
Then shall you understand the fear of the LORD, and find the knowledge of God*

Relationship to topic:

People should go for VCT to seek knowledge and understanding about their HIV status like they seek for hidden treasures. Once they know their HIV status they will understand and know God better. God created HIV which cannot be seen with the naked eye. People do not see HIV before they get infected. Only God knows why some people get HIV infected and others are not infected. If you understand you are HIV positive you know that it is only God who knows why it happened to you. The same applies to one who is HIV negative. Knowledge of HIV status will make you reflect on God.

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

Ask participants what Prevention of Mother to Child HIV Transmission means at the individual, family and community level.

Ask participants the benefits we get from being involved in PMTCT as individuals, family and community.

Ask participants strategies that need to be used for PMTCT.

Ask participants the services that need to be available to promote each strategy?

Ask participants the centres available in their communities from which to access PMTCT services.

Ask participants what they know about the current behaviour problems regarding inadequate utilization of PMTCT services.

Ask participants to give possible causes for these problems and how they can be addressed.

Ask participants to give examples of faith teachings that promote PMTCT.

Key messages:

PMTCT means preventing our innocent children from getting HIV infection from their parents. This applies to the individual, family and community.

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.

There are three main strategies for PMTCT:

Primary prevention of HIV among parents to be

Prevention of unwanted pregnancies among HIV infected women.

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.

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:
- Information, education and counselling about HIV prevention and care.
 - Appropriate condom education
 - Voluntary Counselling and Testing
 - Reproductive health services
 - Community action to reduce stigma and discrimination
- iii) Prevention of HIV transmission from HIV infected pregnant women to their infants:
- Information, education and counselling about HIV prevention and care.
 - Appropriate condom education.
 - Voluntary counselling and testing
 - Antenatal care
 - Prevention of HIV transmission with prophylactic antiretroviral regimens such as:
 - Nevirapine
 - Zidovudine
 - Highly active antiretroviral therapy.
 - Safe delivery practices
 - Counselling and support for safer infant feeding practices
 - Community action to reduce stigma and discrimination

Currently PMTCT services are not adequately utilized due to the following problem behaviours:

- Some women who attend antenatal care clinics do not accept voluntary counselling and testing.
- Some pregnant women who are found to be HIV positive do not enroll for PMTCT services.
- Many mothers and their babies who enroll for PMTCT services at the first attendance do not return for regular follow ups.
- Some women do not attend antenatal care and postnatal care services.
- Some HIV positive mothers breast feed their babies and combine this with other fluid foods.
- Some women get inadequate counselling from service providers regarding VCT and infant feeding options.
- The community is not providing adequate support for promoting PMTCT.
- The community is not adequately supporting infant feeding choices of HIV+ve mothers.
- Men are not adequately supporting their pregnant partners.
- Decision makers are not adequately supporting PMTCT especially in resource allocation.

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.

Examples of Islamic teachings:

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.

Holy Matthew: Chapter 18 verse 1-6:

*At the same time came the disciples to Jesus saying, who is the greatest in the kingdom of heaven?
And Jesus called a little child to him, and set him in the midst of them
And said, verily I say to you, except you be converted, and become as little children you shall not enter into the kingdom of heaven
Whosoever therefore shall humble himself as this little child, the same is greatest in the kingdom of heaven.
And whoever shall offend one of these little ones who believe in me, it were better for him that a millstone were hanged about his neck, and that he were drowned in the depth of the sea.*

Relationship to topic:

People should not offend little children by transmitting HIV infection to them. If people knowingly transmit HIV infection to children they deserve to be hanged and drowned in the sea

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 faith teachings that address gender inequalities.

Key messages:

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:

Because of the biological make up, men cannot attend antenatal care and feel the services do not benefit them directly.

Men don't get pregnant

The men may not understand the breast feeding processes because they don't have breasts for breast feeding.

Social:

Socially men are superior

Socially women are brought up to bear children whereas men perform other roles of caring for the family

Influence of the parents during the upbringing process.

Antenatal clinics are historically taken as women clubs so this is not a place suitable for men.

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

How can these factors be overcome:

Education and communication through community dialogue.

There should be marriage counselling by the religious leaders, for both men and women

Examples of faith teachings:

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.

Holy Bible: Deuteronomy: Chapter 24 verse 5:

When a man has taken a new wife, he shall not go out to war, neither shall he be charged with any business, but he shall be free at home one year, and shall bring happiness to his wife whom he has taken.

Relationship to topic:

As a result of gender inequalities, men are usually the ones who go to war and go out for business. However, women should not be neglected because of this. It is the duty of men to make their women happy. In this way gender inequalities can be addressed.

4F: PLANNING FOR THE FAITH BASED APPROACH TO HIV/AIDS PREVENTION:

SITUATION ANALYSIS:

Ask participants:

1. a. What is the benefit of each of the components of the faith based approach to HIV/AIDS prevention?
b. What indicators identify successful implementation of the faith based approach to HIV/AIDS prevention in the individual, family and community? Ensure the indicators are relevant to the 5 components of the FBAA.
c. Who gives the mandate to implement the faith based approach to HIV/AIDS prevention at the individual, family and community levels?
2. What are the target communities for the faith based approach to HIV/AIDS prevention?
3. a. What are the needs of the target communities as far as the faith based 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 faith based approach to HIV/AIDS prevention is concerned?
 - c. How should the weaknesses of those who are unable to consistently and correctly implement the faith based approach to AIDS prevention be handled?
4. What are the priority issues that need to be addressed in the faith based approach to HIV prevention for each of the target communities?

Key messages:

Situation analysis:

The benefits of the faith based approach to HIV/AIDS prevention (FBAA prevention):

Benefits of believing in God

- Guides behavior of followers
- It is the corner-stone of the faith based approach to AIDS

Benefits of making use of faith teachings and practices

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

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 self control

- Helps in controlling temptations

The indicators of successful implementation of the faith based 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.

Family

Fearing God
 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 faith based approach to HIV/AIDS prevention at the individual, family and community levels is given by the following:

- Individual
 - God
 - Individual's conscience
- Family
 - God
 - Parents.
- Community
 - God
 - Community leaders
 - Governments leaders

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

Children	Men	PLWHAs
Youth	Disadvantaged	Sex workers
Women	people	IDUs

The needs of the target communities as far as the faith based 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 religion
 - 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

- Men
 - How to preserve modesty
 - Religious education
- 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 faith based approach to HIV/AIDS prevention is concerned are as follows:

Strengths

- Children:
 - Follow their role models
 - Listen to their parents' advice
 - Fast learners

- Youth:
 - Easily adapt
- Men:
 - One of the pillars of the family
- Women:
 - Have financial power (bread winners)
 - Other pillar of the family
 - Care givers
 - Transmitters of knowledge and culture

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 faith based approach to AIDS prevention should be handled as follows:

- Patience, care, counseling, education
- Religious teachings
- Experience sharing
- Control (particularly for children)
- Family guidance
- Spiritual guidance

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 religious 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 faith based approach to HIV/AIDS prevention for the individual, family and the community?
2. What are the major objectives of the faith based 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 faith based 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 community at a mosque or church, 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 faith based 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 faith based 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 faith based approach to HIV/AIDS.
 - c) What types of interactions with other faiths can enhance the use of the faith based approach to HIV/AIDS prevention by the individual, family and community?

Key messages:

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

- To prevent new HIV infections by using the FBAA.

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

To increase the knowledge of 50% of the community regarding FBAA prevention within 3 years

To have 30% of the community tested for HIV within 3 years

To have 50% of religious leaders, youth associations, female and male religious teachers well-grounded in the use of the FBAA prevention within 3 years (depending on the setting)

The major activities needed to achieve the goal and objectives of the faith based 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 or church 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 or church level

Activity	By Who	When	Motivation	Cost
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Advocacy meeting with the religious and community leaders	Community Coordinator	July-October 2007	Reward from God, transport , approval by the Imam and refreshments	\$ 10
Follow up meeting with religious leader and chief administrator	Imam	July-October 2007	Reward from God, transport , approval by the Imam and refreshments	\$ 50
Developing training manual to cater for all goals and objectives	Community Coordinator	October-December 2002	Reward from God, transport , approval by the Imam, allowances and refreshments	\$ 200
Training of trainers	Community Coordinator	December 2007	Reward from God, 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 God/ incentives/refreshment/IEC materials	\$ 400
Monitoring and Evaluation	Community Coordinator	On going process to 2010	Reward from God/ incentives/ refreshment/ monitoring forms	\$ 140
			Total	\$ 1,000

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

- | | |
|----------------------------|---|
| Religious sermons | Using influential and charismatic leaders |
| Electronic and print media | PLWHAs |
| Posters and leaflets | Mosque or church schools |
| Home visits | Religious Social gatherings |
| Support groups | |

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

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

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

- | | |
|---------------------|---------------------|
| Sharing information | Counseling services |
| Referral of clients | |

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

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

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

Ask participants:

1. a. What data needs to be collected to monitor the process of implementation of the faith based 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 faith based approach to HIV/AIDS prevention? Ensure the data is relevant to the 5 components of the faith based approach to AIDS.
 b. How can this data be collected?
3. a. What are the possible resources for implementing the faith based 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 faith based 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 faith based 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 FBAA

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

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

Table 3: Outcome Indicators for prevention programs using the FBAA

IAA Component	Indicators
---------------	------------

Believing in God	<p>Proportion of people who report using the belief in God in the prevention of HIV/AIDS</p> <p>Proportion of people who use preventive methods (e.g. abstinence and faithfulness in marriage) using God's guidance</p> <p>Proportion of people who are avoiding drug abuse using God's guidance.</p>
Learning the scientific knowledge	<p>Proportion of people with the correct scientific knowledge about modes of transmission and prevention of HIV/AIDS as a result of FBAA</p> <p>Proportion of people who are going for treatment & rehabilitation for drug abuse in accordance with FBAA</p>
Making use of faith teachings and practices	<p>Proportion of people who care for PLWHA to support positive prevention</p> <p>Proportion of people who are practicing their religious obligations</p> <p>Proportion of discordant married couples using HIV prevention methods in accordance with FBAA..</p>
Forming partnerships with and making use of religious leaders and their administrative structures	<p>Proportion of people who participate in community activities related to HIV/AIDS prevention in accordance with FBAA</p> <p>No. of support groups for positive prevention</p>
Concept of self control	<ul style="list-style-type: none"> ▪ Proportion of people who report using the concept of self control in their HIV prevention methods (abstinence and faithfulness in marriage) ▪ Proportion of people who are avoiding drug abuse by using the concept of self control. ▪ Proportion of people who care for PLWHA (support positive prevention) by using the concept ▪ Proportion of people tested for HIV voluntarily by using the concept.

The Impact indicator of FBAA prevention is as follows

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

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

■ Financial

- Money
- Charity for the poor
- Endowment
- Local and International donor agencies

■ Human

- 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 faith approach to HIV/AIDS prevention by the individual, family and community include the following:

Resolutions

To implement FBAA prevention in our communities guided by the strategic frame work

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

Commitment

- To popularize and implement FBAA prevention in our different communities.

Topic 5: THE FAITH BASED 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 faith 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:	
Accept them		Take them for treatment
Give them love		Give them financial support
Good food		Listen to their problems
Assist with hygiene		Remind them to take their drugs
Reduce their work load		Encourage their morale
Pray with them		Comfort them.
	At work:	
Accept them		Show them love
Reduce their workload		Listen to their problems and take appropriate action
Do not terminate their services		Involve them in programmes
Give them sick leave if they are unwell		
Give them salary advance if necessary		
	During leisure:	
Involve them in indoor games		Counsel them on faithfulness and safer sex when satisfying sexual needs.
Involve them in prayer groups		
Accept them in leisure groups		

Benefits of using ART:

The benefits of using ART include the following:

Individual:

Boost immunity
Life is prolonged
Get healthy babies
Become stronger and this helps you to work
Helps you to plan your future
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.

Where to get ART:

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

The drugs should be taken for life.

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

Pain in the feet

Darkens the skin

Blurred vision

Mental confusion
Liver damage
Reduced blood
Disturb the nerves

Abdominal upsets
Vomiting
Joint pains
Numbness

Skin rashes
Yellow eyes
Diarrhoea

These side effects can usually be managed at health units.

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

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.

Examples of faith 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.

B. Holy Bible: Mark: Chapter 7 verse 32-37

And they brought unto him one that was deaf, and had an impediment in his speech; and they besought him to put his hand upon him. And he took him aside from the multitude, and put his fingers into his ears, and he spit, and touched his tongue; And looking up to heaven he sighed, and said unto him, Ephphatha, that is, Be opened. And immediately his ears were opened, and the string of his tongue was loosed, and he spoke plainly. And he charged them that they should tell no man: but the more he charged them, so much the more zealously they proclaimed it; And were beyond measure astonished, saying, He has done all things well: he makes both the deaf to hear, and the dumb to speak.

Relationship to topic:

Jesus miraculously healed the deaf and dumb by touching the ears spitting and touching the tongue. In a similar way ARVs can miraculously give life to someone who was bed ridden. HIV positive people should therefore, use ARVs because through them God may perform a miracle and give them renewed life.

Holy Bible: John: Chapter 11 verse 32-44:

Then when Mary came where Jesus was, and saw him, she fell down at his feet, saying unto him, Lord, if you had been there, my brother would not have died.

*When Jesus therefore saw her weeping, and the Jews also weeping who came with her, he groaned in his spirit, and was troubled,
 And said, where have you laid him? They said unto him, Lord come and see.
 Jesus wept.
 Then said the Jews, Behold how he loved him!
 And some of them said, Could not this man, who opened the eyes of the blind, have caused that even this man should not have died?
 Jesus therefore, again groaning in himself came to the grave. It was a cave, and a stone lay upon it.
 Jesus said, take away the stone. Martha, the sister of him that was dead, said unto him, Lord, by this time he stinks: for he has been dead four days.
 Jesus said unto her, Said I not unto you, that, if you would believe, you should see the glory of God?
 Then they took away the stone from the place where the dead was laid. And Jesus lifted up his eyes, and said, father, I thank you that you have heard me.
 And I knew that you hear me always: but because of the people who stand by I said it, that they may believe that you have sent me.
 And when he thus had spoken, he cried with a loud voice, Lazarus, come forth.
 And he that was dead came forth, bound hand and foot with grave clothes: and his face was bound about with a cloth. Jesus said unto them, Loose him, and let him go.*

Relationship to topic:

By God's will antiretroviral drugs can in essence cause miracles where patients who are taken for dead in the terminal days of their illness do get better and rise up and start walking. This is similar to what happened to Lazarus. The antiretroviral drugs can therefore cause a Lazarus effect.

5B: PLANNING FOR THE FAITH BASED APPROACH TO HIV/AIDS TREATMENT:

SITUATION ANALYSIS:

Ask participants:

- a. What is the benefit of each of the 5 components of the faith based approach to HIV/AIDS treatment? (Remind participants about the components of the faith based approach to HIV/AIDS).
- b. What indicators identify successful implementation of the faith based Approach to HIV/AIDS treatment by the individual, family and community. Ensure the indicators are relevant to the 5 components of the faith based approach to AIDS.
- c. Who gives the mandate to implement the faith based approach to HIV/AIDS treatment at the individual, family and community levels?

What are the target communities for the faith based approach to HIV/AIDS treatment?

- a. What are the needs of the target communities as far as the faith based approach to HIV/AIDS treatment is concerned? Identify the priority needs for the following groups: children, youth, men and women.

What are the strengths and weakness of these target groups as far as implementing the faith based approach to AIDS treatment is concerned.

How should the weaknesses of those who are unable to consistently and correctly implement the faith based approach to AIDS treatment be handled?

What are the priority issues that need to be addressed for each target group in the faith based approach to HIV/AIDS treatment?

Key messages:

The indicators for successful implementation of the faith based 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. VCT and treatment
- Reduction in stigma and discrimination
- Community actually providing care and support services

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

Individual

God
Self

Community

God
Community leaders

Family

God
Head of family
Mother
Religious leaders
Every person should take responsibility for self
and others

The target communities for the faith based 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 faith based approach to HIV/AIDS treatment is concerned include the following:

- | | |
|---|--|
| <p>i) Children</p> <p>Counseling and HIV testing
Care and support
Nutrition</p> <p>ii) Youth</p> <p>Counseling and encouragement not to give up
treatment
Empowerment
Capacity building
Information and Guidance</p> <p>iv) Women</p> <ul style="list-style-type: none"> • Empathy | <p>Medication
Encouraging adherence</p> <p>iii) Men</p> <p>Counseling
Information sharing
Adherence to treatment
Nutrition support
Disclosure counseling and support</p> |
|---|--|

- 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 faith based 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 VCT, 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 faith based 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 faith based approach to HIV/AIDS treatment include the following:

Children

Promote fear of God
PMTCT & HIV testing for children

Youth

Promote fear of God, 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 FAITH BASED APPROACH TO HIV/AIDS TREATMENT

Ask participants:

1. What are the major goals of the faith based approach to HIV/AIDS treatment for the individual, family and community?
2. What are the major objectives of the faith based 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 faith based 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 community at a mosque or church, 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 faith based 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 faith based approach to HIV/AIDS treatment?
 - b. What is the role of networking between communities and health facilities in the implementation of the faith based approach to HIV/AIDS treatment?
 - c. What types of interactions with other faiths can enhance the faith based approach to AIDS treatment by the individual, family and community.

Key messages:

The major goal of the faith based 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 faith based principles.

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

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

- Provide information about HIV/AIDS treatment
- Provide HIV counseling and testing to all adult 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 faith based 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 or church level

Activity	By Who	When	Motivation	Cost (USD)
1) Give a report to the mosque or church community about the FBAA.	Community Coordinator	Aug 2007	God's reward	0
2) Establish a mosque or church FBAA planning committee	Community Coordinator	Aug 2007	God's reward	100
3) Develop & print curriculum for training the community on FBAA treatment	Community Coordinator with Technical Assistance from experts	Dec 2007	God's reward Work allowances	250
4) Train the religious leaders and Trainers (TOT)	Community Coordinator Technical Advisors	Jan 2008	God's reward Training allowances	150
5) Educate communities and refer the sick	Religious leaders and Assistants	Jan–Dec 08	God's reward Transport Allowances	400
6) Monitoring, Evaluation and report writing	Community Coordinator Technical Advisor Religious leaders Assistants	Jan – Dec 2008	God's reward Transport Allowances	100
			TOTAL	1000

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

- Sermons
- Fliers, posters, pamphlets, bill boards
- Religious social gatherings e.g. weddings, support groups
- Lectures
- Media
- Schools/madrasas
- Home visits

The partners and alliances needed to network with in implementation of the faith based 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. Individuals
7. Religious governing Councils

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

- Referral for treatment
- Health Education
- Advocacy
- Share Resources (Resource mobilization)
- Technical assistance or professional assistance (e.g. medical treatment)
- Joint Planning

The types of interactions with other faiths that can enhance the faith based 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 religions

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

Ask participants:

- a. What data needs to be collected to monitor the process of implementation of the faith based approach to HIV/AIDS treatment by the individual, family and community?
- b. How can this data be collected?

- a. What data needs to be collected to evaluate the impact of implementing the faith based approach to HIV/AIDS treatment? Ensure the data is relevant to the 5 components of the faith based approach to AIDS.
- b. How can this data be collected?

- a. What are the possible resources for implementing the faith based 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?

What resolutions should be made regarding enhancing the use of the faith based 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 faith based 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 FBAA	Report on FBAA
2. Establish a mosque or church FBAA planning committee	No of meetings Minutes of the meeting(s)
3. Develop & print curriculum for training the community on FBAA treatment	FBAA treatment Training manual(s) No of copies printed
4. Train the Imams and Trainers (ToT)	No of Imams and (Assistants), Trainers trained
5. Educate communities and refer the sick	No of IEC materials produced and distributed No of families educated No of people educated No of education sessions held No of referrals
6. Monitoring, Evaluation and report writing	M & E system developed Monthly/quarterly/annual monitoring and evaluation reports

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

Table 6: Outcome Indicators

FBAA Component	Outcome indicators
1. Believing in God	Increase in adherence to faith teachings on treatment Improved health seeking for treatment Increased community support for HIV treatment
2. Making use of faith teachings and practices	Positive attitudes from the community towards PHAs HIV/AIDS interventions understood in the context of religion Positive attitudes of PHAs to treatment
3. Learning the scientific knowledge	Decrease in misconceptions about HIV/AIDS Correct knowledge/information about HIV/AIDS Increases confidence to seek treatment Increase in the number of people seeking treatment Increase in community support for PHAs Empowered religious leaders who are able to give correct guidance to the community
4. Forming partnerships with and making use of religious leaders and their admin structures	No. of NGOs /FBOs giving support to the FBAA treatment No. of partnerships formed by religious leaders, PLWHAs, families, Improved coordination and planning among FBAA treatment partners
5. Concept of self control	Increased health seeking behavior e.g. VCT, ART Adherence to treatment Increased PLWHAs involved in positive prevention using the concept

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

Resources

Financial

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

Human

- Religious leaders
- Family members
- Health workers
- Women groups
- Youth organizations
- PLWHAs
- Men's groups
- Religious school teachers

Technical

- i. Medical professionals
- ii. Counselors
- iii. Social workers
- iv. Media experts

These resources can be attracted and accessed as follows:

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

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

Resolutions

- To implement the FBAA treatment work plans
- That religious leaders should be committed to the implementation of FBAA treatment
- To support PLWHAs to access and adhere to treatment
- The religious governing councils should provide leadership and guidance for the implementation of FBAA treatment with technical support from experts.

Commitment

To implement the resolutions and workplans

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

Ask participants:

What is community home based care?

What are the major needs of PHA's and their families at home?

What should the minimum community home based care package or kit contain and what should each item be used for?

How should PHAs and their families who need community home based care be identified?

How should PHAs and their families who are receiving community home based care be monitored and evaluated?

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.

Ask participants to give examples of faith 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:
 PHAs not yet HIV tested and agree to undergo HIV testing
 PHA too ill to be managed at home
 PHA requiring ARV
 Pregnant PHA.
7. Examples of faith 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 steeps 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.

B. Holy Bible: Chapter 11 verse 5-23.

Now Jesus loved Martha, and her sister, and Lazarus. When he had heard therefore that he was sick, he abode two days still in the same place where he was. Then after that said he to his disciples, let us go into Judea again. His disciples said unto him, teacher, the Jews have just sought to stone you; and go you there again? Jesus answered, are there not twelve hours in the day? If any man walks in the day, he stumbles not, because he sees the light of this world. But if a man walks in the night, he stumbles, because there is no light in him. These things said he and after that he said unto them, our friend Lazarus sleeps; but I go, that I may awake him out of sleep. Then said his disciples, Lord, if he sleeps, he shall do well. However, Jesus spoke of his death: but they thought that he had spoken of taking of rest in sleep. Then said Jesus unto them plainly, Lazarus is dead. And I am glad for your sakes that I was not there, to the intent you may believe; nevertheless let us go unto him. Then said Thomas, who is called Didymus, unto his fellow disciples, let us also go, that we may die with him. Then when Jesus came, he found that he had lain in the grave four days already. Now Bethany was near unto Jerusalem, about fifteen furlongs off: And many of the Jews came to Martha and Mary, to comfort them concerning their brother. Then Martha, as soon as she heard that Jesus was coming, went and met him: but Mary sat still in the house. Then said Martha unto Jesus, Lord, if you had been here, my brother would not have died. But I know, that even now, whatsoever you will ask of God will give it to you. Jesus said unto her, your brother shall rise again.

Relationship to topic:

Jesus gave home based care to Lazarus and his family. We should therefore, emulate the example of Jesus in caring for the sick and the bereaved even under difficult circumstances.

6B; PLANNING FOR THE FAITH BASED APPROACH TO HIV/AIDS CARE AND SUPPORT:

SITUATION ANALYSIS:

Ask participants:

- a. What is the benefit of each of the components in the faith based approach to HIV/AIDS care and support of those infected and affected?

(Remind the participants about the components of faith based approach to AIDS)

What indicators identify successful implementation of the faith based Approach to HIV/AIDS, care and support of the infected and affected, by the individual, family and community?

Who gives the mandate to implement the faith based approach to HIV/AIDS care and support at the individual, family and community levels.

What are the target communities for the faith based approach to HIV/AIDS care and support of the infected and affected?

- a. What are the needs of the target communities as far as the faith based 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 faith based 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 faith based 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 faith based approach to HIV/AIDS care and support of the infected and affected?

Key messages:

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

1. Believing in God

Gives hope to the affected and the care givers.

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.

4. Forming partnerships with religious leaders

Religious leaders can create awareness after prayers.
Give hope through teaching and counseling.
Disseminate information to members of community because they believe more in them.

5. Concept of self control

Supports communities in care and support.

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

Individual

- Believes in God 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 faith teachings.

Community

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

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

Individual

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

Family

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

Community

- God, religious leaders plus the community leaders.

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

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

The needs of the target communities as far as the faith based 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 faith based 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 faith based approach to HIV/AIDS care and support can be handled as follows:

- Education and counseling
- Using Islamic teachings and counseling
- 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 faith based 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 religious and scientific knowledge)

Orphans

Economic empowerment and support.

Youth

Scientific and religious education.

Men

Encourage husbands to care and support their wives even when infected.

Women

religious and scientific teachings

PLWHAs

Give support, counseling, and provide support groups.

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

Ask participants:

1. What are the major goals of the faith based 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 faith based 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 faith based 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 community at a mosque or church, 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 faith based 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 faith based 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 faith based approach to HIV/AIDS care and support of the infected and affected?
 - c. What types of interactions with other faiths can enhance the faith based approach to HIV/AIDS care and support by the individual, family and community?

Key messages:

The major goal of the faith based 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 faith based principles.

The major objectives of the faith based 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 or church 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 faith based approach to HIV/AIDS care and support to all stakeholders in the community.

To increase number of sermons preaching on FBAA care and support.

The major activities needed to achieve the goal and objectives of the faith 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 or church level

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

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

Channels of communication

Through the sermons in the mosques and churches.
Home visits.
Mass media

Social/religious gatherings.
Support groups.
Counseling centers.
IEC materials.

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

- Religious schools.
- Religious NGOs.
- Other mosques and churches
- 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 faith based 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 faith based 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 FAITH BASED APPROACH TO HIV/AIDS CARE AND SUPPORT OF THE INFECTED AND AFFECTED.

Ask participants:

- a. What data needs to be collected to monitor the process of implementation of the faith based approach to HIV/AIDS care and support of the infected and affected by the individual, family and community?
How can this data be collected?
- a. What data needs to be collected to evaluate the impact of implementing the faith based approach to HIV/AIDS care and support of the infected and affected? Ensure the data is relevant to the 5 components of the faith based approach to AIDS.
How can this data be collected?
- a. What are the possible resources for implementing the faith based 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 faith based 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 faith based 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 regarding FBAA care and support.	Report of proceedings, minutes, list of attendants
Planning meeting with religious leader and mosque or church committee.	Minutes of meeting
Develop and print a training curriculum/manual on FBAA care and support.	No. of copies of training manual produced
Train 20 religious leaders and their assistants on FBAA 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 or church community on FBAA care and support activities.	The number of sermons on HIV/AIDS care and support delivered by the religious leader
Monitor and evaluate all the FBAA care and support activities within the mosque or church community.	M&E reports

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

Table 9: Outcome indicators

FBAA Component	Impact Indicators
Believing in God	Proportion of people reporting adherence to religious 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 faith teachings and practices	Proportion of people with correct knowledge and who are implementing faith 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 religious leaders, clients and their families
Concept of self control	Proportion of people adhering to FBAA care and support by using the concept.

The possible resources for implementing the faith based 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 or church
- Community donations
- Religious school fees
- Charity

- Religious leaders
- Mosque or church committee members
- Family members
- Health workers
- People living with HIV/AIDS
- Teachers

Human

Technical

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

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

- Fund raising through proposal writing.
- Mosque or church contributions
- Using institution of charity
- Personal donations and sacrifice

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

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

Commitment

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

Topic 7: FAITH BASED APPROACH TO HIV/AIDS STIGMA AND DISCRIMINATION.

7A: STIGMA AND DISCRIMINATION:

What is stigma and discrimination in regard to HIV/AIDS?

What are the types of stigma? What are the manifestations of stigma?

What are the advantages and disadvantages of stigma related to HIV/AIDS?

What factors promote stigma in the community and how can these be overcome?

Ask participants to give examples of faith teachings that assist in overcoming stigma and discrimination.

Key messages:

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.

. Types of stigma:

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

Manifestations of external stigma by community towards PHA:

Isolation	They stop talking when they see PHA.
Back biting	Talk about PHA
Gossiping	Quarreling with PHA
Deserting	Using PHA as an example in their talks/sermons
Focusing eyes on PHA	

They write about PHA.
 Separating eating utensils
 Composing songs about PHA
 Abusing PHA
 Direct condemnation
 Talking negatively about PHA

xvi. Keep a distance from PHA
 xvii. Facial expression
 xviii. Refusing to share things with PHA
 xix. Refusing PHA to contribute in talks.
 xx. Using parables when talking about PHA.
 xxi. Stop PHA from planning

Manifestations of internal stigma as perceived and expressed by PHA:

Psychologically tormented
 Self isolation.
 Depression
 Develop self pity and low self esteem
 Feel bitter
 Aggressiveness towards others
 Suicidal feelings
 Self condemnation

Condemn God
 Feeling angry within oneself and towards others.
 Regret internally
 Repentance towards God
 Selling belongings
 Carelessness – e.g. dressing
 Reckless towards sex

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:

Creates more room for stress
 May commit suicide
 Fail to plan
 Mental health deteriorates
 Family may get problems in supporting you.
 Anxious
 Health deteriorates

Loss of self esteem
 Increased mood of revenge
 You may die faster
 Marriages may break
 Loss of sexual desires
 Loss of sleep, appetite
 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.

Factors that promote stigma:

• **Community:**

Lack of information
 I don't care attitude
 Ignorance of the feelings of other people
 Lack of understanding of the people about what you are.

Communities are not properly counselled
 Misinterpretation of religious teachings
 e.g. that whoever has HIV is a sinner.

• **Factors that promote self stigma:**

Lack of education and adequate
 Counseling
 Poverty

Denial
 Self condemnation from misinterpretation of religious teachings

Examples of Islamic teachings:

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

O you 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? No you 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.

B. Holy Bible: Matthew: Chapter 8 verse 1-3:

*When he came down from the mountain, great multitudes followed him
And, behold, there came a leper and worshiped him, saying Lord if you will, you can make me clean
And Jesus put forth his hand, and touched him saying, I will; be clean. And immediately his leprosy was cleansed"*

Relationship to topic:

Jesus did not stigmatize and discriminate those who were sick. He touched a leper who was known to have an infectious disease. HIV infection cannot be got from casual touching and hand shaking an infected person. We should take the example of Jesus and be close to those living with HIV/AIDS and avoid stigma and discrimination.

7B: PLANNING FOR THE FAITH BASED APPROACH TO HIV/AIDS STIGMA AND DISCRIMINATION

SITUATION ANALYSIS:

Ask participants:

- a. What are the benefits of each of the components in the faith based approach to HIV/AIDS stigma and discrimination?
Remind participants about the components of the faith based approach to HIV/AIDS.

What indicators identify successful implementation of the faith based Approach to HIV/AIDS, stigma and discrimination by the individual, family and community?

Who gives the mandate to implement the faith based approach to HIV/AIDS stigma and discrimination at the individual, family and community levels?

What are the target communities for the faith based approach to HIV/AIDS stigma and discrimination?

- a. What are the needs of the target communities as far as the faith based approach to HIV/AIDS stigma and discrimination is concerned? Identify the priority needs for the following groups: children, youth, men and women.

What are the strengths and weaknesses of these target groups as far as implementing the faith based approach to HIV/AIDS stigma and discrimination is concerned?

How should the weaknesses of those who are unable to consistently and correctly implement the faith based approach to stigma and discrimination be handled?

What are the priority issues that need to be addressed for each target group in the faith based approach to HIV/AIDS stigma and discrimination?

Key messages:

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

- **Believing in God**

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

- **Learning scientific facts**

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

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

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

Forming partnership with religious leaders

God tells us to cooperate with good people.

Using the concept of "Self control"

This means a person controls himself and controls his temptations. Therefore he or she will not stigmatize.

The indicators of successful implementation of the faith based 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 faith based approach to HIV/AIDS stigma and discrimination at the individual, family and community levels is given by the following:

Individual

- God
- Parents

Family

- Parents.

Community

- Scholars, religious leaders, political leaders.

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

- Religious leaders
- Women and men
- Religious Teachers
- Youth leaders
- Scholars
- Religious media
- Religious authority
- PLWHA
- Parents
- Singers
- Children

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

- Children
Parental Guidance & religious guidance
Youth
Parental guidance & religious guidance
- Men
Knowledge on HIV/AIDS & religion
- Women
Knowledge on HIV/AIDS & religion

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

- Constant education that should involve good behaviour role models.
- Constant religious education & guidance on reduction of stigma & discrimination of PLWHAs.

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

Children:

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

Youth:

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

Men:

- They need knowledge & constant reminder on HIV/AIDS
- They need education in religion and religious guidance

Women:

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

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

Ask participants:

What are the major goals of the faith based approach to HIV/AIDS stigma and discrimination in the target communities?

What are the major objectives of the faith based approach to HIV/AIDS stigma and discrimination in the target communities? Make the objectives specific, measurable, achievable, realistic and time bound.

What major activities are needed to achieve the goal and objectives of the faith 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 community at a mosque or church 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.

What channels of communication should be used to implement the faith based approach to HIV/AIDS stigma and discrimination?

- a. What other partners and alliances are needed to network with in the implementation of the faith based approach to HIV/AIDS stigma and discrimination?

What is the role of networking between communities and health facilities in the implementation of the faith based approach to stigma and discrimination.

What types of interactions with other faiths can enhance the faith based approach to HIV/AIDS stigma and discrimination by the individual, family and community?

Key messages:

The major **goal** of the faith based 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 community.

The major **objective** of the faith based 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 FBAA stigma and discrimination.

The major **activities** needed to achieve the goal and objective of the faith based 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 or Church Level

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

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

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

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

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

The benefits of **networking** between communities and health facilities in the faith based 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 religious leaders 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 faith based approach to HIV/AIDS stigma and discrimination as far as the individual, family and community are concerned include the following:

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

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

Ask participants:

- a. What data needs to be collected to monitor the process of implementation of the faith based approach to HIV/AIDS stigma and discrimination by the individual, family and community?
- b. How can this data be collected

- a. What data needs to be collected to evaluate the impact of implementing the faith based approach to HIV/AIDS stigma and discrimination? Ensure the data is relevant for the five components of the faith based approach to AIDS.
- c. How can this data be collected?

- a. What are the possible resources for implementing the faith based 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?

What resolutions and commitments should be made regarding the faith based 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 faith based 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 religious leaders and mosque or church administrators	No of participants in meeting Report of meeting
Developing curriculum for training in the FBAA S&D	Training curriculum developed
Training of Trainers	No. of trainers trained
Conducting training of religious leaders & assistants	No. of religious leaders 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 faith based approach to HIV/AIDS stigma and discrimination is shown in table 12 below as an example:

Table 12: Impact indicators

FBAA Components	Impact indicators
Belief in God	% of PLWHA who report receiving care & acceptance from members of the community in the past six months
Acquiring scientific knowledge about HIV/AIDS	% of community members who report acceptance of PLWHA and empathy for them
Making use of relevant faith teachings and practices	% of self-disclosed PLWHA in the mosque or church community attending the mosque or church for prayers
Forming partnerships with religious leaders and their administrative structures	% of people from the community attending HIV/AIDS service points
Using concept of self control	% of people reporting improved services with compassion
	% of youth attending religious lectures and seminars in mosques or churches & other religious centers.
	% increase in number of testimonies or disclosures of status to community.
	% of people with correct knowledge and implementation of faith teachings for reduction of stigma and discrimination.
	% of people with correct scientific knowledge on HIV/AIDS stigma and discrimination
	% increase in number of religious leaders addressing stigma and discrimination issues

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

- Human resources:
Health professionals, religious communicators, govt. stakeholders, NGOs.
- Financial:
– Charity, international NGOs.
- 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 or churches
- Donations from the mosque or church community
- Giving responsibility to community organizations
- Donations, religious 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 faith based 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 communities that we serve.
- We resolve to persist and persevere till our goal is achieved in most communities.
- We resolve that stigma and discrimination against PLWHAs is unacceptable in the faith based approach to HIV/AIDS.

Commitments

Through advocacy and dialogue we commit ourselves to engage governments and NGOs on the FBAA stigma and discrimination.

We commit ourselves to encourage religious leaders to incorporate FBAA stigma and discrimination into sermons.

We commit ourselves to helping PLWHAs to maintain a normal way of life in the mosque or church 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 FBAA stigma and discrimination.

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

8A: UNDERSTANDING LIFE SKILLS

Ask participants:

a. What are life skills?

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 faith based Approach to HIV/AIDS prevention, treatment, care and support. Identify supportive faith teachings for each life skill.

Key messages:

FAITH BASED 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 FBAA are supported by and derived from faith teachings. The life skills are divided into three groups. These are described below together with the faith 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.

A. Holy Qur'an: 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”.

- B. Holy Bible: Proverbs 16:18-21:

Pride leads to destruction, and arrogance to downfall. It is better to be humble and stay poor than to be one of the arrogant and get a share of their loot. Pay attention to what you are taught, and you will be successful; trust in the LORD and you will be happy. A wise, mature person is known for his understanding. The more pleasant his words, the more persuasive he is.

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.

- A. Holy Qur'an: 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”.

- B. Holy Bible: Proverbs 23:17-18:

Don't be envious of sinful people; let reverence for the LORD be the concern of your life. If it is, you have a bright future.

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.

- A. Holy Qur'an: 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”.

- B. Holy Bible: Proverbs 21:3:

Do what is right and fair; that pleases the Lord more than bringing him sacrifices.

• 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.

Holy Qur'an: 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;”

- B. Holy Bible: Luke 17:1-4:

Jesus said to his disciples, ‘Things that make people fall into sin are bound to happen, but how terrible for the one who makes them happen! It would be better for him if a large millstone were tied round his neck and he were thrown into the sea than for him to cause one of these little ones to sin. So watch what you do! If your brother sins, rebuke him, and if he repents, forgive him. If he sins against you seven times in one day, and each time he comes to you saying, I repent, you must forgive him’.

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.

- A. Holy Qur'an: 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".*

B. Holy Bible: Mathew 5:11-12:

Happy are you when people insult you and persecute you and tell all kinds of evil lies against you because you are my followers. Be happy and glad, for a great reward is kept for you in heaven. This is how the prophets who lived before you were persecuted.

- **Patience and perseverance**

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

A. Holy Qur'an. 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".*

B. Holy Bible: Mathew: 10:16-25:

Listen! I am sending you out just like sheep to a pack of wolves. You must be as cautious as snakes and as gentle as doves. Watch out, for there will be those who will arrest you and take you to court, and they will whip you in the synagogues. For my sake you will be brought to trial before rulers and kings, to tell the Good news to them and to the Gentiles. When they bring you to trial, do not worry about what you are going to say or how you will say it; when the time comes, you will be given what you will say. For the words you will speak will not be yours; they will come from the spirit of your Father speaking through you. Men will hand over their own brothers to be put to death, and fathers will do the same to their children; children will turn against their parents and have them put to death. Everyone will hate you because of me. But whoever holds out to the end will be saved. When they persecute you in one town, run away to another one. I assure you that you will not finish your work in all the towns of Israel before the son of man comes. No pupil is greater than his teacher; no slave is greater than his master. So a pupil should be satisfied to become like his teacher, and a slave like his master. If the head of the family is called Beelzebul, the members of the family will be called even worse names!

- **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.

A. Holy Qur'an. 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."

B. Holy Bible: Proverbs: 1:10-19:

When sinners tempt you, my son, don't give in. Suppose they say, 'come on; let's find someone to kill! Let's attack some innocent people for the fun of it! They may be alive and well when we find them, but they'll be dead when we're through with them! We'll find all kinds of riches and fill our houses with loot! Come and join us, and we'll all share what we steal.' Don't go with people like that, my son. Stay away from them. They're always ready to kill. It does no good to spread a net when the bird you want to catch is watching, but people like that are setting a trap for themselves, a trap in which they will die. Robbery always claims the life of the robber ----- this is what happens to anyone who lives by violence.

Remembering and using God's guidance:

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

A. Holy Qur'an. 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".*

B. Holy Bible: Proverbs 3:5-7:

Trust in the Lord with all your heart. Never rely on what you think you know. Remember the Lord in everything you do, and he wills how you the right way. Never let yourself think that you are wiser than you are; simply obey the Lord and refuse to do wrong.

Holy Bible: Proverbs 16: 1-9

We may make our plans, but God has the last word. *You may think everything you do is right, but the Lord judges your motives. Ask the Lord to bless your plans, and you will be successful in carrying them out. Everything the Lord has made has its destiny; and the destiny of the wicked is destruction. The Lord hates everyone who is arrogant; he will never let them escape punishment. Be loyal and faithful, and God will forgive your sin. Obey the Lord and nothing evil will happen to you. When you please the Lord, you can make your enemies into friends. It is better to have a little, honestly earned, than to have a large income gained dishonestly. You may make your plans, but God directs your actions.*

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.

A. Holy Qur'an. 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".

B. Holy Bible: Mathew: 5:43-48:

You have heard that it was said, 'Love your friends, hate your enemies.' But now I tell you: love your enemies and pray for those who persecute you, so that you may become the children of your Father in heaven. For he makes his sun to shine on bad and good people alike, and gives rain to those who do good and to those who do evil. Why should God reward you if you love only the people who love you? Even the tax collectors do that! And if you speak only to your friends, have you done anything out of the ordinary? Even the pagans do that! You must be perfect --- just as your Father in heaven is perfect!

- **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.

A. Holy Qur'an. 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".*

B. Holy Bible: Proverb 22:24:

Don't make friends with people who have hot, violent tempers. You might learn their habits and not be able to change.

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.

A. Holy Qur'an. 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 fulfill 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".

B. Holy Bible: Mathew 19: 16-21:

Once a man came to Jesus, 'Teacher', he asked, 'What good thing must I do to receive eternal life? Why do you ask me concerning what is good?' Answered Jesus. There is only one who is good. Keep the commandments if you want to enter life. What commandments? He asked. Jesus answered, Do not commit murder, do not commit adultery; do not steal; do not accuse anyone falsely; respect your father and your mother; and love your neighbour as you love yourself. I have obeyed all these commandments, the young man replied. What else do I need to do? Jesus said to him, if you want to be perfect, go and sell all you have and give the money to the poor, and you will have riches in heaven, then come and follow me.

- **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.

A. Holy Qur'an. 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.

B. Holy Bible: Mathew 5:25-26:

If someone brings a lawsuit against you and takes you to court, settle the dispute with him while there is time, before you get to court. Once you are there, he will hand you over to the judge, who will hand you over to the police, and you will be put in jail. There you will stay, I tell you, until you pay the last penny of your fine.

- **Effective communication**

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

Holy Qur'an. 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.

B. Holy Bible: Mark: 6:6-13:

He was greatly surprised, because the people did not have faith. Then Jesus went to the villages round there, teaching the people. He called the twelve disciples together and sent them out two by two. He gave them authority over the evil spirits and ordered them, 'Don't take anything with you on your journey except a stick --- no bread, no beggar's bag, no money in your pockets. Wear sandals, but don't carry an extra shirt. He also said, Wherever you are welcomed, stay in the same house until you leave that place. If you come to a town where people do not welcome you or will not listen to you, leave it and shake the dust off your feet. That will be a warning to them! So they went out and preached that people should turn away from their sins. They drove out many demons, and rubbed olive oil on many sick people and healed them.

Holy Bible: Mathew 10:5-15

These twelve men were sent out by Jesus with the following instructions: 'Do not go to any Gentile territory or any Samaritan towns. Instead, you are to go to the lost sheep of the people of Israel. Go and preach, the Kingdom of heaven is near! Heal the sick, bring the dead back to life, heal those who suffer from dreaded skin diseases, and drive out demons. You have received without paying, so give without being paid. Do not carry any gold, silver, or copper money in your pockets; do not carry a beggar's bag for the journey or an extra shirt or shoes or a stick. Workers should be given what they need. When you come to a town or village, go in and look for someone who is willing to welcome you, and stay with him until you leave that place. When you go into a house, say, "Peace be with you". If the people in that house welcome you, let your greeting of peace remain; but if they do not welcome you, then take back your greeting. And if some home or town will not welcome you or listen to you, then leave that place and shake the dust off your feet. I assure you that on the Judgment Day God will show more mercy to the people of Sodom and Gomorrah than to the people of that town!

Peer resistance

The ability to withstand negative pressures and influences from peers.

Holy Qur'an. 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".

Holy Bible: Mark 7:5-13:

So the Pharisees and the teachers of the law asked Jesus, Why is it that your disciples do not follow the teaching handed down by our ancestors, but instead eat with ritually unclean hands? Jesus answered them, How right Isaiah was when he prophesied about you! You are hypocrites, just as he wrote: 'These people, says God, honour me with their words, but their heart is really far away from me. It is no use for them to worship me, because they teach human rules as though they were God's laws! You put aside God's command and obey human teachings'. And Jesus continued, 'You have a clever way of rejecting God's law in order to uphold your own teaching. For Moses commanded, 'Respect your father and your mother, and whoever curses his father or his mother is to be put to death. But you teach that if a person has something he could use to help his father or mother, but says, This is Corban (which means, it belongs to God), he is excused from helping his father or mother. In this way the teaching you pass on to others cancels out the word of God. And there are many other things like this that you do.

Non-violent conflict resolution

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

Holy Qur'an. 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".

B. Holy Bible: Mathew 5:21-24:

You have heard that people were told in the past, 'Do not commit murder; anyone who does will be brought to trial.' But now I tell you: whoever is angry with his brother will be brought to trial, whoever, calls his brother 'You good-for-nothing!' will be brought before the Council, and whoever calls his brother a worthless fool will be in danger of going to the fire of hell. So if you are about to offer your gift to God at the altar and there you remember that your brother has something against you, leave your gift there in front of the altar, go at once and make peace with your brother, and then come back and offer your gift to God.

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.

Holy Qur'an. 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".

Holy Bible: Mark 4: 26-29:

Jesus went on to say, "The Kingdom of God is like this. A man scatters seed in his field. He sleeps at night, is up and about during the day, and all the while the seeds are sprouting and growing. Yet he does not know how it happens. The soil itself makes the plants grow and bear fruit; first the tender stalk appears, then the ear, and finally the ear full of corn. When the corn is ripe, the man starts cutting it with his sickle, because harvest time has come.

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).

Holy Qur'an. 17:36:39.

"And pursue not that of which you have no knowledge; for every act of hearing, or öyÿÿeingingÿÿr ÿÿÿÿeÿÿngÿÿn 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.]

Holy Bible: Mark 4:30-32:

What shall we say the Kingdom of God is like? asked Jesus. "What parable shall we use to explain it? It is like this. A man takes a mustard seed, the smallest seed in the world, and plants it in the ground. After a while it

grows up and becomes the biggest of all plants. It puts out such large branches that the birds come and make their nests in its shade”.

- **Effective decision making**

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

Holy Qur'an. 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”.

Holy Bible: Mathew 7:1-6:

Do not judge others, so that God will not judge you, for God will judge you in the same way as you judge others, and he will apply to you the same rules you apply to others. Why then, do you look at the speck in your brother's eye, and pay no attention to the log in your own eye? How dare you say to your brother, Please, let me take that speck out of your eye, when you have a log in your own eye? You hypocrite! First take the log out of your own eye, and then you will be able to see clearly to take the speck out of your brother's eye.

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.

A. Holy Qur'an. 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.

B. Holy Bible: Mathew 5:38-42:

You have heard that it was said, ‘An eye for an eye, and a tooth for a tooth’. But now I tell you: do not take revenge on someone who wrongs you. If anyone slaps you on the right cheek, let him slap your left cheek too. And if someone takes you to court to sue you for your shirt, let him have your coat as well. and if one of the occupation troops forces you to carry his pack one kilometer, carry it two kilometers. When someone asks you for something, give it to him; when someone wants to borrow something, lend it to him.

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

8B: PLANNING FOR FBAA LIFE SKILLS:

SITUATION ANALYSIS:

1. a. What is the benefit of each of the 5 components in the faith based Approach to HIV/AIDS life skills?
Remind participants about the 5 components in the operational definition of the faith based approach to AIDS.
- b. What indicators identify successful implementation of the faith based 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 faith based approach to AIDS.
Who gives the mandate to implement the faith based approach to HIV/AIDS life skills for prevention, treatment, care and support at the individual, family and community levels?

What are the target communities for the faith based approach to HIV/AIDS life skills for prevention, treatment, care and support?

- a. What are the needs of the target communities as far as the faith based 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.

What are the strengths and weaknesses of these target groups as far as the faith based approach to HIV/AIDS life skills for prevention, treatment and care is concerned?

How should the weaknesses of those who are unable to consistently and correctly implement the faith based approach to HIV/AIDS life skills for prevention, treatment and care be handled?

What are the priority issues that need to be addressed for each target group related the faith based approach to HIV/AIDS life skills for prevention, treatment, care and support?

Key messages:

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

Believing in God;

Enhances utilization of life skills for HIV/AIDS prevention, treatment, care and support.

- God's guidance prevents us from engaging in adultery and fornication.
- Belief in God 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 God 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.
- Belief in God enables people to accept that whatever happens, be it good or bad, including HIV/AIDS.

Learning scientific facts

- Enhances utilization of life skills:
- Religion enjoins us to seek knowledge.

Use of faith teachings

Enhances utilization of life skills.

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

Forming partnerships with religious leaders

Enhances utilization of life skills.

This is vital as our leaders will always provide guidance for us using the faith teachings.

Concept of self control

- Enhances utilization of life skills.
- Enables us to control emotion, be patient and have good behavior.

The indicators of successful use of the faith based 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 religion as related to life skills.
- 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 related to the faith based approach to HIV/AIDS life skills for prevention, treatment, care and support.
- Number of sermons delivered by religious leaders in a quarter on HIV/AIDS topics.

The mandate to use the faith based 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 God
Self-consciousness and self-esteem;

Family

- God;
- Family head;
- Family council;

Community

- God
- Religious Leaders
- Community leaders

The target communities for the faith based 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 faith based 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 faith based 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 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 faith based 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 faith based 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 FBAA life skills

Men:

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

Women:

- Empowerment, training in use of the FBAA life skills

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

Ask participants:

1. What are the major goals related to the faith based 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 faith based 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 faith based 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 community at a mosque or church 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 faith based 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 faith based 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 faith based approach to HIV/AIDS life skills for prevention, treatment, care and support?

What is the role of networking between communities and health facilities in the implementation of the faith based approach to HIV/AIDS life skills for prevention, treatment, care and support?

What types of interactions with other faiths can enhance the faith based 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 faith based approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community is as follows:

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

The major objectives of the faith based 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 religious leaders and their assistants within the Mosque or church community with the knowledge on the faith based approach to HIV/AIDS life skills within 3 years.

To increase the proportion of people with knowledge on the faith based approach to HIV/AIDS life skills in the Mosque or church community within 3 years.

To advocate for the integration of the FBAA life skills into the national HIV/AIDS strategic framework.

The major activities needed to achieve the goal and objectives of the faith based 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 or church level

Activity	By Who	When
Feed back on FBAA life skills to religious leaders in the respective community mosque or church.	Community Coordinator	August/ Sept.07
Identify and orient Resource persons to conduct the needs assessment.	Community Coordinator + consultants(s)	Sept.07
Conduct the needs assessment in 20 households to assess the knowledge on FBAA life skills.	Community Coordinator + Researchers	Oct.07
Develop training curriculum for use by the religious leaders, women and youth leaders	Consultant	Dec.07-Feb.08
Training of the religious leaders, youth leaders, women Leaders	Community Coordinator + local Trainers.	March. 08
Produce & distribute FBAA life skills I.E.C materials	Community Coordinator + consultant.	March-April, 08
Conduct Radios & T.V programs to advocate for the integration of FBAA life skills in national HIV/AIDS strategic framework.	Community Coordinator + trained religious leaders & their Assistants.	From May 08 - 2010.
Hold public rally & campaign to promote and advocate & popularize the FBAA life skills.	Community Coordinator, religious leaders and community members	May, 08
Conduct supervisory and monitoring visits to religious leaders and their Assistants	Community Coordinator + local Trainers	May-June ,08

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

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

The partners and alliances that are needed to network within the faith based 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 faith based approach to HIV/AIDS life skills for prevention, treatment, care and support as indicated in appendix 1 include the following:

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

The types of interactions with other faiths that can enhance the use of the faith based 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
- 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 FAITH BASED 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 faith based 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 faith based approach to HIV/AIDS life skills for prevention, treatment, care and support? Ensure the data is relevant to the 5 components of the faith based approach to AIDS.
b. How can this data be collected?
3. a. What are the possible resources for implementing activities related to the faith based 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 faith based 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 faith based 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
Feed back on FBAA to religious leaders in the respective community	No. of meetings held	Participants list Minutes of the feedback meeting
Identify and orient Resource Persons to conduct the needs assessment.	No. of Resource persons identified	Developed Terms of reference and Signed contract
Conduct the needs assessment in 20 households to assess the knowledge on FBAA life skills	No. of households covered in the baseline survey	Needs assessment report
Develop training curriculum for use by the religious leaders, youth and women leaders	No. of curricula developed.	The available curriculum for use.
Training of the religious leaders, youth leaders, women Leaders	No. of trainings conducted No. of participants trained.	Training report(s)
Produce & distribute I.E.C materials on FBAA life skills	No. of IEC materials produced and disseminated.	Distribution list
Conduct Radio & T.V programs to advocate for the integration of FBAA life skills in National HIV/AIDS framework.	No. of programs presented on Radio and T.V stations. Knowledge & perception of target group. Integration of FBAA life skills into the national. HIV/AIDS strategy.	Video clips, Recorded Radio program, Survey reports National HIV/ AIDS strategy
Conduct supervisory and monitoring visits to religious leaders and their Assistants	No of supervisory visits conducted	Supervision reports

Table 14b : Impact Indicators

FBAA Components	Impact indicators
Believing in God	Reduction in HIV prevalence Reduction in stigma and discrimination Increased proportion of PLWHAs on ART Reduction in rate of new infections.
Learning the scientific knowledge	
Making use of faith teachings and practices	
Forming partnerships with and making use of religious leaders/ administrative structures	
Concept of self control	

The possible resources for implementing activities related to the faith based 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, charity, Philanthropists.	Proposal writing, fundraising, donations, contribution box,
HUMAN	Religious Leaders, 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 faith based 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:

What is behaviour change communication and what is its role in promoting utilization of HIV/AIDS services?

What are the objectives of behaviour change communication for promoting utilization of HIV/AIDS services?

What stages does someone go through to change behaviour?

What factors enable someone to change behaviour?

What is the role of faith teachings in changing behaviour to promote utilization of HIV/AIDS services services?

Give examples.

What is the role of local leaders in changing behaviour to promote utilization of HIV/AIDS services?

What channels of communication should be used to encourage people to change behaviour?

Ask participants to give examples of faith teachings that promote behaviour change communication?

Key messages:

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.

The objectives of behaviour change communication in promoting utilization of HIV/AIDS services include the following:

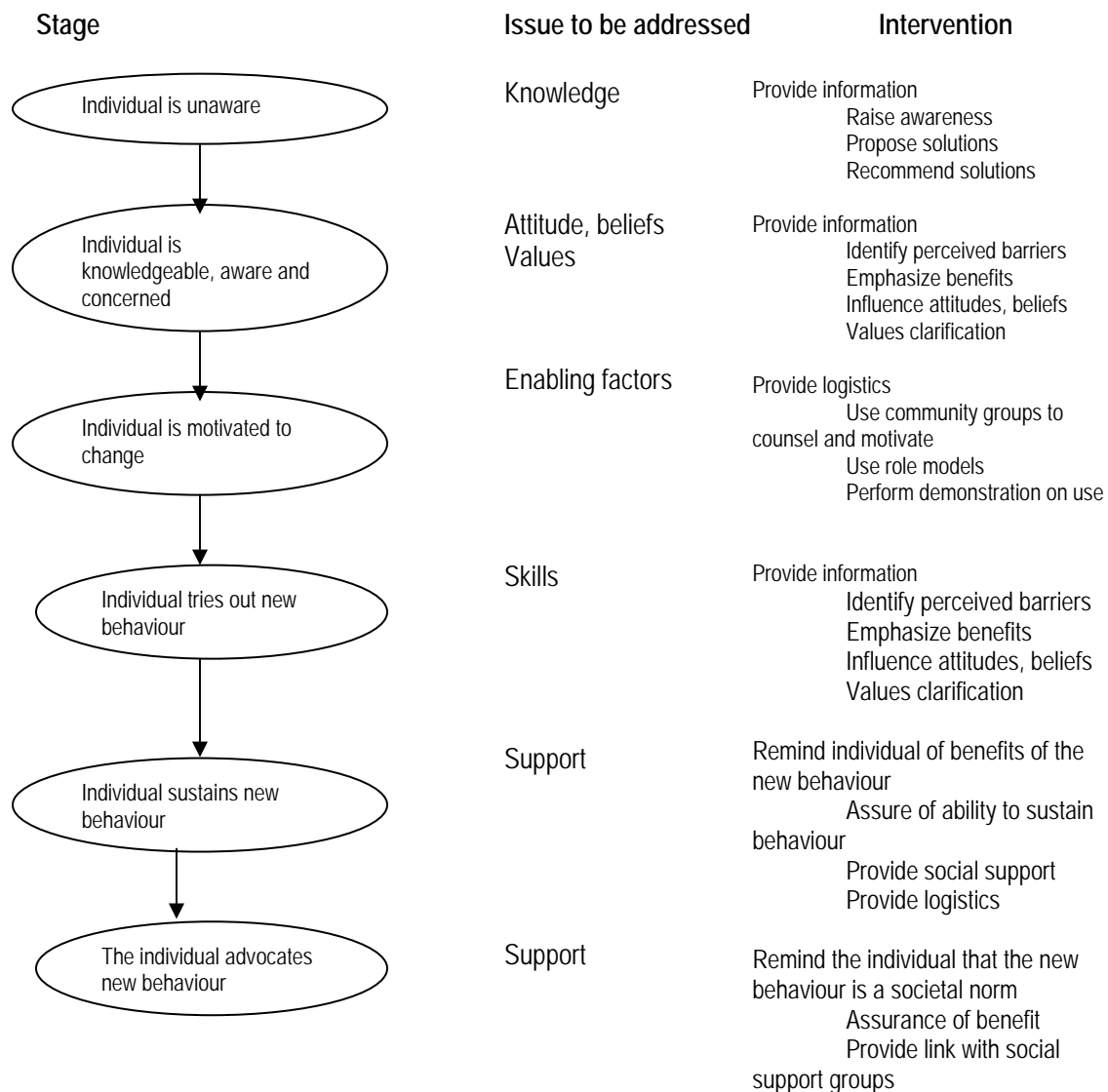
- | | |
|---|--|
| i) Increase knowledge | vi) Advocacy on issues |
| ii) Stimulate community dialogue | vii) Promote services for prevention, treatment, care and support. |
| iii) Promote essential attitude change | viii) Improve community skills and the sense of self efficacy. |
| iv) Reduce stigma and discrimination | |
| v) Create a demand for information and services | |

3. The stages of behaviour change include the following:

- | | |
|---------------|--|
| Unaware | Motivated to change |
| Aware | Practicing trial behaviour |
| Concerned | Practicing sustained behaviour change. |
| Knowledgeable | |

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:
 - Providing effective communication
 - Creating an enabling environment in terms of policies, community values and human rights.
 - Providing user friendly accessible services and commodities.

5. The role of religious teachings in changing behaviour includes the following:
 - Religious code of conduct maintains behaviour change
 - Presence of penalties helps to change to acceptable behaviours. Examples of teachings:
 - Loving the wife
 - A man is the head of the family.
 - A man should love his wife
 - The best man is the one who loves his wife
 - Saving life is a cherished act
 - Never kill
 - Do not commit adultery and fornication
 - 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.

B. Holy Bible: Matthew: Chapter 5 verse 17-19:

Think not that I am come to destroy the law, or the prophets, I am not come to destroy, but to fulfill

For verily, I say unto you, till heaven and earth pass away, one jot or one tittle shall in no wise pass from the law, till all be fulfilled

Whosoever therefore shall break one of these least commandments, and shall teach men so, he shall be called the least in the kingdom of heaven: but whosoever shall do and teach them the same, shall be called great in the kingdom of heaven

Relationship to topic:

Whosoever learns about HIV/AIDS, practices it and communicates to others to do the same is effectively called great in the Kingdom of God. People must therefore, do behaviour change communication to each other in order to promote good behaviours.

Topic 10: COMMUNITY MOBILIZATION FOR FBAA

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 FBAA?
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 faith teachings that promote community mobilization for FBAA.

Key messages:

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.

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.

Communication channels for community mobilization include:

Sermons during religious gatherings and mini-lectures during meetings such as local community meetings.

Group discussions.

Home visits and interpersonal communication

Mass media.

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.

In educating adults, the following points should be taken into consideration

Adults need to know why they need to learn something.

Adults maintain the concept of responsibility for their own decisions and their own lives.

Adults enter the education activity with a greater volume and more varied experiences than children.

Adults have a readiness to learn those things that they need to know in order to cope effectively with real life situations.

Adults are life centered in their orientation to learning.

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.

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:

Sermons and Mini-lectures:

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 faith-based Approach to HIV/AIDS (FBAA)

Topic 3 : Planning process for the FBAA

Topic 4A : Planning for FBAA prevention

Topic 4B : Responsible parenthood

Topic 4C : Voluntary Counselling & Testing (VCT)

Topic 4D : Prevention of Mother to Child HIV Transmission (PMTCT)

Topic 4E : Gender Inequalities

Topic 4F : Planning for FBAA prevention

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

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

Topic 5A : Antiretroviral Therapy

Topic 5B: Planning for the FBAA Treatment

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

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

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

Topic 6B: Planning for the FBAA care & support

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

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

Topic 7A: Stigma and discrimination

Topic 7B: Planning for the FBAA Stigma and discrimination

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

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

Topic 8A: Understanding life skills

Topic 8B: Planning for FBAA Life skills

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

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

Topic 9: Behaviour change communication

Topic 10: Community mobilization for FBAA

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.

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.

Group Discussions:

Group discussions should be interactive

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.

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.

Go through the procedures as indicated in this curriculum by asking relevant questions to participants and guiding the responses.

Read for participants the key messages at the end of each session to cover the questions that were discussed.

Prepare your self by going through the questions before the group discussions.

The group discussions should last between 30 minutes to 1 hr.

Home visits:

The religious leader should inform his community about home visits.

The religious leader 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 FBAA 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.

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.

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.

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.

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 religious leaders

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 faith based Approach to HIV/AIDS (CEFBA)

COMMUNITY EDUCATOR'S ACTIVITY FORM: COMMUNITY EDUCATION

Month _____

Mosque/Church _____

Name of Community Educator: _____

Country _____

District _____

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 religious leader at the end of every month*

2. The Community educator should take the exercise book and form to the religious leader 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 religious leader monthly who should forward it to the Community Coordinator.

Community educator's activity form :Pregnant women

Date of activity	Pregnant mother's name	Number of the topic covered in the curriculum		Services provided to pregnant mother and family			Educated with husband (Y/N)	Community and Health facility Linkages		PREGNANCY STATUS (Use pregnancy status code)
		NEW	REVISED	Given Spiritual education and support (Y/N)	Given education on PMTCT (Y/N)	Supported mother to follow medical advice (Y/N)		Referred to health facility for PMTCT services, (Y/N)	Client referred back to the community educator/volunteer with feed back from health facility (Y/N)	

Pregnancy status code:

C = Continuing,

DH= Delivered at home,

DT= Delivered from the traditional birth attendant,

DHF=Delivered from health facility

DPM=Delivered from private midwife

MC =Miscarriage

Community educator's name: _____ Centre/Division: _____ District:/State/Province _____ Country _____

Signature: _____ Date: _____ / _____
 Month Year

_____ To be submitted by the community educator to the religious leader who should send it to the FBAA Community Coordinator, monthly

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 religious leader monthly who should in turn forward it to the community coordinator.

Community Enhancement of the Faith based Approach to HIV/AIDS (CEFBA)																
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 religious leader who should send it to the Community Coordinator, monthly

Religious leaders

The Religious leader 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:
 - Name of community educators
 - Number of activities.
 - Total number of people reached for each activity – males/females.
 - No. of topics covered.

Procedure:

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

Community Enhancement of the Faith based Approach to HIV/AIDS (CEFBAA)		Form 2
RELIGIOUS LEADER'S MONTHLY SUMMARY FORM: COMMUNITY EDUCATION		
Name of Community Coordinator _____		
Centre _____	Date of meeting with community educators _____	
District _____		
County _____		

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		
TOTAL										

*** The Religious leader should summarize the activities of his/her community educators on this form every month and send it to they Community Coordinator.*

The Religious leader should return forms 2, 3, 4 to the designated Community Coordinator.

II. Monthly Meetings for community educators:

There should be monthly meetings of community educators and religious leaders to review FBAA activities.

The agenda for these meetings should include:

- a) Achievements made including records of activities
- b) Challenges
- c) Suggested solutions to challenges.
- d) News related to HIV/AIDS

III. Quarterly meetings of religious leaders and community educators and Community Coordinator or designated representative..

There should be quarterly meetings of the above FBAA workers.

The agenda for these meetings should include:

- Achievements made including return of summary forms for activities.
- Challenges
- Suggested solutions to challenges
- News related to HIV/AIDS

Faith teachings that support community mobilization for IAA:

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, community educators and Community Coordinators are such people who have arisen to mobilize their communities to address HIV/AIDS as part of the Jihad on HIV/AIDS

Holy Bible: Matthew: Chapter 5 verse 14-16:

You are the light of the world. A city that is set on a hill cannot be hid

Neither do men light a lamp, and put it under a bushel, but on a lamp stand, and it gives light unto all that are in the house

Let your light so shine before men, that they may see your good works, and glorify your Father who is in heaven

Relationship to topic:

The religious leaders and community educators have gained knowledge on FBAA and are like a city on a hill or a lamp on lamp stand. They should do community mobilization so that the knowledge on FBAA shines before men. People will then see the good work of preventing HIV/AIDS and treating and caring for PLWHAs. In this way, people will understand how God is helping them to manage HIV/AIDS.

THE FAITH BASED APPROACH TO HIV/AIDS (FBAA) 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.

The Faith based approach to HIV/AIDS network model for improving AIDS services:

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

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 faith teachings. For example, the standard operating procedures for a service provider to incorporate faith into his or her work include the following:

Believe in God. This means provide health services for God who taught you health sciences.

Pray as you start your work to seek God’s help to make your work easy.

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

Community:

Religious leaders 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 faith teachings. The religious leader and his team who are called “**community educators**” educate their communities through sermons during congregational prayers, home visits, group talks and mini-lectures. In addition, they refer patients and clients to health facilities.

Linkages between community and health facility:

From community to health facility:

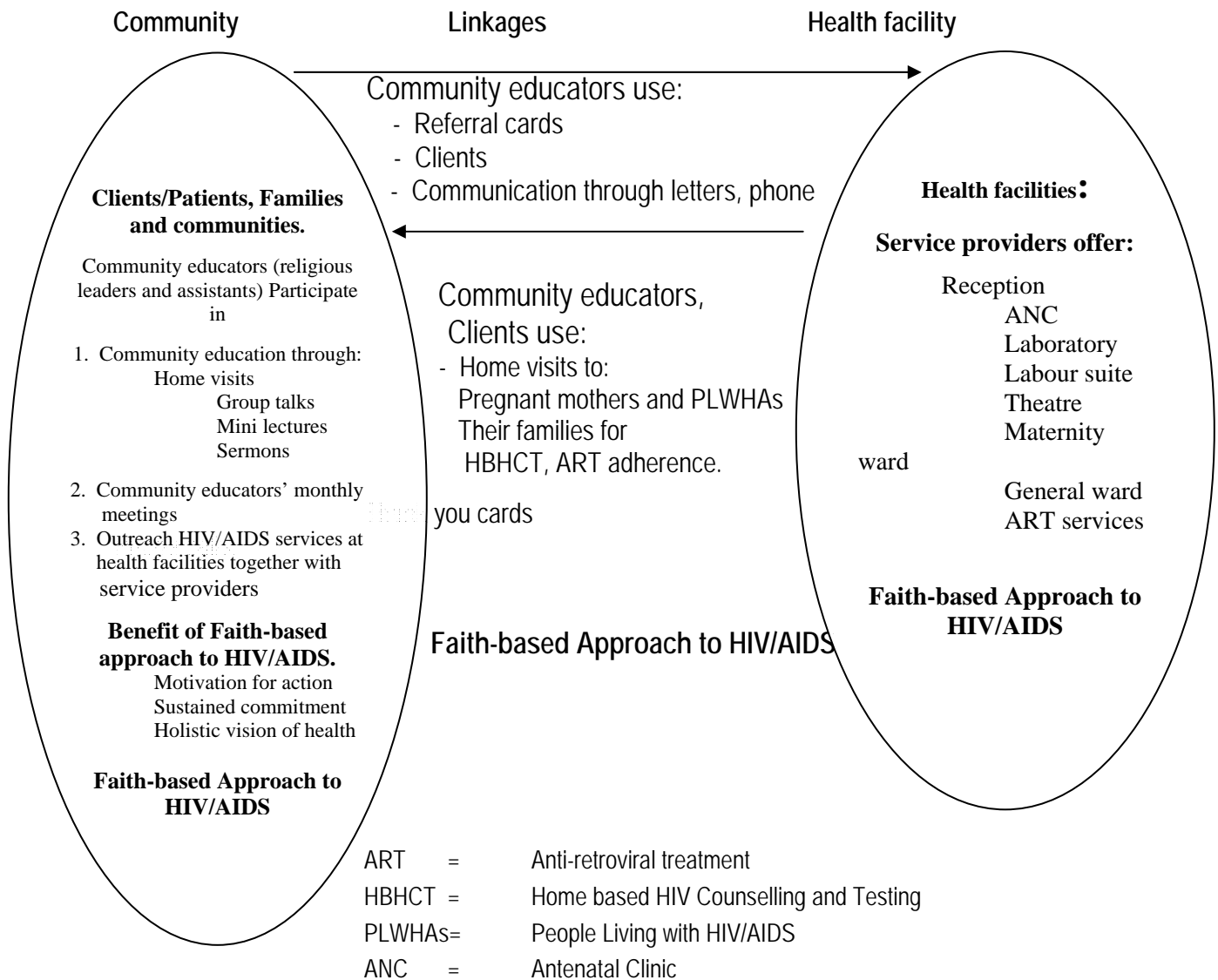
The religious leader and his team refer clients to health facilities using referral cards, letters or phone calls. Sometimes they escort the clients to the health facility. The clients themselves take the referral cards and letters to the hospital.

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 religious leaders and their assistants. The religious leaders and their assistants provide ongoing care and support to clients and their families after the visit of the service providers.

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

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



Conclusion:

The FBAA 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 faith based approach to HIV/AIDS prevention, treatment, care and support.