

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

What Imams and Mosque communities can do

Derived from discussions by participants from 29 countries at
the 3rd International Muslim Leaders' Consultation on HIV/AIDS in
Addis Ababa, Ethiopia, 23 – 27 July 2007

Jihad on AIDS – Self discipline using Allah's guidance

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What Imams and Mosque communities can do

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IMAU



EIASC



EMDA

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ABBREVIATIONS

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

PREFACE

Bismillahi Rahman Rahim (In the name of Allah the Most Gracious, Most Merciful)

The Third International Muslim Leaders' Consultation (3rd IMLC) was held in Addis Ababa, Ethiopia from 23 – 27 July 2007 at the Sheraton Addis Hotel. Organized by the Islamic Medical Association of Uganda in conjunction with the Ethiopian Islamic Affairs Supreme Council, the consultation was sponsored by USAID Health Policy Initiative, Task Order 1 (HPI), Washington, and PEPFAR Ethiopia. Participants were well-prepared for the consultation by receiving advance consultation packages on arrival, containing details on the entire programme, and additional information about activities in which they would participate, including group discussions, plenary presentations based on the outcome of the discussions, sharing of experiences on HIV/AIDS issues in different countries, and resolutions and commitments which would be made as part of the consultation. The week ended with a closing ceremony, followed by a field visit to the Grand Mosque of Addis Ababa where the Imam gave a sermon on HIV/AIDS to a large congregation. The details of these activities are presented in this document.

International Muslim Leaders' Consultations (IMLCs) are a Muslim community initiative intended to promote and coordinate the Islamic approach to HIV/AIDS (IAA). It is believed that as Muslim communities work together in accordance with guidance from Allah in the Holy Qur'an and the traditions of Prophet Muhammad (SAW), their impact on HIV/AIDS will be greater. The first beneficiary in following Allah's guidance is the individual soul. This is emphasized in the Holy Qur'an 39:41 – *"Verily we have revealed the book to them, In truth, for instructing mankind. He then, that receives guidance, benefits his own soul. But he that strays injures his own soul. Nor are you set a custodian over them."*

The value of communities working together is well illustrated by one author in the following quotation:

"The work of groups can become both more efficient and more significant as our increasingly complex world requires a level of response and innovation beyond the capacity of any single member. A story that illustrates what happens when a system is viewed as a whole is told of the design and building of a new car. The work involved a number of engineers divided into teams each responsible for one aspect of the finished product. Because of the intense time pressure, teams initiated quick fixes on their own whenever anything wasn't working quite right. But many of the quick fixes produced unintended consequences and problems for other teams. For example, solving a vibration problem by adding structural reinforcements increased the weight of the car and created new problems for the chassis team. It wasn't until a working group made up of several teams got together and developed a systems understanding of the whole process that solutions that benefited the whole were discovered and the car was delivered early and under budget. One by-product of seeing the system as a whole was that the various teams began to speak together as one 'we'. Up to this point, there had been someone to blame for every problem: the other teams, their bosses, not enough time. When the 'theys' go away and the 'we' shows up, people's awareness and capabilities change. Much in society is like the dysfunctional car making system. It is not that we need more instruction from the top about what to do; we need more leadership from the bottom about how we can work together to transform the whole into which the parts fall." (Flowers B.S. 2007 *The American Dream and the Economic Myth* page 32-33. Fetzer Institute).

The IMLCs have a vision of eventually contributing to eradicating HIV/AIDS globally by translating the concept of the Islamic approach to AIDS into practice. The 3rd IMLC was a contribution towards the realization of this long-term vision. It was a working group of Muslim community leaders at many levels who met together to analyze and understand the Islamic approach to HIV/AIDS and how it can be effectively implemented for the benefit of all. This document includes the outcome of the deliberations of this international team. These are the voices of Muslim communities and their friends from 29 different countries and five different continents. A consistent message in these voices underscores the value of using the Islamic Approach to HIV/AIDS (IAA) in addressing all issues concerning the HIV/AIDS pandemic. This message is repeated in line with Allah's method of teaching. Allah's message in the Holy Qur'an is consistent but repeated to ensure improved understanding.

"Allah has revealed from time to time the most beautiful message in the form of a book, consistent with itself, yet repeating its teaching in various aspects. The skins of those who fear their Lord tremble thereat; then their skins and their hearts do soften to the remembrance of Allah. Such is the guidance of Allah. He guides therewith whom He pleases, but such as Allah leaves to stray can have none to guide." HQ 39:23.

There are five other issues, which stand out in these voices. One is participatory training of Muslim leaders in how to implement the IAA. The second one is continuous education and reminding of individuals, families and communities about the practical application of IAA. The third addresses gender imbalances, especially the protection of women. The fourth encourages interfaith collaboration for the promotion of IAA. The fifth one is the importance of monitoring and evaluating the IAA.

This document is intended for all Muslims and their non-Muslim friends who are involved in combating AIDS for their own benefit and that of their families and communities. We urge you to read the document in order to increase your understanding of the Global Islamic response to HIV/AIDS. We pray to Almighty Allah to assist you in putting the IAA into practice.

Dr. Magid Kagimu,
Chairman, Organizing Committee for the 3rd IMLC.

Foreword

From the International Centre for Promotion of the Islamic Approach to AIDS

In the name of Allah the Most Gracious the Most Merciful

AIDS is a global problem that concerns all of us. For some of us, AIDS has reached home and it is a daily problem we have to live with. For others, it is still far from home but we fear it may reach home and we are struggling to keep it away. We are concerned about AIDS as individuals. Anyone can get AIDS through temptations resulting in risky behaviour, or through getting contaminated blood as one undertakes various activities in life. We are concerned about AIDS as families. Our children may get AIDS at the time of birth or when they start engaging in risky behaviours. Our spouses may get AIDS as a result of temptations or through contaminated blood. Our brothers and sisters may get AIDS as a result of their social interactions. We are concerned as social human beings that our friends may get AIDS. We are concerned as nations and as communities that millions of people have got AIDS, millions have died of it and millions may get it in the future. Our major concerns are in the areas of HIV prevention, treatment, care and support. How can we prevent AIDS as individuals, as families, as communities and as nations? How can we treat the disease as individuals, as families and as nations? How can we care and support those who are infected and affected by AIDS, as individuals, as families, as communities and as nations?

The answers to these questions are complex. This is because Allah's world is complex. We need to look for Allah's guidance and use it to be able to live through this complex world successfully. This is the Islamic approach to addressing any concerns or problems, including AIDS. For example, Allah guides us that we must work together to protect each other from problems as indicated in this verse of the Holy Qur'an.

Holy Qur'an, Chapter 9 verse 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 and obey Allah and His Messenger. On them will Allah pour His mercy: for Allah is exalted in power, wise.

There is much wisdom in this guidance from Allah. If we work together, the impact on the enemy AIDS will be greater and we shall be better protected. If each one is on their own, the enemy AIDS will take us one by one. A good analogy is that of rice. Assume AIDS the enemy, is a snake in the rice field. If we throw a grain of rice at the snake, it will have no impact. If rice is combined and packed into a sack and we throw the sack of rice at the snake in a coordinated way, the snake is likely to be trapped and killed. We therefore need to work together in a coordinated way. If we are not coordinated, even if we are together, we may miss the target.

Let us all remember that Islam means submission to Allah's will and guidance in all aspects of life. According to the Holy Qur'an, Allah's guidance is the best and most trustworthy guidance in life.

Holy Qur'an: Chapter 6 verse 71-73:

"Say. Shall we call on others besides Allah. Things that can do us neither good nor harm, and turn on our heels after receiving guidance from Allah? Like one Whom the Satans Have made into a fool, Wandering bewildered through the earth, his friends calling 'come to us', (Vainly) guiding him to the Path. Say: Allah's guidance is the (only) guidance, and we have been directed to submit ourselves to the Lord of the worlds"; "To establish regular prayers and to fear Allah: For it is to Him that we shall be gathered together."

"It is He who created the heavens and the earth with truth: The day He says, "Be", Behold! it is. His word is the truth. His will be the dominion the day the trumpet will be blown. He knows the unseen as well as that which is open. For He is the wise, well acquainted (with all things).

Holy Qur'an: Chapter 2 verse 256-257

"Let there be no compulsion in religion: Truth stands out clear from Error: whoever rejects Tagut (Evil ones, false leaders) and believes in Allah has grasped the most trustworthy hand-hold, that never breaks. And Allah hears and knows all things. Allah is the protector of those who have faith: from the depths of darkness He leads them forth into light. Of those who reject faith the patrons are the Tagut (Evil ones, false leaders) from light they will lead them forth into the depths of darkness. They will be companions of the fire, to dwell therein (For ever)".

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CONSULTATION AND WORKING TOGETHER ON HIV/AIDS ISSUES

Holy Qur'an: Chapter 3 Al-Imran verse 102-105:

O ye who believe! Fear Allah as He should be feared, and die not except in a state of Islam. And hold fast, all together, by the rope which Allah (stretches out for you), and be not divided among yourselves; and remember with gratitude Allah's favour on you; for you were enemies and He joined your hearts in love, so that by His Grace, you became brethren; And you were on the brink of the pit of fire, and He saved you from it. Thus does Allah make His signs clear to you: That you may be guided. 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. Be not like those who are divided amongst themselves and fall into disputations after receiving clear signs. For them is a dreadful chastisement.

Allah gives us guidance in the above verses of the Holy Qur'an regarding the way believers should live in view of the complexity of problems they face in His world. They should submit to Allah's will and guidance up to the time of death. They should work together using Allah's guidance. It is Allah's guidance that turns people who would have been enemies, into friends working together. Believers must not be divided among themselves after the clear guidance of Allah. It is not wise to engage into disputes after the clear guidance of Allah. There must arise a band of people among the believers coordinating the community response, educating the people about what is right and forbidding what is wrong to ensure success in life when faced with problems such as AIDS. Therefore, AIDS is a global problem that can be addressed using Allah's guidance to believers regarding coordination, working together and mutual consultation.

HQ. Ash-Shura 42:30-43

*Whatever misfortune happens to you is because of the things your hands have wrought, and for many (a sin) He grants forgiveness. Nor can you escape through the earth, nor have you, besides Allah any one to protect or to help. And among His signs are the ships, smooth-running through the ocean, as mountains. If it be His Will, he can still the wind, then would they become motionless on the back of the (ocean). Verily in this are signs for everyone who patiently perseveres and is grateful. Or He can cause them to perish because of the (evil) which (the men) have earned; but much does He forgive. But let those know, who dispute about our signs that there is for them no way of escape. Whatever you are given (here) is (but) the enjoyment of this life; but that which is with Allah is better and more lasting: (It is) for those who believe and put their trust in their Lord. Those who avoid the greater sins and indecencies and, when they are angry even then forgive. Those who respond to their Lord, and establish regular prayer; who **(CONDUCT) THEIR AFFAIRS BY MUTUAL CONSULTATION**; who spend out of what we bestow on them for sustenance; And those who, when an oppressive wrong is inflicted on them, (are not cowed but) help and defend themselves. The recompense for an injury is an injury equal thereto (In degree); but if a person forgives and makes reconciliation, His reward is due from Allah: for (Allah) loves not those who do wrong. But indeed if any do help and defend himself after a wrong (done) to him, against such there is no cause of blame. The blame is only against those who oppress men with wrongdoing and insolently transgress beyond bounds through the land, defying right and justice: for such there will be a Chastisement grievous. But indeed if any show patience and forgive, that would truly be an affair of great resolution.*

HQ. Imran 3:159-160.

It is part of the Mercy of Allah that you do deal gently with them. Were you 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. If Allah helps you, none can overcome you. If He forsakes you, who is there, after that, that can help you? In Allah then let believers put their trust.

SOME OPPORTUNITIES FOR CONSULTATION AND WORKING TOGETHER ON HIV/AIDS.

INTERNATIONAL CENTRE FOR PROMOTION OF THE ISLAMIC APPROACH TO HIV/AIDS IN KAMPALA, UGANDA.



Mission:

To provide practical and current resources on the Islamic Approach to HIV/AIDS for sharing locally and internationally.

Vision:

An International Centre of excellence implementing the Islamic Approach to HIV/AIDS.

Goal:

To enhance effective responses of communities to HIV/AIDS through access to resources based on Islamic principles and scientific knowledge.

Objectives:

Objective 1:

To establish a functional international centre for coordination, advocacy and promotion of the Islamic approach to HIV/AIDS prevention, treatment, care and support for the benefit of all communities.

Activities:

1. Construct and equip the training facilities for the Islamic approach to HIV/AIDS including a mosque, conference facilities, library and offices.
2. Hire personnel to manage the centre.
3. Deliver services for HIV/AIDS prevention, treatment, care and support using the Islamic approach to HIV/AIDS at the centre.

Objective 2:

To establish satellite project sites that are using the Islamic approach to HIV/AIDS, nationally and internationally.

Activities:

1. Initiate, establish and support demonstration project sites that are using the Islamic approach to HIV/AIDS prevention, treatment, care and support. The respective local stakeholders will run the services.
2. Hire local personnel to manage the sites.
3. Deliver services for HIV/AIDS prevention, treatment, care and support using the Islamic approach, at the sites.

Objective 3:

To establish a network of stakeholders promoting the Islamic approach to HIV/AIDS.

Activities:

1. Build capacity of community coordinators for the Islamic approach to HIV/AIDS.
2. Participate in organizing International Muslim Leaders' Consultations (IMLCs).
3. Participate in organizing international technical committees. The committees will consist of Muslim scholars, religious leaders, health professionals and other stakeholders. They will draft practice guidelines for the Islamic approach to various HIV/AIDS related issues.
4. Provide Secretariat services for the IMLCs.

Objective 4:

To conduct research, publish and disseminate findings on various aspects of Islamic approach to HIV/AIDS.

Activities:

1. Initiate and write research proposals on various aspects of the Islamic approach to HIV/AIDS.
2. Organize and facilitate collaborative research on the Islamic approach to HIV/AIDS.
3. Mobilize resources for research.
4. Conduct research on various aspects of the Islamic approach to HIV/AIDS including the evaluation of the rationale and effectiveness of the Islamic approach to HIV/AIDS.
5. Generate data for the effective management of HIV/AIDS using the Islamic approach.

Objective 5:

To document and disseminate best practices on the Islamic approach to HIV/AIDS.

Activities:

1. Publish and disseminate monographs on various aspects of the Islamic approach to HIV/AIDS.
2. Attend conferences and meetings to share experiences of the Islamic approach to HIV/AIDS with other stakeholders.
3. Make a database of resource persons with expertise in the implementation of the Islamic approach to HIV/AIDS.
4. Organize technical assistance missions to assist in the implementation of the Islamic approach to HIV/AIDS.

Objective 6:

To enhance the quality of life of the communities using the centre.

Activities:

1. Provide holistic quality services to the communities using the centre.

Monitoring and Evaluation of the centre:**Activities:**

1. Consult a monitoring and evaluation expert
2. Design monitoring and evaluation guidelines
3. Disseminate guidelines to all concerned
4. Review performance of the centre
5. Receive feedback from country level activities
6. Make reports on activities of the centre.

B) THE INTERNATIONAL MUSLIM LEADERS' CONSULTATIONS ON HIV/AIDS (IMLCs)**Mission:**

To promote and coordinate the Islamic approach to HIV/AIDS by learning from and sharing experiences.

Vision:

To eradicate HIV/AIDS globally using the Islamic approach.

Goal:

To reach a consensus on various aspects of the Islamic approach to HIV/AIDS

Objectives:**Objective 1:**

To conduct IMLCs every two years.

Activities:

1. Constitute an international planning committee
2. Determine a theme
3. Constitute sub-committees for implementation.

Objective 2:

To articulate the Islamic approach to HIV/AIDS.

Activities:

1. Identify contemporary issues related to HIV/AIDS
2. Identify Islamic teachings related to these issues
3. Reach a consensus, document and disseminate the outcome.

Objective 3:

To assess and share experiences on various aspects of the Islamic Approach to HIV/AIDS.

Activities:

1. Call for abstracts on studies and interventions conducted in various areas of the Islamic approach to HIV/AIDS
2. Review abstracts and select best practices
3. Call for and review full papers
4. Select and share best practices.

Objective 4:

To conduct regional Muslim Leaders Consultations (RMLCs) annually.

Activities:

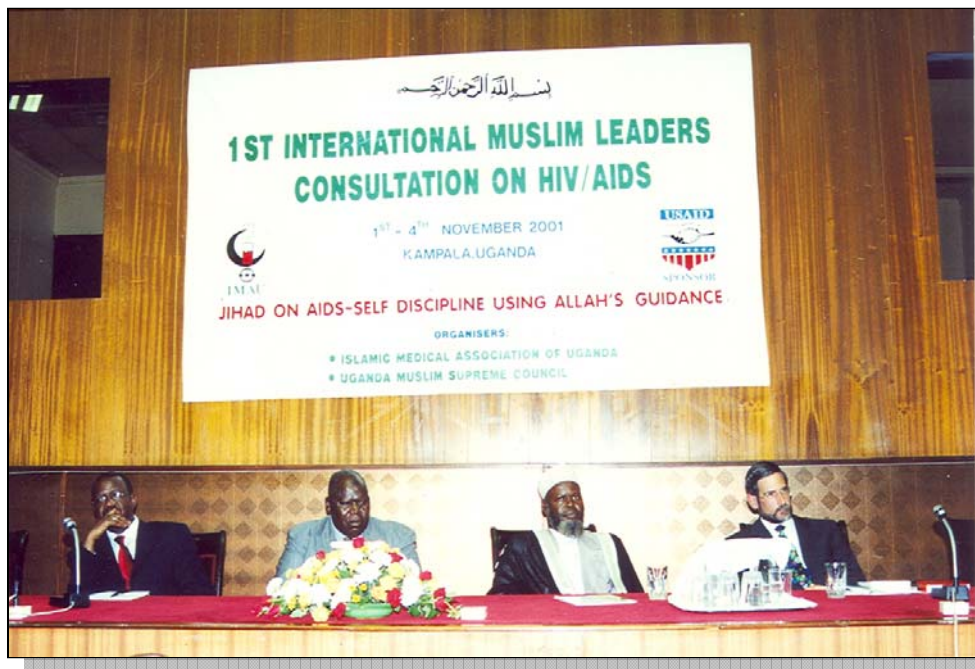
1. Constitute a regional planning committee
2. Determine a theme
3. Constitute sub-committees for implementation
4. Organize regional consultations
5. Review post-IMLC interventions at country level
6. Make recommendations

Expected impact of IMLCs at the community level:

1. Participants will mobilize their local Muslim leaders to learn from the experience of the consultation and discuss the way forward.
2. Increased awareness of the Islamic approach to HIV/AIDS among all stakeholders locally in host country and internationally.
3. Increased commitment of participants to implement strategies set during IMLCs.
4. Development of networks among participants to ensure effective responses follow the consultations.
5. Identification of projects for implementation with international collaboration, using the Islamic approach to HIV/AIDS.

FIRST INTERNATIONAL MUSLIM LEADERS' CONSULTATION ON HIV/AIDS:

Kampala, Uganda - 1 – 4th November 2001.



Theme:

Strategies for strengthening and expanding the international Muslim community response to AIDS.

Motto:

Jihad on AIDS: Self discipline using Allah's guidance.

Goal:

Achieve greater involvement and better co-ordination of Muslim communities in their HIV/AIDS prevention and control efforts, both nationally and internationally.

Specific objectives:

1. To share experiences so far gained regarding the national and international Muslim community response to HIV/AIDS.
2. To discuss and articulate the Islamic contribution to HIV/AIDS prevention.
3. To discuss and articulate the Islamic contribution to HIV/AIDS care and support.
4. To discuss and articulate the Islamic contribution to mitigating the impact of HIV/AIDS.
5. To discuss and articulate strategies for strengthening, expanding and evaluating the national and international Muslim community response to HIV/AIDS.

2ND INTERNATIONAL MUSLIM LEADERS CONSULTATION ON HIV/AIDS:

Kuala Lumpur, Malaysia: 19th – 23rd May, 2003.



Theme:

The caring Ummah: Transforming the response.

Objectives:

1. To explore the feasibility of creating a Muslim leaders' HIV/AIDS network.
2. To discuss the role and use of faith in response towards awareness and prevention of HIV/AIDS.
3. To explore the application of Islamic principles/teachings in response to prevention, care and support of HIV/AIDS.
4. To discuss the creation of a positive and enabling environment to mitigate stigma and discrimination
5. To discuss and address the vulnerability and impact of HIV/AIDS on women, orphans and children.

Expectations:

1. Identify and document progress made since the 1st IMLC.
2. Strengthen mechanisms for sharing experiences.
3. Formalize the organizational structure for convening future International Muslim Leaders' Consultations.
4. Advocate for strengthening the use of the Islamic faith in HIV prevention, care and support.
5. Improve commitment at various levels of the community and government regarding the use of the Islamic approach to HIV/AIDS.
6. Coordinate Muslim communities in identifying initiatives and activities around the world using the Islamic approach to AIDS in order to make this information known for possible emulation and adaptation by other Muslim communities.

Proposed outcomes:

1. A "Declaration of Commitment" for individual Muslims to be able to make their own personal commitment to the issue of HIV/AIDS.
2. Production of IEC materials that help to mitigate and sustain understanding in dealing with the issue of HIV/AIDS in the context of Islam.
3. Share experiences of using the Islamic approach to prevent AIDS.
4. Train Muslim leaders as facilitators to promote the Islamic approach to HIV/AIDS in their communities.
5. Develop common strategic plans, guidelines and policies to combat HIV/AIDS.
6. Build and strengthen the organizational capacity of the Muslim community at the international level.
7. Initiate international task forces to advise Muslim communities on issues of HIV/AIDS.

3RD INTERNATIONAL MUSLIM LEADERS' CONSULTATION ON HIV/AIDS:



VENUE : Sheraton Addis, Addis Ababa, Ethiopia

DATES : 23rd – 27th July 2007

THEME : The Islamic Approach to HIV/AIDS: Enhancing the Community Response.

Motto : Jihad on AIDS: Self discipline using Allah's guidance.

GOAL : To reach a consensus on the strategies and modalities for implementation of the Islamic approach to HIV/AIDS prevention, treatment, care and support.

PURPOSE : To bring Muslim leaders together as a "Think Tank" to discuss contemporary issues on HIV/AIDS and reach a consensus regarding the way forward from the Islamic perspective.

OBJECTIVES OF THE 3RD IMLC:

1. To articulate and analyze the concept of the Islamic approach to HIV/AIDS and how it can be transformed from theory into practice.
2. To share experiences on the implementing various aspects of HIV/AIDS prevention, treatment, care and support using the concept of the Islamic approach to AIDS
3. To develop basic strategic plans to reach Muslim communities more effectively in implementing the Islamic approach to HIV/AIDS.
4. To plan for follow up activities after the 3rd IMLC in relation to implementing the Islamic approach to HIV/AIDS.

EXPECTED OUTCOMES OF THE 3RD IMLC, INSHALLAH (GOD WILLING):

1. Participants will reach a consensus on the concept of the Islamic approach to HIV/AIDS and how it should be transformed from theory into practice.
2. Participants will share experiences and best practices on the implementation of the Islamic approach to HIV/AIDS.
3. Participants will develop basic strategic plans for implementing the Islamic approach to HIV/AIDS among Muslim communities.
4. Document and disseminate the proceedings of the 3rd IMLC.
5. Enhance the capacity and enthusiasm of participants to implement the Islamic approach to HIV/AIDS prevention, treatment, care and support.

HIGHLIGHTS OF THE 3rd INTERNATIONAL MUSLIM LEADERS' CONSULTATION ON HIV/AIDS

It was Allah's wish that the 3rd IMLC be held in Ethiopia. IMLCs are learning opportunities. It is likely Allah wanted us to learn and reflect on Muslims and Islam in Ethiopia. There are many lessons to learn. One of them is that Ethiopia was the first nation outside of Arabia to protect Islamic values and freedoms. The Islamic approach to HIV/AIDS is a value that needs protection in the fight against AIDS. Ethiopia is therefore a good reminder about this issue and the fact that it was a Christian country that initially protected Islamic values. We are therefore, reminded of the importance of interfaith collaboration in promoting Islamic values. The story of Muslims and Islam in Ethiopia as outlined below is therefore instructive.

MUSLIMS AND ISLAM IN ETHIOPIA

In Islamic history and tradition, Ethiopia (Abyssinia or Al-Habersham) is known as the "Haven of the First Migration or Hijra." For Muslims, Ethiopia is synonymous with freedom from persecution and emancipation from fear. Ethiopia was a land where its king, Negus or Al-Najashi, was a person renowned for justice and in whose land human rights were cherished. Inhuman oppression and torture of Muslims touched the tender heart of prophet Muhammad (SAW) who advised his followers to seek shelter in a foreign land.

The first migration [Hijra] of the Companions and relatives of the Prophet Muhammad (peace and blessings be upon him) to Ethiopia celebrates the birth of freedom of expression and beliefs, whereas, the Second Migration of the Prophet Muhammad to Madinah celebrates the end of oppression.

When Prophet Muhammad (peace be upon him) instructed a small band of his early followers to flee Mecca and cross the Red Sea in the 7th month of the 5th year of Muhammad's mission, he knew that they would find a safe place of protection in the neighboring Ethiopian Christian kingdom. At first there were 10 men and 5 women. After staying two months in Abyssinia, the emigrants came back to Makkah. The Quraysh became jealous of the gradual success of Islam and they began to redouble their persecution. Thereafter, for the second time 101 companions, of which 18 were women, crossed the Red Sea for the court of the friendly king known in Arab tradition as Ashama Ibn Abjar, or Al-Nagashi Ashama. The party of first emigrants included such notables as the third Caliph Othman Ibn Affan and his wife Ruqayya Bint Rasulillah, the prophet's daughter. Among those given asylum in Ethiopia were two future wives of Prophet Muhammad (peace be upon him) -- Ramla Bint Abi Sufyan, better known as Umm Habiba, and Sawda Bint Zama'a. The king of Abyssinia cordially received the emigrants. The chief of the Quraysh sent a delegation to the king of Abyssinia with a request to force out the Muslims from his kingdom. Najashi the king of Abyssinia heard both sides and was highly impressed by the ideals of the Muslims. He allowed the Muslims to live there peacefully. Muslim chroniclers maintain that Prophet Muhammad (peace be upon him) corresponded with the Ethiopian monarch and that when the king died, the Prophet performed the Salat Al-Gha'eb, or prayer in absentia -- the first such prayer recorded in Islamic history.

Prophet Muhammad (peace be upon him), as a token of his gratitude to the deceased king, urged his followers to especially revere the Ethiopians and treat them kindly. "Utruku Al-Habasha wa tarakukum," Prophet Muhammad (peace be upon him) is said to have admonished his followers -- "Leave the Abyssinians alone, so long as they do not take the offensive."

THE OPENING CEREMONY OF 3RD IMLC



The opening ceremony started with the recitation of the Holy Qur'an.

Holy Qur'an 10:1-5.

"A.L.R. These are the Ayats of the Book of Wisdom. Is it a matter of wonderment to men that we have sent our inspiration to a man from among themselves? That he should warn mankind (Of their danger), and give the good news to the Believers that they have before their Lord the good actions they have advanced. (But) say the Unbelievers; This is indeed an evident sorcerer! Verily your Lord is Allah, who created the heavens and the earth in six days, then He established Himself on the Throne, regulating and governing all things. No intercessor (can plead with Him) except after His leave (Has been obtained). This is Allah your Lord; Him therefore serve you; will you not receive admonition? To Him will be your return of all of you. The promise of Allah is true and sure. It is He who begins the process of creation, and repeats it, that He may reward with justice those who believe and work righteousness; but those who reject Him will have draughts of boiling fluids, and a Chastisement grievous Because they did reject Him. It is He who made the sun to be a shining glory, and the moon to be a light (of beauty), and measured out stages for it, that you might know the number of years and the count (of time). Nowise did Allah create this but in truth and righteousness. (Thus) does He explain His signs in detail, for those who know.

These verses highlight the first and most important component of the Islamic approach to AIDS. This is the belief in Allah who regulates and governs all things. All believers are therefore, instructed to serve Allah.

REMARKS FROM THE LOCAL ORGANIZING COMMITTEE



These remarks were made by Haj Teshale Kero, the Head of Relief and Social Development, Department in the Ethiopian Islamic Affairs Supreme Council (EIASC).

In the Name Of Allah, the most Gracious, the Most Merciful.

The main objective of this consultation, which is held in our capital Addis Ababa, is to enhance the response to this common problem through the Islamic Approach. In the past many Muslim communities, especially the Ulemas (scholars), did not give adequate attention to HIV/AIDS. But eventually after seeing the multi-faceted impact of the pandemic, they have started responding to it.

To prevent HIV/AIDS, Allah in His Holy Quran instructed every man and woman not to commit adultery and fornication. By this, He not only requires us to refrain from extramarital sex but not to get close to the ways that lead to adultery and fornication. Hence, based on this teaching our religious leaders, especially Imams, Da'ies, Islamic council executives, the community and individuals, must persistently teach and support the fight against the pandemic.

Ladies and Gentlemen, our religious leaders are listened to, trusted, and respected by their communities. They can play a significant role in curbing the spread of HIV/AIDS and breaking the silence. They can do this through enhancing the community knowledge by combining the scientific information with Islamic teachings. They can also give spiritual and material support to the infected and affected and encourage the public to go to VCT Centers. I believe that this consultation will enable our country to forge meaningful friendships with the outside world.

REMARKS FROM THE ETHIOPIAN ISLAMIC AFFAIRS SUPREME COUNCIL



These remarks were given by Haji Yusuf Ali Yassin, the Secretary General of the Ethiopian Islamic Affairs Supreme Council.

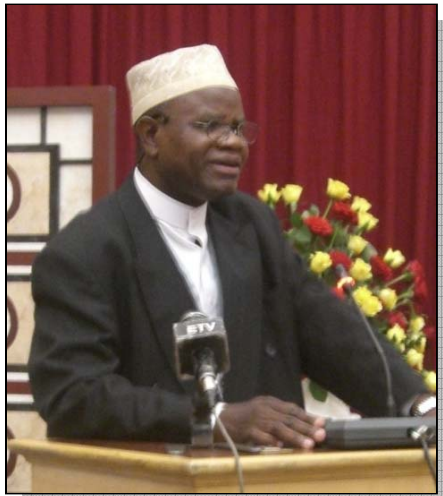
In the name of Allah the Most Gracious the Most Merciful.

The host of this consultation is a country found in the first chapter of Islamic history. It is a country that directly or indirectly supported Islam and Muslims and played a crucial role with passion and determination. So this consultation will create an opportunity for those of you who came here from different parts of the world to acquire enough knowledge about the Habasha land, Ethiopia, that has played a great role in the history of Islam. History tells us that Ethiopia had great ties with the Islamic world since the prophet Ibrahim (p. b u. h.). During his old age, Allah pleased him with Ismail from the Habasha (Ethiopian) woman, Hajjar. The prophet Ismail's descendants and responsibilities bestowed upon them by Allah have enabled us to reach this stage.

The Prophet Mohammed's (P.B.U.H) upbringing, identity and Islam have a direct tie with this country, Ethiopia. During his childhood the Habasha woman, Ummu Aimen, looked after him as he was left an orphan because of the death of his parents. In the history of Islam, a man who called up people for congregational prayer (the first man to say Athan) for the first time and among the leading pioneers to embrace Islam was Billal, an Ethiopian by descent.

Allah has commanded us to keep ourselves from STDs and HIV/AIDS through Islamic ways. Therefore, to eradicate the present problems faced by our communities and substitute them with much more profitable things we have to use the Islamic approach and thereby enhance HIV prevention, treatment, and care and support given to the infected and affected. We have to explore Islamic teachings and values and reach a common strategy. I am highly confident that we will work for the implementation of these Islamic principles.

REMARKS FROM THE CHAIRMAN, ORGANIZING COMMITTEE AT THE OPENING CEREMONY OF THE 3RD IMLC



These remarks were given by Dr. Magid Kagimu, Chairman Organizing Committee and International Advisory Committee for 3rd IMLC

Bismillahi Rahmani Rahim: In the name of Allah the most Gracious, most Merciful.

International Muslim Leaders' Consultations on HIV/AIDS are an international Muslim community initiative with the main aim of preventing and controlling HIV/AIDS from an Islamic perspective. We have gathered here a team of representatives from Muslim communities throughout the world. These are the champions of the Islamic approach to HIV/AIDS. They include, representatives from the following countries: Afghanistan, Algeria, Bangladesh, Chad, Egypt, Ethiopia, Ghana, India, Indonesia, Iran, Kenya, Malawi, Myanmar, Namibia, Niger, Nigeria, Pakistan, Philippines, Rwanda, Somaliland, South Africa, Saudi Arabia, Sudan, Tanzania, Thailand, Uganda, United Kingdom, USA, and Zambia.

I wish to remind you all that the running motto of International Muslim Leaders' Consultations is the **"Jihad on AIDS: Self-discipline using Allah's guidance."** This is the Jihad Nafs that is the biggest Jihad for each one of us according to the teaching of Prophet Muhammad (Peace be Upon Him). It is the struggle of the soul against temptations that may lead any one of us to contract HIV. It is a struggle against temptations of stigmatizing people living with HIV/AIDS. It is a struggle against the temptations of *not* treating and caring for our people infected and affected by AIDS. It is a struggle by our people living with AIDS against the temptation of *not* taking their anti-retroviral drugs regularly, if they happen to get them.

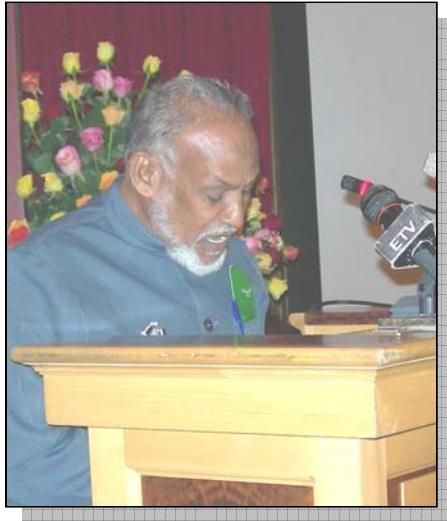
This is a very big struggle and a very long, lifetime struggle. This is why it is called the biggest Jihad or (Jihad Akbar). Fortunately Allah and Prophet Muhammad (Peace be upon Him) have given us guidance of how to conduct this Jihad. We have come here to share experiences in this Jihad and chart the way forward.

We would like to thank our allies in this Jihad. They include the United States government which has provided the major funding for the consultation through USAID / Health Policy Initiative, Task Order 1 (HPI), Washington and PEPFAR Ethiopia. We are very proud of this friendship between the American people and the international Muslim community. This friendship is spearheaded by Mr. Jason Heffner, the PEPFAR Country Coordinator in Ethiopia, and his team. The support of the United States government for the Jihad on AIDS should be widely known and publicized. In fact some people may be surprised by it and yet it is real. It is Allah's creation. It is Allah who creates friendship among His peoples according to the teaching in the Holy Qur'an chapter 3 (Aal-Imran) verses 102-103:

"O you who believe, fear Allah as He should be feared, and die not except in a state of Islam. (Submission to Allah's Will). And hold fast, all together, by the rope which Allah (stretches out for you), and be not divided among yourselves; and remember with gratitude Allah's favour on you; for you were enemies and He joined your hearts in love, so that by His Grace, you became brethren; and you were on the brink of the pit of Fire, and He saved you from it. Thus does Allah make His signs clear to you: That you may be guided."

Therefore, this God-given friendship is one of the best examples we have that shows that the American people have a big heart towards the international Muslim community. Your Excellency, Ambassador Yamamoto, this friendship has been going on for over 7 years. It started in the White House in 2000 when the American President Mr. Bill Clinton invited faith-based organizations including Muslims, for an HIV/AIDS conference. This is when I met Mr. Jason Heffner. As a follow up on this, we organized the 1st International Muslim Leaders' Consultation on HIV/AIDS in 2001 in Kampala, Uganda, with funding from the US government. Then we organized the 2nd IMLC in Kuala Lumpur, Malaysia, with funding from the Malaysian Government and the US government. Now we are here at the 3rd IMLC, again with support from the US Government, spearheaded by Mr. Jason Heffner. Therefore, the US Government has been consistent in supporting this initiative. We have appealed to many other donors for support without much success. However, the US government has always lent a listening ear to our cause because of our friendship. This kind of friendship needs to be encouraged and emulated in all international relationships.

KEY NOTE ADDRESS



The keynote address was given by Prof Malik Badri who is a Professor of Psychology. He is one of the Muslim scholars and thinkers who has been working on the Islamic approach to HIV/AIDS for many years. His paper follows below:

ANSWERS TO IMPORTANT QUESTIONS

By Prof. Malik Badri

What is the definition of the concept of the Islamic approach to AIDS prevention, and how can it be operationalized?

Islamic AIDS prevention is prevention based on Islam as a religion and a way of life. Islam is not only a limited set of religious commandments, it is a ground-breaking worldview and a revolutionary style of life that has a strong say on all aspects of human life. If, in preventing HIV infection, we aim at changing the attitudes and behavior of people, then we should research the field of modern psychology and the social sciences to know exactly what we mean by attitudes and behavior change. We will find that attitudes have three major components. These are the *cognitive, the affective and the behavioral*. In this definition, behavior becomes part of attitudes.

First, we have to gain knowledge about what we aim to develop an attitude about. When this knowledge is confirmed again and again, it becomes a belief; it becomes our faith. Second, we should know that for these beliefs to be effective they must be warmed up by the affective component of attitudes. The affective is the emotional aspect. Knowledge without being backed by love, fear, anxiety or happiness and pleasure is like uncooked frozen food. It will have to be heated up in the microwave of the affective side of man. This will then lead to the desired result, to the change in the behavior and to the practical side of prevention.

It is rather miraculous that the Prophet of Islam (PBUH) spoke exactly about these three components of the religion of Islam in his famous *Hadith* in which the Angel Gabriel asked him to define what *iman* is, what Islam is, and what *ihsan* is. *Iman* or faith, the Prophet said is belief in Allah, in His angels, in His revealed books, in His prophets, in *qdar* (*predestination*) and in the Day of Judgment. Therefore, *Iman* is mainly the cognitive dimension. When asked what Islam is, the Prophet spoke about testifying that none has the right to be worshipped except Allah and Muhammad is Allah's Messenger, prayers (5 obligatory daily prayers), Zakat (charity), fasting (during the month of Ramadhan), Hajj (pilgrimage to Makkah) and similar practical duties that the Muslim should do. Here again we see the similarity between the behavioral component of attitudes and that of practical Islam. As for *ihsan* (perfect worship), the prophet defined it as the worshipping of Allah as though you really see Him because if you do not see Him physically, He is seeing you all the time. Such intimacy and spirituality cannot be achieved without the positive dimension of the affect -- of love of Allah and His prophet. A number of other sayings of the Prophet speak clearly about the emotional aspect of Islam.

Islamic prevention should accordingly use these three components of attitude and behavioral change in addition to the fourth component of spirituality in a balanced way. Knowledge about how HIV infects and how to avoid being infected, even if given in an Islamic manner, is very important but by itself it may not bring about behavioral change. Instilling fear into hearts about the lethality of AIDS and about God's punishment here and in the Hereafter is quite essential, but it may not have its positive effect without proper knowledge about AIDS and without the spiritual dimension of obeying Allah out of love to Him and His Prophet. It is a combination of all these factors that can bring about results. Knowledge and faith warmed by emotions and transcended spiritually can make abstinence tolerable to the young unmarried and keep the married faithful to each other. However no strategy is able to purge society from promiscuity and fornication. An Islamic strategy should therefore find solutions to deal with such expected sexual adventures. It is

in this situation that an Islamic approach should endorse the use of condoms as the lesser of the two evils. These evils are fornication or possible infection and death.

Why should the Islamic approach work to control HIV/AIDS among the target communities?

Why is it that in almost all societies where Muslims and non-Muslims live together you find that the rate of HIV/AIDS among Muslims is less than the non-Muslim group? This is quite born out whether the Muslims are the minority or the majority in these multicultural countries. The reason for this phenomenon is obviously not the diet of Muslims or their biological constitution. It is the fact that they were brought up in a religion that gives them a comprehensive way of life that prevents a good number of them from unsanctioned sexual relations and prohibits them from drinking alcohol and abusing drugs. If this is an uncontested fact, then any strategy is bound to succeed if it helps people to become more "Islamic" regarding any un-Islamic risky behavior that can expose them to HIV infection. The issue is not whether an ABC strategy will bring about success in reducing HIV infection; it will. The issue is how best one can use this Islamic approach to achieve this goal. Thus, if AIDS prevention depends on changing attitudes and behaviors, then it would be unpardonable and indefensible to exclude Islam as a way of life and as a crucial source of ethical values that strongly stand against behaviors that increase risk of HIV transmission.

Why is the ABC approach not adequately working to control HIV/AIDS in some communities and what can we do about that?

If the ABC approach is succeeding in many countries in which their populations have a strong faith base, why is the Islamic ABC approach failing to bring about the expected results in some countries? I believe that the reasons for this unexpected letdown are multifaceted. First, unwarranted great optimism about success may lead strategists to feel that the whole preventive strategy is not working if it does not produce a miraculous success. They forget what would have happened to such Muslim groups if only condoms were distributed to them without any moral Islamic guidance.

Also, experts should not forget that HIV is a very slow destroying retrovirus. Before applying the ABC approach, the graph for HIV infection might have been rising in that community. The Islamic ABC strategy might have slowed the inertia but this will not appear in blood testing. It would need a longer time to show its effect. If a car is slowly moving forward and you want to push it to go backwards, you must first use your force to bring it to a stop before reversing. Furthermore, as we said, the Islamic approach requires the utilization of the four components of the cognitive, affective, spiritual and behavioral aspects. If experts use only one dimension it may not bring about the desired result.

And finally, in some Muslim communities there are influential Muslim clerics and sheikhs who strongly stand against the use of condoms, even as a last option. If Islamic ABC workers fail to convince these Muslim leaders or to publicly put an Islamic justification for the use of condoms as the lesser of two evils, then many young men and women may become infected. If Islamic AIDS prevention workers cannot stand up to this immoderate stand against condom use, they must find a reasonable Muslim scholar in that community who can argue for the case.

In a rational and unbiased but religious manner, we find ourselves facing two extreme positions regarding condoms. One regards condoms as the major line of defense against HIV infection and sometimes behaves as if it is the *only* form of protection. To these the answer to better prevention is more and more condoms. The other considers any advocacy for its use an open invitation to promiscuity. The Islamically guided approach is in the middle! We must reject the first extreme of condoms... condoms ...and more condoms since it is based on the philosophy and mores of the Western sexual revolution and it is not really succeeding even in the West.

However we should also reject the absolute "No" to condoms. Even if we do our best to advocate abstinence and being faithful to spouses, we would fail with many young people. No society can succeed in completely stopping its people from engaging in sex outside marriage. So, total rejection of condoms would only mean subjecting many young men and women to a deadly virus. Allah, as He said in the Holy Qur'an, forgives all sins and the fornicators of today may be the saints of tomorrow! So it is a choice between living and asking for forgiveness for one's sins or perishing in agony and despair.

Such choices would come under the well-known law of Islamic Jurisprudence of choosing the lesser of two evils. Indeed if we apply this rule to the use of a condom when a Muslim is unable to stop himself from unsanctioned sex, then wearing a condom should be viewed by Muslim clerics as *obligatory*. That is indeed so because though fornication is a great evil, exposing one's self or that of his sexual partner to a deadly disease is obviously a much greater evil.

In fact, Muslim Jurists have developed a hierarchy of evils that can afflict a Muslim. If one is forced in a situation, he should always select the one that is less sinful and less harmful. Losing one's faith and belief in God is the worst of all catastrophes. What next? The one that comes after it is losing one's life. So protecting life has this high position in Islamic jurisprudence. Third comes losing one's mind. This is followed by losing one's fortune and lastly comes the issue of committing major sins like fornication. I have detailed this issue because I think it is about time for Muslim jurists to come up with a collective strong verdict on this condom issue. This will not happen unless ABC Islamic prevention experts come together and put a strong plea to supreme Islamic authorities to issue a binding fatwa.

How can we enhance the “Islamicity” of our ABC strategy?

ABC AIDS prevention workers should first be motivated and should strongly believe that their way is the right approach for their Muslim communities. They must be aware of the conflict of the ABC approach with an “only condom” approach. This conflict is fueled by philosophical, social and economic drives. Philosophically, it is motivated by the ideology of the modern Western sexual revolution; socially, the ABC approach was pioneered by African scholars from Uganda and is based on a religious moral venture; economically, it will reduce the income of companies that export condoms to the developing world. Western modernity dislikes moralization and it is not easy for a white Westerner to accept learning from black Africans. We must remember that racial prejudice in the AIDS crisis was seen very early in accusing Africans and their green monkeys of bringing the pandemic into existence. We do not wish to enforce our mode of prevention on Westerners if they prefer to limit their prevention to external manipulation and reject moralization. This is their philosophy and the way they see things. Similarly, we do not wish them to stand against an approach of prevention that has proven its success with our people simply because it goes against their way of life.

Islamic AIDS workers should know that with respect to prevention, any community is made up of three groups. Two of them are small in number and we have no problem with the Western approach regarding their prevention. The first is composed of a few religious persons whose Islamic style of life will definitely keep them away from HIV infection. They do not need our preventive efforts because they are already fully protected. We leave them alone unless they wish to help us in our prevention endeavor. The second is made up of the other extreme. They are the very few ones who do not care to take any advice. These are persons like prostitutes and the very promiscuous who have the highest rates of infection. For these, we also do not have a problem with promoting condoms as the main form of prevention. We also advocate condoms to them as the main line of defense against AIDS. Our difference with the Western style of prevention shows itself with the third group. This group is made up of the vast majority of citizens who are neither so religious as to need no prevention efforts, nor are they extremely promiscuous. It is here that the battle for the ABC program is witnessed.

In reinforcing the “Islamicity” of the ABC strategy with this third group, prevention workers should study well the four components of the Islamic approach that we have detailed earlier. They must be aware that there are clear differences between individuals and even between whole societies with respect to what aspect of the four components of Islam would be more useful in prevention. To some Muslim societies that bring up their children to mainly respect and submit to the commandment of *halal* and *haram*, the cognitive and practical behavioral aspects may be most important. The scholars in such societies do not talk much about spirituality or love. The term “Sufism” is a form of Islamic belief and practice. To them Islam should be mainly viewed as a set of commandments and if one is truly a slave of God, he should just listen and obey.

In some other Muslim societies, people’s attitudes and behavior are influenced much more by speeches about spirituality and love of Allah and his Prophet. These are the groups that spend time listening to beautifully composed songs about the good character of the Prophet (PBUH) and his companions. The leading scholars in such societies are mainly Sufi in orientation. Though important, the cognitive aspect by itself cannot change attitudes and behavior. Changing behavior in such groups should strongly rely on the affective and spiritual aspects. So the ABC worker should know what aspects of Islam are adopted with greater espousal in the community he works in before he embarks on his duty. This also applies to individuals.

Islamically, what kind of help can we offer to those living with AIDS?

I do not wish in this last section to write much about the list of problems that an HIV-positive person would face nor how to meet each one of these problems. I only want to limit myself to the most devastating issue, which is stigma. This is the way the person views himself and the way others view him. It is mainly a psychological issue. In my limited experience, I have found those infected to suffer from much guilt and anger. Most of them were infected after unprotected sexual intercourse. They keep blaming themselves for it and feel that God has punished them and has driven them out of his Mercy. To these, a soothing talk reminding them about God’s forgiveness for all sins and about the fact that the disease will purify them from all that they did in the past can be very comforting to them.

An authenticated saying of the Prophet states that if one happens to live in a town afflicted by a contagious epidemic, he should not leave his town and if he is outside of it, he should not enter it. The Prophet added that if one obeys this order and refuses to leave his infected town and was infected himself and died, he will be considered a martyr. Martyrdom or *shahadah* is the highest status that a Muslim can aspire for in Paradise. I tell Muslim people with AIDS that they are actually living the same conditions that the Prophet had specified. If they live with AIDS and prevent themselves from infecting others, and do that for the sake of Allah, they are on a Jihad and they will die as martyrs. This can be spiritually very uplifting to them. Finally, a warm discussion about the nature of death in Islam as only a much higher level of extended existence in which our short life on earth would be seen as a few passing hours, would help greatly those who have already started to deteriorate. When the person with AIDS changes his picture about himself, he would better tolerate the social pressures that others put upon him.

REMARKS BY GUEST OF HONOUR



These remarks were given by the Ethiopian Minister of Health Dr. Tewodros Adhanom Ghebreyesus who represented His Excellency Prime Minister Meles Zenawi.

Dear Distinguished religious leaders, Your Excellencies, invited guests and Consultation participants: First of all, on behalf of our government and on my own behalf, please allow me to welcome you all to Ethiopia. It is such a great pleasure to me to be here with you at the opening ceremony of this august meeting of the 3rd International Muslim Leaders' Consultation on HIV/AIDS. As leaders of the Muslim community, you have taken the initiative to address the HIV/AIDS epidemic using Islamic principles and Islamic teachings, and by doing this you have taken the responsibility of saving humanity -- saving the world. On behalf of our government and on my own behalf, I would like to use this opportunity to express my appreciation to you all for the same. I would also like to give special thanks to the Mufti of Uganda and the Islamic Medical Association of Uganda for taking the initiative to establish such a very important international forum.

Now, I would also like to share with you the HIV situation in Ethiopia and what we are doing to address the problem. The national prevalence is 2.1% and in urban areas like Addis Ababa it reaches up to 7.7%. The current estimate of people living with the virus is 977,396. The estimated number of orphans is now expected to be 898,100. To address the epidemic, our Government designed a strategy to combat HIV/AIDS based on the three pillars of prevention, treatment, and care and support. Although the progress so far is encouraging, the most difficult part of the challenge is still ahead of us and it needs a sustained effort as charted in our strategic plan. The encouraging results have been achieved due to the concerted efforts of all stakeholders in Ethiopia including the Ethiopian Islamic Affairs Supreme Council. In fact, in recognizing the significant contribution of all religious denominations in our country in the fight against HIV, the government supported the idea of making the Interfaith Forum the principal recipients of Global Funds, which was later endorsed by the Ethiopian Country Coordinating Mechanism (CCM). The Interfaith Forum that includes the Muslim community submitted their first proposal to Round 7 of the Global Fund whose deadline for submission has just ended in July 2007. The support of the international community in the fight against HIV/AIDS has been unprecedented and I would like to also use this opportunity to recognize and thank all partners, notably PEPFAR, the Global Fund and the World Bank.

As you know, the first Hijiira was made to Al-Negasha, Tigray, in the northern region of Ethiopia. Ethiopia has played a very important and key role in the history of Islam by accepting the followers of Prophet Mohammed who fled persecution, and that is why Muslims consider Ethiopia as a symbol of Freedom. I want you to feel at home because Ethiopia is your home and the government is ready to extend its full support in any way possible.

REMARKS BY THE US AMBASSADOR TO ETHIOPIA



These remarks were given by
His Excellency Ambassador Donald Yamamoto
the US Ambassador to Ethiopia.

A'salamu Aleikum.

It is an auspicious occasion that we hold this consultation in Ethiopia, the crossroads where all religions meet and in a country where things are going right in facing the challenge of HIV/AIDS.

This consultation is not about giving thanks to the U.S. and its people for our support. It is about you, each and every one of you, who have committed yourselves to work on this problem. The United States is grateful to you for giving us the opportunity to support this consultation through the President's Emergency Plan for AIDS Relief (PEPFAR), and for your continued commitment to this endeavour. PEPFAR's strategy works to support faith-based efforts, community-based implementation, and sound government leadership. Here in Ethiopia we give thanks to Prime Minister Meles for his sound leadership, to Minister Tewodros for his wise guidance, and to the efforts of Ethiopia's leadership, including Foreign Minister Seyoum and the Mayor of Addis Ababa for your effective approaches in facing these challenges.

We are also grateful to be able to work together with Muslim communities and leaders to advance our shared efforts in this endeavor. We look to you, the religious leaders and community leaders, to return to your communities to spread the good word, to bring communities together to fight HIV/AIDS. You can shape social values, promote responsible behavior, increase public knowledge and influence opinion, as well as change attitudes, policies and laws.

I wish to underscore to you the fundamental approaches to be raised at this consultation in combating HIV/AIDS:

- A basic belief in God, the All Merciful Allah.
- Learning the scientific facts about HIV/AIDS prevention, treatment, care and support.
- Learning what is fact from fiction and implementing theory.
- Making use of relevant Islamic teachings.
- Articulating and analyzing the concept of the Islamic approach to HIV/AIDS and how it can be transformed from theory into practice.
- Forming partnerships with and making use of religious leaders and their administrative structure.

- Developing basic strategic plans to reach Muslim communities more effectively in the implementation of the Islamic approach to HIV/AIDS.

We must follow up on what we learn and share at this consultation so that we can shape communities and implement the Islamic approach to HIV/AIDS. We must always remember the compassion and justice of Allah. In this context, we must understand that each of us has a responsibility to constantly increase the intensity of the light of Allah within each of us and to help others discover the same light within themselves. We are all dependent on the Grace and Mercy of Allah. What we must all realize is the fundamental truth that we all have a common link, that we all live together on this small planet and that we must all understand and share with one another our common bonds to each other. We can learn and share with each other, bring all of us closer together through the Qu'ranic teachings, reaffirming and sharing these truths when we return to our communities.

I call on each of you to work together, to share together and to advocate together what this Consultation will advocate in meeting this common endeavor.

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THE LIGHT OF ALLAH

HQ. 24:35:38.

Allah is the Light of the heavens and the Earth. The parable of His Light is as if there were a niche and within it a lamp, the lamp enclosed in glass, the glass as it were a brilliant star, lit from a blessed tree, an olive, neither of the east nor of the west, Whose oil is well luminous, though fire scarce touched it, light upon light! Allah does guide whom He will to His light: Allah does set forth parables for men, and Allah does know all things. Lit is such a light in houses, which Allah has permitted to be raised to honour; for the celebration, in them, of His name: In them is He glorified in the mornings and in the evenings, again and again, By men whom neither traffic nor merchandise can divert from the remembrance of Allah, nor from regular prayer, nor from paying Zakat; their only fear is for the Day when hearts and eyes will be turned about. That Allah may reward them according to the best of their deeds and add even more for them out of His Grace, for Allah does provide for those whom He will, without measure.

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INTRODUCTION TO THE 3RD IMLC

(Given by Dr. Magid Kagimu)

Bismillahi Rahmani Rahim

(In the name of Allah, most Gracious, most Merciful)

Main aim of the 3rd IMLC:

To serve Allah.

Understanding Allah:

Who is Allah?

Are there any disputes about who Allah is?

Who are the servants of Allah?

All answers are in the Holy Qur'an.

I will read several verses of the Holy Qur'an. Please listen to them carefully with attention as advised in the Holy Qur'an: Al-A'araf, 7:204.

"When the Qur'an is read, listen to it with attention, and hold your peace that you may receive Mercy".

Serving Allah:

Serving Allah and using the Qur'an for answers and guidance is a command and it is for the good of our own souls.

HQ. Surah An-Naml 27:91-92

"For me, I have been commanded to serve the Lord of this city, Him who has sanctified it and to Whom (belong) all things, and I am commanded to be of those who bow in Islam to Allah's Will."

"And to rehearse the Qur'an, And if any accept guidance, they do it for the good of their own souls, and if any stray, say: I am only a Warner".

Allah is one for all:

Allah is one for all creation and there should be no dispute about this with the people of the Book (Jews and Christians)

HQ: Surah Al-Ankabut 29: 45-46.

"Recite what is sent of the Book by inspiration to you, and establish regular Prayer, for Prayer restrains from shameful and evil deeds; and remembrance of Allah is the greatest (thing in life) without doubt. And Allah knows the (deeds) that you do".

"And dispute not with the people of the Book, except in the best way, unless it be with those of them who do wrong, but say, "We believe in the revelation which has come down to us and in that which came down to you; Our Allah and your Allah is One; and it is to Him we bow (in Islam)".

Allah is unseen, yet the most important part of our lives.

Allah is not seen but He is the most important controller of our lives. Allah is in charge of the visible and invisible or unseen world. The invisible or unseen is more important because it moves the visible. Our souls are invisible. If they are removed we do not move. We are dead.

HQ: Surah Al-Nahl: 16:77

"To Allah belongs the unseen of the heavens and the Earth. And the Decision of the Hour (of Judgment) is as the twinkling of an eye, or even quicker, For Allah has power over all things".

Allah gives us intelligence:

Allah gave us intelligence and we are here at the 3rd IMLC to use it to discuss issues of HIV/AIDS, as a "think tank". We should all use our intelligence in these discussions as a way of thanks to Allah.

HQ: Surah Al Nahl. 16:78.

"It is He Who brought you forth from the wombs of your mothers when you knew nothing; and He gave you hearing and sight and intelligence and affections: that you may give thanks (to Allah)".

Allah advises us to discuss issues with wisdom and patience:

As we discuss HIV/AIDS issues let us use our wisdom and be patient.

HQ: Al Nahl 16: 125-128.

"Invite (all) to the Way of your Lord with wisdom and beautiful preaching and argue with them in ways that are best and most gracious, for your Lord knows best who have strayed from His Path, and who receive guidance".

"And if you punish, let your punishment be proportionate to the wrong that has been done to you: But if you show patience, that is indeed the best (course) for those who are patient".

"And do you be patient, for your patience is with the help from Allah; nor grieve over them and distress not yourself because of their plots".

"For Allah is with those who restrain themselves, and those who do good".

Allah advises us to say only the best and to be aware of shaitan (satan) who is divisive among people:

In our deliberations let's say only those things that are best. If we start saying bad things we must understand that shaitan has invaded us and wants to divide us. We must aggressively fight shaitan.

HQ: Surah Al Israa 17:53.

"Say to My servants that they should (only) say those things that are best, for Satan does sow dissensions among them; for Satan is to man an avowed enemy".

Allah advises us to refer contentious issues to the Holy Qur'an which has many comparable examples for guidance:

If there are any contentious issues in our discussions let us refer to the Holy Qur'an which explains everything using examples and similar situations. Let us not just be contentious.

HQ: Surah Al Kahf 18:54.

"We have explained in detail in this Qur'an, for the benefit of mankind, every kind of similitude (example), but man is, in most things, contentious".

Servants of Allah are defined:

We have come to serve Allah and the servants of Allah are defined in the Qur'an.

HQ: Surat Al Furqan 25:63-76

"And the servants of (Allah) Most Gracious are those who walk on the Earth in humility, and when the ignorant address them, they say, "Peace".

"Those who spend the night in adoration of their Lord, prostrate and standing".

"Those who say, "Our Lord, avert from us the wrath of Hell, for its wrath is indeed an affliction grievous".

"Evil indeed is it as an abode, and as a place to rest in".

"Those who, when they spend, are not extravagant and not niggardly, but hold a just (balance) between those (extremes)".

"Those who invoke not, with Allah, any other god, nor slay such life as Allah has made sacred except for just cause, nor commit fornication/adultery; and any that does this (not only) meets punishment.

"(But) the Chastisement on the Day of Judgment will be doubled to him, and he will dwell therein in ignominy (disgrace).

"Unless He repents, believes, and works righteous deeds, for Allah will change the evil of such persons into good, and Allah is Oft-Forgiving, Most Merciful".

"And whoever repents and does good has truly turned to Allah in repentance".

"Those who witness no falsehood, and, if they pass by futility, they pass by it with honourable (avoidance)".

"Those who, when they are admonished with the signs of their Lord, droop not down at them as if they were deaf or blind".

"And those who pray, "Our Lord, grants us wives and offspring who will be the comfort of our eyes, and give us (the grace) to lead the righteous".

"Those are the ones who will be rewarded with the highest place in Heaven, because of their patient constancy, therein shall they be met with salutations and peace".

"Dwelling therein:- how beautiful an abode and place of rest".

Leaving home for Allah's sake is recommended practice.

We have all left our homes for the sake of Allah like Lut did:

HQ: Surah Al Ankabut. 29:26. *"But Lut had Faith in Him. He said: 'I will leave home for the sake of my Lord, for He is Exalted in Might, and Wise'."*

Allah advises travel and reflection:

We have travelled through Allah's earth to come here and think as well as reflect about our communities.

HQ: Surat Ar Rum. 30:8-9.

"Do they not reflect in their own minds? Not but for just ends and for a term appointed did Allah create the heavens and the Earth, and all between them. Yet there are truly many among men who deny the meeting with their Lord (at the resurrection).

"Do they not travel through the Earth, and see what was the end of those before them? They were superior to them in strength, they tilled the soil and populated it in greater numbers than these have done. Then there came to them their Apostles with Clear (Signs). (Which they rejected, to their own destruction). It was not Allah Who wronged them, but they wronged their own souls.

Allah advises patience on matters of collective action:

We have come to discuss a matter of HIV/AIDS, which requires collective action. We should all be patient and not move out of discussions anyhow. This is not an ordinary conference. It is a Consultation and we must all be serious. We were brought here by Allah. In effect we are summoned here to continue with the work of Prophet Muhammad (SAW). This is the Jihad on AIDS.

HQ: Surat Al Noor. 24:62-64.

"Only those are Believers who believe in Allah and His Apostle: when they are with him on a matter requiring collective action, they do not depart until they have asked for his leave, those who ask for your leave are those who believe in Allah and His Apostle; so when they ask for your leave, for some business of theirs, give leave to those of them whom you will, and ask Allah for their forgiveness, for Allah is Oft-Forgiving, Most Merciful."

"Deem not the summons of the Apostle among yourselves like the summons of one of you to another. Allah does know those of you who slip away under shelter of some excuse; then let those beware who defy the Apostle's order, lest some trial befall them, or a grievous Chastisement be inflicted on them.

"Be quite sure that to Allah belongs whatever is in the heavens and on Earth. Well does He know what you are intent upon, and the day they will be brought back to Him, and He will tell them the Truth of what they did, for Allah does know all things."

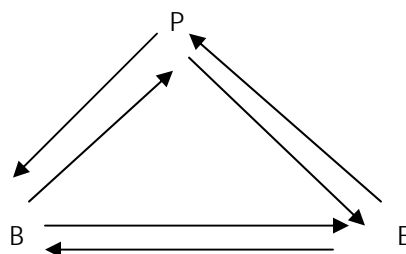
Theoretical basis of Islamic approach to AIDS:

Allah has given man intelligence. The Islamic approach to HIV/AIDS and the Jihad on AIDS have a theoretical basis. It is called the "social cognitive theory" proposed by Bandura. It states that human behaviour is an interaction of 3 factors.

1. Personal (P) – cognitive (knowledge), beliefs, affective (emotion), biological nature.
2. Environmental (E) – social influences e.g. religion
3. Behaviour (B) - e.g. prayer.

The interaction of these factors is shown diagrammatically in figure 1.

Figure 1: The social cognitive theory.



Source: Bandura A. (1994) Social cognitive theory and exercise of control over HIV infection. In R. Diclemente, J. Peterson (Ed). Preventing AIDS. Theories and methods of behavioural interventions . P 25 – 29. Plenum Press. New York.

The five components of the Islamic approach to AIDS can fit in this theory as follows:

P = Belief in Allah

= Scientific knowledge about AIDS

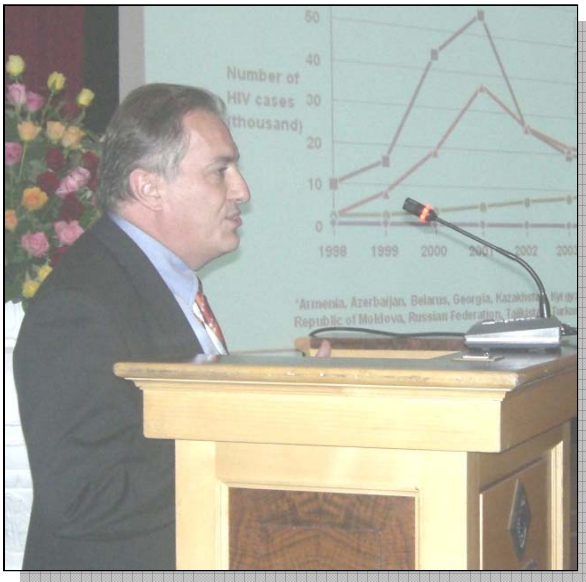
E = Using Imams and other religious leaders to educate communities

B = Using Islamic teachings and practices

Using concept of Jihad Nafs to control behaviour

SCIENTIFIC UPDATE ON HIV/AIDS

(Given by Dr. Oussama Tawil from UNAIDS)



MIDDLE EAST AND NORTH AFRICA

Although HIV surveillance remains weak in this region, more comprehensive information is available in some countries (including Algeria, Libya, Morocco, Somalia, and Sudan). Available evidence reveals trends of increasing HIV infections (especially in younger age groups) in such countries as Algeria, Libya, Morocco and Somalia.

The main mode of HIV transmission in this region is unprotected sexual contact, although injecting drug use is becoming an increasingly important factor (and is the predominant mode of infection in at least two countries, Iran and Libya).

Except for Sudan, national HIV prevalence levels are low in all countries of this region. However, most of the epidemics are concentrated geographically and among particular at-risk populations, including sex workers and their clients, drug injectors, and men who have sex with men.

Across the region, there is a clear need for more, better and in-depth information about the patterns of HIV transmission, especially the

roles of sex work and of sex between men. On both fronts, scant information has been gathered; this suggests that there is a likelihood that HIV is transmitted through other risky behaviors or in other contexts. For example, in several countries of this region, a combination of inadequate surveillance data and strong socio-cultural taboos against sex between men could be hiding sex between men as a factor in HIV transmission

SUB-SAHARAN AFRICA

East Africa continues to provide the most hopeful indications that serious AIDS epidemics can be reversed. The countrywide drop in HIV prevalence among pregnant women seen in Uganda since the mid-1990s is now being mirrored in urban parts of Kenya, where infection levels are dropping, in some places quite steeply.

West and Central Africa (where estimated national HIV prevalence is considerably lower than in the south and east of the region) also show no signs of changing HIV infection levels, except for urban parts of Burkina Faso (where prevalence appears to be declining). Just as it is inaccurate to speak of a single 'African' AIDS epidemic, national-level HIV prevalence data can sometimes prompt incomplete pictures of the actual state of affairs.

Although the epidemics in West Africa vary in scale and intensity, this sub region historically has been less severely affected than other parts of sub-Saharan Africa. National adult HIV prevalence is yet to exceed 10% in any West African country, and there is no consistent evidence of significant changes in prevalence among pregnant women in recent years.

ASIA

An estimated 8.6 million people were living with HIV in Asia in 2006 and some 960,000 people became newly infected with the virus. Approximately 630,000 people died from AIDS-related illnesses in 2006.

EASTERN EUROPE AND CENTRAL ASIA

- The number of people living with HIV in Eastern Europe and Central Asia continued to rise in 2006. An estimated 270,000 people were newly infected with the virus, bringing to 1.7 million the number of people living with HIV in 2006—a twenty-fold increase in less than a decade.
- Although the rate of new HIV infections appears stable after the steep increases observed in 2001, an increase in the number of new HIV cases was again reported in 2005, compared to the two previous years.
- Almost one third of newly diagnosed HIV infections in this region are in people aged 15-24 years.

- Progress in expanding access to antiretroviral therapy has been slow. As of mid-2006, fewer than 24,000 people were receiving antiretroviral treatment—only 13% of the estimated 190,000 people in need of treatment.
- People who use non-sterile injecting drug equipment remain especially poorly served by efforts to rollout antiretroviral therapy. Although they represent more than two thirds of HIV cases in the region, they comprise only about one quarter of people receiving antiretroviral therapy.
- In Eastern Europe overall, using non-sterile injecting drug equipment remains the predominant mode of HIV transmission.
- In the context of such inadequate treatment and care coverage, the AIDS death toll in Eastern Europe and Central Asia grew from 48,000 in 2004 to 84,000 in 2006.

Summary of HIV Situation in the Middle East and North Africa (MENA)

- Diversity of HIV situation in the region: HIV prevalence ranges from much less than 0.01 to 2.9%
- More countries may be in a concentrated epidemic profile if data become available
- Increasing HIV infection among women
- Sexual and drug injecting-related transmission occur
- Lack of data due to political and social tension around HIV

Factors of Vulnerability

- Changing situation and practices among young people
 - A high percentage of the population
 - Youth unemployment
 - Low level of access to services, information and protection
- Socio-economic disparities and developmental challenges
- Marginality and stigmatization related to sexual behavior and drug use
- Gender inequities: socio-economic, employment, political and public participation, education, services
- Conflict and post-conflict situations
 - *Highest number of refugees in the world found in MENA*

Evolution of the Response to AIDS in MENA

- Increased ***political commitment and leadership*** in a number of countries
- More than 17 National Strategic Plans on HIV, including ***involvement of different partners*** : education, religious leaders, military, women, etc.
- Increased, mainly international ***resources***, to HIV response
- Increased focus on ***Prevention***
 - Young people
 - Increased understanding of vulnerabilities to HIV and access to services for marginalized populations
- Increase understanding of trends
 - Overcome perceptions of “low prevalence”

Progress on access to ARVs, treatment and care for people living with HIV

Reduced stigma and discrimination through efforts of partners: policy-makers, religious and community leaders, etc.

Establishment of ***Religious Leaders Network and Declaration in MENA*** to reduce stigma and discrimination and support response to AIDS

Evolving movement of people living with HIV

-- Declaration of Algiers of People Living with HIV from 15 countries in MENA.

Main Challenges and Ways Forward

- ***Political Commitment and Community Dialogue***
 - On prevention and sensitive issues
 - Access to treatment and provision of services
- ***Increase access to Care, Treatment and Support***
 - Estimated that only 6% of those in need receiving ARVs in 2006
 - Coverage of prevention, information, means and services, condom use, and of VCT
- ***Vulnerable Populations***
 - From innovative small programmes to sustained expanded programmes
 - Reduce stigma and discrimination of people infected or affected by HIV and marginalized groups
- ***Reinforce collaboration with NGOs, FBOs, private sector***

- **Empower people living with HIV**
 - Increase access to services, training, sustainable support groups, associations, psychosocial support

UNAIDS Partnership Framework Objectives

- Reach out to optimally engage new sectors/actors in the AIDS response.
- Sustain and deepen the involvement of those already contributing - supporting them to respond to the shifting needs of the AIDS response.
- Broker linkages between partners and shift policy and rhetoric into action.

I will now move on to talk a little about how we work with civil society in UNAIDS, particularly with religious leaders and faith based organizations.

Civil society organizations that UNAIDS engages:

- Organizations and networks of people living with HIV
- AIDS-focussed NGOs
- Human rights organizations
- Interest-based organizations
- Faith-based organizations
- Development and humanitarian organizations and agencies
- Memberships organizations
- Advocacy organizations
- Labour sector
- Business and private sector coalitions
- Private philanthropic organizations and foundations

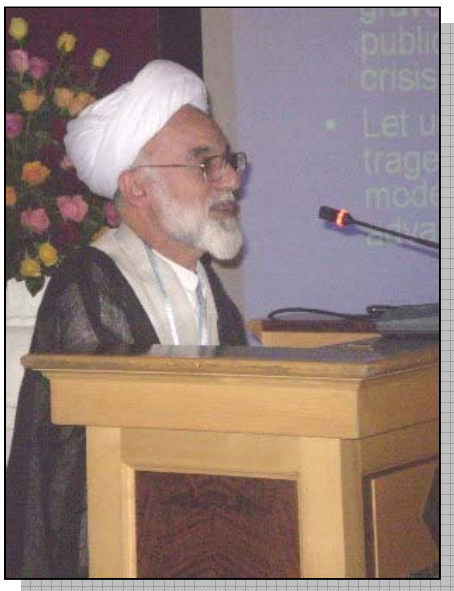
Strategic Approaches in Working with FBOs

- Engage all religions
- Encourage interfaith dialogue and action
- Build partnerships- creating linkages across the sectors
- Support Religious Leaders and networks to speak out on AIDS
- Advocacy and Mobilizing resources for FBO responses

Our work with faith-based organizations is growing rapidly

- **We engage each religion separately** – to ensure that HIV and AIDS can be discussed within the context of each religious grouping and appropriate responses can be developed. *At the same time:*
- **We encourage interfaith dialogue and action** - working with people from other faith communities to provide the opportunity to exchange learning and build collaborative partnerships; this can be particularly effective at the country level.
- **Promote 'in reach'**- encouraging religious communities to be safe places for PLWHAs.
- **Promote outreach**- leaders breaking the silence, communities providing care, support and treatment services.
- **Build partnerships** - creating linkages across the sectors; the response is only complete when all partners are fully engaged and work in collaboration with others.
- **Building the capacity of UNAIDS staff** to work with FBOs.

ISLAMIC APPROACH TO HIV/AIDS: THE EXPERIENCE OF THE ISLAMIC REPUBLIC OF IRAN.



These remarks were given by His Excellency Ayatollah Ghorban-ali Dorri Najaf-abadi, State Prosecutor General of the Islamic Republic of Iran.

The prevalence of HIV is among the painful crises of the past century, threatening the world community with horrific effects on the health and life of society. Given its scale of impact and far-reaching repercussions, the global AIDS epidemic is both a grave challenge against individual lives and a serious public health, socio-economic and even political crisis. Let us instead concentrate on how to deal with the tragedy that was largely ignored by an epoch of high modernity at its peak of scientific and technological advancement.

Since contemporary rule was perceived as quietist and counter-progressive, sociologists claiming to uphold human freedom, conceived a new, untried civil order based on complete separation from – even contradiction of ethics. Hence, the greatest victim may have been morality, without which a culture void of modesty and compassion has developed under the guise of liberalism.

The resulting challenges faced in spite of exceptional advances by the contemporary civilization - particularly in the area of public health – are now clearly visible; challenges of promiscuity and forgoing of religious teachings of sympathetic care which all stem from moral relativism and individualist liberalism.

The AIDS epidemic is largely a result of society's inattention and moral promiscuity and high-risk sexual behaviour as well as other similar factors. This whole introduction was intended as a reminder that a thinking person cannot help but to admit that the struggle to control and prevent the spread of this deadly disease requires a shift back to the warm and protective care characterized by the family, a shift back to the look of humane sympathetic concern. The world community needs spirituality and morality in all areas of personal and social interaction. Man's 'Fitra' -- our authentic and essential nature as humans -- is that of compassionate moral values based on justice on a global scale.

The world community has clearly stated its consensus on the necessity of ending the apathetic inaction against the destructive waves of the disease. What is needed now is a globally coordinated mobilization of this collective will in order to combat the transmission of the disease. Our concerted actions must succeed in integrating the efforts of physicians, jurists, psychologists and sociologists, as well as those of governments, NGOs, international agencies, and every member of the public active on any front against this tragic phenomenon. Allow me, by way of sharing experiences, to simply outline some categories of effective and useful action taken by the Islamic Republic of Iran in response to the causes, and to the scale of this great human tragedy:

- **Infra-structure and Policy:**

- Active involvement of Iran's Drug Control Headquarters, with some 60% of its substance abuse treatment resources dedicated to the expansion of HIV prevention programs (about 7 million USD in last year);
- Allocation of additional funds to Iran's Ministry of Health under the category of emerging diseases (about 10 million USD this year);
- Multisector: Active participation of more than 12 state institutions and ministries in the effort;
- Conducting research on harm reduction strategies, social health improvement, reduction of discordant behaviour and response against offenders;
- Expansion and universalization of the national public health network;
- Measures to alleviate poverty and disparity as well as striving toward comprehensive justice as the underlying preventive strategy.

- **Prevention:**

- Emphasis on strengthening the family institution and protecting the true values of the healthy family;
- Public awareness improvement regarding risk factors for the disease, through mass information campaigns;
- Harm reduction interventions such as methadone maintenance therapy and needle and syringe programs for prevention of transmission through infected needles within the framework of a national committee for harm reduction and HIV/AIDS;

- Specific prisons' programmes including needle exchange and methadone;
- Extend teacher training at the school level;
- Encourage healthy, spiritual, moral and physical lifestyle choices among youth and the general public in order to reduce the risk of substance abuse, risky sexual behaviour and other destructive behaviour that could lead to the transmission of the disease.
- **Care and Treatment:**
 - Activation of more than 100 specialized HIV/AIDS clinics in each province and inside prisons which provide voluntary counseling and testing and care of patients (including provision of ARVs) free of charge;
 - Efforts to produce effective pharmacological medication, currently being tested in laboratory trials with some promising results (clearly, if successful, the mass production of such pharmaceuticals would benefit not only Iranians but others as well);
 - Focus on and planning for, the treatment of AIDS-related diseases such as TB, hepatitis, etc.
- **Support:**
 - Promotion of an attitude of protection, empathy and care toward PLWHAs as members of the great family of our society; refraining from measures that might lead to marginalization, stigmatization, invisibility or negative reactions;

Each one of these categories requires specific tactics and strategies in order to bring about a global reduction in the prevalence of the disease with the aim of eventual eradication.

The following approaches are worthy of consideration in this regard by all Muslim countries:

1. Development of policy and legislation commensurate to the scale of the problem;
2. Establishment or strengthening of "One" national HIV/AIDS coordinating body
3. Extend support and help build capacity for the active participation of NGOs'
4. Education of youth and the general public (through schools etc.);
5. Protection and empowerment of People Living with HIV/AIDS and vulnerable populations;
6. Promotion of means of prevention with integrated program monitoring and evaluation;
7. De-stigmatization of AIDS as a disease and its legislative categorization as a special disease;
8. Prevention and treatment of the psychological impact of the disease on the individual and society;
9. Promoting voluntary testing and counseling;
10. Information and educating the public as well as advocacy among religious leaders and reference social groups regarding the threat of HIV/AIDS; also raising awareness of the disease and the relevant medical issues among the elite, key players, the media, religious scholars etc.
11. Dealing with the affairs of children who have been made orphans as a result of the epidemic;
12. Measures toward social justice, poverty alleviation and elimination of disparities have long been global priorities for the international community. Efforts to counter the HIV epidemic constitute an integral part of our collective global mandate of comprehensive development, improvement of public welfare and subsistence, combating illiteracy and disease and bridging the North/South divide.

I urge all those sympathetic souls and dutiful individuals representing international organizations, and charitable associations to join the battle to contain this tragic human catastrophe as they would with any contagious disease. I implore you to think about the plight of innocent children and helpless mothers and to extend any kind of help and support that you can afford. By using known prevention and treatment methods we can help contain the level of risky behaviour, reduce the spread and the prevalence of the disease, and keep youth from shifting from lower-risk to higher-risk categories. If we are truly committed and plan out our response we will be able to organize and implement many different kinds of protection, treatment and technical interventions. A certain portion of local, national and international financial resources need to be allocated for this purpose. Charitable associations and institutions must be encouraged to help finance the services and programs. The Islamic Republic of Iran is eager to share its experiences at any level and is prepared to cooperate with other nations in such areas as health and education as well as in legal and juridical matters, particularly concerning programs for incarceration and rehabilitation facilities.

The task before us is a sacred endeavour; a service to the suffering and to all humanity. To help save the lives of human beings is a universal imperative. We are all responsible before God, before history and before our great human and Islamic values. Any failure or shortfall in this regard would be unacceptable. May Allah endow us with the blessing of being able to serve.

To conclude, I wish to thank the organizers of this gathering and hope that with the new millennium our nations and governments begin to rationally and effectively utilize the lessons learned over previous ages and move toward the building of a world free from discrimination, poverty, crisis, injustice and evil by enacting moral and just virtues worthy of humanity; thus working together for our joint welfare, development and realization of justice, equality and righteousness.

WORKING WITH OTHER RELIGIOUS COMMUNITIES TO PROMOTE THE ISLAMIC APPROACH TO HIV/AIDS



Presented by: James Cairns, World Conference of Religions for Peace

Greetings and peace. It is a pleasure to be with you here at the 3rd IMLC. I am the Director of Programs at the World Conference of Religions for Peace based in New York. Let me offer two sentences of introduction about my organization. The mission of *Religions for Peace* is to advance cooperation among the world's religious communities for peace. An important principle in our approach is that we utilize existing religious bodies as the basis for inter-religious cooperation. We also understand peace in a holistic way that includes transforming conflict, building peaceful and harmonious societies, alleviating poverty and disease, and caring for the earth. We seek to assist religious communities to take common action on issues of shared concern, and clearly HIV/AIDS is a critical challenge to the entire human family cutting across all religions and peoples. So, I have been leading our global efforts to support cooperation among religious communities to strengthen our collective response to HIV/AIDS. I have been asked today to speak about how this kind of inter-religious cooperation can support the Islamic approach to AIDS.

1. Cross cultural reality of HIV/AIDS:

Let me begin with two things that we know:

First, we know that HIV is not a respecter of boundaries; in fact, it is the opposite – an exploiter of boundaries that have been established between people, communities, and nations. It thrives in places of silence, exclusion, mistrust and ignorance.

Second, we know that human societies are diverse. You are well aware that Muslim communities do not live in isolation from others and that there are places where Muslims are in a majority and places where they are in a minority. This is the case both at a national level, but also at local community levels, and it can affect what kinds of resources Muslims have at their disposal to combat AIDS.

These two truths do not in any way diminish the value and importance of the “Islamic approach to HIV/AIDS” that is at the heart of this Consultation. This approach will help to ensure that Muslim communities are being both faithful and effective as they seek to respond to the challenge of HIV and AIDS. However, it does require that the Islamic approach be seen in the context of these two truths. How will Muslim communities interact with their neighbours of other faiths in responding to AIDS in ways that will not create the spaces and gaps where HIV spreads?

2. An open and collaborative approach:

In theory, it is possible to decide that Muslim communities only have responsibility for the well being of their members, trusting that other communities will in turn take care of their own. However, it is often the case that the local Muslim institutions are the only ones in an area and others are in need of services, or in reverse, that Muslim minorities in certain areas must get services from institutions run by other religious groups. In addition, the ethical obligations present in the teachings not just of Islam, but the other major faiths, are expressed in a universal language – our responsibility is for our neighbour regardless of what faith he or she follows.

This leads us to the value of an open and collaborative attitude in implementing the Islamic approach. HIV is not an “Islamic” or even a “religious” problem; so many of the things that are proven effective in combating the virus come from outside a religious approach. By collaborating with others, Muslim communities can benefit from shared learning and information about the most effective ways to respond to AIDS. As a result, programs can improve their quality and the impact they have on those affected by HIV and AIDS. Being open to collaboration also makes it more likely that Muslim communities can build partnerships with other actors that can bring more resources – skills, funding, material – to the fight against AIDS.

Collaboration with other religions is also important to more effectively influence governments and increase the participation of religious communities in national AIDS bodies and policy formation. The emphasis today at the global level is to work for national strategies that address universal access to the full range of HIV/AIDS services. If religious communities are not participating in the national plans then the efforts being made by Islamic and other religious groups are not counted in the national response and are thus less likely to gain support.

Let me offer some examples and highlights of how multi-religious collaboration is having an impact and helping to expand the capacity of Muslim communities to respond to AIDS. At *Religions for Peace*, our HIV/AIDS program works through inter-religious bodies at the country level and tries to help them develop capacity for running AIDS programs. Many participants here are members of these bodies, representing the Muslim community alongside colleagues from Christian, Hindu, Buddhist and other faiths, all of whom are committed to working on HIV/AIDS in their respective communities. What kind of impact can these groups have? They allow religious leaders to speak with one voice about HIV/AIDS. They can provide joint training and skills building opportunities for local groups and leaders. Donors are often more comfortable putting funds through an inter-religious body so that it does not appear that they are favouring or promoting one religion. The Inter-religious Council of Uganda plays a leading role in the National AIDS Council and CCM, representing the entire FBO sector and they are now receiving multi-million dollar grants that are distributed through their member communities to support local programs in mosques, churches, etc. We heard Dr. Sayed el-Zenari talk about CHAHAMA and the important role religious leaders – Christian and Muslim – are playing together to raise awareness and reduce stigma in the Arab states region.

3. Principles and Strategies for Collaboration

Even while it is clear that collaboration with other religions has many positive aspects, it is important that it happens in a principled way that does not violate or weaken any particular faith. So let me share briefly a few principles and strategies that we have learned over the years that can guide you as you seek to work with other religious groups.

Principles:

- a. Mutual respect – this is the cardinal rule. If anyone enters into cooperation trying to undercut or attack another religious community, or to compel others to follow his or her particular way, then cooperation won't work. Representatives of each faith must acknowledge the legitimacy and dignity of the others.
- b. Authentic representation – this principle is directly connected to respect. Each community has the right to decide who will represent it. Cooperation will not work well if it appears that one party has decided on who will participate from other groups.
- c. Common interests – cooperation must be based on those issues/concerns that are shared among the different communities. The agenda cannot be imposed by one group on the others if working together is to be successful.
- d. Existing structures – inter-religious cooperation needs to build on and make use of the structures that exist in each respective community.

Strategies:

- a. Consultation – it is very important to take the time to engage in consultations among the religious communities to identify and develop the issues where cooperation is most likely and can be most successful. There will always be issues on which there is not full agreement, but these should not prevent cooperation on those concerns that are genuinely shared.
- b. Multi-religious mechanisms – it is important that some kind of inter-religious structure is developed to serve as the platform for cooperation. It can be formal or informal, but it is necessary to ensure that there is not a perception the cooperation is being controlled or led by one particular community. These mechanisms also help demonstrate the genuine inter-religious cooperation to outside partners and other stakeholders.
- c. Limited partnership – drawing from the principle of “common interests” it is important that all parties take the approach that inter-religious collaboration will only take place in those areas of shared concern and that it will not interfere with internal concerns of each faith community.
- d. Comparative advantage – inter-religious collaboration is most effective when it focuses on those areas where working together is a real advantage and it avoids duplicating those things that each religious community can do as well or better on its own. In the areas of HIV/AIDS some of the areas where cooperation adds real value include advocacy, resource mobilization, strategic and program planning, and representation in national AIDS forums/bodies.

I firmly believe that cooperation among religions does not violate any religion's own approach to addressing HIV/AIDS as long as it is done in this kind of principled way. Even more, I have seen evidence many times of how cooperation actually strengthens both the collective response of the religious sector and that of each respective religion as we all try to deal with the many challenges presented by HIV/AIDS. Thank you.

PLANNING FOR WHAT IMAMS AND MOSQUE COMMUNITIES CAN DO TO IMPLEMENT THE ISLAMIC APPROACH TO HIV/AIDS



Partners' planning meeting in Addis Ababa in March 2007. (L - R)
Mr. Jim Cairns - World Conference of Religions for Peace,
Dr. Magid Kagimu - IMAU,
Haji Teshale Kero - EIASC,
Mr. Jason Heffner- US Embassy Ethiopia,
Dr. Karama Said - IMAU,
Mr. Nuredin Jemal - EMDA.

TECHNICAL REVIEW OF PLANNING PROCESS

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

➤ Situation Analysis

What is Situation Analysis?

A process to gather and analyze information that helps in:

- Guiding planning
- Building consensus
- Setting priorities
- Mobilizing action

How to do it

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

Identify:

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

Questions to address:

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

➤ Goals and Objectives

Goal

- Broad general statement
- What the organization 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

➤ 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

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

Strategic Interventions

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

Activities

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

Action Plan Defined

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

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:

- I. Valid: measure what they intend to measure
- II. Reliable: produce the same results when used more than once to measure the same condition or event
- III. Specific: measure only what they're intended to measure

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

Examples of process indicators:

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

What are we evaluating?

Interventions:

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

Islamic approach:

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

Implementing an “approach”

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

A complicated question...

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

How to “evaluate” the Islamic approach to AIDS?

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

Many M&E tools already exist:

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

Developing an M&E Plan

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

“The Three Ones” UNAIDS 2004

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

Main evaluation questions?

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

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

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

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

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

➤ Resource Mobilization, Resolutions and Commitments

What is Resource Mobilization?

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

What is a Resolution?

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

What are Commitments?

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

INTRODUCTION TO FIVE 5 TYPES OF INTERVENTIONS SUPPORTED BY IAA

Many community-wide responses include one or more of these interventions in a single program or project. The implementation of each intervention can be supported by the Islamic Approach to AIDS.

Table 1: Interventions.

<i>Component</i>	<i>Definitions and explanations</i>
Prevention	<p>Transmission occurs through:</p> <ol style="list-style-type: none"> 1. Sex with an infected partner; 2. Contaminated blood intravenous (IV) drug use with contaminated needles, contaminated blood transfusion, contaminated skin piercing instruments; and 3. From HIV positive mother to child; <p>HIV infection is prevented through:</p> <ol style="list-style-type: none"> 1. A-B-C plus: Abstinence, Being faithful and Condom use when appropriate, plus safe circumcision, HIV testing and counseling, antiretroviral treatment, HIV/AIDS care and support; 2. Avoiding HIV contaminated blood; 3. Preventing mother to child HIV transmission.
Treatment	HIV/AIDS is treated with medicines called antiretroviral drugs (ARVs). These medicines reduce the multiplication of HIV and improve the strength and well being of the person living with HIV/AIDS in the majority of cases.
Care and support of infected and affected	People infected and affected by HIV/AIDS include people living with HIV/AIDS, their families and the orphans of people who have died of AIDS. These people need physical, mental and spiritual care and support to assist them cope with the impact of HIV/AIDS in their families and communities.
Reducing stigma and discrimination of PLWHA	<p>Stigma refers to significantly discrediting a person living with HIV/AIDS. Discrimination refers to exclusion or restriction of a person living with HIV/AIDS. The factors contributing to stigma and discrimination include the following:</p> <ol style="list-style-type: none"> 1. HIV/AIDS is a life threatening disease and therefore is connected with death which elicits fear among people. 2. People are afraid of contracting HIV. 3. HIV/AIDS is associated with behaviours that are already stigmatized, e.g. adultery and premarital sex, sex between men, and intravenous drug use. 4. People living with HIV/AIDS are often thought of as being responsible for having contracted the disease. 5. Religious or moral beliefs lead some people to conclude that having HIV/AIDS is the result of a moral fault (e.g. adultery and premarital sex, multiple partner sexual networking) that deserves punishment. It has been said that the AIDS stigma formula is: AIDS = SEX = SIN = DEATH. 6. Stigma is a powerful means of social control applied by marginalizing, excluding and exercising power over individuals who display certain undesired differences. It is a common response to perceived threat when escape from or the destruction of this threat is impossible.
Life skills	<p>Life skills are tactics and tools used to save one's life and be able to survive. Components of life skills include (see additional information below):</p> <ol style="list-style-type: none"> 1. Personal skills of knowing and living with oneself 2. Skills of living with others 3. Decision-making skills

ISLAMIC APPROACH TO HIV/AIDS LIFE SKILLS EXPLAINED

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

1. Personal skills of knowing and living with oneself

- **Self awareness**

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

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

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

- **Self Esteem**

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

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

- **Assertiveness**

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

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

- **Controlling Emotions**

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

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

- **Coping with stress**

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

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

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

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

- **Patience and perseverance**

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

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

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

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

- **Saying no temptations:**

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

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

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

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

HQ. 2:2-5. *"This is the Book; in it is guidance sure, without doubt, to those who fear Allah; Who believe in the Unseen, are steadfast in prayer, and spend out of what We have provided for them; And who believe in the revelation sent to you, and sent before your time, and in their hearts have the assurance of the Hereafter. They are on true guidance, from their Lord, and it is these who will prosper".*

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

2. Skills of living with others.

- **Interpersonal relationships**

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

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

- **Friendship formation**

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

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

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

- **Empathy**

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

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

- **Negotiation**

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

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

Effective communication

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

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

- **Peer resistance**

The ability to withstand negative pressures and influences from peers.

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

- **Non-violent conflict resolution**

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

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

3. Decision-making skills

- **Critical thinking**

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

HQ. 30:20-27. *"Among His signs is this that He created you from dust; and then, behold, you are men scattered far and wide. And among His signs is this that He created for you mates with them, and He has put love and Mercy between your hearts, surely in that are signs for those who reflect. And among His signs is the creation of the heavens and the Earth, and the variations in your languages and your colours, surely in that are signs for those who know. And among His signs is the sleep that you take by night and by day, and the quest that you make for livelihood out of His Bounty, surely in that are signs for those who hearken. And among*

His signs, He shows you the lightning, by way both of fear and of hope, and He sends down rain from the sky and with it gives life to the Earth after it is dead, surely in that are signs for those who are wise. And among His signs is this that Heaven and Earth stand by His command. Then when He calls you, by a single call, from the earth, behold, you straightway come forth. To Him belongs every being that is in the heavens and on Earth; all are devoutly obedient to Him. It is He who begins the process of creation; then repeats it; and for Him it is most easy. To Him belongs the loftiest similitude one can think of in the heavens and the earth, for He is exalted in might, full of wisdom".

- **Creative thinking**

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

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

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

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

Hadith:

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

Note:

O ye who believe! Ask not questions about things which, if made plain to you may cause you trouble. But if ye 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 (Qur'an 5:101-102).

- **Effective decision making**

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

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

- **Problem solving**

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

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

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

THE ISLAMIC APPROACH TO HIV/AIDS (IAA) DEFINED AND EXPLAINED

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

1. Believing in Allah and Prophet Muhammad (SAW)

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

HQ 10:3.

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

HQ 3:164

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

HQ 33:21.

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

2. Acquiring scientific knowledge about HIV/AIDS

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

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

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

Hadith:

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

Hadith:

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

3. Making use of relevant Islamic teachings and practices

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

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

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

HQ. 24:32-33:

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

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

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

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

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

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

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

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

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

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

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

Holy Qur'an. Al-A'araf – 7:200-206:

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

Surah An-Nas 114: 1-6.

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

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

PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS (IAA) PREVENTION

Situation analysis:

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

Benefits of believing in Allah and Prophet Muhammad (SAW)

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

Surat Al-Baqara, ayah "2:2-5"

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

Benefits of making use of Islamic teachings and practices

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

HQ 2:219

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

HQ 5:90-92.

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

Hadith:

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

Benefits of forming partnerships with religious leaders

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

Benefits of making use of the concept of Jihad Nafs

- Helps in controlling temptations

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

- Individual
 - Abstinence from sex outside marriage
 - Reduced drug abuse
 - Avoiding bad company that practices risky behaviours.
 - Regular practicing of pillars of Islam (Prayers, fasting, performing Haj, paying zakat)
- Family
 - Fearing Allah
 - Reduced stigma, discrimination
 - Acceptance of HIV positive individuals
 - Acceptance of HIV counseling and testing
 - Parents become more courageous and communicate with children about risky behaviours
 - Reduction in risky cultural practices
- Community
 - Reduced HIV infection rates (Long term indicator)
 - Encourages HIV testing especially before marriage
 - Timely marriages (not too early, not too late)
 - Community is considerate to PLWHAs
 - Teenage pregnancies reduced

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

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

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

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

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

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

HQ. 24:31.

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

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

HQ. 24:30.

Say to the believing men that they should lower their gaze and guard their modesty, that will make for greater purity for them; And Allah is well acquainted with all that they do.

- PLWHAs
 - Education, care & support
- Sex workers
 - Economic empowerment
 - Capacity building to resist temptations
- IDUs
 - HIV Counselling and testing
 - Capacity building to resist temptations

The strengths and weaknesses of these target groups as far as implementing the Islamic approach to 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
 - Have financial power (bread winners)

- Women:
 - 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 Islamic approach to AIDS prevention should be handled as follows:

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

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

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

HQ. 2:262-263:

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

HQ. 24:18-21.

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

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

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

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

- To prevent new HIV infections by using the IAA.

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

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

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

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

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

Table 2: Example of work plan for activities at the mosque level

Activity	By Who	When	Motivation	Cost
Advocacy meeting with the Imams and community leaders	IMLC participant	July-October 2007	Reward from Allah, transport , approval by the Imam and refreshments	\$ 10
Follow up meeting with Imams and chief administrator	IMLC participant	July-October 2007	Reward from Allah, transport , approval by the Imam and refreshments	\$ 50
Developing training manual to cater for all goals and objectives	IMLC participant, technical advisors	October-December 2007	Reward from Allah, transport , approval by the Imam, allowances and refreshments	\$ 200
Training of trainers	IMLC participants technical advisors	December 2007	Reward from Allah, transport , approval by the Imam, allowances and refreshments	\$ 200

Community information, education and communication, through sermons, video shows, drama, songs, group discussion, home visits etc.	Muslim Health professionals, IMLC participants. Imams, NGOs, CBOs	On going process to 2010	Reward from Allah/ incentives/refreshment/IEC materials	\$ 400
Monitoring and Evaluation	IMLC participants, trainers	On going process to 2010	Reward from Allah/ incentives/refreshment/ monitoring forms	\$ 140
			Total	\$1,000

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

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

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

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

The role of networking between communities and health facilities in the implementation of the IAA prevention is as follows:

- Sharing information
- Referral of clients
- Counseling services

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

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

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

That is Allah, your Lord. There is no god but He, the Creator of all things, then worship you Him and He has power to dispose of all affairs. No vision can grasp Him, but His grasp is over all vision, He is subtle well-aware. Now have come to you, from your Lord proofs to open your eyes if any will see, it will be for the good of his own soul. If any will be blind, it will be to his own (harm). I am not here to watch over your doings. Thus do we explain the signs by various (ways) that they may say, you have

*learnt this from somebody and that We may make the matter clear to those who know. Follow what you are taught by inspiration from the Lord. There is no god but He and turn aside from those who join gods with Allah. If it had been Allah's will, they would not have taken false gods, but we made you not one to watch over their doings, nor are you set over them to dispose of their affairs. **Insult not you those whom they call upon besides Allah, lest they out of spite insult Allah in their ignorance.** Thus have we made alluring to each people its own doings. In the end will they return to their Lord and He shall then tell them the truth of all that they did.*

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

HQ. 60:7-9.

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

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

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

The data that needs to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS prevention by the individual, family and community is shown in the example in table 3 below:

Table 3: Process indicators for prevention programs using the IAA

Activity	Indicator
Advocacy meeting with the Imams and community leaders	<ul style="list-style-type: none"> ▪ No. of Imams, community leaders, at the meeting ▪ No. of meetings held ▪ Report of meetings
Follow up meeting with Imams and chief administrator	<ul style="list-style-type: none"> ■ No. of Imams, community leaders, participants at the meeting ■ No. of meetings held ■ Reports of meetings
Developing training manual to cater for all objectives	<ul style="list-style-type: none"> ▪ 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.	<ul style="list-style-type: none"> ▪ No. of participants ▪ No. of workshops done ▪ No. of songs and poems developed ▪ No. of sermons done
Monitoring and Evaluation	<ul style="list-style-type: none"> ▪ Reports indicating outcomes (successes and challenges) ▪ M&E system framework

The data that need to be collected to evaluate the outcome of implementing the Islamic approach to HIV Prevention is shown in table 4 below:

Table 4: Outcome Indicators for prevention programs using the IAA

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

HIV incidence among targeted groups

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

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

■ Human

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

■ Technical

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

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

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

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

Resolutions

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

Commitment

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

PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS TREATMENT

One Islamic teaching that supports IAA treatment is as follows:

HQ. 94:1-8: *Have We not expanded your breast? And removed from you your burden which did gall your back? And raised high the esteem in which you are held? So verily with every difficulty, there is relief. Verily 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.*

These verses can be used to refer to the difficulty of HIV/AIDS, which is relieved through treatment with ARVs.

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

Individual

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

Family

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

Community

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

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

• Individual

- Allah
- Self

• Family

- Allah
- Head of family
- Mother

• Community

- Allah
- Community leaders
- Ulama
- Every person should take responsibility for self and others

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

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

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

i) Children

- Counseling and HIV testing
- Care and support

- Nutrition
 - Medication
 - Encouraging adherence
- ii) Youth
- Counseling and encouragement not to give up treatment
 - Empowerment
 - Capacity building
 - Information and Guidance
- iii) Men
- Counseling
 - Information sharing
 - Adherence to treatment
 - Nutrition support
 - Disclosure counseling and support
- iv) Women
- Empathy
 - Economic Empowerment to go for treatment
 - Information
 - Support and understanding from spouses
 - PMTCT services.
- v) PHAs
- Compassion
 - Spiritual empowerment
 - Family and community support
 - Counseling for adherence
 - Nutrition

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

Strengths

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

Weaknesses

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

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

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

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

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

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

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

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

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

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

The major activities needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS treatment for the individual, family and community are shown in table 5 as an example:

Table 5: Work plan for activities at the mosque level

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

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

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

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

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

The roles of networking between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS treatment include the following:

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

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

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

The data that need to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS treatment by the individual, family and community is as follows in table 6:

Table 6: Process indicators

Activities	Indicators
1. Give a report to the mosque community about the 3rd IMLC in Addis Ababa	<ul style="list-style-type: none"> ▪ Report of the consultation
2. Establish a mosque IAA planning committee	<ul style="list-style-type: none"> ▪ No of meetings ▪ Minutes of the meeting(s)
3. Develop & print curriculum for training the community on IAA treatment	<ul style="list-style-type: none"> ▪ IAA treatment Training manual(s) ▪ No of copies printed
4. Train the Imams and Trainers (ToT)	<ul style="list-style-type: none"> ▪ No of Imams and (Assistants), Trainers trained
5. Educate communities and refer the sick	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 Islamic approach to HIV/AIDS treatment is as follows in table 7:

Table 7: Outcome Indicators

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

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

Resources

Financial

- I. Zakat
- II. Donations
- III. Local government funds
- IV. Charitable endowments
- V. Community contributions
- VI. Membership contributions
- VII. Small scale investments

Human

- I. Imams/Muslim preachers
- II. Family members
- III. IMLC participants
- IV. Health workers
- V. Women groups
- VI. Youth organizations
- VII. PLWHAs
- VIII. Men's groups
- IX. Madrasa/school teachers

Technical

- I. Medical professionals
- II. Counselors
- III. Islamic affairs village administrators
- IV. Social workers
- V. Media experts

These resources can be attracted and accessed as follows:

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

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

Resolutions

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

Commitment

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

PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS CARE AND SUPPORT

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

1. Believing in Allah

Gives hope to the affected and infected and the caregivers.

Holy Qur'an: 10:55-58

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

2. Learning scientific facts

This creates awareness on care and support.

Knowledge gives confidence.

3. Learning Islamic teachings

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

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

4. Forming partnerships with religious leaders

Imams can create awareness after Juma prayers.

Give hope through teaching and counseling.

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

5. Concept of Jihad Nafs

Supports Muslim communities in care and support.

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

Individual

Believes in Allah regarding HIV/AIDS care and support

Has self-confidence

Has self-esteem

Is hopeful (optimistic)

Family

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

e.g. HQ. 2:177:

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

Community

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

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

Individual

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

Family

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

Community

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

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

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

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

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

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

Strengths:

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

Weaknesses

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

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

Education and counseling

Using Islamic teachings and counseling

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

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

2:151-156.

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

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

Encouragement and support groups.

Clarifying myths and misconceptions.

Dialogue between men and women

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

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

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

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

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

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

The major activities needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS care and support for the individual, family and community are shown in table 8 below as an example.

Table 8: Workplan for activities at the mosque level

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

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

Channels of communications

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

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

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

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

- It promotes referral of clients

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

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

The data that need to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS care and support of the infected and affected by the individual, family and community is shown in table 9 below as an example:

Table 9: Process Indicators

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

The data that need to be collected to evaluate the outcome of implementing the Islamic approach to HIV/AIDS care and support of the infected and affected is shown in table 10 as an example.

Table 10: Outcome indicators

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

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

Financial

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

Technical

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

Human

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

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

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

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

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

Commitment

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

PLANNING FOR ISLAMIC APPROACH TO HIV/AIDS STIGMA AND DISCRIMINATION

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

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

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

HQ 3:109-110

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

HQ 4:26-32

Allah does wish to make clear to you and to show you the ordinances of those before you; and (He does wish to) turn to you in Mercy: And Allah is All-knowing, all-wise. Allah does wish to turn to you, but the wish of those who follow their lusts is that you should turn away (from Him), far, far away. Allah does wish to lighten your difficulties: for man was created weak in flesh. O you who believe, eat not up your property among yourselves in vanities; but let there be among you traffic and trade by mutual good-will; nor kill or destroy yourselves; for surely Allah has been to you Most Merciful. If any do that in rancour and injustice, soon shall we cast them into the fire; and easy it is for Allah. If you (but) eschew the most heinous of the things which you are forbidden to do, we shall expel out of you all the evil in you, and admit you to a gate of great honour. And in no wise covet those things in which Allah has bestowed His gifts more freely on some of you than on other. To men is allotted what they earn, and to women what they earn, but ask Allah of His bounty. For Allah has full knowledge of all things.

- **Learning scientific facts**

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

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

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

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

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

HQ. 49:11-13. *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 you who believe, avoid suspicion as much as possible: for suspicion in some cases is a sin. And spy not on each other nor talk ill of others 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.*

Hadith:

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

- **Forming partnership with religious leaders**

Allah tells us to cooperate with good people.

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

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

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

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

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

Individual

- Allah and Prophet Muhammad (SAW)
- Parents

Family

- Parents.

Community

- Scholars, Imams, political leaders.

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

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

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

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

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

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

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

Strengths

Children

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

Youth

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

Men

- Many men are educated
- They have economic power

Women

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

Weaknesses

Children

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

Youth

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

Men

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

Women

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

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

Children:

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

Youth:

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

Men:

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

Women:

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

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

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

The major **activities** needed to achieve the goal and objective of the Islamic approach to HIV/AIDS stigma and discrimination as far as the individual, family and community are concerned are shown in table 11 below as an example:

Table 11: Work Plan for Activities at Mosque Level

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

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

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

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

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

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

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

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

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

The **data** that need to be collected to monitor the process of implementation of the Islamic approach to HIV/AIDS to reduce stigma and discrimination as far as the individual, family and community are concerned are shown in table 12 below as an example

Table 12: Process Indicators

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

The data that need to be collected to evaluate the impact of implementing the Islamic approach to HIV/AIDS stigma and discrimination is shown in table 13 below as an example:

Table 13: Impact indicators

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

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

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

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

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

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

Resolutions

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

Commitments

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

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

An-Nisaa 4:34.

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

PLANNING FOR THE ISLAMIC APPROACH TO HIV/AIDS LIFE SKILLS

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

Believing in Allah & Prophet Muhammad (SAW);

- Enhances utilization of life skills for HIV/AIDS prevention, treatment, care and support.
- Allah's guidance in the Qur'an and the Prophet's guidance in Hadith prevent us from engaging in adultery and fornication. Q17:32.

"Nor come near to adultery. For it is an indecent deed and an evil way".

- Belief in Allah will enable us to cope with whatever situation we find ourselves in while we continue to pray to Him to change the situation.
- Belief in Almighty Allah will enable us to build and develop positive relationships and prevent us from engaging in acts that are unlawful such as drug abuse and homosexuality.

HQ: 5:90.

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

HQ: 29:28 - 29.

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

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

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

Hadith:

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

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

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

Learning scientific facts

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

Use of Islamic teachings

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

HQ:31:17-19.

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

Forming partnerships with religious leaders

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

Concept of Jihad Nafs

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

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

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

Individual

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

Family

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

Community

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

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

Individual

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

Family

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

Community

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

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

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

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

Children

- Knowledge, love and security, health care and support

Youth

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

Men

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

Women

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

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

Strengths

Children

- Sociable,

Youth

- Family asset, easily differentiate bad & good.

Men

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

Women

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

Weaknesses

Children

- Easily scared, easily influenced and vulnerable.

Youth

- Have very high desires & demands, easily influenced.

Men

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

Women

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

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

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

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

Children:

- Issues of child abuse

Youth:

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

Men:

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

Women:

- Empowerment, training in use of the IAA life skills.

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

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

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

Objectives

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

The major activities needed to achieve the goal and objectives of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community are shown in table 14 below as an example.

Table 14: Work plan for activities at mosque level

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

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

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

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

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

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

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

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

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

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

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

The data that need to be collected to monitor the process and impact of implementation of the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support by the individual, family and community are shown in table 15a and 15b as an examples.

Table 15a: Process indicators

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

Table 15b : Impact Indicators

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

The possible resources for implementing activities related to the Islamic approach to HIV/AIDS life skills for prevention, treatment, care and support and how they can be mobilized and accessed are shown in table 13 below:

Table 16: Resource Mobilisation

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

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

Resolution

We do hereby resolve to:

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

Commitment

We do hereby commit ourselves to:

- ❖ Implement the work plan and resolutions.

RESOLUTIONS OF COUNTRY COMMUNITY COORDINATORS OF IAA.

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

We, the participants, resolve as follows:

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

ANNEX 1: SUMMARY TABLES FOR PLANNING THE IMPLEMENTATION OF THE ISLAMIC APPROACH TO HIV/AIDS

Table (i) Summary of communication, partnerships, networking and alliances

Possible <u>channels of communication</u> used to implement the Islamic approach to HIV/AIDS by the individual, family and community	<ol style="list-style-type: none"> 1. Sermons (Khutbas) at mosques 2. Fliers/posters, pamphlets, bill boards and other IEC/BCC materials 3. Islamic social gatherings e.g. weddings, support groups, funerals 4. Lectures, conferences, consultations, meetings, seminars 5. Media (electronic and print) 6. Schools/Madrasas 7. Home visits, individual contacts 8. Influential and charismatic leaders 9. PLWHA 10. Counseling centers
Other <u>partners and alliances</u> needed to network with when implementing the Islamic approach to HIV/AIDS in target communities	<ol style="list-style-type: none"> 1. Government e.g. Ministry of Health, civil societies, political parties/leaders 2. Health facilities; medical experts; medical associations 3. NGOs, CBOs, FBOs, UN agencies, other donors 4. Private companies 5. Media, e.g. TV and radio stations 6. Individual Muslims 7. Muslim Councils 8. Other faith communities 9. Islamiyyah schools; educational institutions 10. Muslim NGOs. 11. Other Mosques 12. Shariah courts; lawyers 13. Cultural and other religious groups/leaders 14. Traditional, women and youth leaders 15. PLWHA
Benefits of <u>networking</u> between communities and health facilities in the implementation of the Islamic approach to HIV/AIDS	<ol style="list-style-type: none"> 1. Referral for treatment 2. Health education, esp for Imams about scientific facts about HIV/AIDS 3. Advocacy, especially for removing stigma and discrimination 4. Share resources (resource mobilization) 5. Technical assistance or professional assistance (medical treatment) 6. Joint planning and programming 7. Sharing information/dialogue/experiences 8. Referral of clients 9. Complementary counseling 10. Facilitate/encourage VCT/disclosure 11. Providing efficient care and support to patients 12. Avoiding duplication of effort
Types of <u>constructive interactions with other faiths</u> to enhance the use of the Islamic approach to HIV/AIDS by the individual, family and community	<ol style="list-style-type: none"> 1. Share good experiences to obtain solutions to local, national and international problems 2. Coordination, especially of medical services 3. Share resources; joint mobilization efforts; joint social services. 4. Joint religious IEC/BCC materials 5. Interfaith dialogue, cooperation, mutual understanding, problem-solving 6. Peaceful co-existence 7. Developing consensus 8. Common campaign, training, funding

Table (ii) **Summary Of Resource Mobilization For The Islamic Approach To HIV/AIDS**

Financial, human and technical resources for implementing an Islamic Approach to AIDS (IAA) at the mosque level – when developing plans for a project or program, consider all possible resources from this list, regardless of the type of intervention being planned.

Resources		Attracting resources
Financial	<ol style="list-style-type: none"> 1. Zakat and Sadaqat 2. Personal donations 3. Local government funds 4. Charitable endowments 5. Community contributions 6. Membership contributions 7. Small scale investments 8. International donors 9. Mosque contributions 	<ol style="list-style-type: none"> 1. Community mobilization 2. Proposal writing 3. Sharing the success stories of the IAA 4. Fundraising e.g. community events, 5. Create IGAs 6. Prayers/special Islamic occasions e.g. Eids, Ramadhan 7. Joint/participatory planning 8. Good/transparent management of IAA 9. Accountability for resources acquired 10. Advocacy
Human	<ol style="list-style-type: none"> 1. Imams/Muslim clerics 2. Family members 3. IMLC participants 4. Health workers 5. Women groups 6. Youth organizations 7. PLWHAs 8. Men's groups 9. Madrasa/school teachers 10. Counselors 11. Social workers 12. Muslims living with HIV 	
Technical	<ol style="list-style-type: none"> 1. Medical professionals 2. Counselors 3. Islamic affairs village administrators 4. Social workers 5. Media experts 6. Training/IEC materials 	

Table (iii)

Summary of Goals and Objectives of Comprehensive HIV/AIDS Interventions using the Islamic Approach to AIDS (IAA)

The first three levels of goals and objectives in this table are "higher-order" types of objectives that are very broad compared to the more specific types of objectives that follow. All three of these are objectives that will likely be the same for any HIV/AIDS intervention. They constitute the longest-term aims of most HIV/AIDS programming. At this level, the wording of the indicators is fairly non-specific because providing Quantity, Quality and Time parameters depends on the specific country, region, or project.

<i>Hierarchical Goals and Objectives</i>	<i>Indicators – how will we know that an objective/ goal has been reached?</i>	<i>Means of verification – source of data</i>
Super Goal: Quality of life improved in Muslim communities; (a very long term objective)	1. Improvements in country-specific (community-specific) quality of life indicators as defined and developed within local mosque communities; 2. Improvements in quality of community and home-based care and support services for people infected and affected by HIV/AIDS as coordinated within mosque communities; 3. Improvements in measures of economic support to orphans and vulnerable children within each mosque community;	National, regional or local surveys; Qualitative assessments;
Goal: Suffering and death due to HIV/AIDS reduced in Muslim communities; (a very long term objective)	1. Significant reduction in infant mortality rates, maternal mortality rates, & proportion of hospital admissions for AIDS-related complications within mosque communities; 2. Significantly improved life expectancy among PLWHA in mosque communities; 3. Improved measures of feelings of empowerment among people infected and affected by HIV/AIDS in mosque communities; 4. Evidence of increased levels of mercy and compassion in providing services to PLWHA in mosque communities;	Health facility data; Demographic and Health Surveys (national); Other KAP surveys; Qualitative assessments;
Biologic objective (impact): (longer term objective) Rate of HIV transmission in Muslim communities is reduced;	1. Statistically significant reduction in HIV prevalence among young women aged 15-24 attending antenatal clinics in mosque communities (proxy for incidence) by [date];	National or regional seroprevalence and DHS surveys;

Table (iv) **Summary of Behavioral outcomes and Indicators for Comprehensive HIV/AIDS Interventions Using the Islamic Approach to HIV/AIDS**

The behavioral outcomes listed in the left column of this part of the table reflect the desired outcomes of the interventions as a result of producing the outputs listed in the next table (v).

Objectives	<i>Indicators – how will we know that an objective has been reached?</i>	<i>Means of verification – source of data?</i>
<p>Behavioral outcomes:</p> <p>1. Effective <u>prevention</u> outreach efforts designed, implemented and evaluated within mosque communities;</p> <p>2. Strength and well- being of PLWHA enhanced through effective <u>treatment</u> programs in mosque communities;</p> <p>3. People infected and affected by HIV/AIDS provided with and empowered by appropriate physical, mental and spiritual <u>care and support</u> within their mosque communities;</p> <p>4. Muslim communities provide services to PLWHA with mercy & compassion (reducing <u>stigma and discrimination</u>);</p> <p>5. IAA Life skills programs empower mosque communities to more effectively cope with HIV/AIDS;</p>	<p>1.1 xx% of Imams, mosque administrators, youth association members, & Madrasa teachers <i>well-grounded</i> in the use of the IAA by [date];</p> <p>1.2 xx% of Imams <i>consistently promoting</i> HIV/AIDS prevention messages in their mosque communities by [date];</p> <p>1.3 xx% of community members within mosque communities <i>reached</i> with information about the IAA by [date];</p> <p>1.4 xx% decrease in multiple partner sexual networking among targeted populations in mosque communities by [date];</p> <p>1.5 xx% of adult Muslim individuals and couples <i>tested</i> for HIV by [date];</p> <p>2.1 xx% increase in proportion of PLWHA <i>receiving ART</i> within Muslim communities by [date];</p> <p>2.2 xx% increase in proportion of PLWHA in Muslim communities <i>receiving improved health and social services</i> by [date];</p> <p>3.1 xx% of residents of mosque communities infected and affected by HIV/AIDS contacted at least once within [time period] by mosque representative for care and support, as part of each mosque's needs assessment;</p> <p>3.2 xx% of OVC receiving regular care and support within their mosque communities by [date];</p> <p>3.3 xx% of women living with HIV/AIDS receive economic and educational care and support within their mosque communities by [date];</p> <p>4.1 xx% increase in proportion of respondents reporting awareness of need for advocacy for changing approach to HIV/AIDS (among Muslim religious leaders and community members) by [date];</p> <p>5.1 xx% of Imams and assistants trained in knowledge of IAA life skills in [location] by [date];</p> <p>5.2 xx% of community members reached by their mosque representatives with information about IAA life skills in [location] by [date];</p> <p>5.3 IAA life skills programs integrated into national HIV/AIDS strategic framework by [date];</p>	<p>Training records;</p> <p>Mosque site visits/ individual interviews;</p> <p>Local/regional surveys;</p> <p>National or other behavioral surveillance surveys using standardized international indicators;</p> <p>HCT service data;</p> <p>Health facility data;</p> <p>Mosque outreach data;</p> <p>OVC needs assessment and follow up survey data;</p> <p>PLWHA needs assessment and follow up survey data;</p> <p>In-depth individual interviews;</p> <p>Patient satisfaction surveys;</p> <p>Mosque activity records;</p> <p>National AIDS Control Program Strategic Framework documents;</p>

Table (v) Summary of Intervention Outputs for the IAA for all Types of Interventions

Output 1: Provide <i>prevention information and education</i> for HIV/AIDS-related behavior change to all mosque community members using the IAA;	1.1 # Imams, mosque administrators, youth association members, women association members, female and male Madrasa teachers trained in effective HIV-related risk reduction strategies using IAA methods by [date]; 1.2 # community members reached/contacted with information and education provided using IAA by [date];	Training records; KAP surveys within mosque communities; Mosque activity/ service data;
Output 2: Provide increased access to <i>HIV treatment (ART)</i> within mosque communities using the IAA;	2.1 # ART service sites established or upgraded by [date]; 2.2 # ART service providers trained by [date]; 2.3 # doses of ART delivered to [location] by [date]; 2.4 # PLWHA provided with ART by [date];	Project reports; Encounter/user data from ART service site/ health facility;
Output 3: Provide confidential HIV <i>counseling and testing</i> to all adult Muslim individuals and couples using the IAA;	3.1 # VCT service sites established or upgraded in [location] by [date]; 3.2 # VCT counselors trained in [location] by [date] using IAA; 3.3 # adults (by gender, age, and religion) participating in VCT services in [location] by [date];	Project reports; Encounter/user data from VCT service site/ health facility;
Output 4: Provide compassionate <i>care and support services</i> for all those infected and affected by HIV/AIDS within mosque communities using the IAA;	4.1 # Imams, mosque administrators, youth association members, women association members, female and male Madrasa teachers trained specifically in how to provide compassionate care and support to people infected and affected by HIV/AIDS using IAA by [date]; 4.2 Documented evidence of mainstreaming of HIV/AIDS care and support in sermons at mosques at end of project (EOP); 4.3 # visits made by Imams and assistants to community members infected and affected by HIV/AIDS by [date] using IAA; 4.4 # OVC receive care and support within their mosque communities by [date] using the IAA; 4.4 # women living with HIV/AIDS receive economic and educational support services within their mosque communities by [date] using the IAA;	Estimates of treatment, care and support outreach by local agencies; Site visits to mosque communities; OVC service data; Client service data; In-depth individual interviews;
Output 5: Provide training to <i>reduce stigma and discrimination</i> experienced by people infected and affected by HIV/AIDS using the IAA;	5.1 # Imams, mosque administrators, youth association members, women association members, female and male Madrasa teachers trained specifically in reducing stigma and discrimination against people infected and affected by HIV/AIDS using the IAA by [date]; 5.2 # people reached by individuals trained above by [date];	Client service data; Project reports; In-depth individual interviews; Site visits to mosque communities;
Output 6: Provide training in <i>IAA life skills</i> for coping with HIV/AIDS in mosque communities using the IAA;	6.1 # Imams, mosque administrators, youth association members, women association members, female and male Madrasa teachers trained in IAA life skills for prevention, treatment, care and support. 6.2 # people reached by individuals trained above by [date];	Client service data; Project reports; In-depth individual interviews; Site visits to mosque communities;
Output 7: Promote sharing experiences & ideas among all countries involved with <i>IMLC</i> meetings;	Evidence of regular reporting of local activities; lessons learned, accomplishments, to the International Centre for Promotion of the Islamic Approach to HIV/AIDS (ICPIAA) in Uganda, with regular feedback from Uganda to all participants in IMLC by [date];	Documentation supplied to ICPIAA in Uganda;

Additional points to remember when using the tables above:

1. Behavior change indicators (at the *outcome* level) are usually worded in terms of a specific proportion of change desired or a statistically significant proportion (percentage) of change expected, based on formative evaluation research.
2. Indicators of outputs and activities are usually worded in terms of numbers of people, items or events, and are usually tracked on a monthly or quarterly basis.
3. When specifying indicators in a project proposal, be sure to include time boundaries (such as by a certain date, or by the end of the project [EOP], or within the next 12 months, for example) whenever possible.
4. Besides time boundaries, indicators should also specify “quality” [what kind of] and “quantity” [how much or many] whenever possible.
5. Use “if – then” questions to determine logical connections between levels of objectives; for example, “*if* AIDS-related suffering and death is reduced, *then* quality of life will improve” – moving from lower-level objectives to higher-level objectives. When going from top to bottom (higher level to lower level), say “in order to accomplish improved quality of life, we need to reduce suffering and death; in order to reduce suffering and death, we need to reduce HIV prevalence; in order to reduce HIV prevalence, we need to promote effective intervention programs” that produce behavior change, as summarized in the box with the behavioral objectives.
6. HIV/AIDS interventions are synergistic – meaning that interventions that incorporate multiple types of approaches are more likely to produce and maintain the kind of behavior change required to reduce risk permanently over the long term. While all interventions may not necessarily include all of the components above, a comprehensive approach to HIV/AIDS management in any geographic area will likely include elements of all the types of interventions described above.
7. The phrase “using the IAA” appears in almost every box in the tables above. Using the Islamic Approach to AIDS implies a specific set of techniques and methods of communication between people, based on the teachings of Islam. The interventions are designed to focus on mosque communities, although they do not exclude community members of other faiths, since inter-faith collaboration is strongly supported within the IAA. Indeed similar approaches can be used for other faith groups. All components of IAA have their equivalents in other faiths.

Table (vi): **Summary: Operationalizing The Islamic Approach To AIDS (IAA) At The Mosque Level**

The wording of indicators in this table is meant to *suggest* the kinds of indicators needed for each component of the IAA. Specific indicators, worded in terms of quantity, quality and time, will depend on local situations and needs. Behavioral indicators should reflect international standardized wording whenever possible, but certainly there will be local versions of indicators that will be more useful for local needs.

<i>Component of IAA</i>	<i>How we will know if we've made progress towards implementing IAA in our interventions– indicators of achievement</i>	<i>Means of verification – where the data come from</i>
<p>1. Believing in Allah and Prophet Muhammad (SAW)</p> <p>This is the first pillar of Islam indicating that an individual recognizes that there is an invisible God who has power over all creation, who is the Most Gracious and Most Merciful and who has given guidance to mankind on how to live on this earth and in the Hereafter.</p> <p>This guidance includes Islamic teachings that promote HIV prevention, treatment, care and support, stigma reduction, and life skills utilization.</p>	<p>1.1 Evidence of increased adherence to Islamic teachings among surveyed populations (fasting, prayers, going to haj, giving Sadaqat, etc);</p> <p>1.2 Evidence of commitment to accepting a role for religious guidance in the domain of HIV/AIDS management (from religious leaders);</p> <p>1.3 Evidence of improved health seeking behavior (from surveyed populations in mosque communities)</p> <p>1.4 Evidence of increased community support for HIV/AIDS interventions and PLWHAs;</p> <p>1.5 % of children in the community attending Madrasa schools;</p> <p>1.6 % of people who report using belief in Allah to assist them in reducing risk behaviors;</p> <p>1.7 % of people reporting use of preventive methods (abstinence and faithfulness in marriage) as guided by Allah;</p> <p>1.8 % who report avoiding drug abuse/use as guided by Allah;</p> <p>1.9 % of people who report feeling "at peace" or other ways of expressing optimism and hope in Allah's guidance.</p>	<p>National, regional and/or local KAP survey data;</p> <p>Focus group discussion data (religious leaders and influential community members);</p> <p>Individual in-depth interview data (religious leaders);</p> <p>School attendance data;</p>
<p>2. Acquiring scientific knowledge about HIV/AIDS</p> <p>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 infected and affected by HIV/AIDS. Allah's guidance to believers is to <i>read</i> and <i>learn</i> in order to acquire knowledge and education.</p>	<p>2.1 Decrease in proportions of surveyed individuals [Muslim leaders, community members, trainees, others] reporting misconceptions about HIV/AIDS;</p> <p>2.2 Increase in proportions of surveyed individuals [see above] reporting correct knowledge/information about HIV/AIDS [prevention, treatment, care & support, reducing stigma & discrimination, life skills utilization] using standardized international indicators;</p> <p>2.3. Increase in proportion of surveyed individuals with correct knowledge on IAA.</p>	<p>National, regional and/or local KAP survey data;</p> <p>Focus group discussion data (religious leaders and influential community members);</p> <p>Individual in-depth interview data (religious leaders);</p>

Table (vi) cont.....

Summary: Operationalizing The Islamic Approach To AIDS (IAA) At The Mosque Level (cont'd)

<p>3. <i>Making use</i> of relevant Islamic teachings and practices</p> <p>For example, there is an Islamic teaching in the Holy Qur'an discouraging adultery, which can be a predisposing factor for HIV transmission. 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.</p>	<p>3.1 Improved community <i>attitudes</i> towards people infected and affected by HIV/AIDS based on Islamic teachings (providing help, support, morally/materially);</p> <p>3.2 Evidence of HIV/AIDS interventions <i>discussed within mosque communities</i>, by Imams within the context of Islam;</p> <p>3.3 Improved attitudes of PLWHAs towards <i>treatment</i> based on Islamic practices;</p> <p>3.4 Increase in proportions of surveyed individuals reporting improved <i>confidence to seek treatment</i>;</p> <p>3.5 Increase in the proportions of infected people <i>seeking treatment</i>;</p> <p>3.6 Improvements in <i>key behavioral indicators</i> (sexual behavior, drug use, acceptance of VCT and ARVs, etc)</p> <p>3.7 Increase in proportions [or numbers] of target population <i>seeking treatment & rehab for drug abuse</i>;</p> <p>3.8 Increase in % of people who <i>care</i> for PLWHA <i>with compassion</i> (support positive prevention);</p> <p>3.9 Increase in community support for people infected and affected by HIV/AIDS, including reduction in stigma and discrimination using standardized international indicators;</p> <p>3.10 % of people who report practicing the five pillars of Islam (Belief in Allah, prayers, zakat, fasting, haj);</p> <p>3.11 % of discordant married couples who report using preventive methods in accordance to IAA.</p> <p>HQ. 2:195 <i>And spend of your substance in the cause of Allah, and make not your own hands contribute to your destruction; but do good; for Allah loves those who do good.</i></p>	<p>National, regional and/or local KAP survey data;</p> <p>Focus group discussion data (religious leaders and influential community members);</p> <p>Individual in-depth interview data (religious leaders);</p> <p>Health facility encounter/user data;</p> <p>Site visits to mosque communities during Friday prayers;</p>
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Summary: Operationalizing The Islamic Approach To AIDS (IAA) At The Mosque Level (cont'd)

<p>4. Forming partnerships with and making use of religious leaders and their administrative structures</p> <p>The Mosque Imams are the major pillars in this partnership. They can deliver AIDS education and counseling to grassroots communities. Islamic guidance in the Holy Qur'an encourages people to form partnerships for promoting good behaviours.</p>	<p>4.1. Increased numbers of NGOs/FBOs providing support to organizations promoting the IAA;</p> <p>4.2. Documented increase in number of specific partnerships formed by Imams with PLWHAs and families [need to define "partnership" locally];</p> <p>4.3. Improved coordination, planning systems among IAA partners [need to define "improved systems];</p> <p>4.4 Increased % of people who report participation in community activities related to HIV/AIDS in accordance with IAA;</p> <p>4.5 Increased evidence of collaboration between Muslim leaders and mass media in promoting communication for behavior change;</p> <p>4.6 Increased proportion of orphans being appropriately cared for and supported [need to specify what constitutes "appropriate"];</p> <p>Consistent and regular follow up maintained over time between ICPIAA and conference participants;</p>	<p>National, regional and/or local KAP survey data;</p> <p>Focus group discussion data (religious leaders and influential community members);</p> <p>Individual in-depth interview data (religious leaders);</p> <p>ICPIAA records and email communication between country community coordinators;</p>
<p>5. Implement the concept of Jihad Nafs</p> <p>The Jihad on AIDS is about each person's individual struggle to control their own personal behaviour for the welfare of themselves and their families, as well as each community's struggle to address the broader context of preventing HIV transmission and providing care and support to those coping with HIV infection. All Muslims were advised to participate in this Jihad Nafs by Prophet Muhammad (Peace be upon Him) who called it the biggest Jihad because it is not easy for anyone to control the tempting desires of his or her soul.</p>	<p>5.1 Increase in % of people who report <i>using the concept of Jihad Nafs</i> in their HIV preventive methods (abstinence and faithfulness in marriage) and treatment, care and support efforts [between data points over time];</p> <p>5.2. Increase in % of people who report <i>avoiding drug abuse</i> [between data points over time];;</p> <p>5.3. Increase in % of people who report <i>caring compassionately</i> for PLWHA [between data points over time];;</p> <p>5.4 % of people <i>tested for HIV voluntarily</i> [between data points over time];</p> <p>5.5 Documented <i>improvements in health seeking</i> behavior eg improved rates of use of VCT, ART [between data points over time];</p> <p>5.6 Documented improvements in <i>treatment adherence</i> [between data points over time];</p> <p>Documented <i>reduction in risk behaviors</i> using standardized international indicators;</p>	<p>National, regional and/or local KAP survey data;</p> <p>Focus group discussion data (religious leaders and influential community members);</p> <p>Individual in-depth interview data (religious leaders);</p> <p>Health facility data;</p>

Table (vii) Summary: Activities, Indicators And Means Of Verification For Implementing
The Islamic Approach to HIV/AIDS Interventions at the Mosque Level

<i>Activities</i>	<i>How will we know if we've made progress – indicators of achievement</i>	<i>Means of verification – where the data come from</i>
1. Report to mosque communities about 3 rd IMLC in Addis (July 2007)	# of Imams, community leaders, participants attending; # and locations of meetings held;	Email containing information about the presentation/ meetings and report with dates, names, agenda, sent to ICPIAA in Uganda;
2. Establish a mosque IAA planning committee	# of Imams, community leaders, participants attending; # and locations of meetings held;	Dates, participants, agenda, next steps lists from reports of IAA planning committee meetings forwarded to ICPIAA in Uganda by email;
3. Develop & print curricula for training community members on IAA	implementation plan for production, pretesting & distribution of curricula; # of copies printed & distributed;	Samples of curricula, training plans, manuals, evidence of outreach forwarded by email to ICPIAA in Uganda;
4. Train Imams and trainers (ToT)	# of Imams and assistants trained; # of ToTs held; training plans developed;	Training reports forwarded to ICPIAA in Uganda by email;
5.1 Educate and motivate communities and individuals; 5.2 Refer PLWHA	5.1 # and types of IEC materials produced and distributed; 5.2 # of families reached/educated by EOP or annually; 5.3 # of people reached/ educated by EOP or annually; 5.4 # of education sessions, home visits, support groups or other events held/formed; 5.5 # of Nasheed (songs and poems) developed; 5.6 # of people receiving care/support visits; 5.7 # of referrals made to health services during project period;	Activity report summaries prepared in a timely fashion, with copies submitted to ICPIAA in Uganda;
6. Develop a user-friendly system for monitoring, evaluation, and report-writing	6.1 M & E system developed, documented and shared with other IMLC participants via ICPIAA in Uganda; 6.2 # of field visits conducted;	Monthly/quarterly/annual monitoring and evaluation reports – copies submitted to ICPIAA in Uganda;

ICPIAA = International Centre for Promotion of the Islamic Approach to HIV/AIDS.

ANNEX 2: MONITORING AND EVALUATION FORMS:

It was agreed by participants at the 3rd IMLC to monitor and evaluate the activities in the implementation of the Islamic approach to HIV/AIDS. The format below should be used for a start:

Community Enhancement of the Islamic Approach to HIV/AIDS (CETIAA) Country Community Coordinators' reporting form

Form 5

Implementing partner: _____ Country of operation: _____

Name of reporting country community coordinator: _____ Reporting period: _____

Prevention, Treatment, Care and Other Program Areas - Summary

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

Number of tests performed	HIV Tests					
	TB Tests					
	Syphilis Tests					
	HIV Disease Monitoring					
Strategic Information						
Other/Policy Analysis and System Strengthening						
Policy Development						
Institutional capacity building						
Stigma & discrimination reduction						
Community mobilization						
This form is filled by the country coordinator, every six months and submitted to the Centre for Promotion of the Islamic approach to HIV/AIDS in Kampala, Uganda in the seventh month (i.e. July and January)						

HIV/AIDS Treatment/ARV Services using IAA - Summary (Direct Counts Only)									
Program Areas	Number of Service Outlets	Number of Current Clients Served							Number of Service Providers Trained
		Children (0-14)			Adults (15+)				
		Female	Pregnant Female	Male	Female	Pregnant Female	Male	Total	
HIV/AIDS Treatment / ARV Services (including PMTCT+): Current (Active) Total									
New (Naive) Clients receiving ARVs:									
Clients EVER received ARVs.									
ART Sites including PMTCT+: Current (Active)									
New (Naive) clients receiving ART									
Clients EVER received ARVs.									
This form is filled by the country community coordinator, every six months and submitted to the International Centre for Promotion of the Islamic approach to HIV/AIDS in Kampala, Uganda in the seventh month (i.e. July and January)									

There are four other forms that can help the Country Community Coordinator (CCC) for IAA to complete form 5. These are forms 1, 2, 3 and 4 as indicated below. These forms help the CCC collect relevant data from implementing religious leaders and their assistants. They can be adapted depending on the activities and the situation.

Form 1

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

COMMUNITY EDUCATOR'S ACTIVITY FORM: COMMUNITY EDUCATION

Month _____

Mosque _____

Name of Community Educator: _____

Country _____

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

***This form should be given to the IAA Country Community coordinator at the end of every month*

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

Form 2

COMMUNITY COORDINATORS' MONTHLY SUMMARY FORM: COMMUNITY EDUCATION

Name of Community Coordinator _____

Centre _____

Date of meeting with community educators _____

District/State/Province _____

Country _____

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

** The Community Coordinators should summarize the activities of his/her community educators on this form every month.

CODES FOR PREGNANCY STATUS:

Community Enhancement of the Islamic Approach to HIV/AIDS (CETIAA) Form 3
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 IAA Country Community Coordinator, monthly

Community Enhancement of the Islamic Approach to HIV/AIDS (CETIAA)
Community educator's home based care activity form for people living with HIV/AIDS

Form 4

Client's name	Client No.	Number of the topic covered in the curriculum		Care services provided to client and family								Community and Health facility Linkages			Functional status
		NEW	REVISED	Given spiritual education and support (Y/N)	Given psychosocial support (Y/N)	Given education on HIV/AIDS (Y/N)	Supported client to follow medical advice (Y/N)	Supported client with a home based care KIT (Y/N)	Supported client with a basic Care package (Y/N)	Supported client with septrin prophylaxis (Y/N)	Supported client with other material support (ITN) (Y/N)	Referred to health facility with: R = Referral card P = Phone calls, N = Written note	Client escorted to health facility for HIV/AIDS services (Y/N)	Health facility service provider made feedback through: F=IMAU 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 religious leader/Home care giver/Home treatment supporter: _____ Mosque: _____ District:/state/Province _____

Signature: _____ Date: ____/____/____
Day Month Year

To be submitted by the community educator, to the Country Community Coordinator, monthly

ANNEX 3: INSIGHTS INTO SOME CONTENTIOUS ISSUES RELATED TO IAA

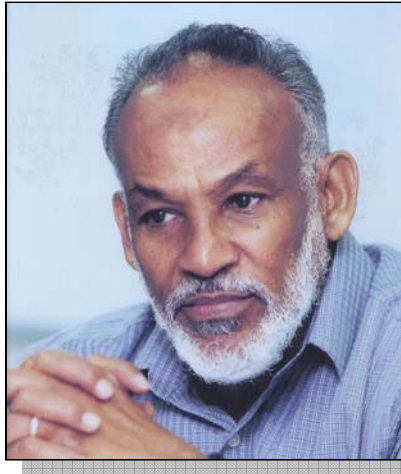
Re-enhancing the Islamic ABC strategy to the prevention of HIV/AIDS

By

Malik Badri

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The dog barks at it but the camel keeps walking:



We should be assured that the attack on the ABC strategy is fueled by deep-rooted ideology and accordingly it will never stop even if we come up with the most convincing evidences. People of faith, whether Muslim Christians or Buddhists should not be deterred by what the activists of the modern sexual revolution may say or write. We should read their researches to improve our strategy but not to allow ourselves to be discouraged from our blessed approach. The improvement in the ABC strategy should continue and those antagonistic to it may be beneficial to it in pointing a finger to possible weaknesses in the strategy. At times a sudden success such as the unexpected achievement of Uganda may cause its makers to relax and gradually lose their motivation for continuance. The hard work for AIDS prevention through abstinence and faithfulness should be maintained without being discouraged by the 'barks' of the opponents. As it is said, "The dog barks at it but the camel keeps walking on in its way". This is a Sudanese Arab proverb which is directed to jealous people who keep attacking a successful person but he simply ignores their wicked remarks and goes on with his good work. This then is my first proposal for re-enhancing the Islamic ABC strategy.

Do not underrate spirituality and ihsan in your program:

Even though they deeply believed in Allah the One and only God of the universe, Assiyyida Aysha, the learned wife of our beloved Prophet Muhammad (PBUH), is quoted to have said in a statement authenticated by Bukhari, that if the Holy Qur'an first told the Arabs not to take alcoholic drinks and to stop being adulterous they would have said, "No we will never comply"; but the Holy Qur'an kept putting in their hearts the fear of God and of Hell until their hearts softened. Then they were commanded to stop these evil acts and they immediately submitted. In fact their hearts were also awakened by the love of God and the spiritual consciousness of his existence.

Cold faith is not enough to change well-established habits let alone sexually driven behaviors and addicting drugs. Belief is a cognitive aspect and by itself it can be less effective than belief supported by spirituality and emotions. If the cognitive aspect is enough by itself, you will not find a medical doctor who smokes or takes alcoholic beverages or gains unnecessary weight. I feel that our Islamic ABC approach is probably lacking in this spiritual and emotional reinforcement. In my long experience in psychotherapy I found that once I introduce these spiritual motivators in my therapy, many Muslim patients quickly improve. Also I have found a number of alcoholics and drug dependents who dramatically change once they accept a *tariq* (way) from a *Sufi* sheikh. I have also known of patients who had been treated for years in modern clinics without success and who were miraculously cured in weeks by devoted Sufis.

Our imams and AIDS practitioners should be given special workshops on spirituality and the emotional side of Islam. They need to know how to invigorate the love of Allah in their lectures and to make use of communal *thikr* (remembrance of Allah). They may even make use of well-known sheikhs and spiritual leaders. So my second proposal for re-enhancing the Islamic ABC project is to boost the spiritual and emotional dimensions of Islam and to strengthen *ihsan* (perfect worship) in the hearts and minds of the youth. The real meaning of *ihsan* is to worship Allah as if you really see Him, because if you cannot see Him physically, He is seeing you all the time.

Make use of the love of Prophet Muhammad and the motivation to emulate his character:

Again, this is an aspect of great importance in changing attitudes and behavior that our ABC strategy might have not fully utilized. The life of Prophet Muhammad is recorded in such a detailed manner that no other human possesses and the love of Muslims to him is unequalled. It would be a great oversight on our part if we do not utilize these warm feelings in urging Muslims to take their beloved Prophet as a role model and learn to be patient before marriage, faithful after it and avoid fornication thereafter. It must be remembered that without unrivaled love to the Prophet one's *Iman* or faith is not complete and without this unsurpassed love, emulating his character will not be fully motivated. Thus, discussing the *sirah* (history) and the *shama'il* (guidance) of the Prophet (PBUH) in detail with special

reference to his intimate life should be integrated in the instructional program of the imams and the AIDS practitioners. This therefore is my third proposal for the re-enhancement of an Islamic ABC strategy.

But what happens when the AB by themselves fail to stop fornication? That is when the wearing a condom becomes an Islamic injunction.

The condom: a small rubber balloon that divided Muslim scholars:

Probably there is no proposed method of AIDS prevention that has separated and alienated traditional Muslim scholars more than the use of condoms.

So what is the correct Islamic approach to condoms? I believe the proper and Islamic attitude is a rational and moral one that refuses extremes. As for the extreme of condoms...condoms...and more condoms, we must reject it because it is based on the philosophy and mores of the Western sexual revolution and it really propagates condoms as an invitation to promiscuity. Secondly, it is not working even in Western countries.

As we all know now, condoms are not foolproof. Even when used as a contraceptive a tiny hole caused by manufacturer's errors or bad storing and misuse can allow sperm to pass through causing an unwanted pregnancy in 15% of the cases though a woman's readiness to conceive is only a few days during the month. The hole that can allow a sperm cell to pass is a 'door' as wide as a football stadium to the AIDS virus. Furthermore, infection unlike pregnancy is not limited to a few days per month.

Thus, as publicized by the ABC strategy, condoms should not be promoted as a major forefront for fighting AIDS but rather as a last resort to help reduce the possibility of HIV infection if the person is unable to abstain or be faithful to his or her spouse. ABC strategists in the Muslim world should be aware of the antagonistic attitude of many Muslim scholars against condoms and should be prepared to deal with their emotional responses in a calm and rational manner. Many of these Muslim jurists and scholars associate between condoms and the Western sexual revolution and its licentious immorality.

In this respect, I am greatly impressed by the way the Islamic Medical Association of Uganda wisely tackled this issue with the religious leaders during their pioneering project. Some of the religious leaders threatened to walk out of the workshops if condoms were even mentioned. Dr. Kagimu and his assistants acquiesced to postpone condom education for a whole year. However, as the teaching process continued, participants repetitively asked questions about condom use in a natural and unplanned manner. This gradually softened the stand of the religious leaders and they could see that condoms can be an alternative if properly and wisely used.

Muslim Jurists and scholars should know that their extreme stand against the total rejection of condoms is neither rational nor practicable nor is it Islamic. In spite of all the negative aspects that we have detailed about condoms, there is unmistakable evidence that, if used properly, they can be of help in warding off HIV infection. HIV infection comes from body fluids and the semen and female genital secretions have a very high load of this virus. If putting on a rubber 'bag' would keep the semen trapped and protect the male from the infected female secretions then there is no doubt that condoms can save lives. And if we do not have the power to stop people from fornicating since even in the time of the Prophet (PBUH) and his guided successors some companions fornicated, then a total rejection of condoms would only mean subjecting many young men and women to an untreatable deadly virus. Islam is a religion of mercy and love and many of the young fornicators of today may be the saints of tomorrow since Allah Himself declared in the Holy Qur'an that He Forgives all sins. Listen to the translation of this beautiful *ayah*: Az-Zumar 39:53.

"Say to my slaves who have transgressed against themselves by committing evil deeds and sins, do not despair from the Mercy of Allah: verily Allah forgives all sins. Truly, He is Oft-Forgiving and most Merciful" ¹

So it is a choice between living and asking for forgiveness for one's sins or perishing in agony and despair. Such choices would come under the well-known law of Islamic Jurisprudence of choosing the lesser of two evils. Indeed if we apply this rule to the use of a condom when a Muslim is unable to stop himself from unsanctioned sex, then wearing a condom should be viewed by Muslim clerics as *obligatory*. That is indeed so because though fornication is a great evil, exposing one's self or that of his sex mate to a deadly disease is obviously a much greater evil. Muslims believe that the soul of a person does not belong to him or her. It is given by Allah for a fixed time

on earth and no body has the right to kill himself or to subject himself to lethal experiences. So it is indeed obligatory on a Muslim who expects HIV infection from a sexual relation or who is in doubt whether he himself is infected to wear a condom. He should not expose himself as one who is committing suicide or a murderer.

In fact, Muslim Jurists have developed a hierarchy of evils that can afflict a Muslim. If one is forced in a situation, he should always select the one that is less sinful and less harmful. Losing one's faith and belief in God is the worst of all catastrophes. What next? The one that comes after it is losing one's life. So protecting life is having this high position in Islamic jurisprudence. Third comes losing one's mind. This is followed by losing one's fortune and lastly comes the issue of committing major sins like fornication.

A strong documentation that supports this hierarchy of the loss of life as the most serious after loss of faith comes from an important *Hadith* in which the prophet arranged the three gravest sins concerning *kufr* or disbelief, followed by taking away life and then fornication but in their ugliest forms. It was reported that a companion of the Prophet (PBUH) asked him about what was the greatest sin that a person could commit. The prophet said that it is to worship other than Allah though He created you. The companion then asked, "What next?" The Prophet said, "To kill your own child because you do not want her to share your food with you." So here again losing life comes right after losing faith but the Prophet chose the ugliest form of causing a loss of life that was common among the pre-Islamic Arabs. Again the companion asked the prophet, "What comes after that". The Prophet replied, "To have sexual intercourse with the wife of your own neighbor." Here again the Prophet chose the ugliest form of fornication. It is really surprising to find a Muslim cleric who studied this hierarchy of evils and still cling to the no...no.. for condoms under all conditions.

Muslim Jurists have for long accepted the use of condoms for birth control because it was authenticated that the Prophet (PBUH) had allowed those who did not want their wives to conceive to practice withdrawal which is medically known as coitus interruptus. Isn't it strange that some modern jurists agree about using condoms to prevent life and refuse its use to protect life?

So now I come to my fourth proposal for re-enhancing the Islamic ABC strategy. I propose that we have now had many conferences on the general prevention of AIDS. May be the time has come for specific issues. I therefore suggest that an Islamic conference or seminar be devoted to the issue of the use of condoms to which Muslim scholars and leaders can make an influential *fatwa*. I am sure it will be a verdict allowing its use within an ABC strategy.

What about masturbation? Is it really haram and forbidden by Islam?

A devoted worker for an Islamic society in Indonesia privately sought my assistance in helping her get rid of what she called, "masturbation addiction". She cannot resist masturbating at least once every night. When frustrated by normal life stressors, she finds the practice 'therapeutic'. However she feels very guilty about secretly doing a very grave sin at night to publicly preach about Islamic morality in the morning. What made her feel so bad was that many women viewed her as a role model. She tolerated this painful conflict for a long time but finally decided to ask for professional help.

Since I was and still consider myself a layman concerning Islamic jurisprudence, I humbly asked Professor 'Ala'din Kharoofa our distinguished scholar of Islamic Law and jurisprudence in the International Islamic University of Malaysia as to whether masturbation is forbidden and *haram* or not. His answer was surprising to me since he confirmed to me what I had heard many years before from a famous Syrian scholar in the Saudi TV that all the *ahadeeth* or sayings of the Prophet that people generally quote to condemn masturbation and put it at the same sinful level as incest and sodomy are certainly not authenticated and some are even fabricated. We also know now from modern medicine that all the invented physical and mental harms that are supposed to afflict the masturbator are only fiction. Professor Kharoofa stated that there is no consensus between jurists about masturbation. While some prohibited it others considered it an allowed practice and a few rated it as only a *makrooh* or a frowned upon and disliked practice but not *haram*. He told me to communicate to her to continue doing it without guilt whenever she felt the irresistible urge. On hearing this she felt so relieved that she cut down on its practice to only once or twice per month and later stopped it altogether after she got married.

In discussing this sensitive issue, I do not intend nor am I qualified to go into the Islamic religious position on masturbation. I simply wish to draw the attention of the leaders to viewing it as the lesser of two evils. Our young adolescent children are really living in an extremely seductive environment of pornography nudity and all sorts of incitements to sex. We must agree that abstinence in their time cannot be compared with abstinence in our old good days. Even if we take the view that masturbation is sinful, we cannot compare it with the evil and danger of fornication. Like the manner we spoke about condoms, I wish Muslim scholars and jurists would frankly investigate this alternative as OK or as the lesser of two evils.

It is of interest here to mention that Imam Abu Hamid Al-Ghazali, one of our greatest Muslim scholars of the past has given us a beautiful illustrated argument, not only for the choice of the lesser of two evils but also for its therapy. He stated in his great reference, *Ihya' Ulum Addin*, that it is an obligation on the part of the master when his student cannot give up a very serious or dangerous habit to lead him to another habit that is also sinful but less undesirable and evil than the first one. In time he would forget the more serious one and the lighter one can be eventually treated. He said it is like one whose white shirt had been stained with blood. Water alone cannot remove it; so one would use urine to loosen the blood, and then use water to wash away both blood and urine. I wonder whether this illustration can fit our highly sexually enticed young person who cannot prevent himself from dangerous fornication and whether masturbation may be the less harmful alternative until his wife or spouse comes to wash away both urine and blood! My fifth proposal accordingly is to have this issue of masturbation frankly discussed in a special meeting of experts in Islamic studies, medicine and AIDS prevention to come up with clear and final recommendations.

Misyar and Urfi marriages.

Many women in the Arab Middle east, particularly in Gulf countries are approaching the age of forty without being married. Many of them are rich. They have jobs and houses but they need a husband. They are ready to accept being second wives who do not ask for full equality with the first wives in terms of the time they would spend with the husbands. Furthermore, they do not ask for financial support. They only need a man in the house. The knot is tied with the agreement of parents but the marriage is concealed from the first wife and from many other relatives. *Misyar* in Arabic stands for "walking to a place" or for making things easy. It is so named because it is the husband who walks to the bride's house not the usual opposite way. This kind of marriage was sanctioned by the highest religious authorities and has given many spinsters love and sexual gratification. Also it offered many young men, who are polygamous by nature and culture, a safe and respected sexual gratification and saved them the dangers and risks of promiscuous relations.

The *urfi* marriage on the other hand is a secret confidential one. A young couple will tie the knot in a proper Islamic manner in which a Muslim learnt man will go through the usual procedure in the presence of two witnesses. They all agree to keep the secrecy of the marriage and the couple would do their best not to have children. Though many well-known Muslim scholars have sanctioned this kind of marriage since at least there is one *Mathhab* that does not make it a condition for a legal marriage to have the agreement of the father of the bride or her guardian, other scholars consider it unlawful precisely because of this issue. As one Arab paper documents, many university students in Egypt, Sudan and Gulf countries are now married to each other through this *urfi* marriage.

In this dangerous age of AIDS we really need to go back to our traditional customs that we have abandoned because of accepting a Western life style that is really not Western. It is a style that combined the bad aspects of both. In the near past, a father would ask his adolescent son to marry the daughter of his relative or friend. If the couple accepts, the girl would walk in a happy ceremony to the father's house where an extra mud hut is built for the new couple in the spacious compound of the parents. Now, in many countries of the Arab world and Africa the son may ask the hand of a girl he is in love with. The parents of the will-to-be bride would ask him to wait until he graduates and buy a car and rent a good flat. They also want to show off with a high dowry and a lavish party. It is during these years in which he strives to fulfill these difficult requirements that he succumbs to temptations and ends up being infected with HIV and other STD's.

Ironically, if this young man falls in love with a Western lady who reciprocates his feelings, marriage will take place immediately without any difficult conditions. We left our traditions to ape the West but we ended up in this non-western-non-eastern dilemma. Many Muslim scholars attack the West for being materialistic. In this aspect we are obviously more materialistic than Europe. A number of Muslim jurists and thinkers spoke and wrote about sanctioning *urfi* marriages between young people. One of them stated that real Islamic marriages were all *urfi* since this process of recording marriages was only a recent development. He stated that if the parents refuse, the girl can go to the *shari'a* court to be married by the judge and that according to one *mathhab* she does not even need the permission of the parents. I think the parents should understand that we are living in a society very different from the one they were brought up in. They must save their kids from the danger of a lethal disease. A conference to which Islamic scholars are invited to discuss this issue is my last proposal.

ANNEX 4: LIST OF COUNTRIES AND PARTICIPANTS WHO ATTENDED THE 3RD INTERNATIONAL MUSLIM LEADERS' CONSULTATION ON HIV/AIDS

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