Positively engaging Faith Leaders in Changing Narratives in HIV Stigma Reduction
The impact of HIV stigma has been well documented but should never be underestimated. As a result of stigma an individual can suffer through the loss of family and support, being shamed and blamed, and losing self-esteem. Stigma can also rob them of their livelihood.

Stigma has an impact on families as well. Affected and infected men, women and children suffer discrimination, neglect and sometimes abuse. This can fuel further infections in families because infected husbands or wives fear disclosing their status. They therefore expose their partners to the risk of getting infected. Sometimes, even suggesting condom use in a relationship brings judgments and assumptions.

At the community and National level, stigma or fear of stigma prevents people from going for HIV testing and treatment; leading to low productivity levels because of sickness or discrimination. Stigma has had a huge impact on many countries’ development. Ideas for challenging stigma are easily shared. But how can we translate individual experiences and ideas into collective action, at the different levels that are needed to ensure meaningful impact, in order to reduce stigma and discrimination?

This is where the role of faith leaders becomes critical due to their status in society. The Kenya Network of Religious Leaders Living with or personally Affected by HIV and AIDS (INERELA+ KENYA) believes that faith leaders have strengths and credibility and based in communities. This provides them with an excellent opportunity to make a real difference in combating HIV and AIDS related stigma.

INERELA+ Kenya

INERELA+ KENYA is the country chapter of the International Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (INERELA+). KENERELA targets religious organization with a view of helping them develop effective congregational responses.

INERELA+ KENYA interventions are designed to reduce Stigma, Shame, Denial, Discrimination, Inaction and Misaction (SSDDIM), six evils that drive HIV epidemic under. This is done through an innovative approach known as SAVE.

SAVE is an acronym standing for Safer Practices, Access to Treatment, Voluntary Counseling and Testing, and Empowerment.
Safer Practices covers all the different modes of HIV transmission; for example S Refers to safer practices covering all the different modes of HIV transmission including: Use of condoms, being faithful to one partner, practicing sexual abstinence; Use of sterile injecting equipment and ensuring that all blood transfusions are tested for HIV; Prevention of parent-to-child transmission (PPTCT); Safer circumcision; Pre- and Post-Exposure Prophylaxis (PrEP & PEP); Use of standard hygiene precautions, such as gloves and clean needles for all patients; Adherence to treatment.

V Refers to HIV related voluntary counseling and testing. It speaks of the need to test regularly, and for the testing to be confidential. If you know you are positive, you can protect yourself and others, and take steps to live a healthy, productive and positive life. It also emphasizes retesting for Most at risk populations including discordant couples and pregnant women.

E Refers to empowerment through education and advocacy. Stigma, Shame, Denial, Discrimination, Inaction and Mis-action (SSDDIM) associated with HIV remains a massive challenge to people’s uptake of services associated with HIV and also to people living with HIV being able to live productive and healthy lives within their communities and countries. That is why empowerment remains a vital component of all work on HIV. People need accurate information about HIV to make informed decisions and protect themselves, their partners and children from HIV. Empowerment also challenges the stigma and discrimination that can make the lives of people with HIV so difficult.

A Refers to access to quality treatment –not just ART, but treatment for HIV related infections and provision of good nutrition (particularly to help adherence to ART) and clean water. It also refers to the need for viral load monitoring, quality of services and retention to care through psychosocial support.
In 2008, Christian Aid and INERELA+ KENYA started a partnership whose aim was to improve the quality of life of People Living with HIV (PLHIV) and their families by providing and facilitating access to a range of comprehensive and sustainable support services.

The partnership focused on four specific objectives. The first was to deliver preventive health education and service at community level. (HIV/TB Prevention, Malaria, Maternal and Child Health). The second objective was to Increase Uptake of Health Services including testing, counseling and Anti Retroviral Therapy. The other objective was to reduce stigma and discrimination while the last one involved policy advocacy for health.

Through this partnership INERELA+Kenya has undergone organizational transformation to emerge as one of the leading voices in the Faith Sector on matters related to HIV/AIDS programming. This growth is evident in the following areas.

Growth Areas

The growth experience by INERELA+ KENYA can be put in two broad categories. One, INERELA+Kenya has experienced internal organizational transformation. Two, there has been an increase in the quantity and quality of interventions the organization is engaged in.

### Internal Organizational transformation

One of the Key transformation is that INERELA+ KENYA formerly registered as FBO under the name KENERELA+ has now assumed NGO status and is registered under name INERELA+ Kenya. INERELA+ Kenya as an NGO has undergone transformation through this partnership. This transformation is evident in the following areas:

1. **Staff**

   During the period under review, the staff compliment has grown to four (4) regular and two part-time members of staff. In addition INERELA+Kenya has a network of resource persons, mostly members of the network, who are available to the organization whenever need arises. The organization has also provided opportunities for students (local and international) to do their internships, practicums, or research projects.

2. **Facilities and Equipment**

   The organization is housed in a spacious office with enough rooms for staff and runs activities and trainings. This has increased the efficiency of the organization and has also saved money in terms of cost of hiring rooms for meetings and trainings. The office is well equipped with computers, printers, furniture and other resources that are necessary for the smooth running of the organization.
3. Network Expansion

INERELA+ KENYA has seen tremendous growth in membership. At the beginning of this partnership, the network had only a handful of members. This has grown to more than 2000 by the end of 2014. The number of support groups has also increased from 8 to 60.

Perhaps one of the greatest successes is the transformation of some of the support groups into fully-fledged Community Based Organizations, allowing them raise funds and do more in their areas. This is illustrated by Network of Church Leaders Tackling HIV, which was formed around 2008 as a support group of 15 Pastors Living with HIV in Nairobi. The group received capacity building from INERELA+ KENYA. As a result of the capacity building trainings conducted to the support group notable change has been seen both the leaders and the community around them.

They support group transformed to a Community Based Organization, and was registered as such. The religious leaders are the champions of change reaching out to their respective congregations and the community.

At the community level, the CBO holds barazas and community forums to propagate and create awareness on SAVE and SSDIM.
The Governor Laikipia County consults with Archbishop Benjamin Nizimbi Emeritus Patron KENERELA+ during the launch.

Voluntary HIV testing was offered during the launch.

Jane Ng’ang’a National Coordinator KENERELA+ makes her remarks during the launch.

Jane Ng’ang’a KENERELA+ Coordinator (left) and Rev. Tabitha Obure (Vicar Muthangari Parish) consult with one of the participants.

to information and provision of legal and administrative tools to secure full land and property rights.
Participants pose for a group photo during a retreat in Kibwezi, Makueni County.
There is also significant change at the congregational level with six (6) active and working support groups in a number of churches within the network. These groups provide spaces for sharing and care among the PLHIV.

The religious leaders also seek to mainstream HIV Messages through sermons among the congregations.

NECLETAH also liaises with service providers to organize for VCT services to the congregations as well as make referrals for opportunistic diseases.

NECELTAH has also formed the Gospel Parliament as a Forum for dialogue between Religious leaders and PLHIV. The parliament has tackles issues of Faith healing, Sexual Reproductive health, Health governance and contraceptives.

As a result of the above activities, there has been increased disclosure among the religious leaders and members of the congregation. Uptake of VCT services by church members has also increased. There has also been a shift in the attitude of people towards condom use. Condoms are now stocked in the pastors’ offices in all the target congregations.

**Interventions**

INERELA+ KENYA has also seen an expansion in the scope of its interventions. Originally, INERELA+ KENYA was focusing on support for members of the network that were suffering stigma because of their HIV status. This has now been expanded to include:

1) **SAVE and SSDDIM Mainstreaming**

In addition to helping members of the network deal with stigma, INERELA+ KENYA has worked hard to mainstream the SAVE message and SSDDIM reduction in the society. The organization has pushed this message to congregation, and to the community at large through literature, media, and strategic partnerships.

An example of such partnership is the introduction a curriculum based on the SAVE message to Theological Colleges. A full three-credit hour unit is now available to Bible Schools and Theological Colleges. A test run was successfully done at Great Commission Bible School in Karen where a class of 28 students was successfully taken through the course.

Attempts aimed at taking this message to the Private Sector have also been made through a partnership with the International Labor Organization, Kenya HIV Business Council and the Swedish Workplace HIV and AIDS program.

2) **Advocacy**

Unfavorable government policies towards HIV can lead to increased rate of infections, high mortality, and increase in stigma. INERELA+ KENYA has worked hard to add voice to people and organizations that have been calling for better policies on HIV. This includes increased funding for HIV, a change in messaging through adoption of stigma free message, especially SAVE, and
addressing of cultural and religious practices that hinder universal care for people living with HIV.

As a result, INERELA+ KENYA has been identified as a key partner of the National Aids Control Council, and has been invited to take a leading role in the Faith Sector Working Group. Together with other FBOs, a framework outlining the role of the faith sector in HIV policy development and program work has been developed. Central to this framework is the adoption of the SAVE model.

3) Sexual and Reproductive Health and Rights (SRHRS)

Most new HIV infections are sexually transmitted, or are associated with pregnancy, childbirth, and breastfeeding. Further Sexually transmitted infections (STIs) increase the risk of acquiring or transmitting HIV. The factors that underlie HIV and AIDS are the same ones underlie poor sexual and reproductive health. One cannot make progress towards zero new infections without mainstreaming Sexual and Reproductive Health Rights (SRHR) issues and interventions. This is an area that INERELA+ KENYA has embraced over the period of this partnership.

The involvement of INERELA+ KENYA in SRHR has made impact, not just in religious organizations under the network, but also on youth and children within congregations. To achieve this, wider collaborations have established with local and international partners, among them, AMREF, Save the Children, Church of Sweden, and INERELA.
4) Gender Discourse

INERELA+ KENYA has also made a contribution on the gender discourse. Through its network, it has engaged in activities aimed at addressing Gender Based Violence in faith communities, and especially amongst the leaders. Through support from partners, INERELA+Kenya conducted and published a Gender Audit, that sought to identify

5) Women Land and Property Rights

In the course of its work, INERELA+ KENYA realized that a bad land ownership regimen in Kenya had a very adverse impact on women, especially those living with or personally affected by HIV/AIDS. The system of owning land has largely been in favour of men.

Women are often dispossessed of their land after the death of their husbands, exposing them to further suffering, and the risk of infection or re-infection with HIV. Those already under treatment are left in a situation where they cannot afford treatment or good nutrition leading to deterioration of their health, while their children are unable to access education.

INERELA+ KENYA saw an opportunity for alleviating the suffering of women in this area. A program was successfully implemented in Laikipia where ____ of women with various land ownership issues were assisted through training, legal assistance, and entrepreneurship skills. In the process, KENERALA+ facilitated the formation of four alternative dispute resolution teams to make resolution of land related cases accessible and affordable for women. As a result ___ cases were successfully resolved.

The capacity that allowed INERELA+ KENYA an opportunity to work on this program has been developed over the period of this partnership.

6) Health Governance

Under the new constitution of Kenya, health services have been devolved to the counties. What this means is that decisions on health matters including budget allocation for health services are made at the county level. INERELA+ KENYA has seized the opportunity provided by this new arrangement by building the capacity of its network to engage with the county governments. This is a completely new area for INERELA+ KENYA that has been made possible by the partnership with Christian Aid.

7) Media and Publicity

The partnership between Christian Aid and INERELA+ KENYA has contributed to the discourse on the role of the faith community in tackling HIV stigma. This is evidence by the dozens of news items, publications, and documentaries that have been produced during this period. Some of the news items have been carried by established international media house such as the BBC.

8) Empowerment of Religious Leaders

INERELA+ KENYA’s core audience is religious leaders living with or personally affected by HIV. At the beginning of the partnership with Christian Aid, the religious leaders were struggling with personal
The work with religious leaders has now moved beyond personal victory into public engagement such as dialogue and advocacy in the faith communities.

One of the success stories in this journey is Rev. Gibson Mwanganyi Mwadime of the Anglican Church of Kenya. From dealing with the shame and stigma associated with HIV, Rev. Mwadime has steadily rose to become a recognized figure in mainstreaming HIV work in church programs. For his efforts, Rev. Mwadime was canonized by the church on December 1, 2013.

9) Congregational Responses

The congregations that work with INERELA+ KENYA have also transformed their responses from HIV and AIDS awareness, as was the case before 2008. Most of these congregations have scaled their interventions to include care and support, advocacy, and health governance.

Rev. Canon Mwadime
Rev. James Muhia of the Presbyterian Church of East Africa, Ruiru Town parish, serves as a very good example of this.

After attending a meeting organized by INERELA+Kenya, Rev. Muhia took immediate steps to have his ensure that his congregation, and his organization participated in showing love and care to PLWHA. Prior to, during and after the World Aids Day, his congregation organized a series of activities. In deed, SAVE messaging was incorporated into the church program, and was shared widely with the organization.

10) Initiation of Dialogue Between People Living with HIV and Religious Leaders

INERELA+ KENYA has also started implementing a framework that allows religious leaders and PLWHAs. This framework supports the development and sustainability of long-term partnerships, encompassing both collaboration and dialogue, among networks of people living with HIV, faith-based organizations and religious leaders. It also support the collection, analysis and use of evidence on the experiences and perceptions of people living with HIV within their faith communities, and on the response to HIV of faith communities and religious leaders. Finally it supports the documentation and sharing of good policy and practice as well as lessons learned to overcome challenges faced by people living with HIV and faith communities in the response to HIV.

11) Documentation/Publications

INERELA+KENYA has produced a number of documents within this period

- Beyond Stigma - What Faith Communities must do to end HIV and AIDS Related Stigma
- Reducing SSDDIM & Multiplying SAVE: Fact Sheet Handbook
- Fact Sheets:
  - Children & Sexuality: A fact sheet for parents and Children Educators within Faith Communities
  - Women’s Rights to Land and Property Ownership, Access and Control in Kenya in the Context of HIV
- Brochures
- Posters
POLICY BRIEF

WOMEN'S RIGHT TO LAND AND PROPERTY OWNERSHIP
ACCESS AND CONTROL IN KENYA IN THE CONTEXT OF HIV

POLICY BRIEF SUMMARY

1. Land is a key resource in Kenya, and under the Constitution, the property ownership rights of women, especially those who are widows or divorcees, are protected.
2. However, a number of cultural practices and traditions have hindered the equal access and control of land by women.
3. The Constitution and new land laws provide a promise for women, regardless of status, to gain greater access, use, and ownership of land in Kenya.
4. Opportunities for HIV positive women to realize this promise need to be provided through programmes that ensure access to information and provision of legal and administrative tools to secure full land and property rights.

For more information contact
Kenya Network of Religious Leaders
P. O. Box 102098 00101 Nairobi, Kenya
Tel: 020 2325289 or 0750893848
Email: kenerela@gmail.com

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Way Forward

While it is clear that a lot has been achieved, there are still opportunities for partnership in furthering dialogue in the faith communities. Below are some of the issues that require attention, along with actions that can be taken.

1. Men’s' involvement.

Involvement of men has been low. There is need to find out why this is so, and find ways of ensuring that men are involved in the whole spectrum of HIV services and in fighting stigma and discrimination.

2. Comprehensive Sexuality education Curricular:

While the guidelines for a comprehensive sexuality education are already in place, the implementation of the same has stalled. Strategies and program are required to:

a) Development of Age appropriate sexuality curriculum
b) Development of standard/common messages across board
c) Development of stigma free messages
d) Empowerment on HIV Counseling and skills among religious leaders
3. Faith healing

Faith healing continues to be a challenge, and a major hindrance to treatment. There is need to sustain dialogue on this issue. Additionally faith leaders should be equipped with other skills for alleviating the suffering of PLWH including home-based care, and establishment (and management) of support groups within the church.

4. Integration of national values viz a viz religious values with regard to HIV

The discourse in the faith communities must not be isolated from the national life. There is need to explore the national values, and find opportunities for integrating them religious values and HIV messaging.

5. Greater Involvement of PLWH in Faith Communities

There is need to advocate for creation of space for PLHIV to participate in religious activities and decision-making. Exchange programs between PLHIVS and religious leaders should be facilitated to enhance dialogue.

6. Advocacy

Religious leaders should be empowered to lobby media houses to change policies to give more time to education around HIV and stigma (revising their roles infighting stigma). Their voice should also be heard in advocating for mire financing of HIV by national and county governments.

7. Stigma Free HIV Messaging

Reflections amongst religious leaders should be encouraged with a view of helping them come up with stigma free messaging for HIV. Joint reflection between different faiths will help find common ground, and more importantly provide a platform for exchange of ideas and best practices.

INERELA+ KENYA is committed to ensuring that it achieves these goals. It will continue to find innovative approaches in engaging faith leaders to ensure that the narratives around HIV Stigma have been changed.

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For more information, contact;

**International Network of Religious Leaders Living with or Personally Affected by HIV (INERELA+) Kenya Chapter**

P.O. Box 102098 - 00100 Nairobi, Kenya  
Tel: +254 20 2325289 or 0750 893848  
Email: kenerela@gmail.com / inerelakenya@gmail.com