

# **INERELA+ KENYA**

**International Network of Religious Leaders Living  
with or personally affected by HIV - Kenya Chapter**

## **Statement of Capacity**

August 2020

## About INERELA+ Kenya

The International Network of Religious Leaders Living with or Personally Affected by HIV (INERELA+) Kenya Chapter is an interfaith, faith based non-profit organization which was established in 2004 after the African Network of Religious Leaders Living with or Personally Affected by HIV (ANERELA+). The formation of ANERELA+ was inspired the first practicing religious leaders led by Canon Byamgisha to declare openly their HIV status.

Over the years, INERELA+ Kenya has empowered over 2000 religious leaders and has been able to reach over 5 million congregants in faith communities with key messaging on stigma reduction.

INERELA+ Kenya works through community and congregational platforms to engage, mobilize, empower and transform communities through faith sector platforms by integrating advocacy issues including sexual and gender based violence, gender justice, meaningful male engagement, paediatric HIV and TB treatment, mobilization for agribusiness to amplify empowerment to reduce vulnerability to HIV by addressing factors fuelling the spread of HIV.



## Our Mission and Vision

**Our Mission** is to equip, empower and engage religious leaders living with or personally affected by HIV and TB to live positively and openly as heralds of change and change in their faith communities and counties.

**Our Vision** is to have a nation where HIV and TB related stigma, transmission and deaths are eliminated through the active participation of religious leaders

INERELA+ Kenya empowers religious leaders to;

- ❖ Break the silence and live openly and positively
- ❖ End self and community stigma, denial and shame
- ❖ Be forces of change and action in their faith and surrounding communities
- ❖ Influence faith community and national policies around HIV programming, gender, human rights and accountability.
- ❖ Promote community empowerment, social change and transformation

INERELA+ Kenya is guided by core values which include;

- ❖ Support without judgment
- ❖ Positive, open and healthy living
- ❖ Fighting stigma, denial, discrimination and inaction around HIV & TB
- ❖ Leaders as role models
- ❖ Inclusiveness
- ❖ Respect for life
- ❖ Compassion
- ❖ Gender inclusiveness
- ❖ Transparency and accountability to all stakeholders

### OUR COMPETENCIES

Over time, INERELA+ Kenya has developed and strengthened core competencies in;

#### a. Advocacy

INERELA+ Kenya has been extensively involved in carrying out advocacy on paediatric HIV and TB issues and elimination of stigma using the holistic and comprehensive approach (SAVE) which simultaneously emphasizes Safer practices, Access to Treatment and Nutrition, Voluntary Counselling and Testing and Empowerment of individuals to reduce vulnerability to HIV.

INERELA+ Kenya continually engages key policy and decision making organs and stakeholders at both national and county levels to advocate for the fulfilment of the commitments that governments have made to ensure successful combating of HIV and TB. These include

educating and raising awareness on UNGASS declarations, Universal Access Declarations, 15% health spending from National Budgets among other key commitments.

Religious leaders incorporate the PEPFAR messages of hope in their congregational sermons, to give hope and encouragement for HIV testing, as well as assure support and care for those who test positive. During the month of February 2020, INERELA+ Kenya trained 40 religious leaders on utilizing the messages of hope during congregational moments such as sermons, Bible study, home visits among others. Following the onset of the pandemic in Kenya, in March 2020, the government of Kenya gave directives that consequently limited religious gatherings to help curb the spread of the virus. INERELA+ Kenya has since utilized congregational online platforms such as congregational Whatsapp groups and virtual sermons for the religious leaders to disseminate the messages of hope to their congregants.

INERELA+ Kenya's network of religious leaders and youth champions utilise social media platforms such as Facebook, Twitter and Instagram to disseminate messages of hope to their congregants and fellow youth. The religious leaders further utilize the messaging platforms to remind their congregants to adhere to the Covid-19 prevention guidelines of social distancing, wearing masks and maintaining hygiene. In addition, the messages have also been disseminated using 5 radio stations, by in-person visit,

tele-conferencing and prior recording of the messages to for airing by the radio stations. Since the onset of the pandemic, at least 80,000 people have been reached by messages of hope disseminated by INERELA+ Kenya, her network of religious leaders and youth advocates, using online platforms, mass media and social media.



### **b. Capacity Building and Dialogue**

INERELA+ Kenya works with regional and grass root membership at the county levels to organise, mobilize, empower and transform communities through capacity building of skills to address key issues fuelling the spread of HIV. Moreover, the network has built the capacity of more than 5000 Religious Leaders from over 2000 congregations countrywide, through trainings, dialogues and theological reflections. These trainings have enabled the effective dissemination of key HIV messages on Stigma reduction and quality Healthcare among children,

adolescents and young people as well as adults.

INERELA+ Kenya has held dialogues between religious leaders and people living with HIV in Nairobi, Machakos, Kiambu and Siaya counties which has further informed her stigma reduction work using a Framework for Dialogue Manual. Through her core mandate of building capacity and engaging religious leaders living with and personally affected by HIV in Kenya, INERELA+ Kenya has greatly enhanced the disclosure of religious leaders living with HIV as heralds of hope for their congregations and communities. The elimination of HIV related stigma is a key success of the Organization. Documented through a series of booklets with the title “Beyond Stigma” as well as video documentaries of lived experiences with HIV, the messages of anti-stigma have reached more than 100,000 people through the network.

In addition to dialogue, INERELA+ Kenya regularly holds theological reflections with religious leaders to develop key scriptural references to guide and support HIV-related messaging. The scriptures are often incorporated into digital messages or booklets that are distributed widely within the INERELA+ Kenya network of religious leaders. The sessions recommend the utilization of a ‘Sermon and Khutbah Guide’, a book containing sermons revolving around issues of stigma reduction and accessing quality healthcare, to be utilized by

religious leaders for congregational and community messaging.

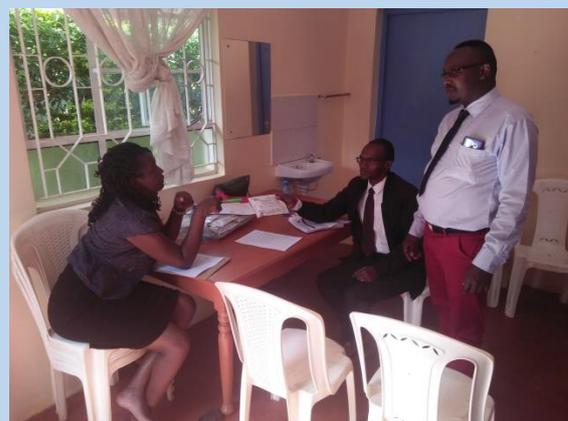


### c. HIV Testing and Treatment

INERELA+ Kenya aims to increase access to HIV testing services to all, in due regard for the elimination of stigma and myths associated with HIV. The Organisation especially focuses on ‘reaching the unreached’ by providing testing services to those who are yet to know their HIV status.

The network has previously implemented a project on ‘Increasing Access and Utilization of Quality HIV Testing Services to the Last Child, Adolescent, Youth and Adult Males in Congregational Settings in Nairobi County.’ Under this initiative, the network reached more than 30,000 people with key messages on HIV and greatly influenced congregational and community mobilization of HIV testing services for over 4,000 people. INERELA+ Kenya has also implemented the *Wajibu Wetu* project in Nairobi County, providing testing services to thousands of people in the City’s informal settlements and identifying more than 400 positive clients.

INERELA+ Kenya is currently implementing the FCI project as part of the USAID *Afya Jijini* programme designed to strengthen Nairobi County’s institutional and management capacity to deliver quality healthcare services. The objective is to improve county-level institutional capacity and management of health service delivery. The project entails close collaboration with Religious Leaders to provide the platforms and aptitude for implementation and reaching out to congregations and communities. One of the key components of the project is finding men and children using the HIV self-testing method. The method was proposed as a convenient form of testing to especially find men who would not ordinarily visit the HIV testing facilities. Since the onset of the project in June 2020, more than 500 HIV self-testing kits have been distributed throughout informal settlements in Nairobi and at least 35 positive clients identified and linked to health facilities for treatment.



### d. Combating Sexual Gender Based Violence (SGBV)

Upon situational analysis and previous survey findings, INERELA+ Kenya has observed a strong correlation between HIV and SGBV, therefore according significant importance to the fight against SGBV. INERELA+ Kenya works closely with religious leaders and community leaders who provide the networks and platforms to engage with communities and congregations in the prevention and response to SGBV. Due to the influence and trusted nature that these leaders exercise in their congregations and communities, it is possible that they receive cases of SGBV from their congregants before they are reported in the designated government institutions. INERELA+ Kenya therefore builds the capacity of the religious and community leaders through training and dialogue to address and respond to SGBV cases. In addition, the Organisation reaches out to people and communities directly through community outreach programs, creating awareness on the forms of SGBV and enlightening communities on the available response channels.

One of the Organisation's most significant work on SGBV is the 'Faith Action to End SGBV' implemented in Narok County between 2017 and 2019. The key activities of the project entailed the training of religious leaders, the police, Children's' officers and health workers on how to report, investigate and generally handle cases of SGBV. INERELA+ Kenya worked closely with community champions who helped to identify sexual offences and facilitated

referral to health and legal services. The trained leaders mobilized the communities on change of behavior and attitudes towards ending FGM, child marriage and defilement, which were identified as the most pressing SGBV issues in the County. In collaboration with the Judiciary and County Children's' Department, INERELA+ Kenya supported facilitation of rescue services and access to justice for survivors by working closely with the police gender desks, the Childrens Officers, the Chief Magistrate of the Narok Criminal Courts and the Court Prosecutor.

INERELA+ Kenya is currently implementing the 'Justice for Children' component of the Faith Communities Initiative project in Nairobi County. This entails working closely with religious leaders and the County Government of Nairobi to strengthen response institutions for efficient health and judicial service delivery for abused children and those at risk of sexual violence. A baseline survey was conducted at the beginning of the project to identify the extent of cases of sexual violence against children and the link to reporting and justice institutions.

### **Linkage to response through the community referral system**

*Religious leaders stay vigilant to cases of child abuse within their communities and congregations. There is established a community referral system that enables the Religious leader, once notified of a case, to refer the case to the appropriate facility or authority that will immediately expedite timely response. The referral system is comprised of the Police, Chiefs, Children' Department Officers, Community Health Workers, Rescue Centres and other facilities and officials involved in GBV response. INERELA+ Kenya works closely with the Afya Jijini programme and the County governments Gender departments to expedite rescue and response. The religious leaders, having been trained on SGBV, understand post-rape care process and are expected to act immediately to ensure that the survivor is treated, and in so preserving the evidence. Through the help of local administration such as the Chief and Nyumba Kumi chairman, the religious leaders assist in locating the perpetrator and facilitate his arrest. Through the religious leaders, the survivors are further linked to congregational and community-based support systems for psycho-social support.*

There has been a spike in Gender Based Violence cases since the onset of the Covid-19 pandemic. Data from the Director of Public Prosecutions, records that sexual offences form 41% of the total cases reported since March 16, 2020. The majority of the survivors are women and children, with a majority of the reported cases occurring in domestic settings during the quarantine period, with the perpetrators being relatives and persons living with victims in a domestic relationship. In this regard, INERELA+ Kenya Organisation has utilised digital platforms and social media to disseminate awareness raising messages on SGBV prevention and response, and especially focusing on the prevention of domestic violence, child abuse and exploitation. Religious leaders have utilised congregational Whatsapp groups to send awareness raising messages to their congregants. INERELA+ Kenya continues to use bulk SMS and membership groups to send response contacts, with the information that help is available and the designated response contacts. More than 20 cases of sexual violence against children have been identified and referred through the referral pathway, since the onset of the pandemic. The survivors have been linked to congregational support groups for psycho-social support, and taken through counselling through the INERELA+ Kenya counselling department.

INERELA+ Kenya has in place a Child Protection Policy for use by faith communities. The policy has been disseminated widely and has enlightened

religious leaders on what constitutes the rights and best interests of children. INERELA Kenya+ works closely with religious leader to oversee the implementation of the policy in their congregations.



#### (e) Male engagement

A key focus of INERELA+ Kenya SGBV program is meaningful male engagement in gender equality. The Organisation seeks to empower both men and women to be advocates for gender equality and champions to end violence against women. Upon training, the male religious and community leaders in the network have helped to bring other men on board by holding dialogues and focus groups with them in their congregations and communities, challenging them to support and respect the women around them. INERELA+ Kenya projects on ending harmful cultural practices in rural areas engage male traditional leaders as agents of change. This has been particularly significant in helping to shift the norms in those societies, largely patriarchal, by abolishing the practices.

Boys are also engaged during religious initiation programs through VMMC referral where they are taught to be responsible men and to treat the girls and women with respect and dignity.

INERELA+ Kenya is currently implementing the Coaching Boys into Men Program in collaboration with 20 sports teams. This is an Evidence Based Intervention that utilizes sports as a tool to mold young boys aged 9-14 years into responsible men. The initiative commences with training and capacity building of coaches for boys' sports teams that meet regularly. At the end of every game, the coaches give the boys messages on responsible living and encourage them to change their behaviour and attitudes and adopt a respecting and protective behaviour towards girls and women.

The approaches of engaging boys in preventing sexual violence aim to transform them by changing their behaviour and mindset. In the long run, it is expected that the approach will reduce the number of perpetrators, hence securing more women and girls from the threat of sexual violence.

We believe that to fully combat GBV in our society, there is need for a change in behavior and practices to reduce and eventually nullify the number of GBV perpetrators. This requires full participation of men in the process.

#### (f) Legal aid and rights empowerment

INERELA+ Kenya is keen on eliminating discrimination, abuse and exploitation of vulnerable members in the society, notably people infected or affected by HIV, widows, children and women. Such discrimination often leads to violation of their legal rights, such as disinheritance of widows, and denial of basic rights like right to reproductive health care, Gender Based Violence and discrimination of people living with HIV.

INERELA+ Kenya has previously applied a human rights-based approach to build the capacity for access to social-economic rights. This has been enabled by empowering communities to claim their rights and by building the capacity of duty-bearers to understand and fulfil their obligations towards citizens.

INERELA+ Kenya engages legal experts to train religious leaders and selected community leaders on human rights issues such as land rights, Gender based Violence, Family law and awareness on discrimination practices prohibited by the HIV/AIDS Prevention and Control Act. The organization also works with lawyers to provide free legal aid to members of the community who cannot afford legal representation.

INERELA Kenya has previously addressed discrimination of women, especially widows and PLHIV, in land ownership and property rights. In 2016, the Organization successfully completed the project *'Promoting Women Land and Property Rights and Economic Empowerment'* in Laikipia County. The project's greatest

impact was the increased capacity of 27 women to utilize their land and property ownership for economic gain through training on entrepreneurship, financial literacy and business management. Through the project, INERELA+ also facilitated legal aid to assist 10 women previously denied land ownership on discriminatory grounds to gain access to land and use the land productively to generate income.

In 2018, INERELA+ identified and trained traditional, religious and county leaders on Alternative Dispute Resolution (ADR) to assist in amicable dispute resolution of civil cases in Narok County. At least 15 family and land disputes were settled through the committee, most of which involved restoration of children rights to maintenance. The ADR committee was formally recognized by the Narok County government and Law Courts, enabling its work to continue even after the end of the project.

#### **(g) Menstrual Hygiene Support**

INERELA+ Kenya seeks to ensure access to proper menstrual health and hygiene for girls as part of its program on access to sexual and reproductive health rights for adolescents and young people. During the months of May, INERELA+ Kenya joins the rest of the world in marking the Menstrual Hygiene Day on May 21<sup>st</sup> by organizing a rallies and campaigns to raise awareness on menstrual hygiene challenges facing adolescent girls. In 2020, INERELA+ Kenya conducted a successful menstrual

health campaign by engaging 21 Youth advocates who actively participated in dialogues, webinars and social media conversations to raise awareness on the specific menstrual health challenges affecting the education and social-economic potential for girls. In addition, INERELA+ Kenya has also embarked on supporting adolescent girls from disadvantaged areas with menstrual health and hygiene products and information during the pandemic. To this end, INERELA+ Kenya has distributed sanitary pads to 200 girls in Korogocho, 100 girls in Mukuru kwa Njenga, and 150 girls, in Majengo, Nairobi. INERELA+ Kenya is also a partner in the #PadsforSlums initiative launched by Team Environment Kenya (TEK) to ensure that girls from urban informal settlements and rural areas have access to sanitary hygiene products during the pandemic and beyond.

One of the key milestones of the May 2020 Menstrual health campaign was the launch of a stand-alone Menstrual Hygiene Management Policy 2019-2030 by the Cabinet Secretary for Health to address menstrual health and hygiene using a multi-sectorial approach.



#### **(h) Nutritional & OVC Support**

Among the key areas of focus is a focus on nutrition with focus on Orphan's and Vulnerable Children and Families. Working with faith communities, INERELA+ Kenya has been able to identify orphaned and vulnerable children and link them with educational opportunities including at the higher Education Level through UDEMY college, we have also linked many to bursary opportunities for secondary education as well as building the capacity of guardians to access economic empowerment. As part of her congregational response, INERELA+ Kenya has worked with different congregations to support vulnerable girls to access vocational training at congregational and community levels as well as life skills to enable them go on with life. Capacity building of religious leaders has been conducted focusing on how to reach out and support orphans and vulnerable children as well as rallying congregations to have a kitty to support such of their own especially those whose parents have passed on and were part of the faith community.

#### **i) Drugs and Substance abuse**

Drugs and substance abuse has also been a key challenge facing especially adolescents, young people and men, both who are part of congregations and community level. INERELA+ Kenya has built the capacity of over 200 congregations to deal with the challenge who in turn have developed congregational approaches that focus on

rehabilitation and provision of life skills and economic opportunities in order to deal with hopelessness that many face. Currently INERELA+ Kenya is working with different congregations in Kiambu slum, in Kayole, Korogocho, Kiamumbi (Kiambu County) among other areas to support them curb the challenge of drugs. Dialogues with community leaders and families to integrate and support individuals who are being rehabilitated is an ongoing engagement. Advocacy and county level is also ongoing to curb drugs trafficking and enforcement of the law focusing on selling of substances to minors.

to provide nutritional support for her members living with HIV, orphans and people with disability with no additional support. INERELA+ Kenya has distributed non-perishable food packages to at least 50 families in the informal settlements within Makadara, Embakasi and Kasarani.



Following the onset of the COVID 19 pandemic, businesses and income generating activities have been disrupted. This has led to a decline in household income, loss of employment and other economic effects. As a result, access to food has been a challenge for many families in informal settlements. INERELA+ Kenya established a feeding initiative to partner with private institutions and individual well-wishers,

## ORGANISATION

INERELA+ Kenya has a Board of Directors and a Secretariat based in Nairobi which oversees the daily management of the implementation of activities.

### INERELA+ Kenya Board of Directors

The Board of Directors is constituted of members from different regions as well as different faith communities including Islam, Christianity and the African Traditional Religion. The board is responsible for overall policy making and guidance of the organization. It meets twice a year, but has a management committee comprising of the Board Chairperson, the Vice Chair and the Treasurer who meet on a regular basis to provide policy guidance to the management.



### The INERELA+ Kenya Secretariat

The Secretariat is headed by a National Coordinator who is in charge of the day to day management of the network. The main function is to provide overall coordination of the network, provide

technical support to regional representatives and support group volunteers, and engage in regional and international policy dialogues.

### Regional Offices

In each region the network has regional representatives that provide technical support, monitoring and mentoring services to support groups. They also participate in regional policy and advocacy fora and provide on the spot mentoring services to support groups as and when the need arises.

### Our Work in Counties

INERELA+ Kenya has over the last decade partnered and worked in several counties in Kenya implementing different donor funded activities. These include the USAID through the Health Policy Initiative (HPI), Christian AID in stigma reduction and TB awareness creation work, UN-WOMEN in promoting Women Land and Property Rights, IAVI in advocating for New HIV Preventive Technologies, Save the Children- in SRHR, Gender and HIV Education among Adolescents and young people, Ecumenical Advocacy Alliance in enhancing dialogue between religious leaders and PLHIV and advocacy for Paediatric HIV /TB treatment, AIDS Rights Alliance for Southern Africa (ARASA) on development of relevant tools to support creating awareness on Human Rights within congregations. INERELA+ Kenya has previously partnered with Christian AID on GBV Prevention and advocacy in

Narok County, UNAIDS on Male Engagement in HIV service uptake in Homa Bay and Siaya Counties and Stop TB Partnership on TB Prevention among Faith Communities. Others include the observation of the UCD and DAC through partnership with the World Council of Churches - Ecumenical Advocacy Alliance.

INERELA+ Kenya is a key stakeholder at the Faith Sector and MIPA Working Groups housed by National Aids Control Council (NACC). The Organisation works closely with the following Institutions:

- 1) Supreme Council of Kenya Muslims (SUPKEM)
- 2) The National Council for Churches of Kenya (NCCK)
- 3) Organization of African Instituted Churches (OAIC)
- 4) St. Paul's University
- 5) Kenya Council of Imams and Ulama (KCIU)
- 6) Christian Health Association of Kenya (CHAK)
- 7) Ecumenical Pharmaceutical Network (EPN)

- 8) Other NGOs among them Network of People Living with HIV and AIDS in Kenya (NEPHAK), ICW-Kenya Chapter, Kenya AIDS NGO Consortium (KANCO)
- 9) Ministry of Health (NACC and NASCOP).

INERELA+ Kenya closely works with the County Government of Nairobi in the implementation of the Faith Communities Initiative designed to strengthen Nairobi County's institutional and management capacity to deliver quality healthcare services. The organization is also collaborating with the Nairobi SGBV focal points to strengthen Child safeguarding measures and response to cases of Sexual Violence Against Children (SVAC) by enhancing faith-facilitated health care and psycho-social support as well as fostering sustainable and holistic community systems within faith based communities.

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