

Engaging Faith-based Organizations in HIV Prevention

A Training Manual for
Programme Managers



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FOREWORD

General Assembly resolution 59/23, ‘Promotion of Interreligious Dialogue’, affirmed that mutual understanding and interreligious dialogue are important dimensions of the dialogue among civilizations and the culture of peace. This resolution came into being within the context of General Assembly resolution 58/128, adopted on 19 December 2003, which acknowledged that respect for religious and cultural diversity, tolerance, dialogue and cooperation can help diminish ideologies and practices based on discrimination, intolerance and hatred and promote world peace, social justice and friendship among peoples.

UNFPA has embarked on a number of joint initiatives with faith-based organizations to address the spread of HIV and to fight the stigma often directed towards people living with the virus. The Fund’s engagement, dialogue and partnership with faith-based organizations have yielded results that have been mutually beneficial to UNFPA and religious institutions – and, most important, have improved the lives of the people they serve.

UNFPA produced this training manual, *Engaging Faith-based Organizations in HIV Prevention*, with support from the Unified Budget Work Plan of the Joint United Nations Programme on HIV/AIDS (UNAIDS). Its aim is to encourage policy makers, programmers in the field and development practitioners to recognize the complex social, cultural and economic factors at play in HIV prevention and to partner with faith-based organizations to address them. The ultimate goal: to advance the ICPD agenda and reverse the spread of HIV.



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*“We are the agents of transformation,
capable of turning the tide against the disease.
We must recognize our interconnection,
regardless of geographical, cultural or religious
constructs. . . We must respect each other. . .
We must stand shoulder to shoulder, heart to
heart in the fight against HIV and AIDS.”*

Desmond M. Tutu, Archbishop Emeritus,
Anglican Church of the Province,
South Africa

INTRODUCTION

Background

UNFPA's mandate is guided by the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) in Cairo, and the Fund works closely with governments, civil society and faith-based organizations (FBOs) to achieve its goals. "The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with its national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights."—ICPD Programme of Action²

Since the Cairo conference, and recognizing the importance of working within cultures and religions to foster stronger progress towards ICPD goals, UNFPA has been establishing a dialogue with a large number of faith-based and interfaith organizations. UNFPA has also partnered with FBOs in joint projects to improve reproductive health and rights and to translate shared development goals into reality. Many religious leaders have been supportive of efforts to encourage safe motherhood and to uphold the dignity of women and men by affirming their moral capacity to make personal decisions concerning reproduction.

The influence behind faith-based organizations is not difficult to discern. In many developing countries, FBOs not only provide spiritual guidance to their followers; they are often the primary providers for a variety of local health

and social services. Situated within communities and building on relationships of trust, these organizations have the ability to influence the attitudes and behaviours of their fellow community members. Moreover, they are in close and regular contact with all age groups in society and their word is respected. In fact, in some traditional communities, religious leaders are often more influential than local government officials or secular community leaders.

Many of the case studies researched for the UNFPA publication *Culture Matters*³ showed that the involvement of faith-based organizations in UNFPA-supported projects enhanced negotiations with governments and civil society on culturally sensitive issues. Gradually, these experiences are being shared across countries and across regions, which has facilitated interfaith dialogue on the most effective approaches to prevent the spread of HIV. Such dialogue has also helped convince various faith-based organizations that joining together as a united front is the most effective way to fight the spread of HIV and lessen the impact of AIDS.

Purpose and objectives

This manual is a capacity-building tool to help policy makers and programmers identify, design and follow up on HIV prevention programmes undertaken by FBOs. The manual can also be used by development practitioners partnering with FBOs to increase their understanding of the role of FBOs in HIV prevention, and to design plans for partnering with FBOs to halt the spread of the virus.

²ICPD Programme of Action: p. 8, chapter II.

³UNFPA. 2004. *Culture Matters - Working with Communities and Faith-based Organizations: Case Studies from Country Programmes*, New York, UNFPA. Available at: www.unfpa.org/culture.

Contents and methodology

The manual explores how religious values and the power of religious leaders to mobilize communities can be used to design effective and sustainable community programmes to address HIV. It explains how to involve religious leaders in programmes to eliminate the stigma and discrimination often directed to people living with HIV and how to encourage community support and solidarity using the compassionate spirit of religion. It also outlines the key HIV prevention messages that religious leaders can promote and the skills they need to deliver them effectively.

The manual has two parts: the manual itself and a PowerPoint presentation that contains all the visual material needed to conduct a training workshop. The manual provides step-by-step instruction and explanations for trainers conducting a workshop.

As UNAIDS only publishes country data once every two years, the next country data will come out in 2008. Therefore, trainers are advised to regularly update their statistics.

The manual is composed of eight sessions:

- Session 1** introduces the workshop.
- Session 2** presents the main challenge of HIV and strategic areas for UNFPA intervention to prevent the spread of the virus.
- Session 3** explains the role of FBOs.
- Session 4** clarifies the role of a facilitator in working with FBOs to develop a systematic approach to HIV prevention.
- Session 5** outlines possible entry points for partnering with FBOs.
- Session 6** suggests appropriate messages to be delivered by FBOs.
- Session 7** provides advice on developing an HIV prevention programme with FBOs, along with indicators to measure results.
- Session 8** closes the workshop.

There is an evaluation form for the workshop (included as Annex I) that should be filled out by participants during Session 8. References for the information included in the manual are provided in Annex II.

The training is designed for a two-day workshop and includes about 12 hours of instruction, excluding breaks and lunch. The methodology used is highly participatory, with work carried out in small groups, followed by plenary discussions.

Testing

This manual was tested and refined during a workshop in Accra, Ghana in March 2006. The 19 participants, who represented various regions, included UNFPA staff members as well as representatives of both non-governmental and faith-based organizations.

Target audience

This manual is intended for:

- UNFPA country representatives
- UNFPA deputy representatives
- UNFPA programme officers
- NGO partners.

Session 1

INTRODUCING THE SESSION

1. Introducing the session	5 minutes
2. Introducing the participants	20 minutes
3. Welcoming remarks	20 minutes
4. Explaining the purpose, objectives and expected results of the workshop	10 minutes
5. Methodology	5 minutes
6. Workshop outline	5 minutes
7. Workshop rules and methods of working together	10 minutes

Total time required: 1 hour, 15 minutes

1. Introducing the session (5 minutes)

Goal

To familiarize participants with each other and with the workshop's objectives.

Expected results

Participants will:

- Get to know each other
- Have a shared understanding of the purpose, objectives and expected results and nature of the training session.

Introduce yourself and give a warm welcome to workshop participants. Inform them that this is the first session and highlight the workshop's purpose, objectives and expected results.

2. Introducing the participants (20 minutes)

Ask participants to introduce themselves, stating their name, title and the countries in which they operate.

3. Welcoming remarks (20 minutes)

Identify a member of the senior management team to give opening remarks. Workshop organizers should guide the speaker to link his or her comments to the importance of religion in people's lives and to acknowledge the influence of religion on people's behaviour.

4. Explaining the purpose, objectives and expected results of the workshop (10 minutes)

Purpose

To build the capacity of UNFPA programmers to identify, design and follow up on HIV prevention programmes undertaken by faith-based organizations.

Objectives

1. Enhance understanding of the role faith-based organizations play in HIV prevention
2. Enable participants to design programmes for HIV prevention in partnership with faith-based organizations.

Distribute cards and markers and ask participants to list their expectations. Pin the cards on a flip chart or wall and read them out loud. Afterwards, explain how these expectations relate to the purpose and objectives of the workshop. Finally, present the workshop objectives (Slides 2 & 3). Emphasize that while some participants may have knowledge of activities carried out by FBOs—and may have already partnered with them for HIV prevention—it is important that this knowledge and experience be shared and standardized throughout UNFPA. This is the purpose of the workshop.

5. Methodology (5 minutes)

The workshop methodology includes the following:

- Demonstration
- Discussion
- Brainstorming
- Small-group work
- Case studies/best practices
- Role-playing
- Presentation/lecture.

Inform participants of the methodology that will be used.

Workshop materials:

- LCD projector
- Markers
- Cards
- Flip charts, etc.

6. Workshop outline (5 minutes)

Inform participants that the workshop will require two days. Make a PowerPoint presentation showing the workshop outline (Slide 4).

Time	Day 1
9:00 a.m.	Session 1: Introducing the session
10:15 a.m.	Session 2: The challenge of HIV and strategic areas for UNFPA intervention
11:45 a.m.	Break
12:00 noon	Session 3: The role of faith-based organizations in HIV prevention
1:45 p.m.	Lunch
3:00 p.m.	Session 4: Facilitating the work of faith-based organizations in HIV prevention
4:00 p.m.	Session 5: Entry points for partnering with faith-based organizations
5:00 p.m.	Wrap-up for day 1
	Day 2
9:00 a.m.	Session 6: Key messages
10:15 a.m.	Break
10:30 a.m.	Session 7: HIV programming with faith-based organizations
1.00 p.m.	Lunch
2:00 p.m.	Session 7: Continued
3:00 p.m.	Session 8: Closing session
3:30 p.m.	Departure

7. Workshop rules and methods of working together (10 minutes)

Distribute cards and markers to participants and ask them to list what they think should be the workshop rules and guidelines for working together. Each card should contain one idea.

Discuss with participants the prejudices and stereotypical views commonly held by both development actors and FBOs.

Add the following points if they are not highlighted by the participants:

- Active participation
- Receptivity to new ideas, diverse opinions and different approaches is absolutely critical
- Listening and asking questions
- A balanced level of participation
- Honouring the time
- Silence: Turn off cell phones during the session.

Session 2

THE CHALLENGE OF HIV AND STRATEGIC AREAS FOR UNFPA INTERVENTION

1. Introducing the session	5 minutes
2. Social, cultural and economic determinants of HIV vulnerability and impact	30 minutes
3. Strategic areas for UNFPA intervention in the context of partnerships with FBOs (brainstorming session)	15 minutes
• HIV prevention among young people	10 minutes
• Making protection tools available	10 minutes
• HIV prevention among women and girls	10 minutes
4. Wrap-up session	10 minutes

Total time required: 1 hour and 30 minutes

1. Introducing the session (5 minutes)

Goal

Acquaint participants with the social, cultural and economic factors that determine vulnerability to and impact of HIV as well as strategic areas for UNFPA intervention.

Expected results

Participants will:

- Understand the magnitude of the HIV pandemic
- Understand UNFPA's programming framework for HIV prevention.

Materials required

- PowerPoint presentation
- Markers and cards.

Introduce the goal and expected results of this session. Remember to keep the session as brief as possible to avoid getting into technicalities. Inform participants that the goal of the workshop is not to make them AIDS experts; for that reason, this session is limited to basic information. Make a PowerPoint presentation, first on the basic facts about HIV and AIDS and later on strategic areas for UNFPA intervention.

2. Social, cultural and economic determinants of HIV vulnerability and impact (30 minutes)

Ask participants in plenary what they know about HIV and AIDS and the magnitude of the problem in their countries of operation and beyond. Make the session participatory by asking people to relate their experiences from each of the countries represented in the workshop. List responses under each country on a flip chart. Add any extra points that may not have been highlighted by participants. If possible, summarize this information without making a PowerPoint presentation.

Emphasize the following facts:

The human immunodeficiency virus (HIV) is transmitted through body fluids—in particular blood, semen, vaginal secretions and breastmilk. Transmission occurs through:

- Unprotected sexual intercourse with an infected partner (the most common route), including both heterosexual intercourse and men having sex with men
- Blood and blood products, for example, through blood transfusions and organ or tissue transplants from infected individuals and the use of contaminated instruments, including needles or other skin-piercing equipment
- Parent-to-child transmission during pregnancy, labour and/or delivery and breastfeeding.

After infection, a person develops antibodies—an attempt by the immune system to resist viral attack. Most people will develop detectable antibodies within 2 to 8 weeks (the average is 25 days). Even so, there is a chance that some individuals may take longer to develop detectable antibodies. If the presence of HIV antibodies is found, he or she is referred to as a 'person living with HIV'. It should be noted that there is a window of time—from days to even years after infection—before antibodies are detectable.

The risk of sexual transmission of HIV is increased by the presence of other sexually transmitted infections (STIs).

Percentage of HIV infections by transmission route:

- | | |
|--------------------------------|--------|
| • Blood transfusion | 3–5% |
| • Parent-to-child transmission | 5–10% |
| • Sexual intercourse | 70–80% |
| • Injecting drug use | 5–10% |
| • Health care (injuries) | <0.01% |

There are other factors that influence the high prevalence of HIV. Social, cultural and economic factors can exacerbate the pandemic and create barriers to HIV prevention. These factors include:

- Taboos surrounding sexuality: For example, women and girls in some cultural settings are not supposed to discuss issues associated with sexuality
- Lack of knowledge about sexuality, pregnancy and prevention of sexually transmitted diseases in adolescents
- General denial of the society at large that adolescents are sexually active before marriage

- Stereotypes about 'risk groups': Many people believe that sex workers are the only 'vulnerable' group
- Health services emphasizing biological-medical approaches rather than prevention programmes and activities
- Lack of opportunities for personal growth and empowerment
- Harmful practices, transactional sex, inter-generational sex and gender-based violence.

UNAIDS and WHO estimate that, in 2005, 38.6 million people globally were living with HIV, 4.1 million people were newly infected, and 2.8 million people died from AIDS.

More than 95 per cent of all HIV-positive people live in the developing world, where 95 per cent of all deaths from AIDS have occurred.

- Sub-Saharan Africa is home to 24.5 million people living with HIV. Approximately 2.7 million new infections occurred there in 2005 and an estimated 2 million people died of AIDS.
- In Asia, an estimated 8.3 million people are living with HIV. The majority of these people—5.7 million people in 2005—live in India. During 2005, an estimated 930,000 people were newly infected with HIV and 600,000 people died of AIDS.
- In Latin America, 1.6 million people are living with HIV, 140,000 people were newly infected with the virus in 2005 and 59,000 people died from AIDS. In the Caribbean, 330,000 people are living with HIV. An estimated 37,000 people were newly infected in 2005 and 27,000 died of AIDS.
- In Eastern Europe and Central Asia, where the epidemic is growing most rapidly, 1.5 million people are living with HIV, 220,000 people were newly infected in 2005 and 53,000 people died of AIDS.

An estimated 17.3 million women worldwide were living with HIV in 2005. In sub-Saharan Africa, about 53 per cent of those infected were women—and three in four young people with HIV were girls. About half of new HIV infections are in people aged 15 to 24, the period in which most people begin sexual activity.

Young women are most vulnerable to HIV infection. Yet in 2001, an estimated two million

girls between the ages of 5 and 15 were victims of sexual trafficking. Violence against women has been identified as one of the strongest co-factors in HIV infection. Moreover, HIV-positive women face greater discrimination than men infected with the virus, often resulting in isolation, violence and rejection.

Inequitable gender relations in many cultures often limit women's ability to negotiate safer sex with their partners, including the use of condoms. If more women and girls had the 'right to abstain'—that is, to decide when and with whom they have sex, to negotiate condom use, to live free from violence, and to earn incomes adequate to feed their families—they would have a real chance of being able to protect themselves from HIV infection.

Several factors make individuals and communities more vulnerable to the spread of HIV. These include:

- High levels of unemployment and poverty, which can lead to transactional or commercial sex for food or other material needs.
- High levels of mobility, especially because of conflict, family situations or people seeking work, and people living or posted far from their communities of origin, which decreases the level of social control.
- Complex internal and external conflicts and humanitarian crises, resulting in a breakdown of authority and security and massive displacement of people from their homes and communities. Such situations undermine access to social services and the means to prevent HIV infection, such as the availability of clean needles, safe blood transfusions and condoms.
- Furthermore, where there is a breakdown of law and order, women and girls are vulnerable to rape and violent sexual assault, which increases their risk of HIV infection. Sometimes, they are also subjected to abuse and sexual exploitation by humanitarian aid workers who demand sex for food and blankets. This increases the exposure of women and girls to HIV.
- Factors such as male domination and resistance to condom use, polygamy, widow inheritance, early marriage, female genital mutilation/cutting, the low status of women,

and women's economic dependence on men, which may be based on cultural, social and religious influences.

- Social stigma and denial surrounding HIV and AIDS, which creates a climate conducive to the rapid spread of HIV
- Use of drugs and alcohol, which may increase the likelihood of risky sexual behaviour and increase susceptibility to HIV infection through the sharing of needles with infected individuals.
- Myths, misperceptions and fears about AIDS—and prevention methods.

Key principles for effective HIV prevention:

- All HIV prevention efforts must be firmly grounded in the promotion and protection of and respect for human rights, including gender equality, and ensure cultural sensitivity.
- HIV prevention programmes must be adapted to the epidemiological, economic, social and cultural contexts in which they are to be implemented.
- Actions to prevent the spread of HIV should be based on what is known and proven to be effective; if necessary, an investment should be made in strengthening the evidence upon which such actions are based.
- Programmes must be comprehensive in scope, using the full range of policy and programming interventions known to be effective.
- HIV prevention is long-term. Therefore, both delivery of existing interventions as well as research and development of new technologies require sustained effort.
- Programming should emphasize that LIFE is the most important value for individuals. Therefore, the goal of programming is to protect life by preventing and reversing the HIV epidemic.
- HIV prevention programmes must include integrated strategies that engage all key social actors.
- HIV prevention programmes must be at a level that ensures the coverage, scale and intensity needed to make a critical impact.
- The participation of communities that will benefit from prevention programmes is key to their effectiveness.

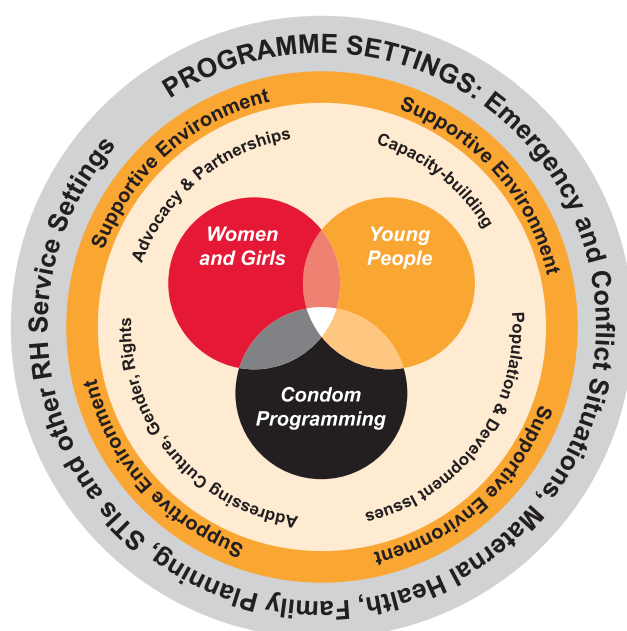
Essential areas to consider when programming for HIV prevention:

- Preventing sexual transmission of HIV
- Preventing parent-to child transmission of HIV
- Preventing the transmission of HIV through injecting drug use and reducing harm to drug users
- Ensuring the safety of the blood supply
- Preventing HIV transmission in health-care settings
- Promoting greater access to voluntary counselling and testing for HIV while promoting principles of confidentiality and consent
- Linking HIV prevention with antiretroviral treatment programmes and other sexual and reproductive health services
- Providing HIV-related information and education to enable individuals, including young people, to protect themselves from infection
- Addressing gender issues that increase the vulnerability of women and girls to HIV infection, such as gender-based violence, and improving women's access to voluntary counselling and testing
- Confronting and mitigating the stigma and discrimination associated with HIV and AIDS
- Preparing for the eventual development of HIV-fighting vaccines and microbicides by thinking ahead about issues related to access and use.

3. Strategic areas for UNFPA intervention in the context of partnerships with FBOs (15 minutes)

Mention that there are a number of strategic areas in which UNFPA has a comparative advantage in addressing the HIV epidemic at the country level. These include three core areas: HIV prevention among young people; condom programming; and prevention among women and girls (through programming that helps to create an environment of gender equity and equality, cultural sensitivity and partnership). Ask participants in the plenary to list the types of projects/ interventions they are supporting in the area of HIV and AIDS. List these on a flip chart. Afterwards, show the slide of the UNFPA programming framework for HIV prevention, as illustrated in Figure 1. Explain this framework following sections i to iii.

Figure 1. UNFPA Strategic Programming Framework for HIV Prevention



It should be noted that this strategic programming framework continues to be adapted as the nature of the epidemic and UNFPA's comparative advantages change.

HIV prevention among young people (10 minutes)

Inform participants that preventing the spread of HIV among young people is a key strategy in overall prevention efforts. In the plenary, ask them to list the types of projects/interventions that they are supporting in this area. If they are not involved in any projects targeting young people, mention the UNFPA–OPEC joint HIV/AIDS prevention project, which works with youth networks in Latin America and the Caribbean.

Young people are particularly vulnerable to HIV infection. Girls living in poverty may be forced or sold into sexual slavery or trafficking. They may be obliged to enter the world of commercial sex or take on ‘sugar daddies’ to ensure their survival, or to acquire money needed for school fees or material possessions, including coveted items such as special clothing or electronics. Compounding the problem is the fact that young people often lack access to sexual and reproductive health information, education and services. Gender inequalities and practices such as early marriage, sexual violence and the search by older men for younger, ‘HIV-free’ partners create added risks for young women. Social and cultural identities and roles assigned to and expected of boys and young men often place them and their partners at increased risk of HIV infection. The burden placed on young girls caring for people living with HIV means that they are often forced to drop out of school, which jeopardizes their chances of pursuing a career and perpetuates the cycle of poverty, economic dependence on men and vulnerability to HIV infection. Faith-based organizations often have the capacity to reach out to and influence large numbers of young people.

For effective programming to prevent HIV among young people, it is important to collect the following information:

- Average age at first sexual encounter
- Knowledge, attitudes and practices surrounding sexuality and HIV prevention
- Social and cultural determinants of vulnerability to HIV
- Results of best practices in various countries.

Making protection tools available (10 minutes)

Emphasize the fact that most faith-based organizations do not promote condoms. However, there are other strategies for HIV prevention that UNFPA staff need to be aware of. One of them is the ABC Prevention Model (Abstain from sex, Be faithful to one partner, or use Condoms), which is a comprehensive and globally agreed upon approach. It is also grounded in human rights: Each person has the right to decide which practice they want to follow, based on accurate information, their own principles and values and their life situation at that moment. The ABC approach has the additional advantage of being generally acceptable to most religious leaders. It is therefore a good model to negotiate among faith-based groups.

UNFPA supports an approach to condom programming that addresses demand, procurement, ensuring a supportive environment and strengthening the distribution system. Both male and female condoms are promoted for the prevention of sexually transmitted infections, including HIV, and for birth spacing (also known as the 'dual-protection' approach). To encourage people to use condoms, programmes need to raise awareness of the risks of HIV/STIs, make good-quality condoms readily available, teach people how to use condoms correctly, work to eradicate the myths, misperceptions and fears as well as the social stigma associated with condoms, and advocate for HIV prevention and condom use in the community. Efforts should be made to help married women especially understand their possible risk and to empower them to negotiate safer sex with their spouses. Many faith-based organizations do not promote condom use. However, experience in some countries (such as Senegal) shows that where religious leaders have decided not to openly oppose condom promotion, there have been significant reductions in HIV infections.

HIV prevention among women and girls (10 minutes)

Mention that UNFPA has a comparative advantage in this area given its mandate to promote sexual and reproductive health.

Women and girls are at greater risk of HIV infection than men and boys. Due to their physiology, females are at least 2 to 4 times more susceptible to HIV infection than males, which is compounded by social, cultural, economic and legal forms of discrimination against them. The UNAIDS-led Global Coalition on Women and AIDS has identified seven areas of action to address women's vulnerability to HIV, namely:

- Preventing HIV infection among young women and girls, focusing on improved reproductive health care
- Reducing violence against women
- Protecting the property and inheritance rights of women and girls
- Ensuring equal access by women and girls to care and treatment
- Supporting improved community-based care, with special focus on women and girls
- Promoting access to existing prevention options, including use of the female condom, and research into new prevention technologies, such as microbicides
- Supporting ongoing efforts towards universal education for girls.

HIV prevention among women and girls requires comprehensive programming, including the integration of sexual and reproductive health initiatives with HIV prevention efforts, comprehensive and appropriate sexual education, life skills, and linkages with existing programmes in all sectors. For instance, linking HIV prevention, care and treatment services for HIV-positive mothers with maternal and child health services can improve the coverage of quality services for preventing parent-to-child transmission of HIV.

4. Wrap-up session (10 minutes)

Session 3

THE ROLE OF FAITH-BASED ORGANIZATIONS IN HIV PREVENTION

1. Introducing the session	5 minutes
2. Definition and categories of FBOs	15 minutes
3. Strengths and limitations of FBOs, and what they can do to prevent HIV	20 minutes
4. UNFPA's experience with FBOs	60 minutes
5. Wrap-up session	5 minutes

Total time required: 1 hour and 45 minutes

1. Introducing the session (5 minutes)

Goal

Define the comparative advantage of faith-based organizations in HIV prevention.

Expected results

Participants will:

- Leave with a definition of faith-based organizations, an understanding of the six categories of FBOs, and knowledge about the possible roles and activities of FBOs in HIV prevention.

Introduce the session's goal and expected results. Indicate that under the guidance of the ICPD Programme of Action, UNFPA explored programming approaches that are sensitive to distinct cultural contexts. As a result, UNFPA is attempting to establish stronger partnerships with FBOs to undertake culturally sensitive programmes in most countries. The purpose of this session is to acquaint participants with the roles FBOs can play in HIV prevention.

2. Definition and categories of FBOs (15 minutes)

Ask participants to state what the term 'faith-based organization' means to them. Align their definitions to the definition given here. Then ask participants to list the various categories of FBOs and relate these to those provided here. If necessary, outline these categories in a PowerPoint presentation. Mention that while the term 'faith-based organization' has come into existence only recently, religious organizations have been an integral part of social development for centuries.

Definition

Faith-based organizations are religious and religion-based groups or congregations, specialized religious institutions, or registered and unregistered non-profit institutions that have a religious character or mission. Spiritual organizations are also considered faith-based organizations.

Categories of faith-based organizations

1. Local congregations: people who worship together and reach out socially, organizing, for example, food pantries, clothing donations, in-home visits and assistance to the elderly.
2. Interfaith or faith-based coalitions: groups who come together for a common cause, guided by religious principles, or provide services that are beyond the scope of a single congregation.
3. Citywide and region-wide sectarian agencies: for example, the Federation of Protestant Welfare Agencies of New York.
4. National projects and organizations under religious auspices: for example, Habitat for Humanity, the Young Men's Christian Association (YMCA) and the Young Women's Christian Association (YWCA).
5. Para-denominational advocacy and relief organizations: these groups are not formally affiliated with any religion, but are influenced by or based on religious principles, such as the Santi Pracha Dhamma Institute (SPDI).
6. Religiously affiliated international organizations: for example, the Catholic Relief Services and the International Friends Service Committee.

3. Strengths and limitations of FBOs, and what they can do to prevent HIV (20 minutes)

Distribute cards and markers and ask participants to list what they consider to be the strengths of FBOs in HIV prevention. Place the cards with similar views close together on a wall or flip chart. Read the views of the participants.

Add the following points if they have not been highlighted by the participants.

Strengths of faith-based organizations

- Spiritual mandate
- Experience/capacity
- Broad reach through numerous channels for social mobilization
- Link to the socialization process, which influences the building of cultural identity
- Credibility
- Access to sources of political power
- Creativity in delivering messages
- Leadership and influence
- Affiliations with large numbers of people
- Work with excluded populations in conditions of vulnerability.

Limitations of faith-based organizations

- Conservative and sometimes resistant to technological advancement
- Sometimes create fear and misinformation
- Often have limited resources and depend on voluntarism, which fades with time
- Sometimes consider that issues such as health, sexual and reproductive health, and AIDS are not their priority or part of their mission
- If not properly trained, can actually perpetuate stigma and discrimination against people living with HIV.

What can religious leaders do?

Religious leaders can:

- Break the silence surrounding HIV and AIDS
- Shape social values
- Promote responsible behaviour

- Support enlightened attitudes, opinions, policies and laws
- Redirect charitable resources for spiritual and social care and raise new funds for prevention
- Promote action from the grass roots up to the national level
- Play a large role in reducing discrimination and stigma
- Use their pulpits to spread HIV prevention messages
- Disseminate accurate information and influence opinion.

The unique role of religious/faith-based leaders and their organizations as well as other spiritually inspired groups is to share their vision of what real ‘development’ is—one that embraces the spiritual and compassionate side of the human experience and treats people affected and at risk of HIV with respect and love.

Ask participants to list their ideas (in plenary) on what they think religious leaders can do to prevent the spread of HIV. Add points listed here if not mentioned by participants. Keep the section focused on HIV prevention, since activities of FBOs often encompass prevention, care and treatment, and mitigation. On increasing public knowledge, inform participants that religious leaders can utilize their pulpits to reach out to many people, especially youth, with messages from holy scriptures. You may single out some of the messages presented in Table 1.

Table 1. HIV prevention references from religious sources

Islam	Christianity	Buddhism
“Education is not only a right but also a responsibility of all males and females... Seeking knowledge is mandatory for every Muslim.” —Hadith	“Train up a child in the way he should go: and when he is old, he will not depart from it.” —Proverbs 22:6	“...To walk safely through the maze of human life, one needs the light of wisdom and the guidance of virtue.” —Buddha
“A matron should not be forced into marriage. She should give her consent explicitly. A virgin should also give her consent.” —Hadith, agreed upon by Sahabas	“And the servant of the Lord must not strive; but be gentle unto all men, apt to teach, patient.” —2 Timothy 2:24	“Teach this triple truth to all: A generous heart, kind speech, and a life of service and compassion are the things which renew humanity.” —Buddha
“...There is no blame on the blind man, nor is there blame on the lame, nor is there blame on the sick.” —Koran 24:61	“...Be ye all of one mind, having compassion on one another, love as brethren, be pitiful, be courteous.” —1 Peter 3:8	“Compassion and tolerance are not a sign of weakness, but a sign of strength.” —Dalai Lama

4. UNFPA’s experience with FBOs (60 minutes)

Task

In small groups, share information from your own experience in the field on successful partnerships with faith-based organizations in the area of reproductive health and AIDS. Select a spokesperson to describe the partnership in plenary, focusing on the following questions:

- What organizations were involved?
- Were there any challenges in setting up the partnership and how were they overcome?

- What led to the success of the partnership?
- What lessons does this story tell us in terms of partnering with faith-based organizations?

Divide participants into three or four groups (depending on the number of participants), and assign the task described here. The trainer should write the key points from each group spokesperson on a flip chart and discuss each in order to identify what works when dealing with FBOs. Inform participants about the UNFPA publication, “*Working from Within: Culturally Sensitive Approaches in UNFPA Programming*”, which documents case studies of successful partnerships with FBOs. Inform participants that the publications can be found on the UNFPA website at www.unfpa.org/culture.

Some of the partnerships with faith-based organizations described below are documented in the UNFPA publication, *Working From Within: Culturally Sensitive Approaches in UNFPA Programming*:

- **Guatemala.** In 2000/2001, UNFPA teamed up with religious institutions and other stakeholders to develop an elaborate advocacy strategy that led to ratification of the Social Development Law.
- **The Islamic Republic of Iran.** Since 1992, UNFPA has partnered with religious leaders to successfully implement reproductive health programmes, including family planning.
- **Uganda.** Since 1996, UNFPA has built partnerships with religious institutions, starting with the Muslim community and later with the Catholic and Anglican faithful.
- **Ghana.** Since 1994, UNFPA has partnered with FBOs to implement reproductive health programmes and eliminate harmful practices.
- **Yemen.** Since 1998, UNFPA has been working with the Ministry of Awqaf and Religious Guidance, which is helping raise public awareness of reproductive health, including family planning, and the harmful effects of certain traditional practices, such as forced early marriage and female genital mutilation/cutting.
- **Brazil.** UNFPA initiated partnerships with religious institutions as early as 1992 when it entered into collaboration with Pastoral da Criança, a Catholic NGO whose mission is to increase child survival by promoting maternal and infant health.
- **Cambodia.** With support from the European Commission, UNFPA is working with two international NGOs and their local counterparts to train nuns and monks in Cambodia to deal effectively with young people and HIV/AIDS.
- **Costa Rica.** In cooperation with OPEC, UNFPA is building alliances with the Catholic Church’s Social Office in Ciudad Quesada. In the process, volunteers have been sensitized to the importance of committing all actors in the social sector to engage actively in HIV prevention.
- **Zimbabwe.** UNFPA partnered with UDACIZ, an umbrella organization of apostolic churches in a programme to address practices such as child marriage, polygamy and widow inheritance, property grabbing from widows and orphans and virginity testing for young girls, all of which can increase the vulnerability of women and girls to HIV.
- **Kenya.** UNFPA worked with the Catholic Diocese of Nakuru and the His Eminence, the Bishop of Nairobi, to support HIV prevention among young people; imams in Mombasa and Mumias are enlisting the support of other Muslim leaders for HIV prevention efforts in their communities.

5. Wrap-up session (5 minutes)

Ask participants to identify the main lessons from this session on how religious leaders can contribute to HIV prevention.

Give participants two minutes to write these down and record them on a flip chart.

Session 4

FACILITATING THE WORK OF FAITH-BASED ORGANIZATIONS IN HIV PREVENTION

1. Introducing the session	5 minutes
2. Understanding the role of a facilitator in working with faith-based organizations	15 minutes
3. Tips for culturally sensitive programming	35 minutes
4. Wrap-up session	5 minutes

Total time required: 1 hour

1. Introducing the session (5 minutes)

Goal

To understand the role of a facilitator in working with faith-based organizations for HIV prevention.

Expected results

Participants will:

- Be able to effectively perform their role as facilitators in engaging FBOs for HIV prevention in a culturally sensitive manner
- Understand the specificity of FBOs and the limits of their work on HIV prevention.

Link this session to Session 2 (The challenge of HIV and strategic areas for UNFPA intervention) by emphasizing that UNFPA is not an implementing agency. To fulfil its mandate, UNFPA works collaboratively with multisectoral agencies in its country programmes. Many of these agencies (governmental, NGOs, FBOs, civil society organizations) have different mandates and interests from those of UNFPA. Understanding the role of a facilitator and key points in culturally sensitive programming are the foundation for developing mutually beneficial partnerships with each of these agencies.

2. Understanding the role of a facilitator in working with faith-based organizations (15 minutes)

To be a skilled facilitator, one must also be a:

- Culturally sensitive communicator who is able to:
 - > Listen and hear what religious leaders have to say
 - > Interact and engage with people of different faiths
 - > Show understanding of sociocultural and religious contexts without making value judgements
 - > Present the mandate and principles of the organization working with FBOs (UNFPA or an NGO, for example) in a manner that is understood within the cultural and religious contexts in which they are delivered.
- Culturally sensitive mediator/negotiator who has the capacity to:
 - > Facilitate consensus in difficult situations and on controversial issues
 - > Engage adversaries in dialogue and find common ground

- > 'Keep the door open' to dialogue, even when reaching agreement among partners seems impossible
- > Encourage and influence stakeholders to change their positions and mindsets.

Inform participants that to become effective facilitators, they must be open to and understanding of the limits of FBOs in preventing HIV. For example, FBOs may prefer to emphasize abstinence and faithfulness within marriage rather than condom use. Recognize that these messages are also very important in preventing HIV.

3. Tips for culturally sensitive programming (35 minutes)

Pay critical attention to the sensitivity of language:

- Avoid using inappropriate terms/language, which could have a negative impact on programmes and discourage potential partnerships with those from clerical communities
- Apply 'right speech', that is, avoid sexual connotations and language among certain partners, including monks, clergy and FBOs, which demonstrates respect and helps establish successful partnerships
- Translate sensitive matters into vernacular language.

Emphasize the main principles for culturally sensitive programming. Discuss the 24 tips one by one and ask participants to share relevant experiences from the field to demonstrate their application. Inform participants that the publication from which these tips are drawn is also available on the UNFPA website at: www.unfpa.org/culture.

Refer to the UNFPA publication: *Guide to Working from Within: 24 Tips for Culturally Sensitive Programming*:

1. Invest time in knowing the culture in which you are operating.
2. Hear what the community has to say.
3. Demonstrate respect.
4. Show patience.
5. Gain the support of local power structures.
6. Be inclusive.
7. Provide solid evidence.
8. Rely on the objectivity of science.
9. Avoid value judgements.
10. Use language sensitively.
11. Work through local allies.
12. Assume the role of facilitator.
13. Honour commitments.
14. Know your adversaries.
15. Find common ground.
16. Accentuate the positive.
17. Use advocacy to effect change.
18. Create opportunities for women.
19. Build community capacity.
20. Reach out through popular culture.
21. Let people do what they do best
22. Nurture partnerships.
23. Celebrate achievements.
24. Never give up.

4. Wrap-up session (5 minutes)

Refer participants to the objectives of this session. Use a question and answer method and randomly pick one participant at a time. Ask each of them to mention one characteristic of an effective facilitator, mediator/negotiator or one tip for culturally sensitive programming. Respond to any questions or comments from participants as necessary.

Session 5

ENTRY POINTS FOR PARTNERING WITH FAITH-BASED ORGANIZATIONS

1. Introducing the session	5 minutes
2. Group work on entry points for partnering with FBOs	35 minutes
3. Plenary discussion on initiating partnerships with FBOs	15 minutes
4. Wrap-up session	5 minutes

Total time required: 1 hour

1. Introducing the session (5 minutes)

Goal

Explore the entry points for partnering with FBOs on HIV prevention.

Expected results

Participants will:

- Have first-hand experience in establishing entry points for partnering with FBOs on HIV prevention.

Introduce the topic by emphasizing the care that needs to be taken in establishing partnerships with FBOs. Inform participants that this session will outline the necessary steps. Divide participants into three groups. Ask them to complete the task described below. In the summary of the discussion, highlight the need to identify the many different religious denominations and their structures, and a strategy for engagement.

2. Group work on entry points for partnering with FBOs (35 minutes)

Task

You have been issued a memo from the Executive Director instructing your office to initiate a programme with FBOs on HIV prevention.

- How will you scan the environment?
- What criteria will you use to assess the work of FBOs?
- How will you engage adversaries in dialogue?

You have 35 minutes.

3. Plenary discussion on initiating partnership with FBOs (15 minutes)

Ask each group to make a presentation. Ensure that the following points are included in the discussion.

Initiating partnership with FBOs:

- Assess the presence of all religious denominations in a particular area
- Assess ongoing programmes of FBOs
- Assess existing capacities within FBOs
- Assess the messages of FBOs on HIV/AIDS and gender
- Initiate entry into faith-based organizations
 - > Attempt to build a good working relationship with leaders at the highest level
 - > Make a formal presentation on the mandate of the organization working with FBOs (such as UNFPA or an NGO)
 - > Make a presentation on the nature of the partnership you envision with the FBO
 - > Maintain regular contact with religious leaders.

4. Wrap-up session (5 minutes)

Summarize the issues discussed in the session, emphasizing your agreement with the points raised by the participants and making refinements as needed.

Session 6

KEY MESSAGES (WORKING GROUP)

1. Introducing the session	5 minutes
2. Developing key messages to be delivered by FBO constituencies for HIV prevention	45 minutes
3. Possible ways to communicate messages	15 minutes
4. Wrap-up session	10 minutes

Total time required: 1 hour, 15 minutes

1. Introducing the session (5 minutes)

Goal

To build a consensus on the key messages to be delivered by FBOs.

Expected results

Participants will:

- Draft key messages that FBOs will be expected to deliver on HIV prevention.

Introduce the goal and expected outcome of this session. Inform participants of the importance of developing, with FBOs, messages that will be effective in changing behaviour and preventing the spread of HIV.

2. Developing key messages to be delivered by FBO constituencies for HIV prevention (45 minutes)

Inform participants that the key messages presented here need to be addressed in any HIV prevention programme. In group work, ask participants to explore other key messages and ways they can be effectively communicated with FBOs.

The following are examples of key messages:

- Gender inequality fuels the spread of HIV

Messages to disseminate:

- > HIV is transmitted by both men and women
- > Marriage is not always protective; even faithful married women are vulnerable

- Targeting young people

Messages to disseminate:

- > Life is sacred and must be protected
- > Voluntary counselling and testing encourages an individual to know their HIV status and make an informed decision about their sexual behaviour and valuing their own and others' lives

- > If a person finds out they are HIV-positive, they can get treatment in time to prolong their life.

- Promoting men's responsibility

Messages to disseminate:

- > All human beings must take responsibility for their sexual behaviour, particularly men and boys.
- Ending stigma towards people living with HIV
- Messages to disseminate:*
 - > People living with HIV have rights, deserve respect and must be supported
 - > They have capabilities and potential
 - > They also have responsibility to protect their partners.

3. Possible ways to communicate messages (15 minutes)

The following activities can be undertaken with FBOs to address various aspects of prevention:

- Potential activities to combat gender inequality, which fuels the spread of HIV
 - > Assess capacity gaps and design appropriate training/sensitization modules to meet the need for knowledge in the areas of gender and HIV prevention
 - > Integrate the issues of gender and vulnerability in the agenda of various FBOs
 - > Position advocacy to promote the review of laws, policy and guidelines that affect women's vulnerability to HIV
 - > Support initiatives that target women's economic opportunities and promote their rights
 - > Identify and address negative sociocultural practices that put women and girls at particular risk of infection
 - > Initiate sensitization activities with religious leaders about gender inequalities that fuel the spread of HIV
 - > Promote and disseminate documents written by religious leaders, theology experts and others that address gender equality
 - > Organize conferences, meetings, workshops and other communication activities targeting women involved in FBOs and religious institutions.
- Potential activities to target young people
 - > Promote pre-marital counselling by FBOs
 - > Support and make HIV prevention information and services available and responsive to the needs of young people
 - > Advocate for policies and guidelines that improve services for young people
 - > Promote empowerment of young people through skills development
 - > Promote dialogue with FBOs on youth issues at all levels
 - > Conduct sensitization and advocacy activities with religious leaders, coordinators of youth pastorals, youth leaders and parents (emphasizing that young people are particularly vulnerable; the relevance of HIV prevention work for this population group; the role of parents and religious leaders; and integrated education on sexuality)
- > Promote the production of a methodological 'tool kit' on HIV prevention that takes into account the religious perspective within youth pastorals.
- Potential activities to promote men's responsibility
 - > Promote initiatives to mobilize male involvement in HIV prevention through FBOs and the community
 - > Support information and education to enhance the capacity and skills of men and boys for HIV prevention, including counselling centres
 - > Encourage sensitization activities with religious leaders on how gender inequality fuels the spread of HIV and the importance of emphasizing men's responsibility to protect their partners
 - > Encourage men's participation in HIV prevention programmes
 - > Promote and disseminate documents written by religious leaders, theologians and others that address gender equality and male responsibility.
- Potential activities for ending stigma towards people living with HIV
 - > Encourage advocacy on the rights and responsibilities of people living with HIV
 - > Promote greater involvement of people living with HIV in prevention initiatives
 - > Encourage community mobilization and support for people living with HIV
 - > Train faith-based organizations that work with people living with HIV on effective approaches and perspectives (empowerment and defence of rights – not just compassion)
 - > Conduct training and sensitization activities with leaders, workers and volunteers about human rights and the social and personal costs of stigma and discrimination
 - > Disseminate to religious leaders and voluntary groups the laws and norms existing within each country on AIDS and the treatment of people living with HIV.

4. Wrap-up session (10 minutes)

Refer to the session goal and expected results. Ensure that participants have the skills they need to communicate effectively about HIV prevention and are aware of key messages.

Session 7

HIV PROGRAMMING WITH FAITH-BASED ORGANIZATIONS

1. Introducing the session	5 minutes
2. Making an assessment	10 minutes
3. Developing an action plan	25 minutes
4. Monitoring and evaluation	25 minutes
5. Group exercise	90 minutes
6. Plenary discussion	45 minutes
7. Wrap-up session	10 minutes

Total time required: 3 hours, 30 minutes

1. Introducing the session (5 minutes)

Goal

Design an action plan and a monitoring & evaluation framework for faith-based organizations attempting to carry out HIV prevention programmes.

Expected results

Participants will:

- Be better able to design, monitor and evaluate programmes for HIV prevention, blending the sensitivities of FBOs and UNFPA programming guidelines.

Introduce the goal and expected outcome of the session.

Link this session with Session 4, particularly the group exercise on initiating partnerships with FBOs.

2. Making an assessment (10 minutes)

Inform participants that this session focuses on FBO operations. Proceed by making a brief presentation on assessment.

The first step in developing an action plan with FBOs is drawing up an assessment that describes the magnitude and dynamics of the problem as well as the response. It generally includes two components:

- A situation assessment
- A response assessment.

A situation assessment, also known as a situation analysis or a needs assessment, produces:

- A map of the people who are most vulnerable to infection, noting age and gender differences in vulnerability
- A description of why they are vulnerable
- An approximation of the number of vulnerable people
- A description of how and where they interact to increase their vulnerability to HIV infection
- A description of the social, economic,

political, cultural and legal issues associated with the HIV epidemic

- An understanding of how women and men, and girls and boys, differ in how they are affected by the epidemic.

A response assessment, also referred to as a response analysis, produces:

- A map of ongoing and past activities that have addressed HIV (that is, what organizations and groups are doing and not doing about HIV in a particular area)
- A determination of which interventions are working and not working, what needs improvement, and where gaps have appeared in the response to date
- An examination of the problems faced by people living with HIV, which may reveal the services that people are using and the services they need, and should reveal any differences in the experience of women and men.

The following information is also critical to note in analysing the context:

- Different types of faith-based organizations
- The needs, perceptions and priorities of FBOs
- Perceptions and priorities of other actors involved in HIV-related programmes
- Laws and policies surrounding HIV and AIDS
- Policies and priorities of funding agencies
- Key stakeholders
- Potential intervention partners, religious allies or opponents

- Demographic information
- Local occupational and community structures, relationships and lifestyles
- Factors that can facilitate or hinder intervention.

To capture knowledge about the behaviours of the target population, information should be collected on the following topics:

- Level and patterns of risk behaviour in a population, and the context in which they occur
- Patterns of health-seeking behaviour
- Levels and knowledge of safer sex methods
- Knowledge and attitudes about HIV and other sexually transmitted infections
- Potential channels, methods, materials and messages for reaching target groups
- Gender dynamics and their impact on men's and women's behaviours.

Obtaining data about existing services is vital. This includes information on:

- Services already operating (including formal, informal, facility-based, community-based, biomedical or traditional services)
- How different sexes and age groups access these services
- Quality of services offered and how they respond to the different needs of women, men and youth
- Potential for cooperation with interventions
- Attitudes of service providers
- Local perceptions and utilization patterns.

3. Developing an action plan (25 minutes)

Pose a quick question to the plenary on what they think the action plans of FBOs in HIV prevention should involve. Proceed by making a PowerPoint presentation on HIV prevention. Reserve specific strategies and action points for group discussion.

Action plans should motivate religious leaders to:

- Discuss religious doctrine, ethical positions and religious policy on issues regarding HIV/AIDS
- Develop curricula that focus on HIV prevention
- Work towards solutions at relevant levels and in appropriate internal groups or committees
- Create or join a faith-based network or a religious coordinating body to examine the impact of HIV/AIDS on various sectors of the population, share information on good practices, organize meetings, document lessons and initiate interfaith responses

- Promote the religion-wide (or multifaith) observance of world and national AIDS awareness events
- Promote the religion-wide (or multifaith) observance of regularly scheduled and coordinated sermons, prayers or worship services on HIV/AIDS
- Form faith-based groups, or join existing religious coordinating bodies or governmental committees to provide advisory services and show religious solidarity for policies, laws and conventions related to HIV/AIDS
- Provide specific budgets for HIV prevention
- Make study visits within the country and

encourage communication among local congregations and leadership/coordinating bodies about their respective responses to HIV/AIDS

- Revise or adopt policies for members of religious organizations who are living with HIV (regarding ethics, anti-discrimination, health care and employment)
- Integrate HIV-prevention messages in sermons and in religious broadcasting programmes
- Encourage the formation of community partnerships among local, non-governmental, government-based and business groups on issues related to HIV/AIDS.

4. Monitoring and evaluation (25 minutes)

A monitoring and evaluation (M&E) framework provides information for tracking progress. It also informs decision-making regarding the implementation of interventions. It is a management tool to improve the design and implementation of programmes.

Monitoring is the routine process of collecting data to measure progress towards programme objectives as well as quantifying the actions being carried out. Monitoring means that you are routinely looking at the quality of the intervention.

Evaluation is the use of social research methods to systematically investigate a programme's effectiveness. Evaluation requires a specially designed study. It sometimes requires a control or comparison group and involves measurements over time.

Review the importance of tools to measure success in partnering with FBOs in HIV prevention programmes.

- Success indicators for reducing gender inequalities that fuel the spread of HIV
 - > Number of religious leaders who have the necessary skills and are speaking out about gender inequalities and HIV prevention
 - > Number of gender-sensitive policies, laws and guidelines reviewed and/or adopted
 - > Number of fora convened by trained religious leaders that promote the rights of people living with HIV
 - > Number of activities aimed at empowering women and girls

- > Number of sensitization and training activities executed
- > Number of religious leaders trained
- > Number of documents produced and disseminated
- > Number of activities with women developed.

- Success indicators for targeting young people
 - > Number of religious leaders, coordinators of youth pastorals, youth leaders and parents sensitized and trained
 - > Number of tool-kits produced, disseminated and used by religious leaders, coordinators of youth pastors and youth leaders.
- Success indicators for increasing men's sense of responsibility
 - > Number of men who came forward for HIV testing
 - > Number of men who started using condoms and promoting the use of condoms
 - > Number of men who are respecting and treating women as equal partners.
- Success indicators for reducing stigma towards people living with HIV
 - > Number of community-based organizations for people infected or affected by HIV
 - > Number of FBOs or infected and affected people who are breaking the silence and the stigma surrounding HIV/AIDS
 - > FBOs supporting people living with HIV

- > Number of sensitization and training activities executed
- > Number of religious leaders, workers and volunteers trained
- > Number of religious leaders, workers and volunteers that know the laws and norms relating to HIV and AIDS.

5. Group exercise (90 minutes)

Divide participants into three to four working groups and ask them to undertake the task described here.

Task

The groups will develop a work plan that includes the following:

- Two to three key messages to be communicated to target populations
- Main activities to be implemented with FBOs
- Three to four indicators to measure progress.

6. Plenary discussion (45 minutes)

Ask the spokesperson from each group to give bullet points of their discussion. Give each group 10 minutes for presentations. At the end of each report, ask others in the group that is reporting if they have anything to add. Then ask the rest of the participants what comments or questions they have. Repeat this process for the remaining groups.

7. Summary and conclusion (10 minutes)

Session 8

CLOSING SESSION

- | | |
|--|------------|
| 1. Participants' closing comments and feedback | 15 minutes |
| 2. Written evaluation | 10 minutes |
| 3. Facilitator's closing remarks | 5 minutes |

Total time required: 30 minutes

1. Participants' feedback (15 minutes)

In this session, ask participants to comment on the learning experience they have just been involved in.

Ask them to complete the following question:

“One thing I have appreciated about this workshop is....”

2. Written evaluation (10 minutes)

Ask participants to complete the evaluation form. Explain to them that they do not need to use their name.

3. Facilitator's closing remarks (5 minutes)

Facilitators express their appreciation to the learning community and encourage them to apply what they have learned back in the office.

The facilitator might track key moments that made the training particularly memorable. A senior member of the management team may be invited to provide closing remarks. He/she should be briefed in advance on the proceedings of the workshop and key results. He/she could reiterate the importance of partnering with FBOs to meet the objectives of the ICPD Programme of Action and the Millennium Development Goals.

ANNEX I

Evaluation Form

Dear participant,

As the very last activity of this training, we would like you to fill out this evaluation form. We will use the data to evaluate the training. We encourage you to express yourself as honestly as you can. It is not necessary to use your name.

Today's date:

Training location:

1. Do you agree that social, cultural and economic factors impact the spread of HIV?

unsure at this time do not agree partly agree agree fully agree

2. Do you agree that the involvement of FBOs in HIV prevention programmes helps reduce the spread and impact of the HIV epidemic ?

unsure at this time do not agree partly agree agree fully agree

3. Do you support the idea that UNFPA should facilitate the involvement of FBOs in HIV prevention?

unsure at this time do not agree partly agree agree fully agree

4. On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how would you rank your knowledge about creating entry points for partnering with FBOs in HIV prevention?

1 2 3 4 5

5. On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how would you rank your knowledge of the key messages to be delivered by FBOs in HIV prevention?

1 2 3 4 5

6. Did you increase your knowledge and skills about programming with FBOs on HIV prevention?

unsure at this time do not increase increased somewhat
 increased to a satisfactory degree greatly increased

7. On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how would you rank the content, design and relevance of this training session?

- 1 2 3 4 5

8. On a scale of 1 to 5 (1 being too long or too short; 5 being just right), how would you rate the length of the training session?

- 1 2 3 4 5

9. On a scale of 1 to 5 (1 being the lowest; 5 being the highest), how would you rank the usefulness of this training for your work?

- 1 2 3 4 5

10. How likely is it that you will use the knowledge and skills learned in this training?

- unsure at this time not likely possibly likely definitely

11. Would you recommend this training workshop to other colleagues?

- unsure at this time
 would not recommend
 would recommend with some reservations
 would recommend
 would recommend enthusiastically

Thank you for helping us improve our programmes!

ANNEX II

References

- Global Health Council. 2004. *Faith in Action: Examining the Role of Faith-based Organizations in Addressing HIV/AIDS*. Washington, DC: Global Health Council.
- IPPF, UNFPA, WHO, UNAIDS. 2005. Sexual and Reproductive Health and HIV/AIDS. A framework for priority linkages.
- McCoy, K. L., P. N. Ngari, and E. E. Krumpel. 2005. *Building Monitoring, Evaluation and Reporting Systems for HIV/AIDS Programs*. Washington, DC: Pact.
- Miller, Shirley. 2001. *Christian Family Life Education: A Resource Guide for Facilitators Working in Adolescent Sexuality and Reproductive Health*.
- Miller, Shirley. 2004. *Muslim Family Life Education: A Resource Guide for Educators and Facilitators*.
- Tiendrebeogo, G., and M. Buykx. 2004. *Faith-based Organisations and HIV/AIDS Prevention and Impact Mitigation in Africa*. Amsterdam: KIT Publishers.
- UNAIDS. 2006. Report on the Global AIDS Epidemic.
- UNAIDS. 2005. AIDS Epidemic Update.
- UNAIDS. 2005. *Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Situation Analysis*. Available at: <http://www.unaids.org>
- UNAIDS. 2005. Intensifying HIV Prevention: UNAIDS Policy Position Paper. Geneva: UNAIDS.
- UNAIDS. 2005. *The Global Coalition on Women and AIDS*. Available at: <http://womenandaids.unaids.org/>
- UNFPA. 2001. *Strategic Guidance on HIV Prevention*. New York: UNFPA.
- UNFPA. 2004. *Culture Matters - Working with Communities and Faith-based Organizations: Case Studies from Country Programmes*. New York: UNFPA.
- UNFPA. 2004. *Working from Within: Culturally Sensitive Approaches in UNFPA Programming*. New York: UNFPA.
- UNFPA. 2004. *Guide to Working from Within: 24 Tips for Culturally Sensitive Programming*. New York: UNFPA.
- UNFPA. 2005. Beijing at Ten. UNFPA's Commitment to the Platform of Action. New York. UNFPA.
- UNFPA, UNAIDS, UNIFEM. 2001. *Women: Meeting the Challenges of HIV/AIDS*.
- UNICEF. 2003. *The Buddhist Leadership Initiative*. Bangkok: UNICEF.
- World Conference on Religion and Peace. 2003. *Building Partnerships for Life: The Role of Religions for Children Affected by HIV/AIDS*. New York: World Conference on Religion and Peace.

**POWERPOINT SUPPLEMENT
USED BY THE TRAINERS**

Purpose of the Workshop

To build the capacity of UNFPA programmers to identify, design and follow up on HIV prevention programmes undertaken by Faith-based Organizations (FBOs).

Objectives

- Enhance understanding of the role FBOs play in HIV prevention
- Enable participants to design programmes for HIV prevention in partnership with FBOs.

Workshop Outline

- Introducing the workshop
- The challenge of HIV and strategic areas for UNFPA intervention
- The role of FBOs in HIV prevention
- Facilitating the work of FBOs in HIV prevention
- Entry points for partnering with FBOs
- Key messages
- HIV Programming with FBOs
- Closing session.

What is HIV?

- Human immunodeficiency virus
- Responsible for causing AIDS.

What is AIDS?

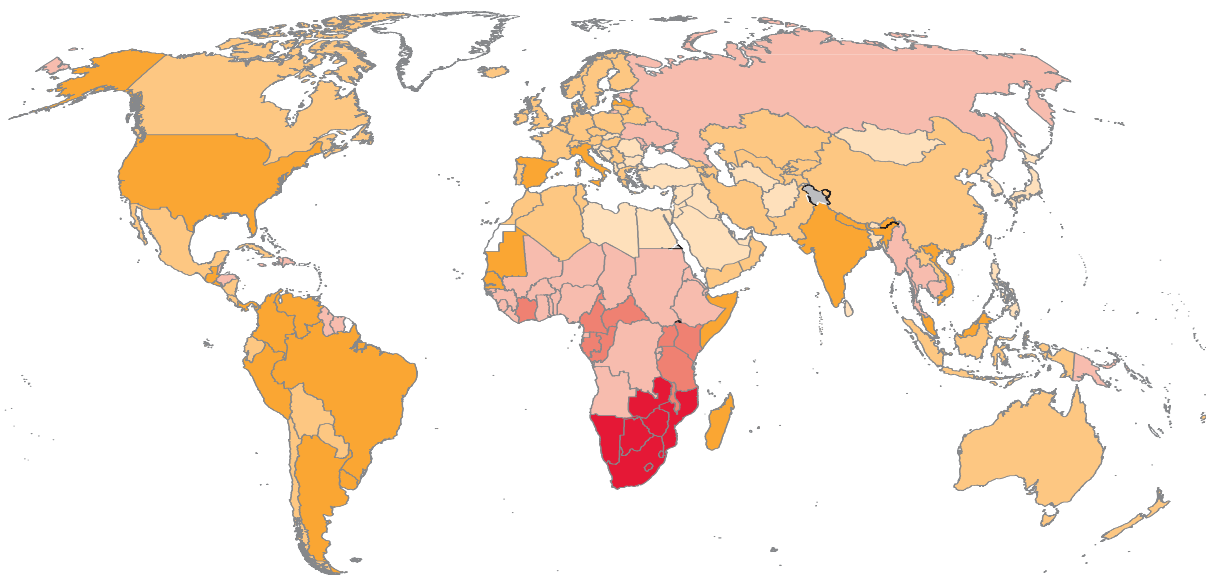
- Acquired immune deficiency syndrome
- Characterized by signs and symptoms of severe immune deficiency:
 - Weight loss of more than 10% bodyweight
 - Diarrhoea lasting more than 1 month
 - Fever lasting more than 1 month.

Source: WHO

The Dimensions of the Epidemic

- First recognized in 1981
- Second-largest epidemic of the 20th century
- More than 25 million deaths by end 2005
- 38.6 million people living with HIV by end 2005.

Global Estimates for Adults and Children, 2005

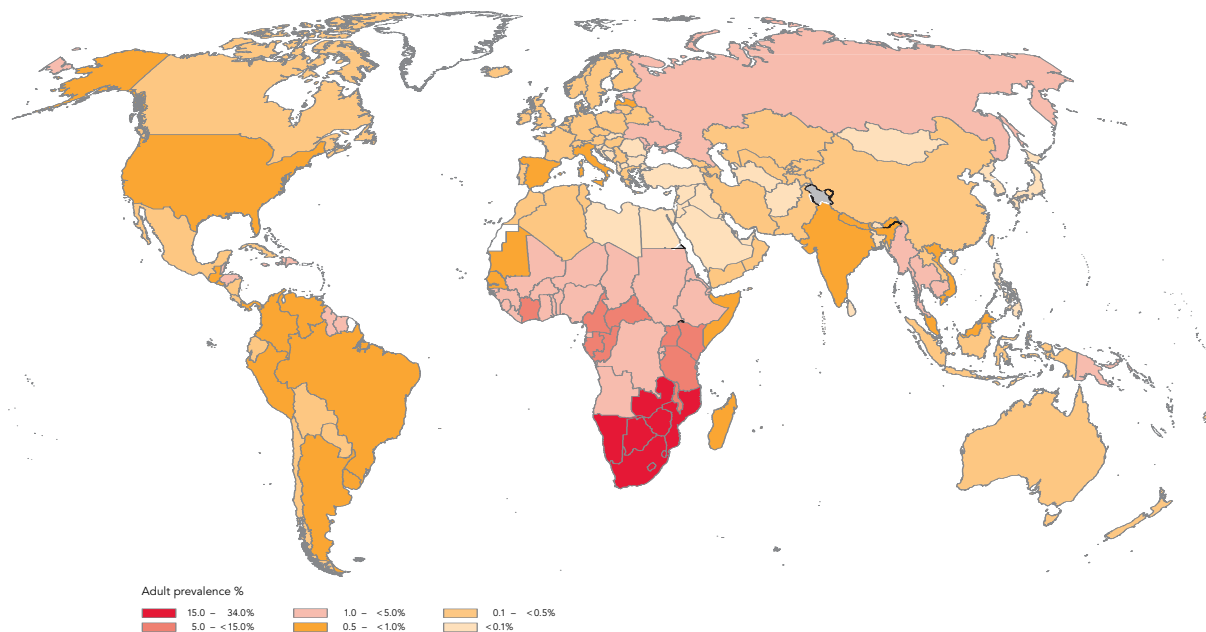


People living with HIV: 38.6 million [33.4 – 46.0 million]

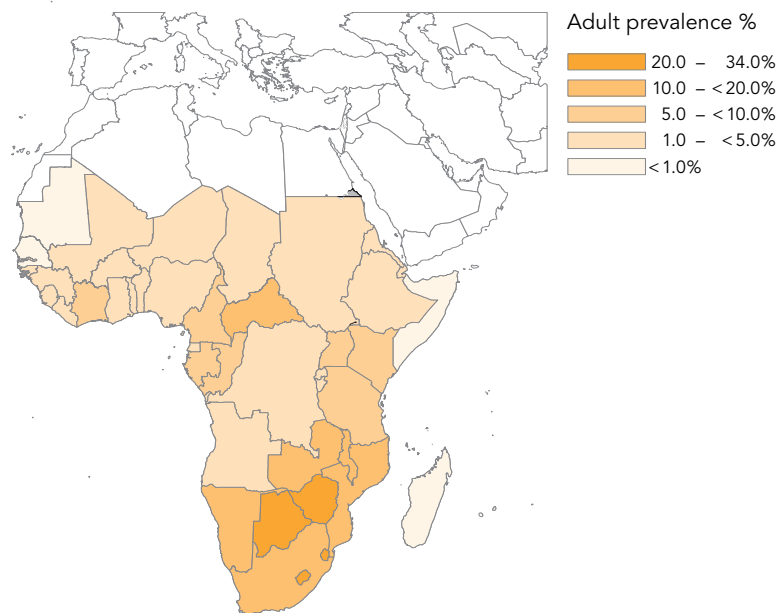
People newly infected with HIV: 4.1 million [3.4 – 6.2 million]

Deaths due to AIDS: 2.8 million [2.4 – 3.3 million]

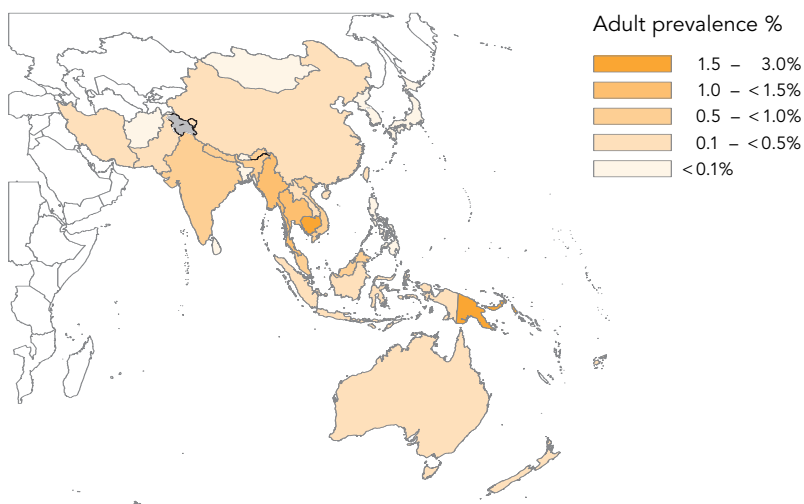
A Global View of HIV Infection: 38.6 Million People Living with HIV, 2005



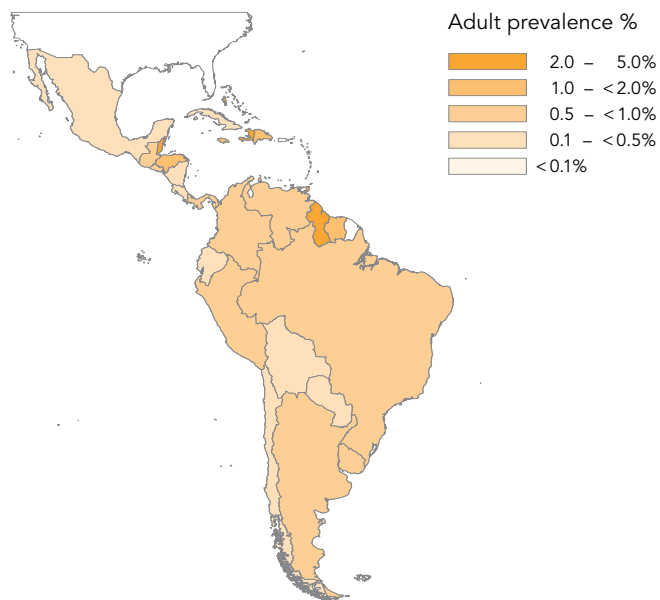
HIV Prevalence in Adults in Africa, 2005



HIV Prevalence in Adults in Asia and Oceania, 2005



HIV Prevalence in Adults in Latin America and the Caribbean, 2005



Primary Routes of Transmission

Sexual

- 0.1-1% risk
- 70-80% of all global HIV infections.

Vertical (from parent to infant)

- 10-30% risk
- In utero, during labour and delivery, and through breastfeeding.

Parenteral (through puncturing of the skin)

- Blood transfusions (estimated risk from a single unit of HIV-infected whole blood is over 90%)
- Needle-sharing among drug users (0.1% risk, responsible for 5-10% of global HIV infections) and needle pricks among health workers.

Comprehensive Package of Programmes

Leadership

- Promote understanding and cooperation
- Avoid denial and stigma
- Secure commitment and accountability from different sectors.

Mitigating social and economic impact

- Care for growing number of orphans and vulnerable children
- Strive to fill basic needs and rights and promote well-being.

Reducing vulnerability

- Target women, girls, people living with HIV, people in conflict situations
- Facilitate economic empowerment and life skills.

Prevention

- Health and sex education
- Expansion of activities to reduce parent-to-child transmission
- Expansion of activities to reduce demand for drugs and harm to drug users
- Increased access to voluntary counselling and testing.

Care and support

- Synergy with other prevention interventions
- Health services and psychosocial support
- Prevention of parent-to-child transmission
- Voluntary counselling and testing
- Counselling and care for orphans and children with HIV.

Principles for Effective HIV Prevention

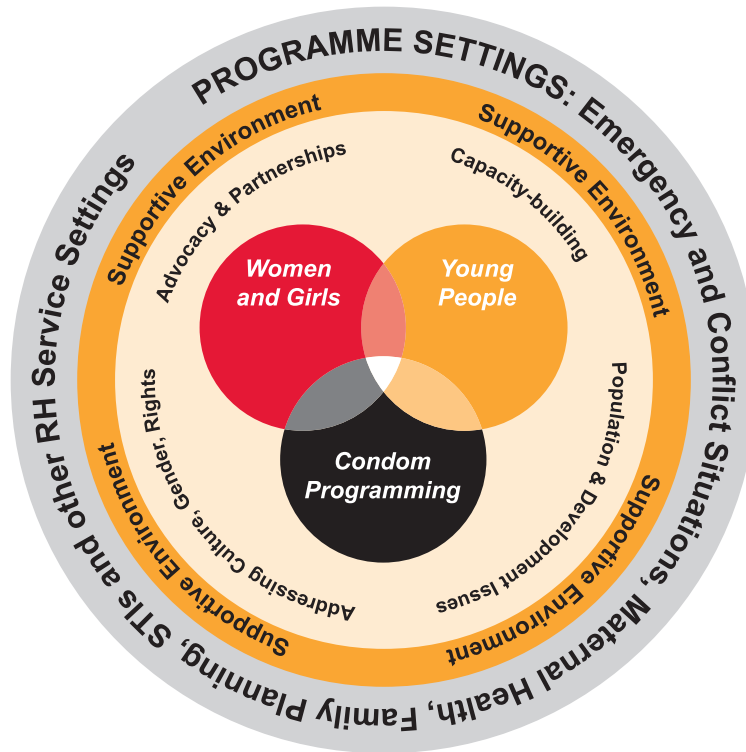
- Promotion, protection and respect for human rights, including gender equality, and ensuring cultural sensitivity
- Programmes tailored to the relevant epidemiological, economic, social and cultural contexts in which they are implemented
- Informed by evidence of what is known and proven to be effective (if necessary, investment should be made to expand and strengthen this evidence base)
- Comprehensive in scope, using the full range of policy and programming interventions known to be effective
- Sustained, long-term effort
- Programmes must protect LIFE by preventing and reversing the HIV epidemic and employing integrated strategies that engage all key social actors
- Coverage, scale and intensity sufficient to make a critical impact
- Participation of those for whom HIV prevention programmes are planned is key to their effectiveness.

Programming for HIV Prevention

The following are essential actions:

- Prevent the sexual transmission of HIV
- Prevent parent-to-child transmission of HIV
- Prevent the transmission of HIV through injecting drug use
- Ensure the safety of the blood supply
- Prevent HIV transmission in health-care settings
- Promote greater access to voluntary counselling and testing for HIV
- Link HIV prevention with antiretroviral treatment programmes and other sexual and reproductive health services
- Provide HIV-related information and education to enable individuals, including young people, to protect themselves from infection
- Address specific gender issues that increase vulnerability of women and girls to HIV infection
- Confront and mitigate HIV-related stigma and discrimination
- Prepare for eventual access to and use of relevant vaccines and microbicides.

UNFPA Strategic Programming Framework for HIV Prevention



UNFPA's Focus in HIV Prevention

Three core areas of HIV prevention:

- HIV prevention among young people
- Making protection tools available
- HIV prevention among women and girls.

Definition of FBOs

Religious and religion-based groups or congregations, specialized religious institutions, or registered and unregistered non-profit institutions that have a religious character or mission. Spiritual organizations are also considered Faith-based Organizations.

Categories of FBOs

1. Local congregations
2. Inter-faith coalitions or faith-based coalitions
3. Citywide and region-wide sectarian agencies
4. National projects and organizations under religious auspices
5. Para-denominational advocacy and relief organizations
6. Religiously affiliated international organizations.

Strengths of FBOs

- Spiritual mandate
- Experience/capacity
- Broad reach through numerous channels for social mobilization
- Link to socialization process, which influences the building of cultural identity
- Credibility
- Access to political power
- Creativity in delivering messages
- Leadership and influence
- Affiliations with large numbers of people
- Work with excluded populations in conditions of vulnerability.

Limits of Faith-based Organizations

- Conservative and sometimes resistant to technological advancement
- Sometimes create fear and misinformation
- Have limited resources and depend on voluntarism
- Sometimes consider that issues such as health, sexual and reproductive health, and AIDS are not their priority or part of their mission
- If not properly trained, can actually perpetuate stigma and discrimination against people living with HIV.

What Religious Leaders Can Do to Prevent HIV

- Break the silence around HIV and AIDS
- Shape social values
- Promote responsible behaviour
- Support enlightened attitudes, opinions, policies and laws
- Redirect charitable resources for spiritual and social care and raise new funds for prevention
- Promote action from the grass roots up to the national level
- Play a large role in reducing discrimination and stigma
- Use their pulpits to spread HIV prevention messages
- Disseminate accurate information and influence opinion.

UNFPA's Experience with FBOs

Task:

In small groups, share information from your own experience in the field on any successful partnerships with FBOs in the areas of reproductive health and AIDS.

Select a spokesperson to describe the partnership in plenary, focusing on the following questions:

- What organizations were involved?
- Were there any challenges in setting up the partnership and how were they overcome?
- What led to the success of the partnership?
- What lessons does this story tell us in terms of partnering with FBOs?

Understanding the Role of the Facilitator

1. Culturally sensitive communicators who are able to:

- Listen and hear what religious leaders have to say
- Interact and engage with different religious faiths
- Show understanding of sociocultural and religious contexts without making value judgements
- Present the mandate and principles of the organization working with FBOs (UNFPA or an NGO, for example) in a manner that is understood within the cultural and religious contexts in which they are delivered.

2. Culturally sensitive mediators/negotiators who can:

- Facilitate consensus in difficult situations and on controversial issues
- Engage adversaries in dialogue and find common ground
- ‘Keep the door open’ to dialogue, even when reaching agreements seems impossible
- Encourage and influence stakeholders to change their positions and mindsets.

Tips for Culturally Sensitive Programming

- Avoid inappropriate terms/language, which could have a negative impact on programmes and discourage partnerships with those from clerical communities
- Apply ‘right speech’, that is, avoid sexual connotations and language among certain partners, including monks, clergy and FBOs, which demonstrates respect and helps establish successful partnerships
- Translate sensitive matters into vernacular language
- See 24 ‘tips’ for culturally sensitive programming.

Entry Points for Partnering with FBOs

Task:

You have been issued a memo from the Executive Director instructing your office to initiate a programme with FBOs on HIV prevention.

- How will you scan the environment?
- What criteria will you use to assess the work of FBOs?
- How will you engage adversaries in dialogue?

Key Messages to be Delivered by FBOs

- Gender inequality fuels the spread of HIV
 - HIV is transmitted by both men and women
- Young people are a critical target group for prevention efforts
 - Life is sacred and must be protected
- Men have a particular responsibility to protect their partners
 - All human beings must take responsibility for their sexual behaviour, particularly men and boys
- Stigma and discrimination of people living with HIV must end
 - People living with HIV have rights, deserve respect and must be supported.

Communicating Key Messages

Potential activities to be undertaken with FBOs are:

1. Combat gender inequality

- Initiate sensitization activities with religious leaders about gender inequalities that fuel the spread of HIV
- Promote and disseminate documents written by religious leaders, theology experts and others that address gender equality
- Organize conferences, meetings, workshops and other communication activities targeting women involved in FBOs and religious institutions.

2. Target young people

- Promote pre-marital counselling by FBOs
- Promote dialogue with FBOs on youth issues at all levels
- Conduct sensitization and advocacy activities with religious leaders, coordinators of youth pastorals, youth leaders and parents (emphasizing that young people are particularly vulnerable; the relevance of HIV prevention work for this population group; the role of parents and religious leaders; and integrated education on sexuality).

3. Promote men's responsibility

- Support information and education to enhance the capacity and skills of men and boys for HIV prevention, including counselling centres
- Encourage sensitization activities with religious leaders on how gender inequality fuels the spread of HIV and the importance of emphasizing men's responsibility to protect their partners
- Encourage men's participation in HIV prevention programmes.

4. Ending stigma towards people living with HIV

- Encourage advocacy on the rights and responsibilities of people living with HIV
- Promote greater involvement of people living with HIV in prevention initiatives
- Train faith-based organizations that work with people living with HIV on effective approaches and perspectives (empowerment and defence of rights – not just compassion).

Making an Assessment

- An assessment describes the magnitude and dynamics of a problem as well as the response. It generally includes a situation assessment and a response assessment
- Some of the specific information to be included in an assessment is an analysis of the context, the target population and existing services.

Developing an Action Plan

Action plans should motivate religious leaders to:

- Discuss their position and policy on HIV/AIDS
- Examine the impact of HIV/AIDS
- Develop curricula for HIV prevention
- Promote observance of AIDS awareness events
- Provide advisory services related to HIV/AIDS
- Budget for HIV prevention activities
- Make in-country study visits
- Integrate prevention and anti-discrimination messages in sermons and broadcasts
- Encourage community partnerships on AIDS.

Monitoring & Evaluation

A Monitoring and Evaluation Framework enables you to track progress and make decisions based on sound information:

- Indicators need to be selected to assess whether conditions have changed
- Monitoring is the routine process of collecting data and measuring progress towards programme objectives as well as quantifying what one is doing
- Evaluation is the use of social research methods to systematically investigate a programme's effectiveness.

HIV Programming with FBOs

Task:

Develop a work plan that includes the following:

- Two to three key messages to be communicated to target populations
- Main activities to be implemented with FBOs
- Three to four indicators to measure progress.

Closing Session

Feedback:

“One thing I have appreciated about this workshop is



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