



FAITH SECTOR RESPONSE TO HIV AND AIDS IN KENYA

ACTION PLAN 2015/2016-2019/2020

Towards an AIDS competent Faith Sector

**Developed with Support from Faith Sector Working Group in the
Response to HIV and AIDS**

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AND AIDS IN KENYA**

**ACTION PLAN
2015/2016-2019/2020**

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Acronyms

AIDS	-	Acquired ImmuneDeficiency Syndrome
ART	-	Antiretroviral Therapy
ARV	-	Anti-retroviral
CACC	-	Constituency AIDS Coordinating Committee
CHW	-	Community Health Worker
COBPAR	-	Community Based Program Activity Reporting
CSOs	-	Civil Society Organizations
DHIS	-	District Health Information System
EAK	-	Evangelical Alliance of Kenya
EBI	-	Evidence-Informed Behavioral Interventions
EBM	-	Evidence Based Messaging
EHAIA	-	Ecumenical HIV and AIDS Initiative in Africa
eMTCT	-	Elimination of Mother to Child Transmission
EPN	-	Ecumenical Pharmaceutical Network
FBOs	-	Faith-Based Organizations
FCs	-	Faith communities
GBV	-	Gender-Based Violence
GoK	-	Government of Kenya
HIV	-	Human Immunodeficiency Virus
HIV-ICC	-	HIV Inter-agency Coordinating Committee
HTS	-	HIV Testing Services
IGA	-	Income Generating Activity
INERELA+	-	International Network of Religious Leaders Living with or Personally Affected by HIV
KAIS	-	Kenya AIDS Indicator Survey
KASF	-	Kenya AIDS Strategic Framework
KDHS	-	Kenya Demographic Health Survey
NACC	-	National AIDS Control Council
NASCOP	-	National AIDS and STI Control Program
OVCs	-	Orphans and Vulnerable Children
PEPFAR	-	President’s Emergency Plan for AIDS Relief
PLHIV	-	People Living with HIV
PwD	-	People with Disabilities
PwP	-	Prevention with Positives
RH	-	Reproductive Health
SAVE	-	Safer practices, Access to treatment, Voluntary counseling and testing; and Empowerment
SGBV	-	Sexual and Gender-Based Violence
SRH	-	Sexual and Reproductive Health
SSDDIM	-	Stigma, Shame, Denial, Discrimination, Inaction and Mis-action
SUPKEM	-	Supreme Council of Kenya Muslims
TA	-	Technical Assistance
UN	-	United Nations
UNAIDS	-	The Joint United Nations Programme on HIV and AIDS
VCT	-	Voluntary Counselling and Testing
VMMC	-	Voluntary Medical Male Circumcision
WCC	-	World Council of Churches
WG	-	Working Group

Definition of Terms

Congregation: This term refers to members of a specific religious group who regularly worship at a church, synagogue, mosque or temple.

Congregational leader: The term congregational leader refers to a person of faith who is formally recognized by the congregation of which they are a part, as the reference point, and often the link for the congregation with the religious leaders such as the youth leader, women/men's leader etc.

Faith-Based Organization: This term is defined as a formally structured non-governmental organization founded by a religious congregation or religiously-motivated incorporators and it is explicitly aligned, supportive and accountable to specific faith or interfaith expressions and /or respective religious entities.

Faith Community: This term refers to a group of people, regardless of race or creed, joined together by a common focus, goal, or ideas based on the same set of principles or beliefs.

Faith Leader: A leader recognized within the faith community.

Faith Sector: This term is used to refer to both faith communities and faith-based organizations

Gender-Based Violence (GBV): This is defined as any act of violence vetted against a person because of their gender that results in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. The forms of GBV are sexual, physical, emotional, psychological and socio-economic violence, harmful traditional practices and trafficking in persons.

Religious Leader: The term religious leader refers to a person of faith who is formally recognized by the religious community of which they are a part, as the reference point, and often the decision maker, for matters of doctrine, faith, practice and often governance.

Sexual Violence: Includes rape, attempted rape, defilement, incest, sexual abuse, sexual exploitation, forced prostitution, torture and trafficking for sexual exploitation.

Forward



The National AIDS Control Council (NACC) continues to strengthen partnerships with all stakeholders in the response to HIV and AIDS in Kenya. While recognizing that there is no single preventive approach to reverse the spread of HIV, the faith sector comprising of Faith Communities (FCs) and Faith-Based Organizations (FBOs) have demonstrated sustained motivation and moral authority with resources and outreach capability to significantly reduce new HIV infections¹. In addition, they have the power to influence policy changes to address societal, cultural and structural factors that impede individuals' capacity to prevent HIV infection. According to Kenya Demographic Health Survey (2014), over 97% of the Kenya population was reported to ascribe to religious affiliation. Moreover, there is a growing recognition of an organized progressive inter-faith religious voice in the spheres of governance and development issues in Kenya.

Across the country, the faith sector has been involved in HIV prevention, treatment, care and support programmes towards the HIV response. On prevention, the sector has contributed to the promotion of premarital chastity, marital fidelity and delayed sexual debut which have contributed to reduction in the number of sexual partners and ultimately reduction in HIV transmission. However, most of these great efforts have gone unrecognized.

To this end, the NACC established a National Technical Working Group (TWG) for the Faith Sector to coordinate and provide leadership towards effective engagement of the sector in the HIV response. This Action Plan, aligned to the current Kenya AIDS Strategic Framework (KASF) 2014/2015-2018/19, has been developed to inform the faith Sectors' HIV response. It acts as a guide to facilitate mobilization of stakeholders in the sector in the determination and design of prioritized actions and targets to accelerate the response. This calls for accurate, consistent documentation and reporting for effective coordination and monitoring of achievements of the faith sector in the delivery of KASF.

This Action Plan for the Faith Sector is a deliberate effort towards the realization of the country's strategic focus that emphasizes accountability of all stakeholders both at national and county levels for an accelerated HIV response in Kenya.

We urge for a continued collaboration and support of the implementation of the Action Plan to realize "A Kenya Free of HIV Infections, Stigma and AIDS related Deaths " in an effort to end AIDS by 2030.

Dr. NdukuKilonzo
DIRECTOR NACC

¹KDHS (2014), P.10

Acknowledgement



The process of developing this Action Plan was highly participatory drawing together stakeholders from across the faith sector. NACC acknowledges the leadership and coordination of this process by the Department of Coordination and Support, Stakeholder Division. We recognize and appreciate the commitment of the Faith Sector Technical Working Group, for their continuous participation in various consultations on the development and review of this Faith Sector Action Plan.

The document is a revision of the National Response to HIV and AIDS in Kenya by Faith Communities and Faith Based Organizations (2012-2015). This Action Plan 2015/2016 – 2019/2020 is aligned to the Kenya AIDS Strategic Framework (2014/2015 – 2018/2019). It details the Faith Sector response to the HIV epidemic, contributing to the implementation of the Kenya AIDS Strategic Framework.

The NACC commends organizations that participated in the revision process and further review of this document which comprised people from the Faith Sector including International Network of Religious Leaders Living with or Personally Affected by HIV (INERELA+ Kenya), Inter-religious Council of Kenya (IRCK), Supreme Council of Kenya Muslims (SUPKEM), Hindu Council of Kenya, Seventh Day Adventist (SDA), Health Ministries, National Council of Churches of Kenya (NCCK), Christian Health Association of Kenya (CHAK), Organization of African Instituted Churches (OAIC) Evangelical Alliance of Kenya (EAK), St Paul's University, The Catholic University of Eastern Africa (CUEA), Religious Media Houses, and development partners which include UNFPA, UNAIDS and UNESCO.

Further, we appreciate all individuals and organizations who actively participated in the review process and development of this Action Plan. NACC appreciates the contribution of the Faith Sector Working Group and Taskforce whose names are attached as an Annex. We also acknowledge the NACC staff who devoted their time to support the development of this Action Plan. To you all we say thank you and let us work together towards achieving the set targets in this plan by 2020.

A handwritten signature in black ink, appearing to read 'Emmy J. Chesire'.

Dr. Emmy J. Chesire
DEPUTY DIRECTOR COORDINATION & SUPPORT

Executive Summary

The Kenya AIDS Strategic Framework (KASF) 2014/15 – 2018/19 embraces a multi-sectoral approach to HIV programming and emphasizes the importance of participation and accountability in every sector in the HIV response. This calls upon communities to respond to HIV within their local context; and all stakeholders to be aligned and be held accountable for results in the Strategic Framework. HIV and AIDS impacts on socio-economic development of any country and, all sectors including the faith sector must be engaged effectively in the HIV response of the country.

Religious leaders across the cultural divide and affiliations have generally perceived and approached HIV and AIDS as a sexual and moral issue leading to increased **Stigma, Shame, Denial, Discrimination, Inaction and Mis-Action (SSDDIM)** from and within the Faith Sector. Consequently, efforts to promote and scale up HIV testing, counselling, prevention and treatment have been systematically frustrated in the Faith Sector. This necessitated the development of The National Action Plan, now referred to as The FaithSector Action Plan (FSAP), which brings into perspective the reality of HIV issues in the Faith Sector and prioritizes actionable areas of focus.

This document was greatly informed by recommendations drawn from the report of the aforementioned 2011 National Religious Leaders Convention on HIV Prevention which adopted the theme: *Doing More, and Doing Better: Towards Zero New Infections*. In addition, analysis of the recommendations emanating from both regional and country policy frameworks, consultative processes and declarations were taken into account in the formulation of the actions stated herein.

This Faith Sector Action Plan is therefore a practical tool for the designing of actions aimed at increasing multi-sectoral and multi-faith involvement. The plan will provide leadership in activities, partnerships, services and collaboration to challenge and reduce HIV and AIDS related **Stigma, Shame, Denial, Discrimination, Inaction and Mis-action (SSDDIM)** that increase HIV infections and its impacts at all levels. On the other hand, the plan is a practical tool for multiplying **Safer practices; Access to treatment; Voluntary counseling and testing; and Empowerment (SAVE)**.

The Faith Sector Action Plan takes cognizance of the fact that there is no single preventive approach to an issue as complex as HIV and AIDS. It however, acknowledges that faith communities have the interest, motivation, moral authority, existing resources and outreach capability to stop new HIV infections and confront its impact. In addition, religious leaders have the power to influence policy changes to address societal, cultural and structural factors that impede individual's capacity to prevent HIV infection and facilitate testing, uptake and adherence to ARVs and treatment among congregants. It is these great resources within the faith sector that this Action Plan hopes to harness in engaging the Faith Sector in Kenya in combating HIV and AIDS.

1

Introduction

CHAPTER 1: Introduction

1.1 Background Information

The Kenya Health Policy 2012-2030 cites AIDS as the leading cause of death, at 29.3%. The Policy therefore gives direction to ensure significant improvement in overall health status of Kenyans in line with the country's long term development agenda of Vision 2030, the Constitution of Kenya (2010) and global commitments. Kenya has been cited by UNAIDS as one of the few countries in sub Saharan Africa with clear signs of sustained reduction in HIV prevalence (UNAIDS Report 2014)². There has been a noted decline of prevalence from 14.1% in 1990 to 6% in 2015. However, the burden remains high among women at 7.6% against that of men at 5.6%³.

Key results in the HIV response have been observed including a reduction of new infections among adults of 19% in 2015 compared to the year 2013 and a 49% reduction of mother to child transmission of HIV compared to 2013. A key gap is HIV among adolescents and young people and particularly young women. With 260,000 young people living with HIV, AIDS is the leading cause of death in among people aged 15 – 24 years. In 2015, approx 50% (35,000) of all adult new HIV infections (Approx 71,000) occurred in this age group. The main reasons for not taking up services or adhering to medication for those already HIV positive (whether from birth or acquired) is for fear of of stigma and discrimination by society. The stigma index showed high HIV related stigma levels. Further, the Modes of Transmission study of 2008 confirmed that most new infections (44%) occur in couples who are engaged in heterosexual sex within a union/regular partnership⁴.

Between 2013 and 2015, Kenya recorded a 40% increase in persons living with HIV who are on life-long anti-retroviral therapy, enhanced uptake of services of Kenya's unique HIV Tribunal. Systems for surveillance, monitoring and evaluation, commodity availability have increasingly been strengthened. Indicators such as new infections among adolescents and young people, are off-target demonstrating that the work is not yet

done. It is notable that the County Governments have all developed County AIDS Plans to guide their response. In the midst of the picture depicted above, and the details provided in the situational analysis in chapter two, the Faith Sector response has a number of opportunities to contribute to the HIV and AIDS response in Kenya.

1.2 The Context

The Constitution of Kenya 2010 introduced a devolved system of government, which provides for one (1) National Government and forty-seven (47) County Governments. The governments at the national and county levels are both distinct and interdependent. The distinctiveness of the governments under the devolved system is determined by the Fourth Schedule of the Constitution of Kenya, which has assigned different functions to the two levels of government.

The National Government through the National AIDS Control Council (NACC), developed a National AIDS Strategic Framework (KASF) aimed at guiding the HIV response in the Country. The counties and the various sectors are mandated to use this framework to develop specific actions to contribute to the HIV response. The KASF outlines eight strategic directions with clear targets and indicators that will drive Kenya towards a country free of new HIV infections, AIDS related deaths and stigma.

²UNAIDS. Global AIDS Update Report 2014. P.

³NACC, Kenya HIV Estimates 2014. P.

⁴Kenya Modes of Transmission Study 2008

Kenya AIDS Strategic Framework (Strategic Directions 1 – 8)

Strategic Direction 1 Reducing new HIV infections	Strategic Direction 2 Improving health outcomes and wellness of all people living with HIV	Strategic Direction 3 Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors
Strategic Direction 4 Strengthening integration of health and community systems	Strategic Direction 5 Strengthening research and innovation to inform the KASF goals	Strategic Direction 6 Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming
Strategic Direction 7 Increasing domestic financing for a sustainable HIV response	Strategic Direction 8 Promoting accountable leadership for delivery of the KASF results by all sectors and actors	

To achieve the goals of Kenya, to get to zero infections, zero stigma and discrimination as prescribed in the KASF, a multi-sectoral approach involving different stakeholders is required. The faith sector, which is represented in both levels of government, recognizes the need to develop an action plan to guide the faith communities, faith based organizations and religious leaders on their contribution to the HIV response at the different levels.

1.3 Rationale for this Action Plan

Kenya was confirmed to have a population of 38,610,097 people according to the last official Census that took place in 2009. Estimates, released, indicate that it reached 45,941,977 in 2014. Over 97% of the Kenyan populations ascribe to a religious affiliation (KDHS 2014), and so the Faith Sector has a wide reach cut across from the national to the county and the grass root level.

This Action Plan is geared towards the achievement of the social pillar in The Vision 2030 and aims to provide guidance for the Faith Sector on how to respond to HIV and AIDS at the national and county levels. This is in recognition of Article 43 of the Constitution of Kenya that provides that every person has the right to: the highest attainable standard of health, which includes the right to health care services, including reproductive health care.

1.4 Goal and Objectives of the Action Plan

The goal of the faith Sector Action Plan is to contribute to an HIV and AIDS free society in Kenya.

The objectives of the Faith Sector Action Plan are as follows:

1. To utilize faith communities reach and influence, to prevent new HIV infections
2. To reduce stigma associated with HIV and AIDS
3. To improve the quality of life of PLHIV by providing essential healthcare services
4. To support and strengthen service delivery as offered through Faith Based Communities.
5. To improve coordination and reporting mechanisms of the HIV response within the Faith Sector

1.5 Process of developing the Action Plan

The process of developing the National Action Plan (2012 – 2015) was highly participatory drawing together stakeholders from across the different faiths. The Faith Sector Technical Working Group (TWG) appointed a Taskforce to provide guidance and technical support to the process. In order to incorporate regional perspectives, the content of the document was pre-tested among regional stakeholders. This document was premised on the KNASP III 2009 – 2014.

The review of this document commenced in September 2015, and was reviewed by The Faith Sector Working Group (WG) and religious leadership, to incorporate new evidence arising from the different emerging studies. This was

aligned to the Kenya National AIDS Strategic Framework 2014/15 – 2018/19.

1.6 Guiding Principles

The following principles form the basis of this Action Plan:

- Learning from lessons of the previous plan, as well as what has worked elsewhere.
- Promoting respect, dignity and diversity of the faith communities in the HIV response.
- Promoting ownership through anchoring the HIV response within the overall faith development of the communities.
- Coordinating the planning, funding and shared responsibility by all stakeholders in the faith sector at County and National levels.

2

Situational Analysis

CHAPTER 2: Situational Analysis

Introduction

This chapter provides a situational analysis of HIV and AIDS in the Country and the role of the faith sector in the response. It provides an overview of the strengths, weaknesses, opportunities and threats (SWOT) analysis of the faith sector to anchor the work of the faith sector in the HIV response.

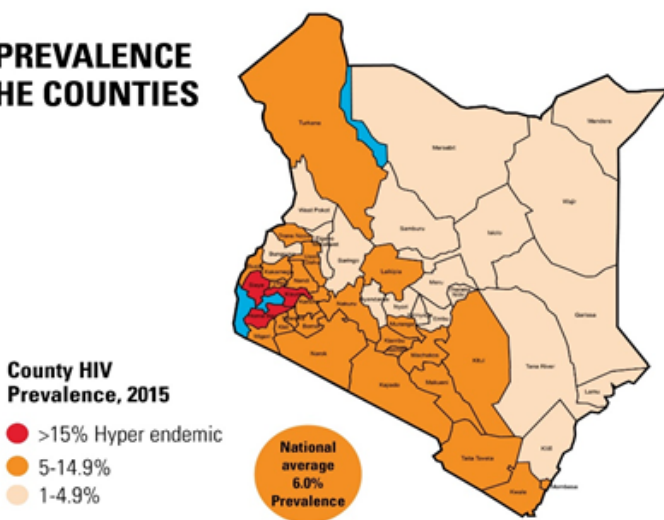
2.1 The HIV Situation in Kenya

2.1.1 Prevalence

The HIV prevalence varies by county with disproportionate HIV burden across Counties. The epidemic is geographically adverse ranging from a high prevalence of 25.7% in Homa Bay County, to a low of approximately 0.2% in Wajir County according to the Kenya HIV and AIDS Profile, 2014. To achieve the highest impact for the HIV response, it is imperative to prioritize interventions based on the level of county prevalence and incidence.

Total PLHIV	1,517,705
- # of children living with HIV	98,169
- # of AYPs [15 – 24 years)	91,350
- # of adults living with HIV	1,419,536

HIV PREVALENCE IN THE COUNTIES



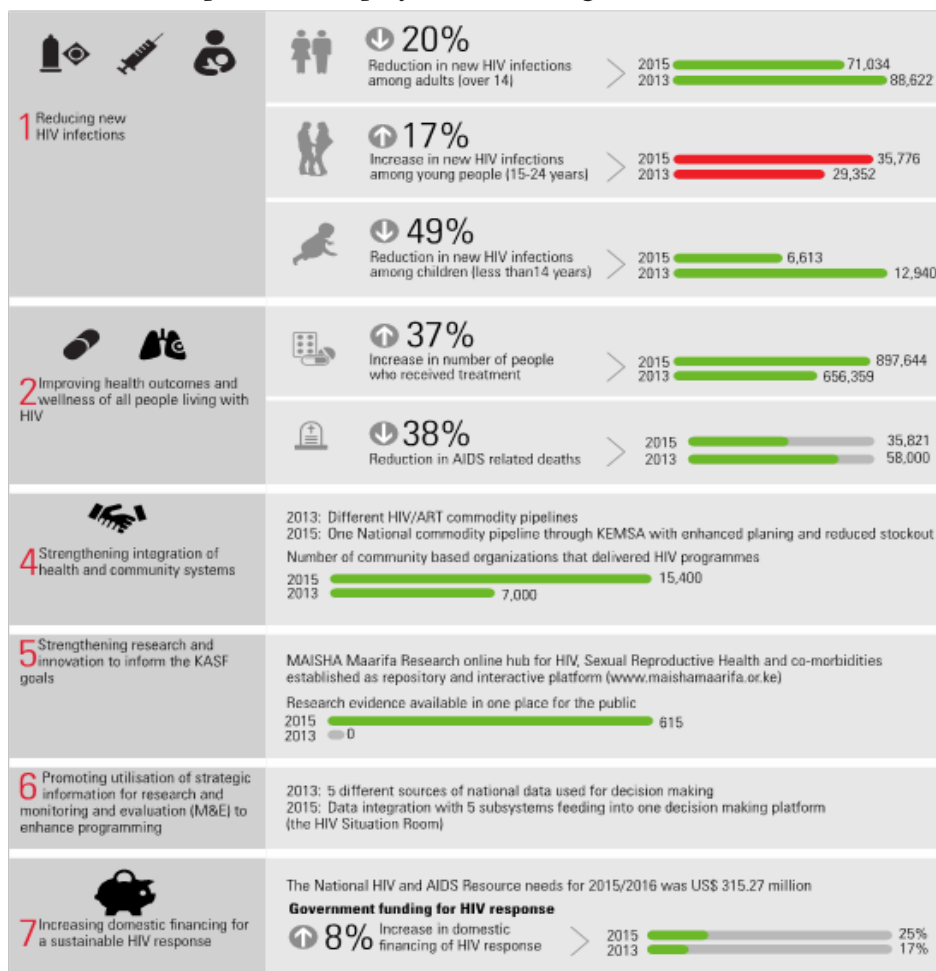
2.1.2 Progress and Status of HIV in Kenya

There has been progress in the implementation of the Strategic Framework.

Performance of Kenya as per the AIDS Strategic Framework.

With the coordination of the NACC, guidance on planning, prioritization and implementation of HIV interventions, resource mobilization and alignment and with support of partners, Kenya has performed well on key indicators set out in the KASF. The Strategic Directions continuously evaluated and reported.

The table below provides the performance at a glance.



Sources: Kenya HIV Estimator 2015 and Kenya HIV Estimator 2013; Source: NACC/Programme Data

HIV-related stigma and discrimination are widely recognised as major barriers to accessing HIV prevention, treatment, care and support services. The strengths of the Faith Sector, guided by this Action Plan will make a great difference in the elimination of stigma and discrimination.

2.2 The Faith Sector

The faith sector comprises of organized groups joined together by a common focus, goal, or ideas based on the same set of principles or beliefs. The faith sector includes the faith community, faith-based organizations, congregations, congregational leaders and religious leaders, as defined in the definition of terms.

Below are a SWOT analysis of this sector.

Strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Over 97% of the Kenyan population ascribe to a religious affiliation (KDHS 2014). ▪ The Reach - Faith structures cut across from national, county , grassroots with contact with a significant number of Kenyans weekly ▪ The mandate and core business of religious leaders is to ensure the well-being of humanity. ▪ The places of worship are considered as credible and their reach is a formidable force for any successful campaign that brings about social transformation in HIV and AIDS. ▪ Approximately 40% of the health care services, including HIV are delivered by the Private Sector of which majority are by faith-based organizations. ▪ The declaration of HIV status by respected religious leaders has, and can lead to more members of congregations being tested thereby reducing stigma and discrimination significantly. ▪ Faith communities offer holistic services including spiritual, emotional, social, psycho-social and value-related support for the infected and affected. ▪ Faith communities own media houses that can be used for dissemination of information and messages. ▪ Faith communities own resources that can be used for responding to HIV and AIDS. ▪ Faith communities have existed for as long as humankind, hence self-sustaining. ▪ Faith communities own institutions of learning which can be used for dissemination of HIV messages. ▪ Faith communities have existing structures and forums for dissemination of information and advocacy. ▪ Most technocrats and professionals ascribe to a faith. ▪ Religion is recognized in the constitution of Kenya as a right. ▪ Diversity in the faith sector adds variety in the HIV and AIDS response. 	<ul style="list-style-type: none"> ▪ Inadequate reporting on results and systems to share working practices. ▪ Weak knowledge management and documentation of the faith sector's HIV response. ▪ Insufficient research to inform faith sector engagement in planning of HIV interventions. ▪ The HIV response within faith communities has not been a priority. ▪ Inadequate capacity for resource mobilization, advocacy, networking, monitoring & evaluation of HIV programmes. ▪ High prevalence of stigma, shame, denial, discrimination, inaction and Mis-action (SSDDIM) among faith communities. ▪ Misconceptions of the interface between faith and science such as faith healing and social norms (e.g. the 'evil eye'). ▪ Inadequate skills and knowledge to comprehensively deal with HIV, GBV and stigma among faith communities. ▪ Challenges in addressing pertinent Sexual and Reproductive Health (SRH)/ HIV issues affecting adolescent and youth.
Opportunities	Threats
<ul style="list-style-type: none"> ▪ The reach of Faith communities and FBOs in Kenya where they have contact a significant part of the population weekly ▪ The compassion that faith communities offer can be used to promote uptake of services and reduction of stigma ▪ Faith communities have interventions that vary widely in scope and scale that can be utilized to drive the HIV agenda ▪ Faith Communities can use schools and universities to integrate and mainstream HIV issues. ▪ There is a growing recognition of an organized progressive interfaith religious response in HIV and AIDS in Kenya. ▪ Available modern technologies such as social media for use in messaging particularly in reaching the youth ▪ Political goodwill. 	<ul style="list-style-type: none"> ▪ Confusing messages and practices on faith healing that get following but are detrimental to Health and HIV outcomes ▪ Radical religious views are hindering the progressive unified interfaith voice. ▪ Political instability ▪ Doctrinal differences impact the ability for collective voice and action by faith communities across and within different religions ▪ Emerging trends in the HIV response that conflict with the different faiths.

3

Faith Sector Interventions and Implementation Framework

CHAPTER 3: Faith Sector Interventions and Implementation Framework

Introduction

This Faith Sector Action plan, interventions and implementation framework is based on the Faith sector strengths and opportunities as identified in the analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT) provided above. It leverages and aligns the interventions and activities to the faith sector mandate. The activities are a consolidation of the feedback received and refined from the consultative meetings held with the Faith Sector TWG and Religious Leaders consultative, and are aligned to the KASF.

The Faith Sector will undertake the following activities:

1. Mainstream HIV messages into Faith teachings and annual Calendars of teachings, activities and events

This is aimed at having the Faith Sector Organizations integrate developed and agreed upon messages into their calendar of sermons for the year.

The development and use of the HIV messages will include the following;

- i. Identify, package and disseminate non-discriminatory, stigma free specific texts: chapters and verses (from religious or sacred texts) that address issues relating to HIV and AIDS,
- ii. Develop faith specific standardized messages to be used in mainstream sermons within different faith that relate to HIV including love and non-discrimination, faithfulness, caring, sanctity of sex in married unions, abstinence that will contribute to reduction of new infections, increased quality of life for those who are infected, eliminating stigma and discrimination.
- iii. Integrate faith based texts from religious teachings of the bible, quoran, Hindi teachings into summons to ensure that every month HIV is discussed in different contexts during weekly religious meetings
- iv. Include specific HIV and AIDS messages within weekly worship pamphlets and information that are issued out to congregants
- v. Mainstream HIV and AIDS messages to institutions of learning supported or managed by the Faith community.

2. Utilize faith sector reach to promote HIV services and disseminate information targeting the men, women, adolescent, youth and young people. The may include

- i. Information to promote HIV prevention, care, treatment and elimination of discrimination can be promoted by the youth and include but not limited to:
 - a. Abstinence, be faithful messaging for adolescents and young people (10-25 years), couples and those in married union
 - b. Love and care messages to reduce stigma and discrimination towards persons living with HIV especially young people, widow(er)s,
 - c. Be faithful messaging for concordant couples and risk reduction messaging for discordant couples
- ii. Framing of HIV related messages in the context of doctrine and based on theological teachings for acceptability of HIV related messages during prayer sessions, worship and mass sessions, teaching sessions such as catechism, madrazas.
- iii. Approval of HIV related messaging as a key part of faith institutions, with these messages being disseminated through the structures of the faith institutions as approved by the decision making organs to promote adherence.
- iv. Integration of HIV related messages as part of the scheduled almanac of the religious institution/church/mosque or temple to ensure institutionalization of messages.
- v. Ensuring that faith related organizations, groupings including those of youth, women and men integrate dialogue on HIV, sexual and reproductive health, relationships and encourage uptake of relevant HIV related services such as testing, counselling.

3. Dedicate time and investments by Faith leadership and communities health issues and specifically HIV and AIDS.

While HIV services is not the core business of the faith sector, the wellness of people is. With regard to HIV, it is recommended that faith leaders and institutions identify contributions towards enhancing service uptake among faithful as well as added support for those most vulnerable to HIV.

Propositions include, but are not limited to:

- i. Focus on the World AIDS Day every year with dedication and investments.
- ii. One week in a year (prior to the World AIDS Day) emphasis on HIV and AIDS information and where possible HIV services for those who attend congregational gatherings during the week before World AIDS Day.
- iii. Formally dedicate the teachings of the Friday, Saturday or Sunday, prior to the World AIDS Day to matters related to HIV and AIDS information and messages with a unified message.
- iv. During the week, the faith leaders and congregations may organize and conduct activities that promote love and care, reduce stigma and discrimination and reduce vulnerability and risk to HIV such as target orphans, widow(er)s.
- v. Faith communities, as part of giving and service to the poor may identify HIV related projects to support, for instance those of orphans and vulnerable children.

4. Strengthen advocacy and voice on critical issues in the HIV response

Faith leaders are community, moral and social leaders that have a unique space of respect and reach with political and technical leadership and therefore can be advocates for key issues in the HIV response. There are gaps and challenges on issues outlined in the Kenya AIDS Strategic Framework, our commitments to international and national targets that require advocacy, including, but not limited to:

- i. The need for increased and sustainable domestic financing is significant, given the long-term need for resources for availability of ART, as long as there is no cure or vaccine. The significant investments must be funded by Kenya and advocacy to ensure a mechanism for financing is required. Faith leaders have a unique voice and access national leaders that can be used to advocate for sustainable financing.
- ii. Faith healing of HIV negatively impacts outcomes with those who claim healing defaulting on the use of ARVs. This increases their ill health, their potential to need second line ARV treatment and develop resistance. The faith community may take this as an advocacy issue and provide guidance or protocol notes for such matters.

- iii. Stigma and discrimination continues in faith institutions and within faith communities as persons living with HIV are often judged by the communities. This negatively impacts uptake of HIV testing and counselling, disclosure among those living with HIV, uptake and adherence to ARVs. Faith leaders need to become anti-HIV related stigma champions within the Faith communities.
- iii. Sexual violence among young people is a primary issue that remains hidden within communities and contributes to HIV and AIDS. Faith leaders hold a unique moral place that can be used to advocate for zero sexual violence.

5. Integration of HIV sensitization and training into the Curriculum for Theological and other religious trainings

In order to effect behaviour formation, behaviour change for HIV prevention and treatment, it is imperative that institutionalization of health and physical wellness issues including HIV control is undertaken. Institutional training on faith and doctrine needs to include continuous review on matters health including HIV, sexual and reproductive health and cancer screening and management information. Religious faiths need to have integrate HIV training and sensitization into their training institutions and schools/madrazas, their membership associations such as youth associations, women and men's associations.

6. Promote and facilitate continued service delivery by the Faith sector:

The Faith sector as part of the private sector provide approximately 40% of health services. Reporting for direct service delivery including HIV testing services, elimination of mother to child programmes, ART services, orphans and vulnerable children support, support groups, home based care and follow up, should be undertaken through the regular Ministry of Health, Ministry of Social Services and National AIDS Control Council CAPR reporting systems as part of routine care and surveillance. Additional activities that faith based organizations that provide services can include:

- i. Reach out to other faith communities to provide education and information on HIV and AIDS
- ii. A rapid needs assessment at National level and select counties to identify capacity gaps within the faith communities, to inform capacity building needs for the faith sector may be

- undertaken.
- iii. Additional capacity building in M&E, reporting, stigma and discrimination, and other priority areas within the faith communities may be undertaken.

3.1 Implementation Plan

	KEY ACTIVITIES OBJECTIVES	SPECIFIC ACTIVITIES	OUTPUT	RESPONSIBLE INSTITUTIONS				TIME FRAME
				Religious Leaders	Working Group	NACC		
1	Mainstream HIV messages into Faith sector activities	Develop standardised non-discriminatory HIV/sexual violence messages based on the religious texts through consultative meetings	A booklet of standardized messages for the faith communities	Facilitate identification and participation of their theologians	Work with theologians to identify relevant texts from holy books for HIV messaging Technical support and oversight of the development process	Dialogue with Religious leaders to mainstream HIV messages into Faith Sector activities	October 2016	
		Drafting and validation of the messages	A booklet of HIV messages validated	Review and validate HIV and AIDS messages	Drafting of messages and incorporating comments from Religious leaders and prepare the messages for printing	Provide technical assistance to support the working group to draft the messages and briefs to be presented to faith leader for validation Receive the validated document and approve for and facilitate printing	Jan -March 2017	
		Printing, dissemination and launch	Number of HIV message booklet printed Number of dissemination forums held A launch of the HIV message booklet held	Participate in the launch	Support NACC with the dissemination and launch of the HIV message booklet	Facilitate printing of adequate copies of the HIV message booklet ; The dissemination and the launch	April 2017	

	KEY ACTIVITIES OBJECTIVES	SPECIFIC ACTIVITIES	OUTPUT	RESPONSIBLE INSTITUTIONS			TIME FRAME
				Religious Leaders	Working Group	NACC	
		and events.	HIV messages. (Countrywide)	once in a quarter (e.g. Identify OVC and organize visitation to homes of people affected by HIV) Broadcast HIV messages through mass media (radio, TV, newspapers) at least once a quarter		reports.	
		Review and integrate HIV and AIDS information into the Curriculum for Theological and other religious trainings	HIV information integrated into the existing curricula for Theological and other religious trainings	Approve inclusion of HIV Module in curriculum of Theological	To provide technical assistance and monitor implementation	To provide technical assistance and build capacity of tutors to implement. Monitor implementation	Ongoing
2	Reach out to congregation with HIV prevention information with specific target on adolescent and youth, couples and single adults	Abstinence and chastity messaging for adolescents and young people (10-24 years) Faithfulness and risk reduction messages for couples:	1,000,000 adolescent and young people reached 500,000 couples reached	Facilitate the reach of adolescent and youth with HIV messages. Identify fora for dissemination of messages	Monitor and report utilization of the HIV messages every quarter Monitor and report utilization of the HIV messages	Provide technical assistance and facilitate the monitoring Provide technical assistance and facilitate the monitoring	Ongoing Ongoing
		HIV prevention messages to the single adults (widows, widowers, single parents etc.)	100,000 single adults reached	Identify fora for dissemination of messages	Monitor and report utilization of the HIV messages	Provide technical assistance and facilitate the monitoring	Ongoing

	KEY ACTIVITIES OBJECTIVES	SPECIFIC ACTIVITIES	OUTPUT	RESPONSIBLE INSTITUTIONS				TIME FRAME
				Religious Leaders	Working Group	NACC		
3	Reduce stigma associated with HIV and AIDS	Incorporate messages on reduction of stigma and discrimination into sermons, activities and events. Facilitate dialogue between religious leaders and PLHIV at County and National Levels	Number of congregations reached with stigma and discrimination messages Number of dialogue forums held Number of PLHIV meaningfully involved in congregations	Facilitate dialogue and forums to incorporate the messages Create a safe space for disclosure of HIV status within congregations Ensure meaningful involvement of PLHIV in congregations	Follow-up, monitor, document and report Support the religious leaders on how to involve PLHIV meaningfully in congregations	Provide technical assistance and facilitate the monitoring Provide TA to religious leaders and WG on how to support and involve PLHIV meaningfully in congregations	Ongoing	
4	Strengthen advocacy and voice on critical issues in the HIV response	Develop and disseminate a guidance document on faith healing Health financing and resource mobilizing for HIV-related services	A guidance document developed and disseminated Finances allocated for the HIV response	Provision of relevant information on faith healing Validate and approve the guidance document Disseminate the guidance document to congregations	Provide technical support and oversight of the development process Facilitate the dissemination	Provide technical assistance Support the dissemination of the guidance. Facilitate the monitoring	From March 2017 (Ongoing)	

	KEY ACTIVITIES OBJECTIVES	SPECIFIC ACTIVITIES	OUTPUT	RESPONSIBLE INSTITUTIONS			TIME FRAME
				Religious Leaders	Working Group	NACC	
5	Monitoring and Evaluation	Action Plan progress review meetings	Implementation of the Action Plan monitored	Receive progress updates and give feedback	Document progress updates	Facilitate the review meetings And disseminate the progress updates	Half-yearly
		Conduct a mid-term review of the action plan	Mid-term review report	Participate in the mid-term review	Organize and carry out the mid-term review at County and National level.	Provide technical assistance Facilitate the mid-term review at County and National level.	June/July 2018
		Align Faith Sector reporting to the COPBAR	Faith Sector indicators captured in the COPBAR tool	Support the utilization of the COPBAR tool	Sensitize faith organizations on the COPBAR tool	Disseminate the revised COPBAR tool Build capacity on reporting.	From July 2016
		Utilize the COPBAR tool for reporting and documentation	Quarterly reports compiled and submitted	Review the quarterly reports	Compile and submit quarterly reports to the Faith Sector desk at the NACC	To facilitate WG meetings Quarterly reports to HIV /ICC Create and position a specific person in the Faith Sector desk at the NACC	Quarterly
		Learning and sharing forums	A faith sector portal created in the Maisha Maarifa Hub	Provide information for the portal Interact, utilize the information on the portal	Provide information for the portal Interact, utilize the information on the portal Market the portal	Coordinate the collection and uploading of information for the portal Market the portal	Feb. 2017
		Shared learning forums on faith sector responses to HIV at County and National levels e.g. annual Convention -Identify	Participate in the faith sector responses	Support shared learning within the faith sector Facilitate conferences every two years, quarterly interfaith meetings, religious forums etc.	Facilitate the learning and sharing forums	Ongoing	

KEY ACTIVITIES OBJECTIVES	SPECIFIC ACTIVITIES	OUTPUT	RESPONSIBLE INSTITUTIONS			TIME FRAME
			Religious Leaders	Working Group	NACC	
	Identify faith community leaders who are champions and advocates on HIV issues	Shared names of religious leaders who are champions and advocates on HIV issues	Each Faith Sector network to provide information on Faith leaders who are champions and advocates of HIV issues	Capacity build the Faith Sector advocates of HIV issues	Provide information and tools for reporting on HIV	Ongoing

4

Co-ordination and Information Flow

CHAPTER 4: Co-ordination and Information Flow

4.1 Coordination at National Level

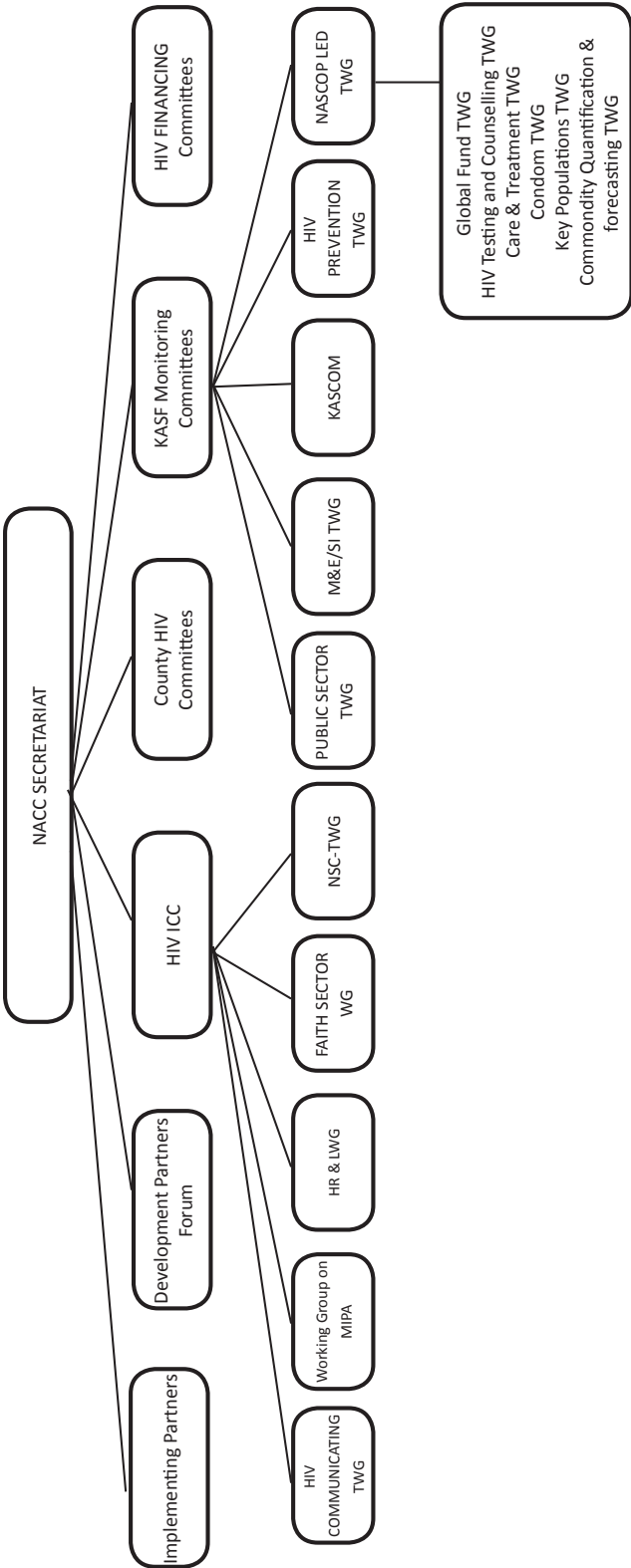
The Faith Sector Working Group is a sub-Committee established by the NACC to facilitate engagement and leveraging of Faith Communities in the HIV response under the HIV Interagency Coordinating Committee (ICC). It is the link between the Faith community and the NACC and will report quarterly to the HIV ICC through the NACC.

4.2 Monitoring and Evaluation

A National Monitoring and Evaluation framework exists and is the basis upon which routine and periodic surveillance is done and national reporting with feedback to stakeholders and partners is done. Although the Faith sector has been key to the HIV response, including at the council level of the National AIDS Control Council, the contribution of the faith sector, outside of faith based organizations delivering HIV services has not been reported. To ensure that the HIV response of the faith sector is monitored and reported, all monitoring efforts of HIV in the faith sector will align itself to the national M & E framework and will be reported through the Community AIDS Progress Report (CAPR). The faith sector will undertake the following activities:

1. The Faith Sector working group will liaise with the Monitoring and Evaluation unit to develop key indicators that will track progress on the faith sector action plan.
2. The faith communities will be encouraged to report on the CAPR system on a monthly basis to ensure reporting of their contribution.
3. A feedback mechanism through a routine quarterly or bi-annual breakfast meeting with faith leaders will be utilized to discuss progress as reported by the Faith sector working group that is tasked with tracking progress of implementation.
4. A quarterly briefing on progress of implementation of the action plan will be prepared and disseminated to the faith sector and availed at the NACC website.
5. A Biennial HIV Prevention Convention for Religious Leaders as part of the Maisha Conference or other National AIDS Review processes shall be undertaken with feedback and reporting provided.
6. County level faith sector response shall be strengthened through advocacy by NACC for incorporation of members of the faith sector into County level structures and processes.

KASF Working Groups



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12. Religious Leaders Convention Report of 2010

Annexes

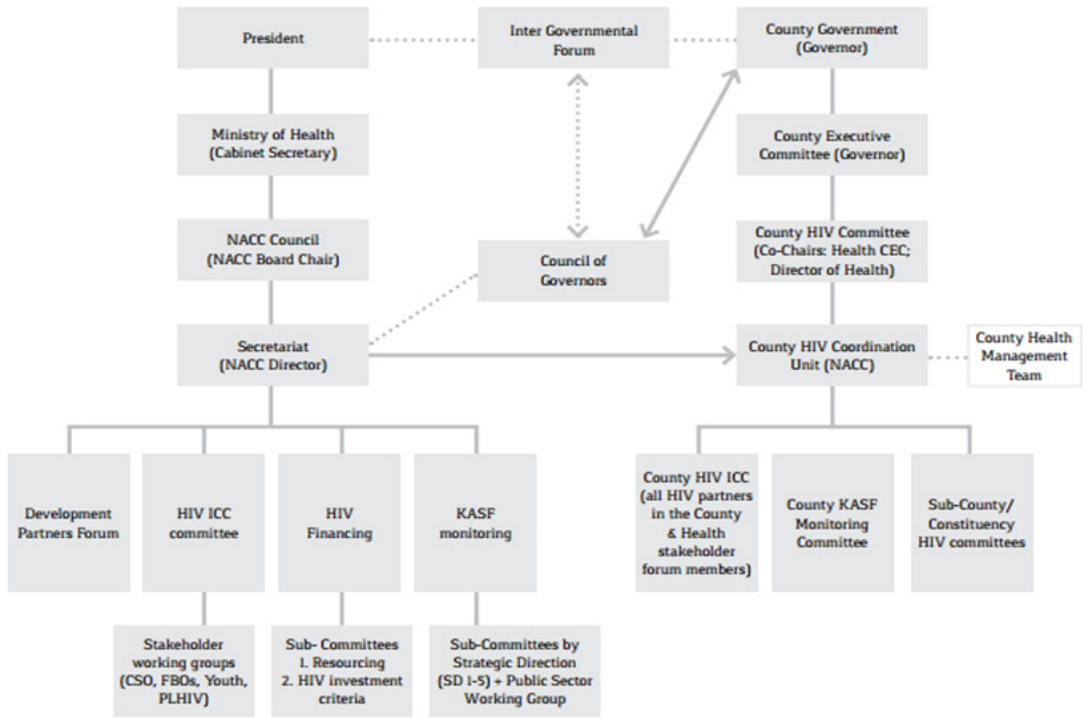
Annex 1: List of Faith Sector WG Members

1.	Bakary Chemaswet	Supreme Council of Kenya Muslims (SUPKEM)
2.	Francis Kuria	Inter- religious Council of Kenya (IRCK)
3.	Imelda Namayi	National Council of Kenya (NCCK)
4.	Jane Ng'ang'a	INERELA+
5.	Maryann Mwangi	St Paul's University
6.	John Okello	Seventh Day Adventist Church (SDA)
7.	Pastor Nyabuto Marube	Church of Christ in Kenya
8.	Patricia Chamia	Inter - religious Council of Kenya (IRCK)
9.	Pastor Yobes Nyagaka	Baraton University / Central Kenya Conference
10.	Paul Wangera	Deliverance Church
11.	Bishop James Okombo	Network of Church Leaders Tackling HIV (NECLECTAH)
12.	Washington Odongi	Evangelical Alliance of Kenya (EAK)
13.	Rev. Rose Mbula	Salvation Pro-claimers
14.	Major Rebecca Nzuki	Salvation Army
15.	Tabith Rono	Christian Health Association of Kenya (CHAK)
16.	Catherine Theuri	Kileleshwa Covenant Community Church (KCCC)
17.	Dr Emmy Chesire	National AIDS Control Council (NACC)
18.	Dr. Bathsheba Osoro	National AIDS Control Council (NACC)
19.	Faith Macharia	National AIDS Control Council (NACC)
20.	Reuben Musundi	National AIDS Control Council (NACC)
21.	John Ohaga	National AIDS Control Council (NACC)
22.	Father Joseph Mutie	OAIC
23.	John Kikeetio	Catholic University of East Africa (CUEA)
24.	Dr. Daniel Kabira	Kenya Conference of Catholic Bishops (KCCB)

Annex 2: List of Task Force Members

1.	Dr. Emmy Chesire	-	NACC
2.	Dr Francis Kuria	-	IRCK
3.	Dr. Bathsheba Osoro	-	NACC
4.	Imelda Namayi	-	NCCK
5.	Patricia Chamia	-	Inter-religious Council of Kenya
6.	Jane Nganga	-	KENERELA
7.	Bakary Athman Chemaswet	-	SUPKEM
8.	Mark Mwathi	-	Central Kenya Conference/ Seventh Day Adventist
9.	Pastor Nyabuto Marube	-	Church of Christ in Kenya
10.	David WaruiMugenyo	-	OAIC – Kenya
11.	Andrew Onyango Okoth	-	OAIC – Kenya
12.	MwauraWanjohi	-	MOEST
13.	Washington Tom Ochieng	-	Evangelical Alliance of Kenya
14.	Aquilla Watson Odanga	-	NCCK
15.	Rev. Margaret Muchai	-	Evangelical Alliance of Kenya
16.	Bishop James Okombo	-	NECLECTAH
17.	Maryann Mwangi	-	St Paul’s University
18.	Pastor YobesNyagaka	-	Baraton University Church/Central Kenya Conference
19.	Tabitha Rono	-	CHAK
20.	Eunice Odongi	-	NACC
21.	Francis Mutua	-	Youth Advisory Panel - UNFPA
22.	Catherine Theuri	-	Kileleshwa Covenant Community Church
23.	Peter Okaalet	-	Okaalet & Associates
24.	Major Rebecca Nzuki	-	Salvation Army
25.	Major Rose Mbula	-	Salvation Pro-claimers
26.	Fr. Joseph Mutie	-	OAIC
27.	Lillian Langat	-	NACC
28.	Faith Macharia	-	NACC

Annex 3: HIV Coordination Infrastructure for KASF Delivery



Source: KASF, P. 61

Annex 4: Indicators

Nationally, the faith sector will monitor progress on implementation of this action plan by reporting on the following indicators:

1. No of theological training Institutions mainstreaming HIV and AIDS training curriculum.
2. No. of congregations promoting safer practices and messages.
3. No of congregations initiating HIV services.
4. No of people trained on proper nutrition
5. No of faith communities implementing action plans on GBV-HIV
6. No of RL trained on treatment literacy.
7. No of congregations mainstreaming HIV and AIDS.
8. No of congregations with internal resources for HIV & AIDS activities
9. A comprehensive database of service providers
10. A guidance document on faith healing in place.
11. No. of Faith sector conventions held
12. No. of faith-based organizations and Faith communities participating in World AIDS Day and other HIV focused events.
13. Increased number of stigma free messages, reviewed, developed and adopted.
14. Increased number of Faith sector trained and reporting HIV activities to NACC.
15. Increase in evidence based programming and HIV interventions in the faith communities.
16. No of religious leaders participating in county and National level meetings
17. No. of faith communities reporting on HIV & AIDS.

Annex 5: Terms of Reference (TOR) for the Faith Sector Working Group (WG)

Background

The Faith Sector WG is a team of faith leaders and FBO program managers drawn from various faiths denominations and religious institutions to provide technical support to the HIV response. It works under the leadership of the Head of Stakeholders Coordination at the NACC.

Purpose

To facilitate engagement and leveraging of Faith Communities in the HIV response through sharing of information, formulation of guidelines, prioritization of strategies and programmes, backstopping on-going processes and responding to outstanding and emerging HIV issues intersecting with matters of faith.

Scope of Work

- i. Periodic review the Faith Sector Action Plan, track performance and report to the HIV ICC.
- ii. Mobilize the Faith Sector to advocate on key issues on HIV and AIDS
- iii. Organise bi-annual conventions and annual forums for religious leaders and communities on the HIV and AIDS response
- iv. Compile and Submit progress report on HIV and AIDS Faith Sector to the HIV ICC
- v. Identify and coordinate a response to emerging issues in the implementation of the Faith Sector Action Plan.
- vi. Support quarterly Faith Sector sharing forums at all levels to enhance participation and reporting on HIV and AIDS activities
- vii. Strengthen effective representation of Faith communities at National and County levels related to HIV responses.
- viii. Advocate for resource allocation to the Faith Sector.
- ix. Lobby for representation of the Faith Sector WG in committees mandated to vet and approve funding proposals for HIV Faith related activities at the National and County Level
- x. Identify capacity gaps among the Faith sector and recommend a way forward on the same.
- xi. Identify of appropriate communication channels.
- xii. Coordinate the reporting of HIV and AIDS related activities by the Faith Sector
- xiii. Enhance networking and partnership within the Faith Sector and create linkages with other stakeholders.
- xiv. Support shared learning at International, Regional, National and County levels on HIV and AIDS.
- xv. Create a Faith Sector portal in the Maisha Maarifahub for sharing of information



maisha!
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