SAVE Advocacy Strategy

The Kenyan Case Study

INERELA+ KENYA
International Network of Religious Leaders Living with or personally affacted by HIV - Kenya Chapter

christian aid

ACRONYMS

ANERELA+	The African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
INERELA+	The International Network of Religious Leaders with or Personally Affected by HIV
AIDS	Acquired Immune Deficiency Syndrome
AHF-Kenya	Aids Health Foundation- Kenya
ART	Antiretroviral treatment or therapy
BIDII	Benevolent Institute of Development Initiatives
CBO	Community-Based Organization
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
Health- GAP	Health Global Access Project
KENWA	Kenya Network of Women Living with AIDS
KHBC	Kenya HIV Private Sector Business Council
MARPS	Most at Risk Populations
NGO	Non-Governmental Organization
NCCK	National Council of Churches of Kenya
PLHIV	People living with HIV
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SAVE	Safer Practices, Access to Treatment, Voluntary Counselling and Testing and Empowerment
SSDDIM	Stigma, Shame, Denial, Discrimination, Inaction, Mis-action
STI	Sexually Transmitted Infection
VMMC	Voluntary Medical Male Circumcision

Acknowledgement

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We are especially appreciative of Reverend Dr. Canon Gideon Byamugisha who firstdeveloped the concept and response to SSDDIM (Stigma, Shame, Denial, Discrimination, inaction and Misaction). His careful guidance and valuable insight made thedevelopment of the SSDDIM modules possible.

Special thanks to INERELA+ for continued support especially for the pulling together the SSDIM reduction and SAVE multiplication concept into a toolkit which has gone a long way in supporting training of trainers and wider dissemination of the model.

We also wish to thank everyone who has contributed to the popularization of SAVE in big or small way. Your efforts have gone a long way in reducing stigma shame discrimination denial inaction and mis-action in the county.

Thank You

Chapter 1

INTRODUCTION

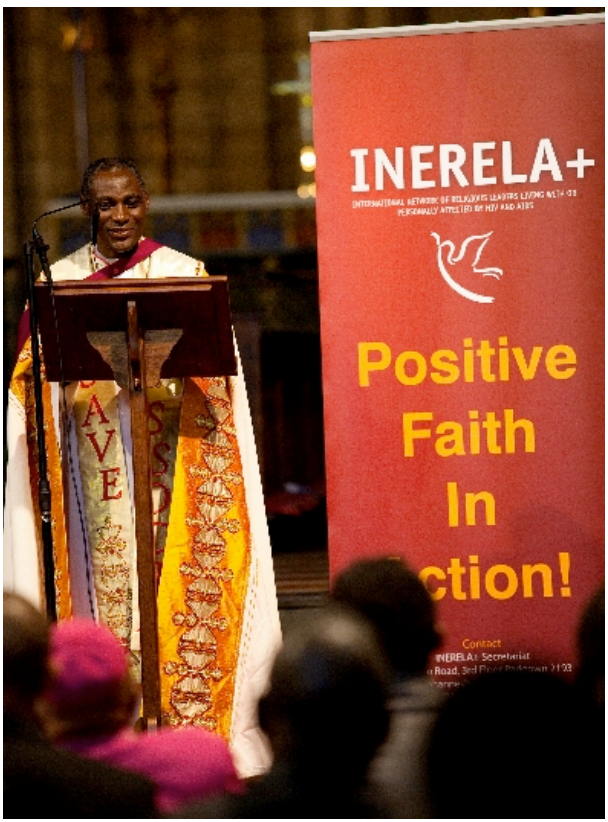
1.1 INERELA+

INERELA+ is an international, interfaith network of religious leaders – both lay and ordained, women and men – who are living with or personally affected by HIV.

It is universally recognized that religious leaders have a unique authority that plays a central role in providing moral and ethical guidance within their communities; indeed their public opinions can influence entire nations. INERELA+ looks to empower its members to use their positions with in their faith communities in a way that breaks silence, challenges stigma and provides delivery of evidenced-based prevention, care, and treatment services.

Mission Statement: To equip, empower and engage religious leaders living with and personally affected by HIV to live positively and openly as agents of hope and change in and beyond their faith communities.

Sixty per cent of people living with HIV are located in sub-Saharan Africa, thus ANERELA+ was merged into INERELA+. Based on the realities of the HIV pandemic in the rest of the world, it was decided to create regional networks based on shared elements of history, language, culture and religion. The five regions that make up INERELA+ are: Americas, Asia/Pacific, Europe/Central Asia, Southern Africa and NorthAfrica/Middle East.



Since the start in 2006, the networks have grown to encompass over 7,000 members across five continents. These members will mobilize their respective faith communities to provide accurate information and other services to an estimated 2.5 million people around the world, helping to reduce HIV-related silence, stigma, shame, and discrimination, and thereby reducing the number of new infections.

INERELA+ Goals

- Overcome self & societal stigma
- Engage in stimulating faith community responses
- Influence policies and service provision

1.2 INERELA+ Kenya

The International Network of religious Leaders Living with or Personally Affected by HIV (INERELA+) Kenya Chapter is an interfaith platform that supports the involvement of religious leaders in HIV and AIDS initiatives. Through amplification of the prophetic faith voices, the network encourages scaled up and impact oriented responses to both HIV and AIDS, and poverty eradication at local, national and regional. The network has a membership of over 2,500 religious leaders reaching over 2 million people through congregations and community. It's secretariat is based in Nairobi.

Vision: The Vision of INERELA+ Kenya is to see a nation where stigma, shame, denial, discrimination, inaction and mis-action (SSDDIM) are non-existent; and where religious leaders living with or personally affected by HIV and AIDS are witnesses of hope and forces of change in their congregations and communities.

Mission: INERELA+ Kenya exists to equip, empower and engage Religious Leaders Living with or Personally Affected by HIV and AIDS to live positively and openly as agents of hope and change in their faith communities and countries

The network, which has presence in 21 counties in Kenya, promotes collaboration of faith and development leaders to encourage the development and implementation of multi-sectoral, multi-dimensional and multi-level policies, theologies, programs and strategies for defeating HIV and AIDS. The network also strengthens the capacity of local congregations/faith communities to effectively respond to HIV and AIDS through addressing its drivers among them stigma, Gender Based Violence (GBV), poverty, inadequate access to sexual and health rights and discrimination of sexual minorities. It also encourages national governments to include Faith Communities and Religious Leaders in the broad response to HIV and AIDS, as well as providing the necessary space and support to religious living with and personally affected by HIV and AIDS for self acceptance, positive living and involvement in the local, national and international partnerships against HIV and AIDS related Stigma, Shame, Discrimination, Denial, Inaction and mis-action (SSDDIM).

INERELA+ Kenya has been applying SAVE (Safer Practices, Access to Treatment, Voluntary Counseling and Testing and Empowerment) methodology in her work since 2009.

Chapter 2

Conceptual Framework

Globally, SAVE advocacy is spearheaded by The Global Working Group on Faith, SSDDIM and HIV, which was established in 2009 at the ***Global Race to SAVE Lives from HIV and AIDS*** Conference held in Mukono, Uganda. The Global Working Group on Faith, SSDDIM & HIV is a Faith-Focused, Faith-Inspired and Faith-Motivated movement that seeks to undertake practical action, training, advocacy and prayer for SSDDIM reduction and SAVE multiplication to complement and go beyond the individual-focused and targeted "ABC" approaches in the fight against HIV and AIDS.

The framework for the implementation and coordination of the S.A.V.E. Campaign is provided by a strategic plan 2012-2016. The S.A.V.E. Campaign aims to impact fully and to contribute to halting, reversing and significantly overcoming new HIV and AIDS related infections, illnesses and deaths in Eastern, Central and Southern Africa States and communities before the epidemic reaches its 50th Anniversary in 2031.

The Strategic Plan for the S.A.V.E. Campaign is set against a complex and dynamic political, economic, social and cultural context, which has provided a vital basis for strategy development and risk management.

Despite the now available significant body of knowledge, technology, information and resources for the prevention, management and mitigation of HIV and AIDS, the world continues to witness significant levels of infections and deaths. To a great extent, high levels of HIV and AIDS related death and infection are attributed to Stigma, Shame, Denial , In-action, Mis- action (SSDDIM) which are conspiring to limit the effectiveness of HIV prevention, treatment and impact mitigation efforts at individual, family, community, national and global levels.

Indeed according to UNAIDS 2008 Report on the Global AIDS Epidemic, HIV and AIDS related stigma and discrimination was identified as one of the top five barriers to achieving universal access to HIV prevention, treatment, care and support.

It is against this background that, through this Strategic Plan the Global Working Group on Faith, SSDDIM and HIV aims to established the S.A.V.E. Campaign as a vibrant global faith movement significantly contributing to the global efforts to halt, reverse and significantly overcome new HIV and AIDS related infections, illnesses and deaths in the ECSA Region by 2031.

These global efforts are encapsulated in the 2011 UN Political Declaration which has stated that by

2015 the global community will have:

- Reduced sexual and non-sexual transmission of HIV by 50%;
- Eliminated new HIV infections among children;
- Increased the number of people on life-saving treatment to 15 million;
- Reduced TB related deaths in People Living With HIV by half.

The GWG's Strategic Goal is to significantly contribute to global efforts to halt, reverse and overcome new HIV and AIDS related infections, illnesses and deaths in ECSA region.
The Strategic Plan maps out the chain of activities, outcomes and objectives that the GWG believes will lead to the achievement of this goal.

The desired outcomes include reduced HIV infections, vulnerability and SSDDIM prevalence; increased SAVE and services and support, and improved leadership, HIV competency and policy environment. The GWG believes these can be brought about by achieving the following Strategic Objectives:

1. 150,000+ Faith leaders have greater capacity in SSDDIM Reduction & SAVE Multiplication Actions

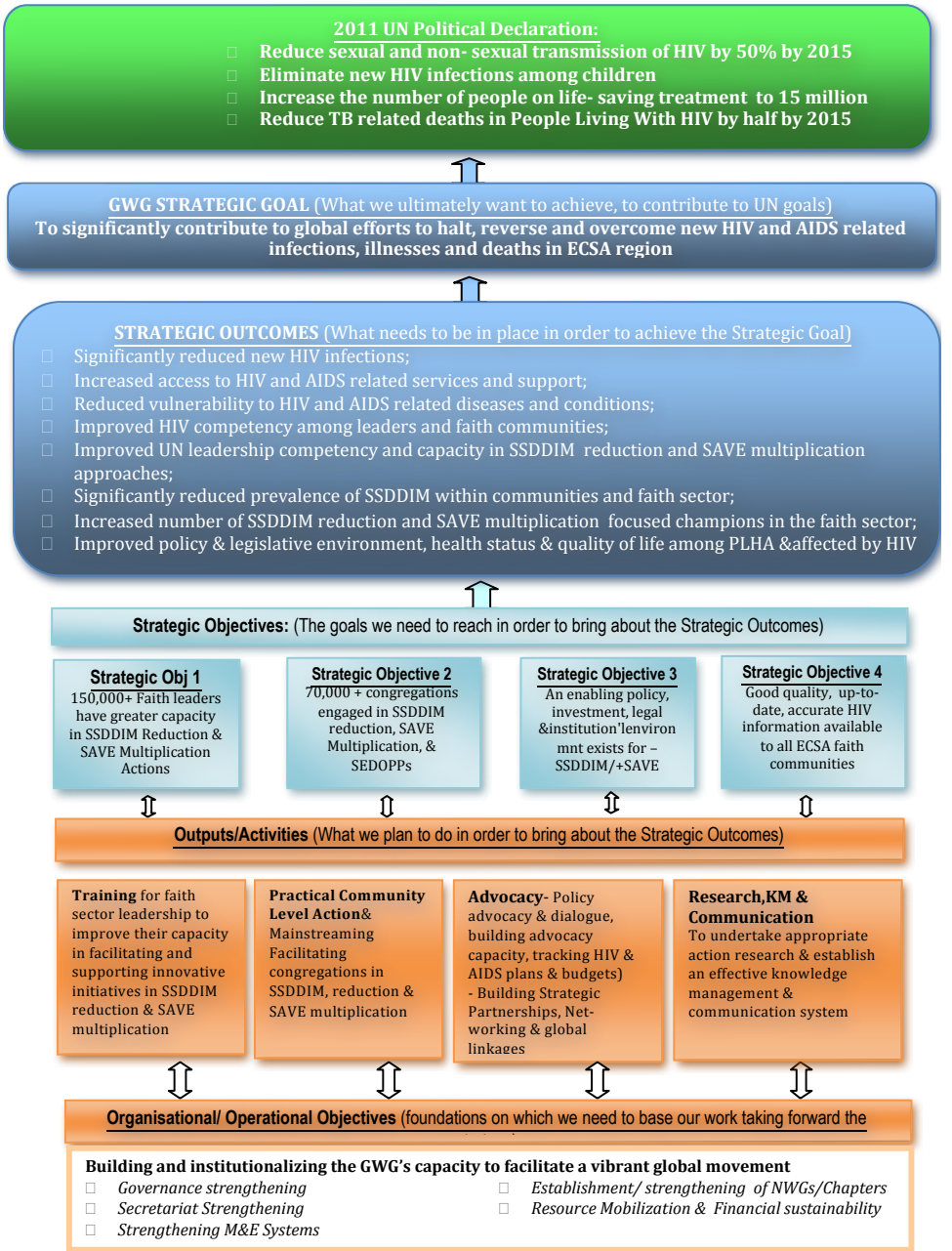
2. 70,000 + congregations engaged in SSDDIM reduction, SAVE Multiplication, & SEDOPPs [1]

3. An enabling policy, investment, legal & institutional environment exists for reducing SSDDIM, multiplying SAVE and ending AIDS.

4. Good quality, up-to-date, accurate HIV information available to all ECSA faith communities

As a strategy, the Global Working Group on Faith, SSDDIM and HIV will endeavour to galvanize people, leaders, communities and congregations of faith, policy makers, national, regional and international HIV and AIDS agencies, development partners and non-state actors to adopt and support the SSDDIM reduction and SAVE multiplication approach. The Global Working Group will also actively seek to promote dialogue and synergies with other partners and players at community, national, regional and international levels, and continuously engage with them in dialogue and sharing of resources, plans, and other information.

[1] Solidarity Enhancement Days of Prayer and Petition


2011 UN Political Declaration:
Reduce sexual and non- sexual transmission of HIV by 50% by 2015
Eliminate new HIV infections among children
Increase the number of people on life- saving treatment to 15 million
Reduce TB related deaths in People Living With HIV by half by 2015
GWG STRATEGIC GOAL (What we ultimately want to achieve, to contribute to UN goals)
To significantly contribute to global efforts to halt, reverse and overcome new HIV and AIDS related infections, illnesses and deaths in ECSA region
STRATEGIC OUTCOMES (What needs to be in place in order to achieve the Strategic Goal)
Significantly reduced new HIV infections;
Increased access to HIV and AIDS related services and support;
Reduced vulnerability to HIV and AIDS related diseases and conditions;
Improved HIV competency among leaders and faith communities;
Improved UN leadership competency and capacity in SSDDIM reduction and SAVE multiplication approaches;
Significantly reduced prevalence of SSDDIM within communities and faith sector;
Increased number of SSDDIM reduction and SAVE multiplication focused champions in the faith sector;
Improved policy & legislative environment, health status & quality of life among PLHA &affected by HIV
Strategic Objectives: (The goals we need to reach in order to bring about the Strategic Outcomes)
Strategic Obj 1
150,000+ Faith leaders have greater capacity in SSDDIM Reduction & SAVE Multiplication Actions
Strategic Objective 2
70,000 + congregations engaged in SSDDIM reduction, SAVE Multiplication, & SEDOPPs
Strategic Objective 3
An enabling policy, investment, legal &institution'lenviron mnt exists for – SSDDIM/+SAVE
Strategic Objective 4
Good quality, up-to-date, accurate HIV information available to all ECSA faith communities
Outputs/Activities (What we plan to do in order to bring about the Strategic Outcomes)
Training for faith sector leadership to improve their capacity in facilitating and supporting innovative initiatives in SSDDIM reduction & SAVE multiplication
Practical Community Level Action& Mainstreaming Facilitating congregations in SSDDIM, reduction & SAVE multiplication
Advocacy- Policy advocacy & dialogue, building advocacy capacity, tracking HIV & AIDS plans & budgets) - Building Strategic Partnerships, Net-working & global linkages
Research,KM & Communication
To undertake appropriate action research & establish an effective knowledge management & communication system
Organisational/ Operational Objectives (foundations on which we need to base our work taking forward the
Building and institutionalizing the GWG's capacity to facilitate a vibrant global movement
Governance strengthening
Secretariat Strengthening
Strengthening M&E Systems
Establishment/ strengthening of NWGs/Chapters
Resource Mobilization & Financial sustainability

Chapter 3

About SAVE

3.1 History of SAVE

In 2003 the SAVE (Safer practices, Available medication, Voluntary counseling and testing, Empowerment) approach was developed by members of the African Network of Religious Leaders Living with HIV and AIDS (ANERELA+). This was their response to the need for a more comprehensive approach to addressing HIV. SAVE provided a way of both informing and empowering those living with and affected by HIV, as well as addressing the well-documented issues of stigma and discrimination.

SAVE, therefore, originated in an African pastoral context where leaders of faith communities realized the need to respond to People Living with and affected by HIV in a way that reflected a loving God rather than a judgmental dismissive God. Many of these leaders began their journey of learning about HIV working with ANERELA+, (the African Network of Religious Leaders living with and personally affected by HIV and AIDS). SAVE opened the way for HIV positive religious leaders to learn about the virus infecting their own bodies as well as affecting the lives of those around them. They realized that HIV was a call for faith communities to lead by example and engage communities around HIV and AIDS.

The focus of this engagement had to be more than merely addressing the dynamics of individual sexual practice. Since HIV is not isolated to Africa, ANERELA+ grew and became global, transforming into INERELA+ (the International Network of Religious Leaders living with or personally affected by HIV and AIDS). Through INERELA+'s initial work across Africa, the organization came to realize that communities were vulnerable to the continued spread of HIV because of interrelated factors including livelihood vulnerabilities that contribute to the spirals of poverty, war, poor governance, gender imbalances and homophobia, all of which plague the African continent.

Halting the spread of HIV requires more than information about the virus, it requires individuals and communities to more fully understand the drivers of the disease and take action collectively to halt its spread. In doing so, people themselves can have a positive impact on their own lives and of those around them. Simply by being human we are all vulnerable to HIV. Various factors can, however, increase our vulnerability and the more the factors of vulnerability the greater our risk of exposure to HIV. Most areas of exclusion, whether gender, sexual or legal, increases one's vulnerability to HIV, as exclusion prevents access to correct information and prevention methods for protection against HIV.

3.2 The S.A.V.E. Approach

SAVE was developed by ANERELA+ to provide a holistic and effective approach to the HIVresponse. Whilst incorporating the key elementsof the ABC message, it built upon and broadened this strategy to provide informationon non-sexual modes of HIV transmission,testing, care and support for those alreadyinfected. Additionally, SAVE aimed to overcomethe connection inferred in the ABC approachbetween immorality and HIV and to challengethe stigma, discrimination and denial that is alsocommonly associated. After its inception in2003, the SAVE approach was adopted by anumber of international development agencies, Community-Based Organizations (CBOs) andFaith-Based Organizations (FBOs).

Safer Practices – the S part of SAVE stands for *'safer practices'.* This covers all of the things that can be done to address methods of HIV transmission. These include: staying with one sexual partner, using sterile needles, using condoms, testing blood for HIV before transfusions, preventing parent-to-child transmission, circumcision and abstaining.

Access to Treatment – Under SAVE, everyone with HIV&AIDS should have access to treatment. In particular, SAVE isn't concerned just with access to anti-virals. Just as important is access to medicine for opportunistic infections, and good nutrition.

Voluntary Testing and Counseling – SAVE advocates confidential testing and counseling be mad available to everyone who wants it. This serves two important purposes. First, making testing and counseling available to everyone increases the number of people who know whether or not they have HIV, and who know how to prevent transmission. Right now a large portion of HIV infections are due to people not knowing they are infected, and not protecting their partners. Second, making the testing and counseling confidential will allow people who are now avoiding testing for fear of stigma to get tested.

Empowerment – Empowerment has several means. It means reducing the stigma against people with HIV, people who are infected can get treatment without fear of stigma and people who fear they have been infected can get tested. It also

More importantly unlike the ABC model SAVE incorporates the understanding that stigma and discrimination need to be eradicated, misinformation needs to be corrected and that people living with and affected by HIV should no longer face shame, denial and community inaction and mis-action. Key to the understanding of empowerment is the question of vulnerability to HIV. The SAVE model focuses on Empowerment through education and a shift in attitudes that can have a significant impact in reducing the spread of HIV. This approach has been implemented in several countries with positive results in the fight against the spread of HIV/AIDs. Some of these countries are DRC, Sierra Leone, Rwanda, Malawi, Zambia, Ethiopia, Burundi and South Africa among others.

means empowering minorities who at the greatest risk of HIV including women, homosexuals and drug users. It also means empowering the community, taking steps to fight poverty, to help people get control over their lives and stop the wider social issues, which contribute to the spread of HIV.

SAVE is a holistic strategy to combating the spread of the pandemic and includes things that everyone from government officials, to religious leaders, to individuals, can do to help. By engaging as many people as possible, and addressing as many dimensions of the spread of HIV as possible, SAVE is a critical factor in stopping the spread of HIV&AIDS.

Chapter 4

SAVE Advocacy Strategy Application: The Kenyan Case Study

4.1 History

In line with the framework for the implementation and coordination of the S.A.V.E., under the global leadership of the Global Working Group on Faith, SSDDIM and HIV, INERELA+ Kenya started advocacy for the SAVE approach in 2009 in collaboration with other local partners in Kenya. The main aim of advocacy in Kenya focused on change in the HIV prevention messaging and SAVE adoption into the national HIV and AIDS policy response. Description of the advocacy process and learning is shared in this strategy document for purposes of supporting others embarking on the same journey.

4.2 Advocacy Goal

The overall SAVE advocacy goal as envisaged by INERELA+ Kenya, was to have a national recognition of 'SAVE' approach through the Kenya National Strategy Framework by the National AIDS control Council.

4.3 Process:

The process for SAVE advocacy in Kenya was in two phases.

The first phase focused on popularization of SAVE among different stakeholders for adoption and dissemination and building a critical mass that would support the second phase which focused on advocacy for SAVE adoption in national policies and more specific in the national strategic plans.

4.3.1 Phase I: SAVE Popularization; Activities under phase one included:

i. Situational Analysis on existing prevention strategies (ABC model), which established gaps in the model
ii. Decision to advocate for an alternative strategy (SAVE model)by the Kenya SAVE working group.
iii. Identification of key messages in support of SAVE
iv. Unveiling of the advocacy plan to Religious leaders and FBOs
v. Training of SAVE champions to reach out to more stakeholders
vi. CSOs, private sector join in and SAVE advocacy gains strength

Phase 1: SAVE Popularization

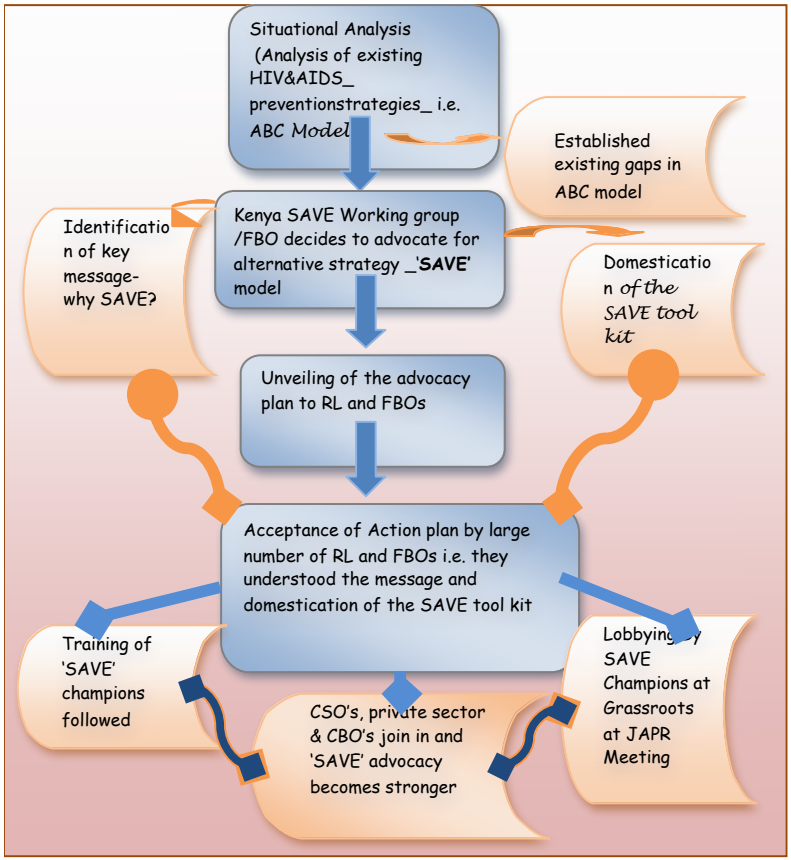


Figure 1: SAVE Advocacy Process- Phase I

4.3.2 Phase II: Advocacy for SAVE adoption; Activities under Phase II included:

i. Formation of a FBO Technical Working Group at the National AIDS Control Council whose members included SAVE champions.

ii. Formation of a Task Force on Development of an FBO Action plan by NACC, chaired by INERELA+ Kenya and onboard SAVE champions.

iii. Participation and input by Kenya SAVE working group/FBO TWG members in the development of the Kenya AIDS Strategic Framework and push for SAVE adoption in the policy

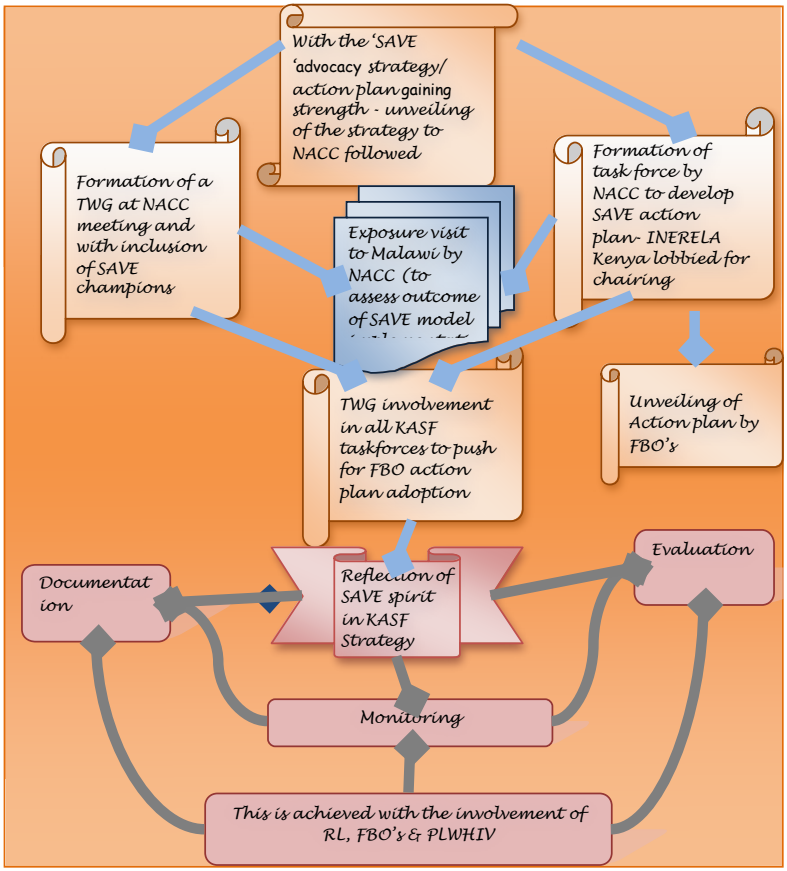


Figure 2: SAVE Advocacy Process- Phase 2

4.4 Key Messages

1) Integration of SAVE & Health

SAVE approach opens up dialogue to most health issues and much more!

- Safer practices -condoms &family planning
- Hygiene issues are also incorporated
- Access to treatment- ARV's but prevention of STI's and treatment
- Discussion on faith healing; traditional medicine etc

2) Promoting inclusion of PWHIV

- Most prevention programmes focus on people who are not infected. SAVE has brought in a new dimension of positive prevention.
- It is Seen by many PLHIV as a 'message of Hope'- prevention, care, support & treatment

3)Its an Enabling Framework for Advocacy issues

- Its an Enabling Framework that provides prompts for disseminating of information on a range of aspects surrounding HIV.
- Has helped counter beliefs and consequent lack of discussion around HIV due to its association with sexual transmission

4) An approach that addresses stigma & discrimination

The SAVE approach involves analysis of the main factors underlying the HIV epidemic, Stigma Shame Discrimination Denial Inaction and Mis-action and provides strategies on how to tackle these issues in different contexts.

5) An adaptable &encompassing framework

Can be used & adopted for varying country epidemics, Different Affected Social group from CSW to religious leaders there is acceptability It's a simple framework in which all areas of the HIV response can be addressed

4.5 Key Achievements

Strategies / Interventions for SSDDIM reduction through SAVE

- Information
- Counseling / Coping skills
- Legal and rights-oriented strategies
- Leadership approaches (Role models - Disclosure)
- Congregational-level initiatives
- Non-stigmatising commitments/Declarations
- National and regional conventions
- Multi-Media campaigns

In the Kenyan case, the goal of SAVE advocacy was to achieve national recognition of SAVE approach through adoption into the Kenya National Strategy for HIV. Important milestones were achieved and overall, the spirit of SAVE has been embraced in the national HIV response. Key milestones achieved included:

i. Creation of SAVE champions
ii. Formation of a FBO Technical Working Group at the National AIDS Control Council whose members included SAVE champions.
iii. Formation of a Task Force on SAVE Action plan by NACC, chaired by INERELA+ Kenya
iv. FBO TWG was involved in the Task Force for the development of the Kenya AIDS Strategic Framework
v. SAVE was recognized and adopted in the HIV&AIDS response National Plans of Operation (NPO)

Testimonials

> *Mostly for the religious leaders it [SAVE] was a way for us to change the way we thought about HIV/AIDS, it opened our minds, we now understand what HIV/AIDS is, how people feel, how to fight stigma. We saw how we as religious leaders, how we had stigmatised people without knowing. It was quite a challenge to us.'*
> *- KENYA: Pastor, Male*

> *I am a person living with HIV. I would like to thank the people who started the concept of SAVE because it has assisted me a lot. After having an encounter with [religious leader's name], who spoke to me about the SAVE approach I was able to join a support group and through the teachings I have got I have found that I have been able to cope with life a lot. I have known my HIV status since 2002 but I suffered from denial for many years until I met [religious leader's name] at [organisation name] through the workshops they were carrying out. I was also a member of the support group [name] has mentioned. As a person living with HIV/AIDS it was easy for me to convince other people living with HIV/AIDS to come to the support group and to talk about these issues. So I recommend the concept of SAVE goes ahead so more people can also benefit.'*
> *- KENYA: PLHIV, Male- KENYA: Pastor, Male*

4.6 Challenges (and Recommendations / how to mitigate the challenges)

1. Partnership capacity and readiness
2. Time requirement
3. Funding flexibility
4. Monitoring & Evaluation of the process
5. 'Independence', 'best interests'
6. Conflict of interest

For more information, contact;

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