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**HEALTH POLICY
INITIATIVE**



KENYANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Faith and religion are powerful forces in the lives of most Kenyans. The integral role religion plays in people’s daily lives places religious leaders in a position of tremendous trust and influence. Unfortunately, instead of

serving as places of refuge from stigma for people living with HIV (PLHIV), churches and mosques have often themselves been a source of stigma and discrimination, and religious leaders have been slow to respond to the epidemic. Societal beliefs that associate HIV with sin have caused many religious leaders to label the virus a punishment from God. Others have been reluctant to engage on HIV

issues, because to do so would require talking openly about sensitive, even taboo, subjects, such as sexuality and condom use. Those religious leaders with the will to engage in the HIV response often lack the knowledge and skills to effectively mobilize their communities. These factors put a damper on faith-based responses to HIV and contributed to an environment of stigma and discrimination that discourages people from being tested and makes PLHIV reluctant to disclose their status. Religious leaders who are themselves living with HIV face heightened stigma because of their position in the community.

In 2004, a group of 44 religious leaders came together to found the Kenya Network of Religious Leaders Living with or Personally

Affected by HIV/AIDS (KENERELA+). The POLICY Project collaborated with World Vision to help establish the network. KENERELA+’s mission is to support religious leaders and stimulate a more active response to HIV within religious communities. The group seeks 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. The network is an interfaith organization that connects HIV-positive religious leaders from more than 20 denominations, enabling them to provide support and fellowship to one another, overcome self stigma, and gain the confidence to speak out openly about HIV issues. KENERELA+ was born from ANERELA+ (the African Network of Religious Leaders Living with or Personally Affected by HIV/AIDS) and was the first country-level network of its kind to be formed in East, Central, or Southern Africa. Its groundbreaking work has paved the way for other national networks of faith leaders, which have sprung up in neighboring countries, including Tanzania and Uganda.

Task Order 1 of the USAID | Health Policy Initiative, the follow-on to the POLICY Project, has supported KENERELA+’s efforts to mobilize religious leaders and helped to strengthen its institutional capacity. Since 2006, with technical and financial assistance from the project, KENERELA+ has grown from its original 44 members to nearly 1,000 and has founded 25 local support groups. The network has gained national recognition and inclusion in key policymaking bodies, cultivated strong champions at both the national and community levels, and stimulated active responses to HIV in faith communities. As a result of KENERELA+’s efforts, religious leaders in Kenya are beginning to speak out openly about their HIV status—something that was virtually unheard of just a few years ago.

Finding Courage in Faith

Religious Leaders
Challenge Stigma and
Mobilize a Faith-based
Response to HIV in
Kenya

Kenya

SEPTEMBER 2009

Gaining Knowledge

Through trainings, religious leaders share experiences and carry their message to communities

The Health Policy Initiative trained KENERELA+ members in a wide variety of topics and helped them learn new skills. This new knowledge has enabled the network to mobilize communities, reach out to new members, and advocate for a stronger, more cohesive religious response to HIV.

The Health Policy Initiative trained KENERELA+ members on the following topics:

- Community mobilization
- HIV prevention, care, support, and treatment
- Stigma and discrimination reduction
- Advocacy
- Orphans and vulnerable children (OVC)
- HIV-related policy development
- Palliative care
- Tuberculosis (TB)
- Treatment literacy

In addition to directly training network members, the project also trained KENERELA+ members as trainers. These trainers went on to train support group

members at the grassroots level. The trainings focused on underserved districts and areas of concentrated need.

The trainings—particularly the sharing of individual experiences—motivated many participants to seek voluntary counseling and testing (VCT) services for the first time. Others committed to support campaigns to reduce stigma and discrimination; promote condom use; share their knowledge and skills with other religious leaders; welcome PLHIV into religious communities rather than banishing them; and start support groups in their religious communities for HIV-positive and affected individuals.

KENERELA+ members also benefited from the Health Policy Initiative’s national-level trainings on monitoring and evaluation, institutional capacity building, leadership and governance, advocacy, networking, greater involvement of PLHIV (GIPA), strategies for increasing male involvement in the HIV response, and proposal writing and resource mobilization.

One of the ways the network put its new knowledge to use was by encouraging churches and mosques to design HIV policies. At a KENERELA+ advocacy workshop, several Muslim religious communities and the Anglican Church of Kenya shared their HIV policies and their policy development process. Later, the Ecumenical HIV and

BOX 1

KENERELA+ Achievements

- Gained representation in national policy- and decisionmaking bodies, such as National AIDS Control Council (NACC) committees
- Sparked a new HIV response in faith communities, including increased uptake of VCT and more support for OVC
- Changed attitudes, leading to greater openness about HIV and HIV status among religious leaders
- Expanded from 44 to 1,000 members and formed 25 support groups
- Reached underserved populations on Lamu Island and in Laikipia District
- Mobilized new resources and forged new partnerships

“Through the Health Policy Initiative, our profile was raised, and we are now more visible.”

—Jane Ng’ang’a
National Coordinator, KENERELA+



PHOTO CREDIT: REBECCA MBUYA-BROWN

AIDS Initiative in Africa (EHAIA) shared its HIV policy guidelines with KENERELA+. The network has used the guidelines to help religious organizations draft HIV policies. As a result, other churches have come to realize the need for HIV-related policies. The Gospel Evangelistic Churches of Kenya and other churches and religious communities are in the process of drafting similar guidelines.

Reaching Out

KENERELA+ members stimulate congregational responses to HIV

Network support groups have taken the lead in advocating for stigma and discrimination reduction and increased access to care, treatment, and support. The network has been particularly active in supporting OVC. KENERELA+ received support from the Health Policy Initiative to mobilize and train support group members in care and support for OVC. Religious leaders’ new engagement has triggered increased congregational response to HIV, including greater uptake of VCT, more support for OVC, and the formation of post-test clubs and support groups. Some churches and mosques have even established VCT centers that are housed in their facilities. KENERELA+’s National Coordinator, Jane Ng’ang’a, lists the network’s ability to reach underserved areas as one of its greatest accomplishments. HIV interventions in areas of Kenya, such as Lamu Island and

Northeastern Province, have been extremely limited. KENERELA+, however, has been able to reach religious leaders in some of these areas. In Lamu, for example, a local sheikh has become a powerful champion of the network. Using the training he received from KENERELA+, he produced a pamphlet on HIV based on quotes and principles from the Koran. He has been using the document to reach out to his fellow sheikhs and encourage them to become more engaged in the fight against HIV.

Laikipia District, in the Rift Valley Province, is another underserved area. Residents of this remote, semi-arid district have limited access to HIV services. In Laikipia, lack of access to services and information has combined with high levels of stigma to discourage community members from seeking testing and treatment. In June 2008, the Health Policy Initiative and KENERELA+ facilitated a national consultation and advocacy workshop for religious leaders. A pastor from Laikipia, Rev. Paul Nderitu, was invited to participate. Prior to the training, Rev. Nderitu describes himself as being “a voice that really stigmatized people who are HIV positive, because I thought that HIV was a sinner’s disease.”

The workshop had a profound effect on Rev. Nderitu. “I completely changed from within,” he says. He returned to Laikipia and immediately began working to mobilize a faith-based response to HIV. He founded two OVC care and support programs and carried out awareness-raising activities with his fellow

Reverend's Change of Heart Changes His Community

PHOTO CREDIT: KENERELA+



Reverend Nderitu speaks at a stigma and discrimination reduction campaign event in Laikipia (February 2009).

The story of Reverend Paul Nderitu, one of KENERELA+'s newest champions, illustrates the importance of KENERELA+'s work and shows how changing the heart of one religious leader can change the future prospects of an entire community.

Rev. Nderitu, founder of the Entire Restoration Miracle Center Church in Laikipia District, participated in a KENERELA+ workshop on HIV- and OVC-related policy development and advocacy in Nairobi, July 24–27, 2008.

Before the workshop, Rev. Nderitu says, "I was a voice that really stigmatized people who are HIV positive, because I thought that HIV was a sinner's disease. So, whenever I preached, unconsciously, unawares, I was preaching in a way that really made people feel bad, made

people who were affected or infected with HIV to feel that we don't have love for them."

The KENERELA+ training caused Rev. Nderitu to change his attitude dramatically. "I became a totally, completely different person," he says. "Previously, I had not seen a pastor who was positive who was willing to say 'this is my status.' But when I came [there], I found bishops and pastors who said, 'I am positive and I've been living positively.'"

While this was not Rev. Nderitu's first HIV training, it had a much greater impact on him than past trainings. "In this one, we were really taught and trained what HIV is...And then I changed my attitude," says Rev. Nderitu.

He emphasizes the importance of learning from his peers. "Especially because I saw my fellow reverends there...I completely changed from within. I went back and I was serious. I wanted to start HIV/AIDS and OVC interventions in my area."

When the Reverend returned to Laikipia, he founded two OVC programs—one in Sipili division and one in Marmanet. One program supports 124 OVC, while the other supports 60 OVC. The programs provide home-based

"I completely changed from within."

—Rev. Paul Nderitu,
KENERELA+ Member

Children and pastors take part in stigma reduction campaign event in Laikipia (February 2009).

care, nutritional support, counseling services, life skills development, palliative care, educational care and support, and general care and support to OVC.

When he and his partners began their work, they were shocked by the overwhelming number of OVC who came forward. “We were residents,” he says, “but we never thought there were so many OVC.”

Although only recently launched, the two programs have already achieved a great deal (see Box 2).

The projects have mobilized resources from within the community to support their activities. Community members have contributed small amounts of money, foodstuffs, or clothing. When all else fails, Rev. Nderitu and his partners dig into their own pockets. At first, community members questioned the new initiative’s ability to succeed. “They would ask, ‘Do you have donors?’” Rev. Nderitu recalls. “We tell them, ‘No, we will do it ourselves, from within. We will try to get money.’ ‘From where?’ ‘Here.’ They could not imagine... most of them disbelieved, but now they know it is possible.”

In February 2009, Rev. Nderitu conducted seminars on HIV and OVC support in Laikipia. The pastors responded by launching their own community-based organization, the Interfaith Forum on OVC, HIV/AIDS, Peace, Reconstitution, and Social Democracy. The new group comprises 62 pastors and church leaders from Laikipia. Four other local groups are in the process of registering through the area Social Development Agents.

On February 28, 2009, KENERELA+ partnered with Rev. Nderitu’s groups to organize a stigma and discrimination reduction campaign in Laikipia. The campaign brought together 62 church leaders and pastors from different denominations. On the day of the campaign



PHOTO CREDIT: KENERELA+

alone, 37 residents accessed VCT—many for the first time.

Rev. Nderitu acknowledges that the new groups are facing challenges. Unreliable transport and the unstable security situation in the district make providing home-based care difficult and sometimes dangerous. At the same time, the district is experiencing drought and famine, which are threatening the OVC feeding program. With many residents needing support to feed their own families, it will be difficult to find donations. The success of the program has generated increased demand for services, but the resources have yet to catch up. Resource mobilization will be a key focus as the work moves forward. Despite these challenges, the programs continue to thrive and their impact is deeply felt by Laikipia’s residents.

BOX 2

Rev. Nderitu’s Accomplishments in Laikipia District

- Carried out HIV awareness campaigns in market places and schools
- Provided financial support enabling four OVC to enter secondary school
- Held HIV and OVC mobilization meetings with bicycle taxi operators
- Spoke on stigma and discrimination in pastors’ fellowships and churches
- Organized and facilitated one-day HIV, OVC, and stigma-reduction workshop targeting pastors and church leaders
- Laid groundwork for facilitating HIV trainings for sex workers
- Organized successful stigma and discrimination reduction campaign



Bishop Nzimbi speaks at the KENERELA+ retreat on stigma and discrimination reduction (January 2009).

pastors and community members. In February 2009, KENERELA+ held a highly successful stigma and discrimination reduction campaign in Laikipia. The event brought together 62 church leaders and pastors from different denominations in a procession that traveled through the district. The event culminated in a large community meeting. On the day of the campaign alone, 37 residents accessed VCT—many for the first time (see pages 4–5 for more on Rev. Nderitu’s work).

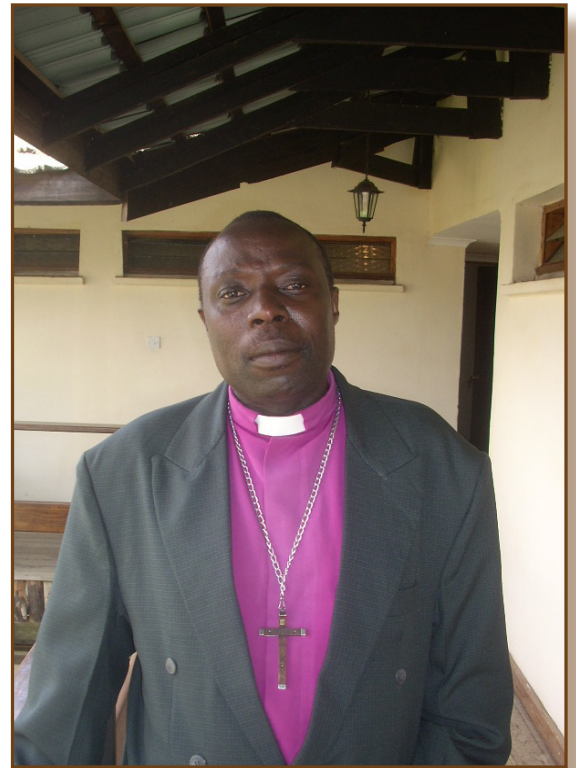
Building Strength

Visibility and influence increase as network gains capacity

Training supported by the Health Policy Initiative has also helped KENERELA+ strengthen its organizational structure, mobilize new resources, and network with like-minded organizations. When the Health Policy Initiative first began supporting the network, KENERELA+ had no policy or procedural documents to guide implementation of its work. With technical assistance from the project, KENERELA+ has been able to draft a five-year strategic plan, as well as a number of internal policy and procedure documents. The project’s support also enabled the network to put financial management systems in place and hire a full-time accountant. KENERELA+

has submitted a number of proposals, including one to Christian Aid, which was recently funded. The network has also been connected with the World Council of Churches, which has provided publications on HIV stigma issues for KENERELA+ to distribute to its members and to other organizations. The network is also partnering with Norwegian Church Aid, Churches United Against HIV and Aids (CUAHA), and Action Aid.

In the past three years, KENERELA+ has increased in visibility and influence, gaining national and international recognition. The network has been included in national policy and decisionmaking bodies, including the National AIDS Control Council (NACC) committees on civil society and faith-based organizations. KENERELA+’s National Coordinator describes the network’s connection with NACC as “a very close relationship.” “Before,” Ng’ang’a says, “there was no relationship.”



Bishop James Otieno Okombo prepares for a sermon.

Blazing a Trail

Strong individual champions bolster network's success

One of the keys to KENERELA+'s success has been cultivating and supporting strong individual champions. In the past, almost no religious leader spoke openly about his or her HIV status. One of the first Kenyan religious leaders to publicly disclose his status was Bishop James Otieno Okombo. When he revealed his HIV-positive status in 1996, Bishop Okombo was excommunicated and stripped of his position. The personal hardships he endured as a result of his disclosure made the bishop determined to help his fellow pastors. KENERELA+ has provided him with training and a national platform, helping him to become a familiar face across the country. The media have taken up his story, and he has been featured on television and radio. When interviewed, the bishop discusses his own story, what he has gone through as an HIV-positive religious leader, and why his fellow religious leaders need to build their capacity and become engaged on HIV issues.

Finding Partners

Outreach to new religious communities shows promise

Pentecostal churches in Kenya place great emphasis on the power of prayer. A common belief among these communities is that illnesses, including HIV, can and should be prevented and healed through prayer rather than medicine. This belief has been a barrier to accessing HIV services for many practicing Pentecostal Christians. KENERELA+ has been reaching out to the Pentecostal community through one of its new champions. Father John, a former Pentecostal preacher, was suffering from an AIDS-related illness, although he did not know his status. Bishop Okombo and several other KENERELA+ members visited Father John and convinced him to seek HIV testing and treatment. He tested positive for HIV and began taking antiretroviral (ARV) drugs. He was cast out of his religious community for taking ARVs; yet, with the support of KENERELA+ members,

he has remained hopeful. He has reached out to the members and leaders of his former church group. Gradually, he has been able to influence the organization's attitudes. Recently, the group's Archbishop agreed to join KENERELA+.

The Way Forward

KENERELA+ has faced challenges in its quest to mobilize religious leaders. A lack of monitoring and evaluation capacity and a shortage of human and financial resources have been key challenges. The network plans to address these by building the capacity of support groups in monitoring and evaluation and by continuing to mobilize resources from a variety of sources. They are exploring ideas for income generation, including publishing a quarterly magazine or offering trainings to other organizations at a small fee. Another issue KENERELA+ has grappled with is how to address differences between its Muslim and Christian members. The groups often have different perspectives on HIV issues that can be difficult to integrate into a single, unified network.

Over the past five years, KENERELA+ has learned some valuable lessons. The network has realized that successful implementation



Participants at a KENERELA+ religious leaders' retreat on stigma and discrimination reduction listen attentively (January 2009).

PHOTO CREDIT: KENERELA+.

and delivery at the grassroots level is more effective than centralized action. Community-level trainings reach people who are in touch with the local community and the daily issues individuals face. Because of their close ties to the community and their personal connection, when their capacity is built, community members can become the most committed and effective messengers. KENERELA+ has also found that, following training, grassroots support groups and community-based organizations are eager to launch activities, but they have limited resources. They need a small amount of start-up funding to help them get off the ground. Such funding would enable them to capitalize on the training they have received. Groups could use part of the start-up funding to launch income-generating activities to support themselves in the future. KENERELA+ also hopes to collaborate with other networks to form a master pool of trainers who are capable of training others on a range of issues. These individuals could then act as a shared resource for networks to draw on in training their members in HIV-related topics.

Looking to the future, the network is committed to meeting the needs of religious leaders and to helping them address emerging issues as the religious response unfolds. The network will continue to mobilize membership, foster the formation of new support groups, and hold retreats for religious leaders to help them overcome stigma. KENERELA+ is planning to more actively target the country's top religious leaders to gain their support. One area the network plans to strengthen is the involvement of women clergy. At the moment, only three women religious leaders have openly declared their status. KENERELA+ wants to reach many more and encourage them to come forward. The group hopes to use part of the Christian Aid funding to establish a call center where religious leaders can call in to get support, guidance, and information. The group is also reaching outside of Kenya to forge partnerships with its counterpart in Tanzania—TANERELA+.

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