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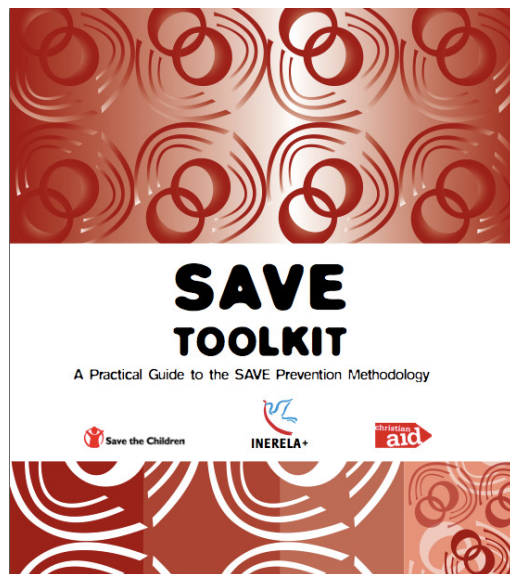
A word from the Executive Director

Dear Reader,

Welcome to this issue of "Positive Faith in Action!". So much has happened since the February bumper issue of the newsletter. During the April Board meeting I was invited by the Board to serve INERELA+ as Executive Director. As a founding member and as founding Coordinator of the Secretariat, it is now my privilege to serve INERELA+ in this new capacity.

This is a particularly exciting time to work within our network. Stigma remains a major focus for our network to tackle. The development of SAVE and anti SSDDIM as a non-stigmatizing prevention methodology was a huge success. It moved us away from the many gaps which have been part of past prevention interventions. It has taught us that HIV cannot be approached simplistically as if there is a one stop silver bullet. HIV prevention must be holistic, and has to include people knowing their status as well as having access to all the necessary treatment, both medical and nutritional. In addition we have seen through our work that vulnerability to HIV is more than individual societies and environments which create additional vulnerability to HIV, and these need to be addressed if we are to make the necessary headway against HIV.

Our close partnerships with Christian Aid, Save the Children and WACC have finally ensured that SAVE is no longer a concept and methodology we talk about, but has been presented in a full, comprehensive and innovative toolkit which challenges existing modalities, and makes sure the agenda is set by the needs of the groups we work with, rather than a preexisting formula. The toolkit also gives the tools to tackle sex, sexuality and gender in a non threatening but comprehensive way. The work on the SAVE Toolkit has taught us the huge value of working in partnership. This is further... Continues page 4



INERELA+'s SAVE TOOLKIT

There are many resources today for trainers and individuals on HIV responses. What then makes this toolkit different and why is the audience both leaders within faith communities and broader society as they engage together in responses to HIV? In answer to the first question, most materials on HIV prevention ignore or underplay the impact of stigma, shame, denial, discrimination, inaction and misaction (SSDDIM). Through action guided by prayer and meditation, the impact of stigma and ways to challenge it remains at the forefront of the training.

The role of religious leaders in education around HIV and AIDS is frequently under estimated. People tend to view them as obstacles to change rather than as drivers of change. As such, religious leaders can be powerful agents of change. It is envisioned that through this toolkit, religious leaders' influence and compassion can be harnessed to create healthy communities for people living with HIV as well as for the wider community. This toolkit aims to equip both religious leaders and other HIV practitioners with the tools and strategies necessary to drive this transformation. The document also intends to stimulate the greater engagement of religious leaders of all faiths in responding positively to HIV in their own lives and the communities that they serve. The final goal is to stop the further spread

Artists: Adam Hayes & Sarah Bridgland



Maphumulo Group

The role of religious leaders in education around HIV and AIDS is frequently under estimated

of HIV, stop all deaths related to HIV or AIDS and eliminate all SSDDIM related to HIV or AIDS. In short, zero infections, zero stigma and zero AIDS related deaths. (UNAIDS Zero goals). At its heart, SAVE is a prevention methodology taking into account holistic prevention as well as the drivers of the epidemic. It provides a space to explore the unmentionable subjects of sexual practice and embedded cultural practices that lead to new infections. It assists communities in challenging the systemic factors that lead to spirals of poverty and abuse. In short, it challenges human beings to be humane!

Extract from the INERELA+ SAVE Toolkit

The toolkit is a interactive tool that breaks down running a training and provides the facilitator with tips on how to run a session and how to make it engaging.

What is HIV?

How does it compromise the immune system?

Session Objectives	The Human Immunodeficiency Virus (HIV)
Session Overview	What is HIV?
Key Message	HIV is a virus that attacks the immune system.
Expected Learning Outcomes	HIV is a virus that attacks the immune system. Since HIV has revolutionized the immune system, the body becomes weak. The body needs help to fight against HIV and such help is available through ART. The body needs help to ensure a healthy immune system, which is very good nutrition, the right amount of sleep and exercise in regular intervals.
Expected empowerment outcome	People realize that HIV is a viral infection that can be managed.
Toolkit Reference	HIV Transmission Antiretroviral Therapy
Time	1 hour

Materials needed:

- Flipchart
- Markers

The Human Immunodeficiency Virus (HIV)



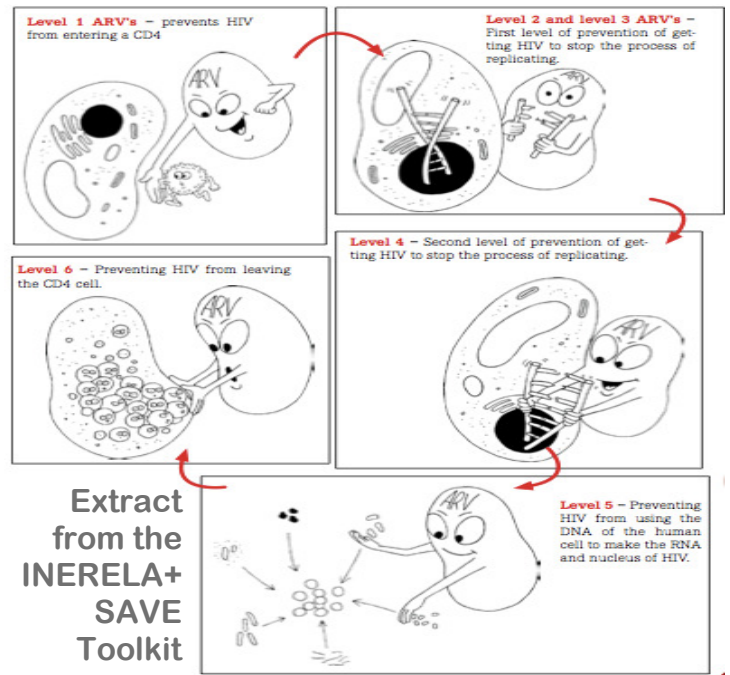
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reflected in the way in which INERELA+ is engaging in the theological dialogue round HIV. Our close working relationship with ANHERTHA and the Church of Sweden have seen our collaboration with theological institutions expand from Africa into the Americas.

INERELA+ however needs to continue its close focus on the way our intervention is able to impact on real people within their lives. In this issue you will read some of the remarkable stories of the way in which individuals have been able to overcome stigma and discrimination in their own lives, live positively with HIV, and go on to help others.

In the next number of years we need to make sure that we deepen our reach but also the collection of the stories and data which capture our impact, This will serve to ensure that we keep our programmes and interventions focused on the needs on the ground. People driven, God inspired!

The Rev'd Fr JP Mokgethi-Heath



**WANT TO KNOW MORE ABOUT THE TOOLKIT?
WANT TO TELL US WHAT YOU THINK?**

Please send an email to:

savetoolkit@inerela.org

ENDORSED BY:



Stigma Index South Africa

INERELA+ has always had reducing stigma a key part of its core objectives. As the global HIV epidemic has unfolded “HIV-related stigma has been a particularly pernicious and persistent reality.” The UN has recognised that stigma has multiple dimensions and took a decision to turn anecdotal stories into measurable and quantifiable evidence. The strengths of the Index are manifold: the research is done by people living with HIV, it is systematic, and combines both hard statistics with stories of stigma from people living with HIV.

INERELA+ South Africa and the Secretariat were invited to the initial meeting of the Stigma Index in South Africa to discuss how we would test the Stigma Index in one province of the country and, thereafter, roll it out throughout the rest of the country. It was a privilege to be included in this meeting as it recognised INERELA+ South Africa's key role in reducing stigma as well as its importance as a civil society leader in the area of HIV.

There were several decisions that came out of the meeting. The first was that the civil society organisations would have key input into the new National Strategic Plan for HIV. This is planned for the middle of August and Ivan Lloyd, the INERELA+ South Africa Co-ordinator, will be attending on behalf of INERELA+ South Africa. Another, rather surprising decision that came through was that the National Strategic Plan would have to include good psychological support to people living with HIV as this aspect of care has been severely neglected. Furthermore, it was recognised that this may further stigmatise people as mental illness related to HIV such as post-traumatic stress disorder and major depression has its own body of stigma attached. INERELA+, due to its focus on faith leaders, was recognised as playing a key role in supporting this initiative. Faith communities often have a wealth of resources to help people deal with mental illness and overcome post-

traumatic stress and major depression. This aspect of HIV support and care will need to be included in the diversity of our programmes. Finally, INERELA+ South Africa was asked to be part of the Steering Committee that will oversee the testing phase of the Index and then the roll out planned for January next year.

Overall it was heartening to participate in a meeting where civil society, government departments and academic institutions gathered and interacted in a spirit of collaboration.

From the perspective of the Secretariat, we were able to refine our own monitoring tools. We were able to change some of the questions in the “knowledge, behaviour and attitude survey” that is included in the new SAVE Toolkit. We were also able to participate in conversations about how difficult it is to measure stigma and how important it is to use as many tools as possible to understand the changing face of stigma in changing contexts. My particular interest was how do we look at stigma amongst marginal communities such as men who have sex with men, sex-workers and migrant workers. These populations have proved hard to reach as they are often extremely marginalised as they also experience stigma related to their status or behaviour. This is an ongoing discussion within the International HIV Community and it was interesting to be part of these debates and to offer our unique multi-faith perspective.

The results from the Index in other countries suggests that livelihood vulnerability drives the HIV transmission rate and stigma further increases vulnerability. Results are currently being analysed for various countries but the first report from the Index on the “gender dimensions of HIV-related stigma” for Bangladesh, the Dominican Republic and Ethiopia is available. Other countries within the INERELA+ network including India (Tamil Nadu state), Malawi, Swaziland will begin roll out of the Index in the various...Continues page 8



Agent of hope and change

A Muslim woman has so many challenges, just like any other woman, maybe even more than any average woman faces. This is my story.



“My name is Jamilla Katambo, and I went for HIV testing in 2005. The results were shocking to me, as I was found to be HIV positive. The

first problem to come to my mind was how do I share my HIV status with my family, as a single mother and the whole community at large? There was still too much stigma and discrimination in the communities and I made a personal commitment to my self to remain strong. So I decided to disclose my status to my family members first, as I was and still am the head of my house after losing my beloved husband through a road accident.

To my relief, my immediate family and my closet friends accepted my status and supported me mentally and spiritually. This was a great help and boost to me and my troubled mind. When I speak with my friends about HIV, they always say that there are a lot of diseases afflicting people in our community, so why should we discriminate against PLHIV? That helped me a lot to raise my self esteem.

But there was a different and entirely difficult perspective in my religious life. There is a lot of denial and silence on HIV in most Muslim circles, and I was seeing my Muslim sisters dying from HIV in denial and failing to speak out on their HIV status because of the fear that their husbands would reject them. In Muslim circles, women cannot speak about sexuality and condom use openly as this is regarded as a taboo. However, there are a lot of challenges facing the Muslim women living HIV, and this made me to decide that I should declare my status openly to break the silence on

HIV and encourage other Muslim women to feel free to test for HIV. With the numerous capacity building trainings received from INERELA+ Zambia (Zambia Network of Religious leaders living with or personally affected by HIV and AIDS) I got the courage to openly come out of the closet as the 1st Muslim woman to openly declare her HIV status in our country. I did this so that I could encourage my Muslim sisters to realise that they were also at risk of HIV infection, and that they needed to be more affirmative. However, not everyone in the Muslim community has received my declaration favorably; in fact some have been calling for my exclusion from all activities in my Muslim community. This has not discouraged me.

The first problem to come to my mind was how do I share my HIV status with my family, as a single mother and the whole community at large?

To date, I have been living positively for the past 5 years and I am actively involved with my friends in running a community based organisation that is looking after girl child orphans and educating them. When I initially tested for HIV, my CD4 count was 420 but now 5 years on its 901 and I am not yet on medication. I have faith in Allah Almighty too and this has strengthened me. I now believe that Allah has a purpose for me, despite my condition, and I only wish to serve others so that this silence on HIV is entirely broken in the Muslim communities. If you are not infected you are affected, even in Muslim circles.

**Article by:
Jamilla Katambo**

**Want to share your story?
Email: clare_mead@inerela.org**

INERELA+ Sierra Leone

A Personal Testimony

I have been living with HIV for almost three years now. I was diagnosed positive on April 4th, 2008 at the Child Rescue Centre, (Mercy Hospital) at the Kulanda town section B.T.I compound Bo. Before I was diagnosed, I fell ill; I was suffering from severe headache, frequent fever, weakness and pain. I went to a doctor who first diagnosed malaria and prescribed the necessary treatment, but I did not get well. The sickness continued getting worse every day. After several tests, my doctor advised that I should go for an HIV test, which I did. I was tested positive but I denied. I was at the denial stage for a whole month and my sickness became severe. I became seriously emaciated and got sores all over my body. I went to my village and started saying good bye to my family members telling them that I was dying.

I was crying day and night with sleepless night for so many days. I went to the Mercy hospital again where I was counselled thoroughly and advised to be taking HIV treatment. This time, I did not deny but heeded the advice and started taking treatment and I began to get better. The numerous sores on my body disappeared. The headache, weakness and pain began to vanish. Gradually, I got better and strong and to this day, I have never fallen ill. I am better and stronger as I take my treatment everyday.



INERELA+ Sierra Leone: Sheik Koroma

JACIE: SHUMU: CONGOSA: TICKLEAGE:YEEWA:
 BONDAWUTAE: FITINEE: JUMBUI STIGMA: NAME
 CALLING: ANGE: NATION: GOSSIP:
 PREJUDICE: PA: TS: REJECTION:
 POINTING FINGERS: UNKIND WHISPERS:
 MISTREATMENT: WITHDRAWAL:
 DESTRUCTION: BONDAWUTAE:
 FITINEE: JUMBUI NAMECALLING: ANGER: VIOLENCE:
 DISCRIMINATION: BONDAWUT
 AE: FITINEE: JUMBUI STIGMA: NAME
 CALLING: VIOLENCE:
 DISCRIMINATION: PREJUDICE:
 PAIN: HURTING STATEMENTS:REJECTION:
 POINTING FINGERS: WHISPERS:
 MISTREATMENT: ISOLATION: DENIAL:
 WITHDRAWAL: DESTRUCTION: :



I began going out counselling with pastor Albert Freeman who is the Southern Regional Coordinator for NETHIPS (Network of HIV and AIDS Positive in Sierra Leone) and also the National Coordinator for INERELA+ Sierra Leone (Sierra Leone Network of Religious Leaders Living with or Personally Affected by HIV and AIDS).

We commenced our counseling activities at the Yemoh town Mosque in Bo City. We went along with Mama Fogbawa who is responsible for testing. We were able to educate and council the entire congregation on HIV and AIDS and later threw a party, ate and drank. Most members of the congregation believed our HIV and AIDS message and immediately, many agreed to be tested on the spot. Some came out positive while others were negative.

We extended similar education and counselling to various other Mosques and Churches in the Bo municipality and came out with successful results as we succeeded in convincing congregation members to go for voluntary testing and those who proved positive got medication and got better. So we have saved many lives which would have been

claimed by HIV and AIDS. Other Mosques and Churches which have benefited from our counseling activities are the Gerihun Road Mosque, Kandeh town Mosque, the New London Mosque, the Lewabu Spiritual Church, the Saint Francis Church and the Kandeh town extension Spiritual Church. We have also been holding workshops to train people at work places. One such workshop was held on the 1st March, 2011 at the Bo District Council hall at Sewa Road.

The workshop attracted several participants. I attended the workshop where I openly declared my HIV status. We have also been holding Radio discussion Programs at Kiss 104 F.M and Radio New song where we have been sensitizing people on HIV and AIDS and where we have been openly declaring our HIV status.

Our Radio sensitization programs have always been yielding fruits as many people living with HIV in Bo have started coming out as they have overcome their stress and stigma. No wonder the NETHIPS membership in Bo is increasing gradually.

I promise to work with the people's health alliance and INERELA+ Sierra Leone to promote treatment monitoring in our country.

**Article provided by:
INERELA+ Sierra Leone**

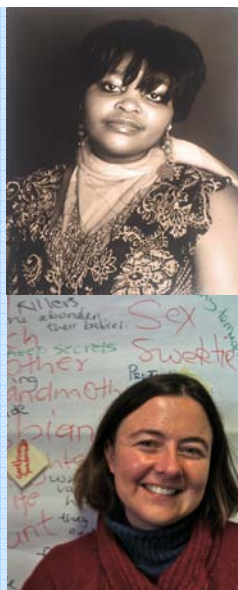
New faces within the secretariat

Mrs Carole Wanjau

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Mrs Vanessa Michael

Monitoring & evaluation Officer
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countries so that we can offer our own unique perspective.

INERELA+ has a huge contribution to make to the various discussions around stigma because we have consciously separated out the various issues into stigma, shame, denial, discrimination, inaction and misaction. This gives us unique lenses with which to interpret that data from the Index and use it for advocacy and programme development as well as strengthening our voice at government and international level. As one of the participants in the Index said : "this will be the first tool that will provide real evidence of challenges that violate the rights of people living with HIV." So I would encourage you to get involved, visit the website at www.stigmaindex.org, and find out which government departments and civil society organisations are driving the implementation.

**Article by:
Vanessa J Michael**

UP COMING EVENTS

ICAAP - 26~30 August 2011
Busan, South Korea

Training on SAVE, Gender & Domestic Violence - 18~24 September 2011
Limpopo, South Africa

GWG - 26~28 September 2011
Cape Town, South Africa

World AIDS Day - 1st December
Global event

ICASA - 4~8 December 2011
Addis Ababa, Ethiopia

Do you have an event you
want us to know about?
Email: clare_mead@inerela.org