USAID FROM THE AMERICAN PEOPLE | HEALTH POLICY INITIATIVE

Leading the Way

Health Policy Initiative Mobilizes Religious Leader Response to HIV

Tanzania

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Faith plays an important role in the daily lives of Tanzanians. Most of Tanzania's 39 million people are followers of Christianity or Islam, with a small proportion being adherents of indigenous religious traditions. Churches and mosques provide a sense of community, help to educate children, support those in need, and offer spiritual guidance and counseling. In times of joy and sorrow, people turn to their communities of faith to celebrate with or console one another. As a result, religious leaders often have greater reach and influence at the grassroots level than any government program or health intervention.

Many faith-based organizations have responded to the HIV epidemic by encouraging prevention and providing care and support. Yet, challenges such as stigma, shame, denial, discrimination, inaction, and mis-action persist—in some cases fueled by religious attitudes that equate HIV and immorality. Since 2006, the USAID | Health Policy Initiative, Task Order 1, has mobilized religious leaders in response to the HIV epidemic in Tanzania. These efforts continue work initiated under the USAID-funded POLICY Project (2000–2006). Special emphasis is placed on sensitizing religious leaders to combat HIV-related stigma, and enhancing their skills and knowledge to promote HIV prevention and provide compassionate counseling, treatment, and care. As demonstrated below, the Health Policy Initiative has established strong relationships with faith-based institutions across different religious traditions.

Living Positively

TANERELA empowers HIV-positive religious leaders

Like all other sectors in Africa, religious institutions are affected by the HIV epidemic. Because of societal beliefs that associate HIV with sin, religious leaders living with HIV often face even greater stigma. Those who disclose their HIV status risk losing their jobs and being rejected by the community. The fear of stigma and discrimination has kept HIV-positive religious leaders in Tanzania isolated and in the shadows.

This situation is beginning to change thanks to the work of the Tanzania Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (TANERELA), founded by Rev. Amin Sandewa in 2005 (see Box 1). The goal of the interfaith network is to empower HIV-positive religious leaders to live openly and positively, overcome self-stigma and shame, and become agents of change in their congregations and communities. While the network encourages disclosure as a means of combating stigma, this is a personal decision that is made by the individual and disclosure is not a requirement for membership in the group. TANERELA also sensitizes other religious leaders in an effort to reduce stigmatization and promote HIV counseling and care.

In 2004, Rev. Sandewa began by mobilizing about 30 HIV-positive religious leaders, which led to the formal registration of TANERELA the following year. By mid-2007, the network had 70 members. During this time, Rev.

Sandewa became the first religious leader in Tanzania to publicly disclose his HIV status to the media. Seven other religious leaders also publicly disclosed their status, each taking a bold first step to challenge stereotypes about people living with HIV. However, TANERELA had limited funds, and HIV-positive religious leaders remained scattered throughout the country, making it difficult to reach and offer support to potential members.

"I came to realize I could become a role model for positive living … My message focuses on two themes: HIV is preventable and it is manageable."

—Rev. Amin Sandewa, TANERELA Founder and National Coordinator

Beginning in December 2006, the Health Policy Initiative provided TANERELA with technical and financial assistance to strengthen its organizational capacity. The project and TANERELA conducted a series workshops for HIV-positive religious leaders in USAID high-priority districts. The workshops focused on strategic planning and effective resource use, interfaith collaboration, policy dialogue and advocacy, positive living skills, and stigma reduction.

As a result of these efforts, in early 2007, TANERELA members launched regional branches in Dodoma and Morogoro. The branches will help improve the network's outreach to the community level, where stigmatization remains high and access to HIV information and services is limited. Signifying support from different faiths, the regional sheikhs and bishops from the two regions serve as patrons of the branches. Further, in March 2007, the Health Policy Initiative assisted TANERELA in designing a strategic action plan for the regional branches. Among the objectives of the plan are to expand the network's membership, establish support groups for people living with HIV in each region, educate community members, increase voluntary counseling and testing (VCT), and create a performance monitoring system.

TANERELA has already made progress toward achieving its objectives. By mid-2008, the network increased its membership to about 120 religious leaders and has received requests from other regions to establish branches. TANERELA has also collaborated with the Health Policy Initiative in carrying out HIV sensitization and stigma reduction training for different religious groups.

Moreover, in June 2007, TANERELA's Dodoma branch created a "post-test club" to help encourage and support religious leaders to come forward for testing—recognizing that religious leaders will be better able to counsel others to seek VCT if they have gone through the process themselves. The club is intended for religious leaders, regardless of HIV status, who accept the importance and necessity of voluntary HIV testing. Immediately following the formation of the club, about 10 religious leaders in Dodoma came forward for testing.

"Those of us living with HIV are finding society more accepting of us now than ever before," says Maklina Jordan, a TANERELA member and a Catechist of the Roman Catholic Church. "I can confidently say that stigma and discrimination are declining and people's understanding and knowledge on HIV/AIDS have increased tremendously."

Inspiring Change

Pentecostal leaders become newest champions for HIV prevention and treatment

It was in trying to form a post-test club for religious leaders in his home region of Morogoro in late 2007 that Rev. Sandewa, the TANERELA national coordinator, met with some resistance—particularly from Pentecostal church leaders. The Pentecostal denomination of Christianity places great faith in the power of prayer and miraculous healing from God.

BOX 1

Reverend Transforms Personal Suffering into a "Blessing"

"It is an outcome of my personal experience with stigma and discrimination," explains Rev. Amin Sandewa about the founding of TANERELA.

Rev. Sandewa is the first, and still one of the few, religious leaders to openly disclose his HIV-positive status in Tanzania. When his wife became ill, they went for testing and learned they were both HIV positive. The reverend's wife passed away in 1999, followed by his youngest daughter in 2001.

"That's when I realized the necessity of VCT. Had I tested earlier, I would have known my status before … but, then, I never thought as a pastor I could be positive," Rev. Sandewa recalls.

The loss of his wife and daughter led to rumors about Rev. Sandewa's own health among community members. Rev. Sandewa was a chaplain at a university in Morogoro. He left the university and tried to return to the parish where he had previously served as a pastor. He turned to his bishop for answers, but the bishop only offered more questions: Will a parish accept an HIV-positive pastor? Can an HIV-positive pastor manage the work of the parish? Can the parish afford the treatment and care of an HIV-positive pastor?

"I was just hanging with all of these questions in my head," he remembers. "Then I thought, 'What can I do to transform my suffering into a blessing?'."

Inspired by the work of Rev. Canon Gideon Byamugisha of Uganda—a friend and founder of the African Network of Religious Leaders Living with or Personally Affected by HIV/AIDS—Rev. Sandewa realized that "there is still a life ahead" and decided to form TANERELA. The reverend also publicly disclosed his status in 2005, believing that (voluntary) disclosure is essential for ending stigma.

"I came to realize I can be a role model for positive living," he continues. "My message focuses on two themes: HIV is preventable and it is manageable. What matters are skills for management and skills for prevention."

Rev. Sandewa also promotes a model called "SAVE," which stands for Safe practices; Availability of antiretrovirals and medications for opportunistic infections; VCT; and Empowerment. According to Rev. Sandewa, two of the biggest challenges to controlling the spread of HIV are stigma and a reluctance to seek HIV testing.

Within a few years, TANERELA has quadrupled its membership, encouraged religious leaders to seek HIV testing, and served as a source of information and support for HIV-positive religious leaders. The group has also challenged stigma in faith-based communities.

Reflecting on these accomplishments, Rev. Sandewa remarks, "We have done something, but we still have quite a lot to do."

PHOTO CREDIT: LEAH SAMIKE.

Rev. Amin Sandewa, TANERELA national coordinator, uses his personal testimony to challenge stigma and discrimination.

A commonly held belief is that religious people cannot "get HIV," thus there is no need for religious leaders to go for HIV testing. Moreover, it is believed, HIV can be healed through prayer, making antiretroviral (ARV) treatment unnecessary.

"We used to believe we will pray and God will take care of us. Now we know that AIDS is spread by a virus, not by demons. Our knowledge was enlightened."

—Bishop Bartholomew S. Abdallah Sheggah, Executive Officer of the Pentecostal Council of Tanzania

Recognizing that these beliefs would hinder efforts to promote VCT and reduce stigma in the community, Rev. Sandewa approached the Health Policy Initiative to support sensitization of Pentecostal leaders. Together, the project and TANERELA organized a three-day workshop in February 2008 for 37 senior bishops and pastors. The workshop sought to gain buy-in from senior Pentecostal leaders, promote HIV champions within the church, and strengthen HIV knowledge and skills (e.g., on pre- and post-test counseling, provision of palliative care, and issues such as gender-based violence). Workshop participants represented 12 regions across Tanzania.

Looking back, both the facilitators and participants remember that Day One of the workshop was tough.

"When I stood before them and disclosed my status that I am HIV positive, they said, 'First of all, you need to kneel down and we will pray for your forgiveness.' Some asked, 'Why should we have this person here?'," recalls Rev. Sandewa. However, his testimony, courage, and thoughtful perspectives made a breakthrough.

The remainder of the workshop focused on answering questions and addressing misconceptions. Participants explored topics such as the science of HIV and AIDS; HIV prevention and treatment; issues faced by discordant couples; and religious teachings and HIV. By Day Three, the knowledge and attitudes of the participants had changed dramatically. The Pentecostal leaders charted a new course on HIV that included commitment to expand training and sensitization of other bishops and pastors, and to establish an HIV department within the Pentecostal Church.

"We did not know about HIV, about the need for condoms and HIV prevention. We rebuked it without knowledge," explains Bishop David Andulile Mwasota, General Secretary of the Pentecostal Council of Tanzania (PCT). "Now we understand that we must start by educating our pastors who, in turn, will educate their congregations about HIV."

PCT moved swiftly to act on its commitments. In April 2008, the Health Policy Initiative and TANERELA assisted PCT in organizing a follow-up meeting with 30 bishops to establish an independent department on HIV and AIDS. The new department has 11 members, including senior PCT members, such as Bishop Mwasota and Bishop Bartholomew S. Abdallah Sheggah, PCT's Executive Officer. Members decided to call the HIV department "FAJISAM," which is an acronym for *Fahumu Afya Yako, Jitunze Uishi, Salimisha Wengine, Mche Mungu*. Translated, the Swahili phrase means: Understand Your Health; Live a Life of Hope; Take Care of Others; and Worship God.

PCT drafted a constitution for the department and officially registered FAJISAM as an NGO in early July 2008. At the end of July, FAJISAM was introduced at an annual meeting of all 400 Pentecostal bishops. The objectives of FAJISAM are to reduce stigma, improve the knowledge of Pentecostal communities on HIV prevention and treatment, strengthen HIV counseling skills of religious leaders, and help provide nutritional support and home-based care for orphans and vulnerable children and people living with HIV.

Pentecostal leaders report that their HIV efforts are already having an impact. Bishops trained

PHOTO CREDIT: LEAH SAMIKE.

Pentecostal leaders Bishop Mwasota (left) and Bishop Sheggah (right) have led efforts to create an HIV department. It is called FAJISAM, based on a Swahili acronym for *Fahumu Afya Yako, Jitunze Uishi, Salimisha Wengine, Mche Mungu* ... which means Understand Your Health, Live a Life of Hope, Take Care of Others, and Worship God.

in February and April 2008 are giving sermons on HIV prevention and compassionate care, and a few congregants have come forward to disclose their status.

As next steps, FAJISAM and TANERELA, with support from the Health Policy Initiative, plan to conduct a training-of-trainers to develop a cadre of master trainers who can help build and sustain the HIV-related knowledge and skills of Pentecostal leaders. FAJISAM will also encourage bishops and pastors to serve as role models by undergoing voluntary HIV testing.

Keeping the Faith

Christian and Muslim teachings combat stigma, promote compassionate care

The Christian Council of Tanzania (CCT) is an overarching organization for four Christian denominations (Anglican, Lutheran, Menonite, and Moravian) and the National Muslim Council of Tanzania (BAKWATA) encompasses all Muslims in the country.

Both organizations have been a part of the national response since the detection of the first HIV and AIDS cases in Tanzania in the 1980s. They currently support HIV activities and training as part of their health and social welfare programs. Yet, with each religion serving millions of followers—from urban centers to remote rural areas—there is a need to continually confront stigma and raise HIV awareness and knowledge.

Through the Health Policy Initiative and POLICY Project, USAID has a long history of working with CCT and BAKWATA to strengthen religious leaders' commitment to HIV (see Box 2). Recent activities supported by the Health Policy Initiative focus on reducing stigma by working through Sunday schools and Madrassas, and fostering the creation of HIV policies for religious institutions.

Sunday schools and Madrassas. In 2005, the POLICY Project provided technical and financial assistance to CCT and BAKWATA to draft HIV curricula for Sunday schools and Madrassas. The religious bodies and the Tanzania Commission for AIDS (TACAIDS) reviewed and approved the curricula, which are

now used across the country. Justin Nyamoga, CCT Director for HIV/AIDS and Health Programs, notes that the HIV curriculum is a significant outcome of the collaboration with USAID and is frequently reprinted and used by other faith-based and civil society groups.

Building on this work, in 2007/08, the Health Policy Initiative provided assistance to reach students through Sunday schools and Madrassas with an emphasis on confronting HIV-related stigma. The project began by sensitizing Christian and Muslim leaders and teachers on how to discuss stigma as well as address the needs of orphans, HIV-positive children, and widows. The project trained master trainers, who then brought together religious leaders, teachers, and students to create educational materials. These materials include dramas, songs, and poems that focus on HIV issues and draw from Christian and Muslim teachings, respectively. The dramas, songs, and poems have been recorded onto audio cassettes and published in printed formats for dissemination to schools. By March 2008, about 225 Sunday school and Madrassa teachers had been oriented on stigma mitigation and use of the new educational materials.

BOX 2

POLICY Project Achievements, 2002-2005

The USAID-funded POLICY Project provided technical and financial support to CCT and BAKWATA, leading to the following results:

- HIV curriculum for Madrassas approved by TACAIDS and the Ulamaa Clerical Council (BAKWATA, 2005)
- HIV curriculum for Sunday schools approved by TACAIDS and senior bishops (CCT, 2005)
- Training and strategic planning on ARVs, Treatment, and Care (CCT, 2005)
- Guidelines on ARV Therapy, Care, Treatment, and Human Rights (BAKWATA, 2004)
- HIV-related capacity building for youth pastors and youth leaders (CCT, 2004)
- First All-Bishops Consultation on Ecumenism and HIV/AIDS Stigma (CCT, 2004)
- Advocacy training for women religious leaders (CCT, 2003)
- Policy Statement on HIV/AIDS by chief Mufti and the Ulamaa Clerical Council (BAKWATA, 2002)

By using a participatory process that is owned by senior religious leaders, teachers, and schoolchildren and that emanates from the communities' own religious beliefs, it is hoped that these educational efforts will have a meaningful impact on the attitudes and behavior of young people as they grow up. The goal is to help encourage young people to safeguard their health and to show compassion for those affected by the epidemic.

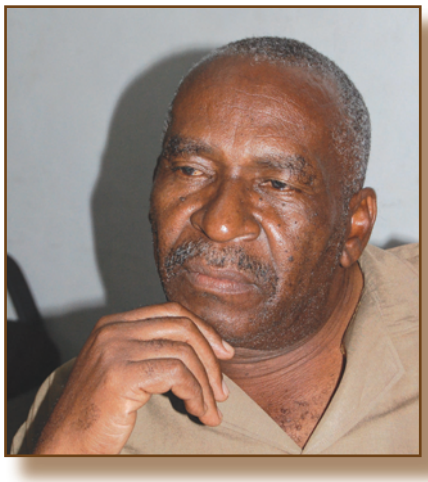
Policies and guidelines for religious institutions. Much of the assistance that the Health Policy Initiative provides focuses on strengthening leadership commitment to address HIV and helping influential leaders to reduce stigma and discrimination. An important next step is to ensure that individual commitment leads to organizational and policy change. Having policies in place helps to establish clear guidelines and fosters sustainability of HIV initiatives, especially during times of leadership transitions. In faith-based institutions, which often have hierarchical structures and value adherence to doctrine, new policies and statements from senior religious leaders can spread quickly throughout the organization.

While BAKWATA and CCT have had trainings and issued guidance on HIV prevention, treatment, and care issues, neither group had strong guidelines on addressing stigma and discrimination, which is critical for increasing access to services. The Health Policy Initiative has provided capacity building to about 330 religious and community leaders. These trainings—focusing on HIV and combating fear and denial—used holy books and teachings to mobilize leaders to fight stigma and discrimination. Religious leaders have committed to formulating workplace policies in their institutions; promoting access and adherence to ARV treatment; participating in community mobilization as part of the national campaign on VCT; and advocating strongly against HIV-related stigma.

In response, BAKWATA's Ulamaa Clerical Council—the most senior Islamic clerics—issued a *fatwah* (or Islamic legal pronouncement) against HIV stigma and

"We use quotations from the Qur'an on compassionate care. We explore the basis of stigma, and emphasize that anyone can contract HIV and that it is not our place to condemn them."

—Suleiman Lolila,
Head of BAKWATA's Health and
Social Welfare Department



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discrimination as well as prepared related guidelines. The CCT is also in the process of finalizing its HIV stigma and discrimination guidelines for the church. The guidelines cover employment issues, needs and rights of HIV-positive religious leaders, and stigma and discrimination. These policy statements will help send a strong message from senior religious leaders about the need to end stigma and discrimination against people living with or affected by HIV.

The Way Forward

Religious leaders must be part of the HIV response in Tanzania and around the world. They are trusted and respected by their communities and can play an influential role in changing mindsets and behaviors. Moreover, religious institutions have tremendous reach and resources. They are driven by a commitment to serve, and are engaged in providing a range of health and social services at the community level.

Yet, several challenges persist, including lack of HIV knowledge among religious leaders, who are often called upon to offer counseling on HIV issues; reticence to discuss condom use and HIV prevention; and continuing stigma against people living with HIV and the most at-risk groups. To overcome these challenges, members of TANERELA, CCT, BAKWATA, and PCT highlight the following lessons learned:

- HIV and AIDS are complex issues that require specific education and training, even for religious leaders who are scholars in their own field. Education is needed on basic HIV facts, counseling, and provision of care, as well as gender issues that increase HIV vulnerability.

- Religious leaders have a responsibility for the well-being of their followers that involves not only spiritual health, but also physical health. This responsibility points to the need for offering comprehensive, balanced HIV prevention efforts, especially when considering the needs of discordant married couples and the most at-risk groups.

- Religious leaders living with HIV can provide powerful testimony challenging the notion that HIV is punishment from God or that HIV is caused by sin. However, more work is needed to sensitize religious institutions to ensure that disclosure, by HIV-positive religious leaders or community members, does not lead to discrimination.

- Passages from the Bible and Qur'an speak to the value of all God's children and reinforce the importance of compassionate care and service to one's fellow community members. These teachings

PHOTO CREDIT: LEAH SAMIKE.

"I can see a lot of difference from the time we started the stigma interventions until now ... More church leaders understand how it is transmitted, and why it is not good to stigmatize."

—Justin Nyamoga,
CCT Director for HIV/AIDS and
Health Programs

should be emphasized and disseminated through communities of faith.

These approaches are making a difference. As a result of the Health Policy Initiative's partnerships with faith-based organizations in Tanzania:

- HIV-positive religious leaders have greater access to support services through TANERELA and are increasingly playing a role in breaking the silence around HIV.
- The Pentecostal Church is now a champion for HIV prevention and treatment. Its senior leaders are committed to combating stigma and to sharing accurate information about HIV with their congregations.
- Christian and Muslim communities, under the leadership of CCT and BAKWATA, are reaching students through faith-based schools. This education will help to raise a generation with improved HIV knowledge and greater compassion toward people living with HIV.
- CCT and BAKWATA have issued guidelines and policy statements condemning stigma and discrimination, sending a strong message to their communities.

Together, these activities are fostering an enabling environment that supports open discussion about HIV prevention issues and encourages people to come forward to seek testing, treatment, and care.

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