

### **UNAIDS Religion and Faith Based Organization (FBO) Working Group Strategy Development Meeting**

#### **Meeting Overview**

The following strategy was developed in Geneva, Switzerland on 9-11 April 2008 as a result of collaboration between:

- Partnerships and Social Mobilization Officers from UNAIDS Secretariat Regional Support Teams, Geneva and Country Offices
- Staff from UNAIDS, UN agency cosponsors with a primary responsibility for liaison, mobilization and or partnership with FBOs on AIDS
- Key informants from civil society, in particular faith based organizations and people living with HIV (a participants list is attached)

#### **Meeting Objectives were:**

- To identify the extent and nature, strengths and weaknesses, gaps and opportunities of the FBO response to AIDS;
- To hear what faith communities need if they are to be empowered to act more effectively;
- To agree the methods and modalities for the faith working group and to identify next steps, including ongoing communication and collaboration to strengthen UNAIDS work with religious leaders and faith related NGOs on AIDS;
- To identify a process for and contribute to articulating a joint strategy for UNAIDS ongoing work with religious leaders and faith related NGOs on AIDS.

#### **Meeting Outputs were:**

- An outline for a three-to-five year joint UNAIDS Strategy
- An ongoing UNAIDS (Secretariat-facilitated) Religion and Faith Based Organization working group to provide information, advice and direction to joint work between UNAIDS and FBOs.

#### **Brief Meeting Content Overview:**

##### **Day 1: ADDRESSING THE PANDEMIC: THEMATIC CHALLENGES AND SOLUTIONS**

Presentations focused on: people living with HIV; including INERELA+ and developing networks for HIV+ Muslims; women and AIDS and marginalized groups (MSM, sex workers and IDUs).

Primary focus of discussions:

- The critical role of faith communities in response to AIDS
- A review of the FBO landscape
- FBOs in prevention, treatment, care and support and stigma
- Maximizing FBO engagement in AIDS: Needs and gaps

Plenary discussions addressed how to better engage marginalized communities, challenges, opportunities, and solutions for moving forward towards effective partnerships.

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## **Day 2: FOSTERING UN PARTNERSHIP WITH FBOs ON AIDS**

Presentations focused on: partnership approaches, opportunities and challenges with FBOs across UNAIDS Secretariat and UN Agency Cosponsors. There was also a presentation on Monitoring and Evaluation from the UNAIDS Secretariat.

Primary focus of discussions:

- Barriers and challenges to effective partnerships with FBOs
- Key outcomes of recent FBO meetings- WHO, UNFPA and GFTAM
- Lessons learned and key resource materials
- Defining measurable “criteria for success”, recording our work

Plenary discussions explored strategic approaches and desired outcomes for FBO and UN partnership work with Religious Leaders, Faith-Inspired NGOs, and Local Faith Communities and identified religion-specific opportunities and challenges towards the strategy development.

## **Day 3: EFFECTIVE UN & FBO PARTNERSHIPS: DEFINING THE STRATEGY FRAMEWORK**

The primary focus of day 3 was to finalize the strategic framework and collectively agree on a process for moving forward. Overarching principles and next steps were agreed upon.

Discussions focused on:

- Defining core strategies, relationships, skills, and required resources
- Defining strategic approaches for the UN agency and UNAIDS Secretariat FBO partnership agenda on HIV
- Building collective understanding, communication and working relationships between UN Agency Cosponsors, Secretariat HQ, RSTs and UNAIDS country offices

Plenary discussion also outlined the purpose, methods and modalities for the working group on Religion and Faith Based Organizations and next steps, including ongoing communication and on mechanisms for on-going collaboration, experience sharing and tasks.

## **A joint UNAIDS and FBO Strategic Framework**

A strategy framework such as this cannot capture everything, in particular the spiritual understanding of people of faith. This framework is intended to provide a structure towards the development of ongoing work plans and partnerships in response to HIV among UNAIDS Secretariat, Cosponsors and Faith Based Organizations. A mutual and open learning process should to pave the way for healthy partnerships between Faith Based Organizations, the UN system and all actors involved in the HIV response. This strategic framework is suggested by the working group to support and guide work already being done globally, regionally and nationally by diverse and committed individuals and organizations. The goal of this framework is for the strategic approaches to be nationally-driven and owned, integrating activities into existing mechanisms and processes, and thus strengthening their cultural relevance. The framework is a guide and is not meant to be prescriptive; it is meant to be a generic starting point which can then be adapted to the national and local situation, recognizing the differences of religion, culture and context in which the various partners work.

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For successful implementation of this framework, various commitments are needed. Those attempting to work with this framework must have qualities that cannot be captured within the limitations of the actual framework including an open mind to faith, diversity and religious values; deep respect, accurate empathy, resonance and other aspects of emotional intelligence and integrity.

Throughout the development of this framework participants acknowledged that;

- Religious values are important to culture; to many people, including those living with HIV; to human rights and justice; to compassion and care; are a cornerstone of the HIV response; and are, for many, a source of motivation and energy in their response to the epidemic.
- Whilst religious values do not in themselves create stigma, discrimination and HIV vulnerability, it is regrettable that some traditions, incorrect interpretations of texts, over time, and the incorrect application of dogma have, resulted in stigma towards, and increased vulnerability among certain people, including those living with HIV, sex workers, transgendered people, and men who have sex with men.
- In order to leverage change and create enabling environments, a sincere commitment is needed from all to strive for an interpretation of religious values and teachings that eliminates stigma and promotes the Greater Involvement of People Living with HIV/AIDS (GIPA) at all levels of the response.
- In developing partnerships, plans and action using this framework, the meaningful engagement of people living with HIV (PLHIV) and marginalized populations should be of the highest priority. In doing so, participants acknowledge the enormous transformative power that PLHIV religious leaders and communities have within them to challenge all forms of stigma.

Essential in the development of this framework is the understanding of a commitment to work collaboratively as equal partners with mutual accountability. The purpose for collaborative partnerships as outlined in the strategic framework is for strengthened coherence in the HIV response. This strategic framework is not about how the UN system can help FBOs, but about how we can work to achieve goals together through shared FBO and UN-system action. Learning through partnership also means looking for opportunities to harness potential, create space for dialogue and programme innovation.

The division of labour among UNAIDS Secretariat and Co-Sponsors, as well as resource allocations to cosponsors according to their respective mandates, will mean that the Secretariat and each cosponsor will be able to assess areas highlighted by the strategic framework where their partnership with religious communities and FBOs can be strengthened and developed towards the achievement of (MDG) 6<sup>1</sup> in particular. The working group hopes that this framework might be a useful template for partnership activity among UN agencies and FBOs towards the broader achievement of other MDGs.

The UN system and faith communities around the world speak with different voices, using various terminologies and words, or the same words, but with varied meanings and understandings. Through a commitment to partnership comes a commitment to work with language through a sensitive, open-

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<sup>1</sup> MDG6: Combat HIV/AIDS, Malaria and other diseases

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minded lens of learning. Language and terminology also have tremendous power to stigmatize, so participants seek commitment to support each other in understanding how to work with language to form common understandings as well as address stigma.

The faith community is one among many sectors engaged in the global HIV response towards the collective global commitments to Universal Access, in accord with the 2001 Declaration of Commitment and the 2006 Political Declaration. The global community is committed to halting the spread of HIV not only addressing symptoms, but also the drivers and root causes of the epidemic. One of the primary goals of this strategy is to recognize that UN agencies, donors, governments and civil society, including faith communities, bring different perspectives and strengths to the table as we respond to HIV. Recognizing this, it is important to ensure that all are fully engaged in the process of planning, implementation, monitoring and evaluation, decision making around funding and accountability.

Partners with a faith based agenda need to work collectively in the response to HIV. Together with UNAIDS Secretariat and Cosponsors they must seek to strengthen understanding among others of the importance of engaging the faith community in all levels of the response. Engagement of the faith community across the sectors in the response to HIV - such as in national planning processes, implementation, decision making around funding of programmes and monitoring and evaluation - is vital to a strengthened national response.

### **Overview of Strategic Framework Approach**

The strategy is focused around a three-level approach to: Religious Leaders, Faith-inspired Organizations and Local Faith Communities

The intention of the strategic framework is to outline two desired outcomes from partnership action on HIV with each of the three levels of faith communities (above) in each of the nine thematic areas (below). This provides a matrix of priority areas for partnership action. The framework takes this one step further and attempts to articulate two or more UN/FBO partnership approaches to achieve these desired outcomes.

This was done by asking questions, - not “What does UNAIDS want from religious leaders?”- but rather: “What, together as UN agencies and FBOs do we want to see from our engagement with religious leaders?” What do we want them to be saying and doing, and how are we going to go about working with them to make that happen? The matrix was put together by asking similar questions for each level around each theme.

**The following strategy matrix is divided to address 9 themes as identified by the working group prior to the Geneva meeting:**

- Working with people living with HIV
- Human rights/justice
- Gender
- Youth
- Work with marginalized communities
- Stigma and discrimination
- Prevention
- Treatment
- Care and support

**Joint UNAIDS and FBO Strategy Framework Points of Action:**

**Strategic Approaches and Core Outcomes-DRAFT**

<b>RELIGIOUS LEADERS (RLs)</b>		
Persons of faith who are formally recognised by the religious community of which they are a part, as the reference point, and often the decision maker, for matters of doctrine, faith, and practice, and often , governance.		
<b>Overarching Principles and Strategic Approaches:</b>		
<ul style="list-style-type: none"> <li>• Non-confrontational approaches towards advocacy and education of RLs</li> <li>• Creating space for ongoing open dialogue with and learning from RLs</li> <li>• Promote a values-based approach to partnership development</li> <li>• Recognise that a human rights framework is based in values, rooted in faith traditions and practice –justice , equity, equality of persons, compassion , inclusion, respect for life, relationship, health and mutuality –and that person-centred human rights is consistent with, and dependent on, shared community responsibility . Hence there need be no tension in worldview.</li> </ul>		
<b>CORE OUTCOMES</b>		<b>STRATEGIC APPROACHES UN/FBO PARTNERSHIPS</b>
<b>Working with PLHIV</b>	<ul style="list-style-type: none"> <li>• RLs create space for PLHIV to advocate, act and participate within the faith community.</li> <li>• Strong networks of RL living with HIV leading HIV responses and advocacy efforts.</li> <li>• RLs partnering with people living with HIV in advocacy and action on HIV</li> <li>• Reduction of stigma and discrimination in society.</li> </ul>	<ul style="list-style-type: none"> <li>• Create safe environment for engagement and dialogue between RLs and PLHIV.</li> <li>• Support dialogue and linkages between FBO’s, LFC’s, PLHIV and RLs.</li> <li>• Support networks of infected and affected RLs to form and operate.</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• RLs advocate for and, if needed, demonstrate change in attitudes and behaviours around gender dynamics, particularly in relation to HIV.</li> <li>• RLs address practical socio-cultural-physiological vulnerability of women to HIV.</li> <li>• Male RLs advocate for equity in gender relations in the context of justice, prevention of HIV transmission, and healthy family future.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop partnerships with RLs and structures to support, and nurture leadership by women, in various forms, in the faith-based response to AIDS</li> <li>• Create space for conversation between women scholars, gender relations advocates and male RLs.</li> <li>• Create space for conversations between people of different genders and RLs</li> </ul>

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Marginalized Communities	<ul style="list-style-type: none"> <li>• RLS advocate for and demonstrate acceptance of the inherent dignity of all human beings regardless of basis of marginality.</li> <li>• RLS scale up outreach to and relationships with marginalized groups.</li> <li>• RLS model integration and leadership development of marginalized communities in faith communities.</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnerships to foster space for dialogue among marginalized persons, groups and RLS.</li> </ul>
Stigma & Discrimination	<ul style="list-style-type: none"> <li>• To address stigma, RLS promote and model inclusion of PLHIV using appropriate language and providing opportunities for the leadership development of PLHIV that dispels stigma.</li> <li>• RLS educate and model for congregations and communities the use of non-stigmatizing language, and non-discriminating behaviour towards PLHIV.</li> <li>• RLS advocate for and model action to promote the rights of marginalized populations including PLHIV, and their inclusion in faith communities.</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnerships collaborate to explore and research the common values and foundations underlying faith responses to HIV</li> <li>• Support consultations and learning experiences of RLS to identify policies and practices in harmony with faith traditions and which enhance HIV prevention, treatment, care and support.</li> <li>• Support mutual sensitization processes of RLS with PLHIV, affected families and communities.</li> <li>• Facilitate the engagement of RLS in policy processes and advocacy; collaborate with RLS to establish workplace policies.</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• RLS embrace, promote and refer people to comprehensive prevention services for HIV</li> <li>• RLS promote community dialogue on values and HIV prevention</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnerships with RLS focus on values-based (human rights, shared responsibility) HIV prevention and care approaches that can be supported by technical resources.</li> <li>• Involvement of RLS in multi-sectoral prevention strategies.</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>• RL advocate for Universal Access to prevention, treatment, care and support for PLHIV by 2010</li> <li>• RL advocate for increased funding for AIDS work to ensure adequate funding for Universal Access.</li> <li>• RL advocate for the inclusion of FBO HIV service delivery projects, hospitals and clinics into the national plans including allocation of funding and technical support to FBOs to scale up service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnership with RL focus on advocacy for Universal Access, holding governments accountable for their promises and funding commitments on AIDS</li> <li>• UN/FBO partnerships engage religious leaders in support of FBO inclusion in national AIDS planning processes and funding plans</li> </ul>

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Care & Support	<ul style="list-style-type: none"> <li>• RLS acknowledge and encourage sustained, expanded comprehensive care and support programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnerships work with RLS to encourage messages of hope and encouragement for sustained and expanded comprehensive, care and support programmes.</li> </ul>
Youth	<ul style="list-style-type: none"> <li>• RLS encourage, motivate and engage youth in the response to HIV.</li> <li>• RLS develop the leadership capacity of young leaders especially young people living with HIV.</li> <li>• The capacity of younger RLS, and students in religious training institutions, is developed to address drivers of the epidemic.</li> <li>• Policies to exclude young people living with HIV from religious training institutions are revised or re-visited.</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnerships work with local faith communities to prepare emerging RLS, including male and female religious leaders in training, as peer educators around sex, sexuality, and relationships</li> <li>• Create space for dialogue between youth and RLS to share experiences, promote knowledge exchanges and shared-learning.</li> <li>• UN/FBO partnerships engagement of RLS in dialogue and reflection on faith and practice, around cross generational sex, and various forms of sexual abuse, as drivers of the epidemic.</li> </ul>
Rights, Dignity & Justice	<ul style="list-style-type: none"> <li>• RLS build discourse and action on faith related foundations of human rights, inclusive of community responsibility, dignity, compassion, and respect for life, inclusion and justice. Religious messaging in relation to HIV inherently and explicitly reflects the value of present life and future of all communities.</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnerships foster space for dialogue among various constituencies (e.g. PLHIV, theologians, human rights and community development advocates and actors, UN, governments, most at risk populations).</li> <li>• Include Religious leaders and human rights advocates/lawyers from faith communities in UN led HIV related activities</li> <li>• UN/FBO partnerships support formation of curriculum and scholarships for RL's related to HIV and human rights, in the context of Local Faith Communities (LFCs) and wider communities, FBO's, and partnership development of RL's.</li> </ul>

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<b>FAITH-INSPIRED NON-GOVERNMENTAL ORGANIZATIONS (FBOs) –INCLUDING FAITH INSPIRED NETWORKS</b>	
<p><b>Formally structured non government organisations and /or groups explicitly aligned, supportive and accountable to specific faith or interfaith expressions and /or religious entities.</b></p> <p><b><u>Overarching Principles and Shared Strategic Approaches:</u></b></p> <ul style="list-style-type: none"> <li>• National ownership promoted and facilitated.</li> <li>• Ensure rights dignity, and justice for all, building from a common foundation of compassion and respect for people, life and faith.</li> <li>• Build partnerships with other sectors and secular NGOs, as well as with FBOs, for effective and comprehensive advocacy, learning and stimulation of expanded response.</li> <li>• Support development of effective M&amp;E mechanisms, strategies, documenting work and sharing of progress.</li> </ul>	
<b>CORE OUTCOMES</b>	
<b>STRATEGIC APPROACHES UN/FBO PARTNERSHIPS</b>	
<b>Working with PLHIV</b>	<ul style="list-style-type: none"> <li>• PLHIV are active in leadership roles in FBOs in local and other community initiatives (service planning, delivery and monitoring for the ultimate wellbeing of those living with and affected by HIV).</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• FBO programs and responses to HIV include actions to address gender inequity.</li> <li>• FBOs actively participate in, and lead national initiatives to address gender issues relating to HIV</li> </ul>
<b>Marginalized Communities</b>	<ul style="list-style-type: none"> <li>• Improved access for marginalized groups, to prevention, care and treatment services provided by FBOs; and inclusion in local faith community initiatives.</li> <li>• People from marginalized communities actively engaged in FBO project leadership and planning implementation.</li> </ul>
<b>Stigma &amp; Discrimina</b>	<ul style="list-style-type: none"> <li>• FBO responses to HIV include activities to address stigma and discrimination and promote positive values of inclusion.</li> </ul>
	<ul style="list-style-type: none"> <li>• Assist FBOs to establish and strengthen the capacity of community-based support groups of PLHIV, often linked with local faith communities.</li> <li>• Assist FBOs to develop leadership capacity of staff living with HIV.</li> </ul>
	<ul style="list-style-type: none"> <li>• UN/FBO partnerships facilitate community conversations for respectful partnership on gender related issues.</li> <li>• UN to support FBOs engagement in the development of national AIDS and gender plans and cross sectoral initiatives to address gender inequities</li> </ul>
	<ul style="list-style-type: none"> <li>• UN/FBO partnerships identify approaches for effective engagement of marginalized groups in HIV responses and share these models widely for further application.</li> <li>• UN/FBO collaboration on research on the response of FBO’s to HIV among and with marginalized groups.</li> </ul>
	<ul style="list-style-type: none"> <li>• UN/FBO partnerships develop capacity, skills, and knowledge transfer between FBOs and Local Faith Communities to understand HIV vulnerability and work towards reducing risk, stigma and discrimination</li> </ul>

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<b>Prevention</b>	<ul style="list-style-type: none"> <li>• FBO responses to HIV include comprehensive approaches to HIV prevention and education.</li> <li>• FBOs provide or refer to, comprehensive local services for HIV prevention.</li> <li>• FBOs facilitate local faith community conversations on HIV prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO partnerships promote discussion of comprehensive UNAIDS HIV prevention framework in FBOs and local faith communities</li> <li>• UN partners give priority to facilitation of dialogue between FBO's and Networks of PLHIV on HIV prevention</li> <li>• UNAIDS partners with FBOs to achieve equitable, Universal Access to comprehensive HIV prevention information and services</li> <li>• UN/FBO partnerships assist FBOs to strengthen their technical capacity to provide HIV prevention services and increase their M&amp;E capacities, with specific focus on HIV prevention local communities.</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• Greater integration of FBO run and managed health services into national Universal Access and health systems strengthening plans, actions and budget allocations</li> <li>• Strengthened capacity of FBO health service providers to scale up HIV treatment, train and retain staff.</li> </ul>	<ul style="list-style-type: none"> <li>• UN and FBO partners coordinate jointly with national governments to define approaches to decentralisation and expansion of treatment services, including FBO hospitals and clinics and including treatment literacy within local faith and other communities.</li> <li>• UNAIDS Secretariat and Cosponsoring agencies recognize and partner with FBOs towards Universal Access efforts</li> <li>• Provide greater access to technical assistance to FBOs for proposal development on treatment scale up.</li> <li>• UN/FBO partnerships work with local faith communities to support treatment adherence.</li> </ul>
<b>Care &amp; Support</b>	<ul style="list-style-type: none"> <li>• Increased resources, technical support, for scale-up of comprehensive quality HIV care, including Orphans and Vulnerable Children (OVC).</li> <li>• UNAIDS support FBO/PLHIV partnerships providing continued care, support, and community driven prevention services.</li> </ul>	<ul style="list-style-type: none"> <li>• UN/FBO/PLHIV partnerships develop comprehensive care and support programmes with and for PLHIV including spiritual support, and enhanced OVC care.</li> <li>• UN/FBO partnerships increase capacity of FBOs to participate in national planning processes, prepare project proposals and access funding for comprehensive OVC programmes</li> <li>• UN/FBO partnerships explore with local faith communities their role in support to families living with HIV and enhanced OVC care.</li> </ul>

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Youth	<ul style="list-style-type: none"> <li>• Young people are effectively contributing to HIV prevention, care, leadership and future security of families and communities living with HIV.</li> <li>• HIV positive young people take active leaderships roles in FBOs and local faith communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop capacities for transferring knowledge and skills to youth and between youth, which effectively contribute to HIV prevention, and care</li> <li>• UN/FBO partnerships support the capacity of young religious leaders, and youth leaders in FBOs to talk about HIV, sexual relationships, consistent with core faith values of compassion, respect for life, and acceptance.</li> <li>• UNAIDS partners with existing youth-led initiatives linked to FBO's in recognition of youth leadership in life skills development embedded in a value and relationship -based approach.</li> </ul>
Rights, Dignity & Justice	<ul style="list-style-type: none"> <li>• FBOs are active in promoting a rights- based approach to HIV programming</li> <li>• FBOs with capacity in legal support and advocacy for rights are integrated into national HIV action planning and advocacy efforts</li> </ul>	<ul style="list-style-type: none"> <li>• UN Secretariat and Cosponsors work closely with FBOs on HIV related human rights agenda</li> </ul>

<b>LOCAL FAITH COMMUNITIES (LFCs)</b>		
<p>People with personal faith clustered in worship groups or neighbourhoods, family homes or local groups or faith linked movements, sometimes informal, often supported by and accountable to faith structures and religious leaders.</p> <p><b>Overarching Principles and Strategic Approaches:</b></p> <ul style="list-style-type: none"> <li>• Promotion of conversation in local communities and local faith groups about HIV.</li> <li>• Encourage local ownership of care and change processes that will expand the national response for care, support, treatments, and prevention.</li> <li>• Partner with FBOs, and religious leadership structures with an explicit intention to expand the motivation and engagement of local faith communities.</li> </ul>		
<b>CORE OUTCOMES</b>		<b>STRATEGIC APPROACHES UN/FBO PARTNERSHIPS</b>
<b>Working with PLHIV</b>	<ul style="list-style-type: none"> <li>• PLHIV and their families openly express their faith commitment and the integral role it plays in their lives, and are part of local faith communities.</li> <li>• PLHIV and their families openly express their HIV status in local faith communities, PLHIV are fully involved in local activities of faith communities – including care and support and referred services for HIV</li> </ul>	<ul style="list-style-type: none"> <li>• Support the documentation of evidence and good practice, including that related to the implementation of greater involvement of people living with HIV (GIPA) in LFCs.</li> <li>• Encourage networks of RLs living with and affected by HIV to form, expand, and positively influence LFC’s.</li> <li>• Support the opportunities for face to face meetings between PLHIV, their families, neighbours, and LFC’s.</li> <li>• Support M&amp;E of national responses including LFC responses relevant to PLHIV, their families and communities.</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• Increased participation by LFCs in HIV programs and initiatives addressing gender dynamics in LFCs.</li> <li>• Greater understanding of gender relations in LFCs with corresponding action to address gender related vulnerability, inequality and inequity.</li> <li>• Increased support by local communities for women-led HIV initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Support greater gender literacy through the facilitation of “community conversations” on gender within LFCs.</li> <li>• Support affirmative programs with reserve of funds for women-led initiatives.</li> <li>• Support for dialogue in local faith communities around issues of gender and HIV vulnerability, compassion and care</li> </ul>

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<b>Marginalized Communities</b>	<ul style="list-style-type: none"> <li>• Increased participation and leadership by people from marginalized communities in LFC’s HIV initiatives and programs.</li> <li>• Greater understanding within LFC’s of marginalized communities and root causes of vulnerability.</li> <li>• LFCs identify and reach out to marginalized communities, developing HIV initiatives together.</li> </ul>	<ul style="list-style-type: none"> <li>• Support facilitation of “community conversations” on vulnerability, root causes of marginalization and marginalized communities within or near LFCs.</li> <li>• Support religious training institutions in developing of curriculum for motivating HIV responses including issues of elements on marginalization and vulnerability.</li> <li>• Disseminate accessible information on the impact of the epidemic in marginalized communities within LFCs.</li> </ul>
<b>Stigma &amp; Discrimination</b>	<ul style="list-style-type: none"> <li>• PLHIV take leadership roles in LFCs</li> <li>• LFCs welcome PLHIV and their families, and affected neighbours and others, and together plan and act for care and prevention.</li> <li>• LFCs take public stand against HIV –related stigma and discrimination.</li> <li>• Religious leaders, LFCs, and PLHIV speak openly and together about their own experiences of risk and vulnerability.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the use of the Stigma Index tool among PLHIV in LFCs.</li> <li>• Support local people of faith influence to speak and lead openly about their own experience/risk to HIV infection, how they are affected, and their status.</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• HIV prevention is accepted as a “duty” of LFCs. Comprehensive HIV prevention education and services or referral available at LFC’s</li> <li>• LFCs utilize Voluntary Counselling and Testing (VCT) services regularly and provide greater access and referrals to comprehensive HIV related services within and connected to their communities.</li> <li>• LFCs deepen their understanding of “respect for life” in the context of HIV and provide safe spaces those living with and affected by HIV to consider vulnerability.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide technical support, learning opportunities, information for LFCs to build capacity for expanded response to HIV prevention by LFC’s.</li> <li>• Promote faith-to-faith learning and capacity development on HIV prevention</li> <li>• Create space for dialogue between LFCs and local PLHIV, who are invited to speak openly of their experience, of linking prevention with care and support in LFCs.</li> <li>• Encourage religious leaders to promote the inclusion of HIV prevention and care training into religious training institutions.</li> <li>• Support Theological dialogue on HIV prevention</li> <li>• Support dialogue and mechanisms to ensure LFCs prevention interests and initiatives are linked to national and regional religious structures, strands and denominations.</li> </ul>

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Treatment	<ul style="list-style-type: none"> <li>• (linked to VCT point under prevention)</li> <li>• LFCs are aware of local treatment services; refer people, and advocate for services, accompany members and local neighbours to treatment facilities</li> <li>• LFCs are treatment literate, including literacy on adherence and are active in treatment support.</li> <li>• Local religious leaders promote access to treatment for HIV related illnesses and actively encourage members to seek medical care.</li> </ul>	<ul style="list-style-type: none"> <li>• Support facilitation of opportunities for conversation and knowledge sharing between local treatment service providers, including traditional healers, and LFC's on treatment issues. Adherence and support to families etc.</li> <li>• Promote the involvement of LFC's in strengthening mutual appreciation between traditional healers and bio-medical practitioners.</li> <li>• Support PLHIV peer counselling and leadership in the LFC's.</li> </ul>
Care & Support	<ul style="list-style-type: none"> <li>• LFC understanding of person and family centered holistic care is valued, documented, utilised, and developed (e.g. compassionate palliative care, death with dignity, support for surviving family and partners, expanded through home and neighbourhood based care and prevention, as an integral part of the continuum of HIV initiatives and services.)</li> <li>• LFCs participate and advocate with local service providers for access and quality care for PLHIV, expanded care and support for children and youth living with HIV, and OVCs.</li> <li>• LFCs actively engaged in providing care, supporting families, friends, caring for PLHIV.</li> <li>• LFCs actively supporting PLHIV who are at the end stage of life to die with dignity and providing support to surviving family.</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with religious groups, FBOs and LFCs to provide programs and resources for better nutrition to PLHIV, families and caregivers in local communities.</li> <li>• Work through FBOs to promote good models of expanded care, support and prevention for all including children and youth.</li> <li>• Support human and technical capacity building processes, via religious structures and government related multi-sectoral approaches.</li> <li>• Acknowledge existing care responses support groups, local resources, and leaders within LFCs and caregivers) in LFCs, and encourage expression of full potential.</li> <li>• As an element of national measurement of impact and response, document LFCs care responses.</li> </ul>
Youth	<p><i>See also prevention outcomes.</i></p> <ul style="list-style-type: none"> <li>• Youth-led initiatives are developed and supported in LFCs on issues of HIV, sex, sexuality, drug use, and other causes of vulnerability.</li> <li>• Young Leaders of households and communities in high prevalence locations are acknowledged and supported as an integral element of national response.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote space for youth in LFCs to talk and work together around HIV.</li> <li>• Empower youth leadership. Including allocating financial resources for youth-led initiatives on HIV within LFCs.</li> <li>• Promote pilot initiatives for marginalized youth in LFCs.</li> <li>• Support positive youth networks to connect inclusively with LFCs.</li> </ul>

## DRAFT: Executive Summary Report

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<b>Rights, Dignity &amp; Justice</b>	<ul style="list-style-type: none"><li>• LFCs advocate for and demonstrate rights and respectful, inclusive relationships with PLHIV, their families, and communities.</li><li>• LFCs and PLHIV reflect and act together on shared faith foundations and HIV principles such as human dignity, respect for life, justice, inclusion and compassion.</li><li>• LFCs call for accountability on institutional, national, and international HIV intervention and support promises.</li><li>• LFCs and local religious leaders speak about and act on the social drivers of the epidemic (e.g. violence, gender equity, poverty, cultural practices).</li></ul>	<ul style="list-style-type: none"><li>• Build bridges to between LFCs, human rights advocates, and community development processes.</li><li>• Create awareness among LFCs of legal frameworks, need for reform and the critically important value of local action and experience toward informing the reform process.</li></ul>
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