

# FRAMEWORK FOR DIALOGUE

*between religious leaders and  
networks of people living with HIV*



Photograph by: *Julio González* from Flickr

Summary Report of Proceedings:

# COUNTRY TO COUNTRY SHARING MEETING

*13–14 December 2013, Nairobi, Kenya*



ETHIOPIA  
KENYA  
MALAWI  
UGANDA

Photograph by: *mariusz kluzniak* from Flickr



**Ecumenical Advocacy  
Alliance**

Photograph by: *ViktorDobai* from Flickr

# FRAMEWORK FOR DIALOGUE

*between religious leaders and  
networks of people living with HIV*

Summary Report of Proceedings:

# COUNTRY TO COUNTRY SHARING MEETING

*13–14 December 2013, Nairobi, Kenya*

PRODUCED BY:

Ecumenical Advocacy Alliance (EAA)

Global Network of People Living with HIV (GNP+)

International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

SUPPORTED BY:

the Norwegian Agency for Development Cooperation (Norad)

WRITTEN BY:

Monoo Nyambe

Jacqueline Kinuthia (Rapporteur)

Jane Ng'ang'a (KENERELA+)

Anne-Laure Jan (EAA)

MEETING HOSTED BY:

Ecumenical Advocacy Alliance (EAA)

Kenya Network of Religious Leaders Living with or Personally Affected by HIV (KENERELA+)

DESIGNED BY:

Ben Barrett-Forrest

October 2014

# TABLE OF CONTENTS

<b>Section:</b>	<b>Page Number:</b>
1. Background	2
2. Objectives of the Country to Country Sharing Meeting	2
3. Attendees	3
4. Outline and Details of Proceedings	3
4.1. Day 1	3
Highlights from Each Presentation	5
4.2 Day 2	6
5. Key Outcomes	7
6. Key Next Steps	9
7. Conclusion	9
8. Annex: List of Participants	9

# 1. BACKGROUND

The concept for the Framework for Dialogue was born in 2010 out of a mutually agreed desire for sustained and systematized action-oriented dialogue between faith communities/religious leaders and networks of people living with HIV for the purpose of contributing to an effective response to HIV at country level.

The first (pilot) dialogue was held in Malawi in May 2012, with further pilots in Ethiopia and Myanmar. Following the pilots, Uganda held its first dialogue in December 2013. Kenya is one of the other countries planning to implement the process in 2014.

*'In Kenya, the faith-based response has been about what faith groups are doing on HIV, not how they are responding to the experiences of people living with HIV. The framework for dialogue will hopefully help us to make this shift.'*

## 2. OBJECTIVES OF THE COUNTRY TO COUNTRY SHARING MEETING

With four countries having implemented the process, the country to country sharing meeting was convened for the purpose of:

- Facilitating sharing between and by participants from three of the countries that have implemented the process (Ethiopia, Malawi, Uganda) and one that is in the planning process (Kenya) about their experiences of the Framework for Dialogue process so far, and to support reflection on the commonalities as well as the differences;
- Jointly considering how to build on the successes to-date and how to address any emerging challenges when implementing the Framework for Dialogue;
- Soliciting and documenting advice and tips from participants from Ethiopia, Malawi and Uganda to be shared with others planning to implement the Framework, particularly those in Kenya;
- Jointly devising mechanisms for communicating achievements and any other outcomes to donors and others; and
- Jointly develop monitoring and evaluation tools appropriate for measuring and reporting on the outputs and outcomes of the Framework for Dialogue process.

### **A KEY TIP FOR HANDLING THE MEDIA:**

*The Ethiopian team invited media and other stakeholders to the first morning of the dialogue, to inform them of what was going on; after that the session was closed to invited participants only to encourage open discussion, ensure some privacy and have some control over what was broadcast.*

### 3. ATTENDEES

Each of the African countries (Ethiopia, Malawi and Uganda) that had implemented the process was invited to send representatives to the country to country sharing meeting. Faith communities, people living with HIV and convening organisations were represented in each country's delegation.

These were joined by representatives from Kenya. There were 7 representatives from Ethiopia, 6 from Malawi, 3 from Uganda and 8 from Kenya. There was 1 representatives from the EAA, 1 from INERELA and a consultant invited to facilitate the sharing (an African woman living with HIV).

## 4. OUTLINE AND DETAILS OF PROCEEDINGS

### 4.1. DAY ONE

#### 4.1.1. Welcome and introductions

The meeting was opened with welcoming remarks from KENERELA's national coordinator, Jane. She took the opportunity to introduce the delegation from Kenya, who were invited to form a working group to support the process.

Jane invited Reverend Joseph Njakai to lead the opening prayer. He prayed for God to bestow blessing on the gathering and on the common purpose towards "Zero new HIV infections, Zero discrimination and Zero AIDS related deaths".

The opening prayer was followed by welcome remarks by the Coordinator of Stakeholders at the National AIDS Control Council (NACC). She pledged government support for this process and also encouraged support for strengthened public private partnerships.

The Advocacy and Communications Officer at the Network of People Living with HIV/AIDS in Kenya (NEPHAK) also contributed to the opening remarks by highlighting the many milestones reached since the epidemic begun but singled stigma as one issue that needed to be tackled. She called on religious leaders to influence attitudes amongst congregants.

Opening remarks were rounded off by remarks from the representatives from INERELA and EAA. Ruth Foley, from the EAA gave some background information on how the Framework for Dialogue was developed. She also outlined the guiding principles and objectives of the process. She then introduced the facilitator to for the two day meeting.

The facilitator introduced herself and gave an outline of the agenda for the two days before asking participants to introduce themselves.

#### GUIDING PRINCIPLES OF THE FRAMEWORK FOR DIALOGUE OUTLINED BY RUTH FOLEY OF THE EAA IN HER OPENING REMARKS:

- *Country owned*
- *Evidence based*
- *People centered*
- *Dialogue Safe space*
- *Equal and meaningful participation*
- *Innovation*
- *Action oriented*
- *Do no harm*

#### 4.1.2. Group work: Country re-grouping and review of the country presentations

As part of the joining instructions, sent prior to the meeting, each country was asked to prepare a presentation highlighting the key stages in the process and also any successes and challenges. At each stage in the meeting, each country group was invited to work as a group to review this presentation and ensure that everyone had an opportunity to share their personal perspective and also to ensure that it was owned by everyone in the country team. All participants were seen to enthusiastically participate in the group work.

#### 4.1.3. Sharing of country presentations

After the group work, each country group nominated someone to present on behalf of the group. Each presentation highlighted the strengths, achievements and outputs and also gave the opportunity for the whole group to learn from the others.

#### 4.1.4. Sharing in “identity” groups

After sharing in country teams, participants were given the opportunity to work with other participants from other countries in group work arranged by identity (the meeting acknowledged that this division was simplistic as individuals had multiple identities).

*“It is good to look at [our own] stereotypes towards Religious leaders (RLs) that create barriers on how we engage with them. At times our perceptions make our engagements difficult. This is where safe space should be focused on.”*

– Participant from a PLHIV network

For the purpose of the exercise, three groups were formed and participants could choose which group they most identified with/joined:

- One for faith leaders and people identifying as representing faith communities;
- People living with HIV or representing an organisation of people living with HIV;
- Participants from support/coordinating organisations.

Amongst the key strengths identified, religious leaders had the ear and respect of their congregations, and could usually had a lot of get messages to huge populations and influence. People living with HIV were identified as the authentic voice for the experiences faced by affected communities, whilst support/coordinating organisations usually had the capacity and mandate to get things done, provision of technical and financial support.

Religious leaders have existing structures that can support the work beyond project period and having unquantifiable resources that bring hope and healing to people spiritually, emotionally and psychologically.

PLHIV being part of the community and entrenched even at grassroots level and having ability if supported to carry out advocacy from this level and influence policies at the national level.

#### 4.1.5. End of day 1: brief reflections on how the day had progressed.

The facilitator noted that items on the agenda had taken longer than anticipated; participants reflected that they had appreciated the opportunity to share in the different groups and hence taken more time.

# HIGHLIGHTS FROM EACH PRESENTATION

---

## ETHIOPIA:

### Key Steps Taken:

- Followed manual almost to the letter.
- National working group set up – including NEP+, EIFFDA, ETINERELA+, UNAIDS.
- First face-to-face dialogue meeting held on 24th and 25th April 2013 with 50 participants.
- Prepared joint action plan addressing S&D, GBV and promotion of access to HIV prevention, treatment and care services.

### Key Successes Highlighted:

- Finalized and disseminated the report of the face-to-face meeting
  - Set up TOR for a working group to coordinate ongoing dialogue and collaboration
  - Expanded membership of the TWG to include local and international FBOs for a coordinated response.
  - Developed a sermon guide for Ethiopian Orthodox church addressing GBV, PMTCT and Stigma.
  - Had broadcast of anti-stigma messages by the 4 religious leaders during Ethiopian New year
- 

## MALAWI:

### Key Steps Taken:

- A national working group was set up and it included MANERELA, MANET, MIAA, Norwegian Church Aid, ACT Alliance, UNAIDS
- TOR for the working group were developed
- A dialogue meeting was held on 11th June 2012 and it attracted about 30 participants
- Quarterly steering committee meetings held

### Key Successes Highlighted:

- Workplan and budget developed
  - HIV workplace policy for faith based institutions developed, with orientation meetings taking place.
  - Proposal writing workshop
  - Two face to face dialogue meetings between Religious Leaders and PLHIV held giving a platform to talk openly about issues
  - There has been notable understanding and mainstreaming of HIV AIDS programs in the religious institutions
- 

## UGANDA:

### Key Steps Taken:

- Working group set up including NAFOPHANU, NACWOLA, UNERELA+, UCAN, IRCU, UNAIDS, ICCO Cooperation
- First dialogue meeting took place on 10th and 11th Dec. 2013. The meeting was attended by 30 participants

### Key Lessons Learned:

- Important to read/adapt Framework for Dialogue manual to Ugandan context
  - Important to set the stage and space for dialogue from the onset.
  - Important to realize that contention can be an indicator of a rich agenda
  - Evidence is critical and other tools aside the Stigma Index can be used.
  - To be aware of limitations and that new issues that require Dialogue shall emerge
-

## KENYA:

Whilst the other teams were working in teams to review what had been done to prepare the country presentation, the team from Kenya was reviewing aspects of the manual and anticipating some of the questions they had for the other teams. Following the group discussion, the team reported the following:

- They agreed that the Framework for Dialogue would be useful to their country and decided to begin the process;

- They were able to see how processes complimented existing structures/ interventions;
- It was important to change the nature of dialogue
- Acknowledged that there were still issues that needed to be resolved- eg. Funding and technical assistance available

## 4.2. DAY TWO

### 4.2.1. Looking back and planning for the last day

Day 2 begun with looking back at day one and also looking forward to what needed to be accomplished in the remaining time. As part of looking back; the facilitator asked the group to address outstanding issues that emerged from day one. The three issues that were discussed included:

- **Dealing with the media** – ensuring that the message to the public was what the dialogue participants intended. The group from Ethiopia shared a strategy on how to help handle this.
- **Funding** – issues related to what financial support countries could expect were raised. The representative from the EAA explained that some activities (such as implementation of the action plans had been - however countries needed to leverage their own resources too – as part of fully owning the process);
- **Moving from individual commitments to institutional actions and commitments** – this was identified as a complex issue; however, participants acknowledged that individuals were key agents for change and their contributions should not be undervalued.

### 4.2.2. Group Work – Indicators

Participants were divided into 3 groups (Kenya and Uganda, Ethiopia and Malawi) to develop some indicators for 6 expected outcomes that are listed in the Framework for dialogue implementation manual. The feedback from this session confirmed that tools for M&E needed to be created. Participants reported facing challenges in this task and also questioned whether some of the outcomes could be easily measured and attributed to the process. Some of the questions raised include:

- How to relate the indicators to the work that had already been done? E.g how to measure the impact of policies in the faith communities;
- How to measure ‘influence’ or ‘quality of life’. The team from Malawi shared some indicators they had developed to measure changes in quality of life;
- Going beyond the outcome and asking ‘so what’?
- How to ascertain that impacts were attributable to the process, etc.

#### 4.2.3. Follow-up actions;

The following were identified as key issues to be followed-up after the meeting:

- 1) Facilitator to work with each country team and to establish contact over coming up with the M&E framework;
- 2) The draft report from the rapporteur including presentations and video clips will be sent to participants. With the permission from participants – it was agreed that some photos and video clips would be uploaded on face book;
- 3) Develop abstract for the International AIDS Conference so as to showcase the work on the Framework for Dialogue;
- 4) Work further with country teams to understand each country's context;
- 5) As M&E is being developed, a theory of change should be developed so that new entrants can understand their expectations.

#### 4.2.4. Closing: vote of thanks, remarks – reflections and closing prayer

Participants were given the opportunity to each share one key learning from the meeting and also to commit to one action as a follow-up to the meeting.

The facilitator rounded off proceedings by thanking all the participants for the commitment and active participation over a holiday weekend in Kenya. In particular special thanks were reserved for Jane (for very ably hosting and meeting and ensuring all the logistics were in place for all the participants. Special thanks also to Jacqueline who took notes throughout the two days.

A group activity to the Carnivore restaurant followed the end of the meeting.

## 5. KEY OUTCOMES

**Sharing between the countries** was one of the objectives of the meeting, and this was definitely met. A good part of the first day was spent sharing experiences. Participants participated enthusiastically and reported finding these sessions very beneficial. Participants from Malawi and Ethiopia who had implemented the process, reported that the sharing gave them a feeling of having their methods and efforts validated. Participants from Uganda reported feeling spurred to move into the next phase of the process. Some participants in Kenya felt that the sharing and learning from the other countries gave them a good footing from which to begin their own dialogue process.

**Documenting successes and devising strategies** for ensuring this was done was another objective of the meeting. The meeting provided a forum to learn about the successes of the

process from each country, thus far. Participants shared information on the outputs and outcomes of the process, both intended and unintended, they also discussed how to document these. The successes included:

- **For Ethiopia**, a sermon guide for the Orthodox Church, developed in collaboration with people living with HIV, covering information on the prevention of vertical transmission (prevention of HIV transmission from mother to child), gender based violence and HIV related stigma was produced as a direct result of the process. The document which is in Amharic and English will be used to guide Orthodox faith leaders.
- Another output from Ethiopia was a TV broadcast aired on Ethiopian new year's day (in September 2013), which had religious leaders speaking out against HIV stigma.

- The Framework process also provided an opportunity for networks of PLHIV and religious leaders to sit together at the national level and dialogue. For some, this was the first time they were having this experience. They also established a working group that meets once a month to sustain the process and ensure follow up.
- **In Malawi**, participants shared that they had developed a standardized HIV workplace policy for faith based institutions, and have held orientation meetings on the policy.
- The team in Malawi also held a second face-to-face dialogue meeting to dialogue further on the key issues identified in the first meeting. As in Ethiopia, this process of dialogue has helped to establish a platform where religious leaders and PLHIV can meet regularly and openly talk about issues which affect them. The work of overseen by a working group that has a clear terms of reference.
- **In Uganda**, they agreed during the dialogue meeting to focus the process on the critical (“sticky”) issues.. Seven areas were identified, including: condom-use in marriage; SRHR education in churches and mosques; stigma of people living with HIV; meaningful involvement of PLHIV in faith-based HIV responses; discordance in marriage; faith healing and HIV treatment; sustainability of faith-based HIV response. The working group will now be developing an action plan to continue joint dialogue and action on these issues.

**In line with an objective of the meeting, participants shared information on some of the challenges** that they had faced and discussed ways of overcoming these. The challenges shared could be grouped under the following headings:

- **Challenges in terms of dialogue** – these could further be categorised under:
  - Participation – how to engage senior leaders and maintain momentum;
  - Quality(of the dialogue) for example, how to ensure open dialogue and,
  - Content of dialogue – how to raise difficult issues.

#### **Challenges in terms of joint action**

- Prioritization: How to develop an achievable work plan of the priorities identified during the dialogue;
- Institutional reach: How to move from personal to institutional commitments;
- Balancing action vs. dialogue: How to ensure both are on-going and inform each other.

#### **Challenges in terms of co-ordination**

- Quality Engagement: How to ensure ownership and active participation;
- Common Purpose: How to ensure all working group members agree on the methodology and work towards a common goal;
- Sustainability: How to raise resources and ensure country ownership in this.

## 6. KEY NEXT STEPS

### **Developing monitoring and evaluation**

**tools:** At the meeting, participants agreed on the need for systemised tools for monitoring and evaluating the process and made a start at beginning to develop some indicators for the 6 Framework for Dialogue outcomes that are outlined in the manual. However, participants agreed that a lot more work was needed in order to ensure that the indicators were still relevant and that the tools developed were user-friendly and manageable at the country-level and that these captured the small changes that lead to outcomes and impact.

### **Support the communication of results:**

Again, participants agreed that this was an area that would benefit from a common approach. They highlighted developing and submitting an abstract at AIDS 2014 and updating the website to reflect the developments in all the countries including the plans for implementation in Kenya as examples of how results could be communicated.

**Providing ongoing technical (and where possible, financial) support** for the country processes including the roll out in Kenya and any other countries.

## 7. CONCLUSION

This meeting demonstrated the great benefits and importance of interactions between countries as well as religious leaders and people living with HIV to overcome barriers, create links, build upon and learn from respective

experiences faced in different national contexts. Participants felt encouraged to keep working on eliminating stigma and discrimination toward HIV.

## 8. ANNEX: LIST OF PARTICIPANTS

### **KENYA:**

Rev Joseph Njakai KENERELA+  
Dr Abdullatif Sheikh KCIU  
Ms Florence Anam NEPHAK  
Mr Jimmy Obuya Christian Aid  
Rev Amos Mushendwa WSCF Africa Region  
Ms Imelda Namayi NCCK  
Ms Jane Ng'ang'a KENERELA+  
Bethseba Osoro NACC

### **ETHIOPIA:**

Mr Tadesse Alemu Simegn NEP+  
Mr Yonas Jerenie Dare EIFDDA  
Pastor Solomon Worku Bediye NEP+  
Mr Qumelachew Muluneh Taye ETNERELA  
Ms Rahel Gettu Mengesha UNAIDS Ethiopia  
Ms Sebleselassie Getachew UNAIDS Ethiopia  
Ms Tigist Alemu Belete TILLA AWLHA

### **MALAWI:**

Mr Safari Mbewe MANET+  
Mr Bruce Tushabe MANERELA+  
Ms Annie Banda COWLHA  
Ms Esther Masika NCA  
Mr Robert Ngaiyaye MIAA  
Canon Chris Mwawa MANERELA+

### **UGANDA:**

Mr Samuel Ogutu UCAN  
Ms Florence Buluba NACWOLA  
Mr Paul Kabunga ACET Uganda

### **OTHER:**

Ms Ruth Foley EAA  
Ms Moono Nyambe Consultant  
Ms Mrudula Smithson INERELA+

**The Framework for Dialogue** is a joint project of the Ecumenical Advocacy Alliance (EAA), the Global Network of People Living with HIV (GNP+), the International Network of Religious Leaders Living with or Personally Affected by HIV or AIDS (INERELA+) and UNAIDS.

**[frameworkfordialogue.org](http://frameworkfordialogue.org)**