

Partnering With Faith Based Organisations on HIV&AIDS Response in Nigeria

STRATEGY OF ENGAGEMENT FOR PROMOTING SEXUAL
AND REPRODUCTIVE HEALTH AND HIV&AIDS REDUCTION
(PSRHH) PROGRAMME IN NIGERIA



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Acronyms

AAN	-	ActionAid Nigeria
AUD	-	Ansar-Ur-Deen Society
BBC	-	British Broadcasting Corporation
CON	-	Church of Nigeria (Anglican Communion)
ECWA	-	Evangelical Church for West Africa
FBOs	-	Faith-based Organisations
FOMWAN	-	Federation of Muslim Women Association of Nigeria
GIPA	-	Greater Involvement of People Living with HIV&AIDS
JNI	-	Jama'atu Nasir Islam
NASFAT	-	Nasrul Lahi-L-Fathi Society of Nigeria
PADEF	-	Partnership Assessment and Development Framework
PSRHH	-	Promoting Sexual and Reproductive Health and HIV Reduction in Nigeria
RCCG	-	Redeemed Christian Church of God
RH	-	Reproductive Health
SFH	-	Society for Family Health
TREM	-	The Redeemed Evangelical Mission

1.0 INTRODUCTION

Since the discovery of HIV&AIDS epidemic over the last twenty years, a lot of efforts have been made at combating the epidemic and reducing the spread. The initial thought of it to be solely a health affair gave way having realised that HIV&AIDS is beyond medical science and the new concept emerged which was providing response to the epidemic from the developmental perspective. However the response from the faith based Organisations was slow and in most cases unclear and not well coordinated. .

Many reasons have been advanced for the seemingly late response by faith based Organisations to HIV&AIDS given that the epidemic has claimed millions of lives with no respect of individual, colour, race and religious background. First, is the fact that HIV&AIDS is largely associated with sex, which is a no go area within a religious circle. As such, discussions around sex is shrouded in secrecy are better discussed behind close doors. Second, because of the moral perception from which the issue around HIV&AIDS is viewed, religious groups respond in negative terms to HIV. However, the fact remains that many within the various religious sects are infected and such individuals die in silence for the fear of being tagged defaulters of various religious tenets they hold or believe in. The support with which religion and its leaders are known for on other issues is absent in respect to HIV&AIDS. Furthermore, comments from religious leaders are often judgemental and they are unwilling to engage in any way that could imply dilution of moral standards. Largely due to this facts people living with HIV have and still experience rejection by religious people, congregations or institution.

2.0 SITUATION ANALYSIS

To date, not all the religious Organisations have responded to the issue of HIV&AIDS. While many show little or no concern, there have been some congregational and personal responses. However, measuring this accumulatively with respect to more visible organizational response is a big task because perception and reality are not always matched.

According to the HIV&AIDS situational and response analysis compiled in 1999 and the interfaith forum on HIV&AIDS in Nigeria held in April 2003, most FBOs in Nigeria especially Islamic groups are yet to come to grip with an appropriate response to the epidemic. Even though there are pockets of activities in response to the epidemic among the Christian group, they are usually on a small scale due to lack of leadership commitment to HIV&AIDS work.

The population of Nigeria as at today stands at an estimate of 120million using 1991 census, which scientifically is considered obsolete for any meaningful developmental projection. Between 1991 and 2001, there was a progressive rise in the HIV prevalence i.e. 1991 (1.8%), 1993 (3.8%), 1996 (4.5%), 1999 (5.4%), 2001 (5.8%). The drop from 5.8% of 2001 to 5.0% in

2003 notwithstanding, Nigeria HIV and AIDS situation is still critical and should be treated as such. It is a known fact that one out of every four black men in the world is a Nigerian and an epidemic in this part of the world is a calamity not only to the economic development of this nation alone but the entire sub-Saharan Africa and the world at large. For most Nigerians, their religion is a second nature and they are inseparable with this aspect of their lives.

In a recently conducted survey by the British Broadcasting Corporation (BBC) News, ten thousand people were questioned during the poll on what the world thinks about God. Over 90% of Nigerians said they believe in God, prayed regularly and would die for their belief. This clearly shows that involving FBO in the campaign against HIV&AIDS is a step in the right direction. Research has further shown that 45% of Nigerians belong to the Christian faith and another 45% are Moslems, while the remaining 10% are either traditionalists or atheist. So if efforts are made to reach people from the two main religions, it will be a great landmark.

In addition to the large followership enjoyed by these two religions, the control their fate wields on their followers is enormous and how these religious beliefs influence their behaviours is better imagined. Even though HIV&AIDS campaign has witnessed a lot of opposition from the two religions yet, Nigeria as a nation has a long record of human, social and health delivery services being provided by faith-based Organisations. Such services have in time past complemented the governments' efforts at providing service delivery at community level. In view of these facts, strengthening the existing structure within the faith-based Organisations will make their HIV&AIDS response more focused and effective. What we might then have to worry about and work at will be to secure the executive support of the programme among the leaders of the various religions by way of creating an enabling environment for the campaign through an HIV&AIDS Policy and strategic plan.

3.0 THE FAITH BASED ORGANISATION (FBO) STRATEGY

Realising the influence of religion on the behavioural pattern exhibited by an average Nigerian, the strategy is meant to secure and sustain quality response from the various religious leaders as regards HIV&AIDS. There are areas where faith-based Organisations have comparative advantage over other Organisations. They are rooted within communities, with a versed network and infrastructure and command the respect and trust of their constituencies. The moral and ethical competence of FBOs to work for positive social change is not in doubt. All these present platform on which a coordinated and effective HIV&AIDS response could be built.

The health seeking behaviour pattern of human being has shown that if they do not go to the hospital when they are ill, they seek for an alternative in religious house. The importance of FBO health infrastructure and service is

critical in this strategy as well as their educational structure which will allow for care of vulnerable children. Also, their culture of confidentiality makes FBO a good source for treatment access and voluntary counselling.

3.1 Geographical Spread of Christians and Muslims

This strategy targets two key religions, Christianity and Islam; these groups are spread all over the country with different sects/groups having larger followership in certain areas. It is also important to note that these religions strongly influence the culture of the people, hence significant differences exist in interpretations and the mode of operation of these groups across cultural divides. The largest percentage of Islamic followership is geographically located in the Northern Nigeria, and coming down South; more followers are in the South West than the South East. However, the biggest umbrella group dominant in the North is Jama'atu Nasril Islam (JNI) with the head quarters in Kaduna, while the Ansar-Ur-Deen Society of Nigeria (AUD) is the dominant Islamic body in the South, headquartered in Lagos, South West Nigeria. The emerging Nasrul-Lahi-L-Fathi Society of Nigeria (NASFAT) is a strong and youth dominated group in the South west, though with pockets of members across the country.

On the Christian side, there are various groups referred to as denominations. However, over the years, there had been a distinct separation giving rise to two major groups namely; Orthodox and Pentecostal movements. Because of the slight differences in the mode of worship, you find more youths in the Pentecostal set up than they are in the Orthodox, and older people in the Orthodox than you find in the Pentecostal circle. Catholics tend to have a larger followership among the Orthodox Christians, while others are the Anglican, Methodist, Presbyterian, Evangelical Church of West Africa (ECWA), African Church, Baptist Church and a host of others. Among the Pentecostal fold, the emerging churches are just too numerous to mention. Some of them are The Redeemed Christian Church of God (RCCG), The Redeemed Evangelical Mission (TREM) Household of God, and House on the Rock among the numerous others.

3.2 Potential Challenges

Working with Faith-based Organisations (FBOs) presents with various challenges. Apart from the limited understanding of the doctrines and tenets of such groups, acceptance is also a critical thing. Acceptance could be viewed from two angles; acceptance of the programme which is viewed suspiciously and acceptance of the person of the programmer if you do not belong to the particular faith. Within the same faith, it has been found out that the understanding and interpretation of the Holy book (Bible and Qur'an) differs from group to group. This poses a lot of challenges in programme design and implementation. The key thing is being able to learn and understand the particular group you are dealing with and aligning the activities accordingly. Timing is also a critical thing and knowledge of annual

calendar of events of the various religious groups has proved helpful in programme design. Annual fasting period and daily praying time must be taken to cognisance. Respect and aligning with the mode of dressing is equally important, so also the manner of greetings most especially the opposite sex. Learning to respect and appreciate the values of any religion you are partnering with is very crucial and it's an inroad to the needed support.

4.0 PSRHH FBO WORK

ActionAid International Nigeria in collaboration with Society for Family Health (SFH) under the Promoting Sexual and Reproductive Health and HIV&AIDS Reduction (PSRHH) programme in Nigeria has engaged with the two major religions in Nigeria in the last three years. The strategy of engagement has been systematic and gradual.

Considering that religious leaders and institutions wield enormous influence over the beliefs and practices of their memberships, the PSRHH Team believes strongly that these leaders are thus important in defining the environment in which sex, HIV&AIDS and RH discussions, decision making and accessing options for personal protection in this era of HIV&AIDS are made. A major factor therefore that has led to the escalating prevalence in Nigeria is the slow realization of Nigeria's religious leadership, with few exceptions, to recognize the seriousness of HIV&AIDS and population growth and make them the priority issues they need to be in terms of either attention or investment.

Our approach in this regard has been focused and strategic, with systematic *modus operandi* and clear objectives.

4.1 Objectives

The strategic aim of this advocacy strategy is to reduce the negative impact of religious beliefs and practices on safer sex practices

The specific objectives includes

- To increase the institutional and programming capacity of Islamic and Christian groups in relation to HIV&AIDS prevention, care support and impact mitigation.
- To increase the knowledge and understanding of the top hierarchy of these organisations on the disabling characteristics of the environment that is driving the epidemic
- To enhance faith-based contributions to stigma reduction
- To reduce negative comments on Condoms and other options for safer sex practices.

In achieving the first objective, the first task was detecting the gaps in programming capacities of the FBOs. This was done through various meetings and discussions. Even though ActionAid has a method which is referred to as Partnership Assessment and Development Framework (PADEF), getting FBO to go through this detailed process was a big challenge due to time constraint.

A faith based forum was organised to discuss issues around HIV&AIDS and then tackle the emerging issues for all to have a shared understanding of the disease and the impact of the epidemic within the religious community. The forum also served as an avenue to solicit for support of these religious leaders in reducing stigma.

4.2 Strategic Approach

Taking a queue from these initial contacts, further relationship was therefore planned in a well structured and sequential manner, allowing lessons learnt from one activity inform and feed in to the next one for maximum impact.

The Strategic approach consisted of the following steps

- Development of criteria for Partners' Selection
- Partners Selection
- Identification of key contacts and sensitization meetings
- Advocacy/Sensitization Meetings/ Workshops
- Conduct Organizational needs assessment and agree Scope of Work
- Implementation of Plans/Strategies for action

(a) Development of Criteria for Partners' Selection :

The ideal would be to engage with all the religious sects and Organisations that have significant followership however, limitations exist. Some of which includes:

- Geographical vastness of the country
- Limitations in finances and human resources available for the work
- The lack of organisational structures within a number of the targeted FBOs
- Inexperience of the FBOs in understanding the issues and HIV&AIDS programming hence more time needed in providing mentoring support

Therefore, the PSRHH Policy and Advocacy Team had to set up the following criteria for objectively selecting the groups or sects to work with, bearing in mind the resource (human and financial) availability. Some of these criteria are:

- Size of followership and networking capabilities, with an emphasis on groups with large membership base.

- A relatively large geographical spread
- Organizational capabilities
- Potential to program and implement HIV&AIDS programmes
- Supportive Organizational structure
- Potential to demonstrate impact
- Potential to decentralize and scale up readily
- Demonstrated commitment and interest in issues of HIV&AIDS mitigation
- Degree of influence on other organisations
- Gender-based advocacy/representation 'potential'

(b) Partners' Selection

After applying the criteria listed above, two groups were selected as pilot groups among the Islamic religion with the intention to learn and scale up:

- I. Jama'atu-Nasril Islam (JNI)
- II. Ansar-Ur-Deen Society of Nigeria (AUD)

Among the Christians using the same criteria, the following groups were selected

- I. Church of Nigeria Anglican Communion (CON)
- II. Evangelical Church of West Africa (ECWA).

(c) Identification of key Contacts and sensitization meetings

Identifying an individual or a group of people who are highly influential within the two religious sects is very important and key to this process. Getting the person(s) to buy into the process is a task that must be taken seriously most especially on the issues around sexuality and HIV&AIDS which are so unpopular within religious circles. The person(s) must be made to have a right understanding of the issues and must be convinced about the need for it to be addressed within the fold. This will make him to speak convincingly about those issues when he is meeting with the highest hierarchy of the sect. The choice of this entry point or contact is paramount to the success of the engagement. All these were taken into consideration in the choice of contact persons, who facilitated the process of meeting and securing the support of these religious leaders.

(d) Advocacy/Sensitization Meeting/Workshops

Having made adequate contact and entered into dialogue with the leadership of the organisations, high-level sensitization/advocacy meetings were held presenting our position to the leadership of the two religious groups. The objectives of these meetings were to have a shared understanding of issues around HIV&AIDS/RH and what should be the level of response expected

from the faith based perspective. This is in line with the second objective of this programme. The development of road maps for further engagement with the Organisations was another major and expected output achieved during these meetings.

(e) Organizational Needs Assessment and Agreed Scope of Work

The first agreed item on the road map with the Faith based group was the conduct of organizational needs and capacity assessment for programming in HIV&AIDS/RH prevention and advocacy. It was the outcome of this assessment that provided the basis for the development of strategies for action for the Organisations. A workshop was convened with relevant individuals from the leadership/administration of the organization to share the results of the assessment and to facilitate the design of the strategies for action. The key output from this workshop was a work plan with clear roles and responsibilities properly delineated and clear timelines attached.

However, for many of these FBOs, health care delivery is not totally alien to them as they have been involved in the time past in one health care delivery or the other. As a matter of fact, some of them have health care delivery structure in place and integrating the programme into those already existing structure was a major consideration. More often than none, the key challenge for them is the gap in programming capabilities of these personnel. The case could be more complicated where the health care delivery structure is non-existent and will then require more efforts and time to get the structure in place as well as look for people (with relevant knowledge and skills) within the religious sect in basic health care delivery. Regardless of the situation, there will always be the need to infuse into them basic skills in programme planning and management before going ahead to agree on the scope of work, the timeline and sharing the roles.

(f) Implementation of Plans/Strategies for action

The approach adopted at this level was participatory in nature in order to make the organization own the process. Religious Organisations are usually very protective of the tenets of their faith and hold their doctrine so dear and as such, they will know how far such tenets and doctrine could permit them to go and will be able to defend such in the face of antagonism from their members who will see them as going against their doctrinal teachings. The component of such plans includes;

- A strategic planning process,
- Development of policies and guidelines on rights related issues.
- Addressing Gender related issues
- Supporting the institutional response framework for the groups
- Capacity building for the emerging structures and proposed interventions.

The duration of these activities is difficult to determine because it varies from organization to organization depending on the readiness, availability and the level of acceptance exhibited by individual organization. However, of the entire steps outline above, there are two critical areas in working with religious organization and these are the second and the third step i.e. (i) Development of policies and guidelines on rights related issues and (ii) addressing gender related issues.

Religion because of its theocratic tendencies makes it difficult to make the leadership accept that there are rights issues which need to be addressed. Whatever, you make out of these particular process will go a long way in determining the success of the programme or otherwise. Addressing gender related issues needs time and sensitivity on the part of the programmer because in almost all the religion (if not all), it is usually a 'no-go' area. In almost every religion women has no say and no one could defend their cause. However, if this was permissible in other areas of life, permitting it in HIV&AIDS intervention or related issues could be more dastardly consequential. Therefore, this needs to be tactfully brought in vis-à-vis the right issues.

Allowing for correct and consistent preventive messages for the youths within the FBOs is a critical area that is begging for a lot of attention because of the belief that young people are not supposed to be sexually active and therefore they are not. Getting the FBO leaders to support any programme along this line has proved to be a great challenge. In as much as a facilitator is needed for this process, a conscious effort must be made to let the organization take the lead in order to take responsibility for any decision, thereby taking ownership for the process. The level of support for the institutional response framework being referred to here is such that will assist and yet without being seeing as owning or taking over the process. Such supports are in form of financial and technical assistance.

4.3 Challenges and Opportunities for Future Engagement

One of the greatest challenges in working FBO is time because meetings and programmes have to be fixed in such a way that they will accommodate their various events and activities such as prayer time and others. This has posed a serious challenge in that it is difficult to set a time limit for activities. Even though the workplan has timeline attached to each activity, working within the time-frame has been very difficult. The structure in terms of hierarchy of some of these FBOs is complex and inflexible making approval for meetings and programme very cumbersome. However, facilitating the emergence of the HIV&AIDS working team in some of these Organisations has been able to address this to a large extent, even though the team still need approval for some activities to take place.

With some of these Organisations already having HIV&AIDS Policy and Strategic plans in place, further engagement will be structured and objectively

focused. Also the presence of HIV&AIDS Coordinators some of who have already been trained, from national down to the Community level within the structure of these Organisations is an achievement that presents with a greater opportunity for further engagement.

The skills acquired in this initial engagement has made some of these Organisations attractive to many donor agencies who are working in the area of HIV&AIDS and are willing to fund some of the programme components in their work plans, thereby promoting the ActionAid's participatory and community based approach.

4.4 Future Support and Partnership

Having gone this far, in order to sustain the impacts of past efforts and build on the successful partnership with the two religious bodies in Nigeria, there is need to modify our strategy and enlarge the scope of our engagement. This no doubt will help provide the opportunity to reach more people across the country and also people within different age brackets.

4.5 Goal and Objectives of Future Support

Our goal for future response is to consolidate on our past partnerships and achievements towards reaching people within the religious circle. In achieving this, our objectives are clear and focused and are as follows:

- To increase the number of FBOs we are partnering with within the two religions (Christianity and Islam)
- To increase the number of people reached irrespective of age, social status and gender.
- To reduce HIV&AIDS related stigma and discrimination within the faith-based Organisations.

4.6 Rationale for Scale-Up

As earlier stated some groups are found to be predominant in some part of the country more than the other. For instance, the Jama'atu Nasril Islam (JNI), though an umbrella body for all the Muslims, their presence is more felt in the Northern part of the country more than in the Southern part. However, in the Southern part of the country the Ansar Ud Deen Society of Nigeria (AUD) presence is felt more. To this end, full partnership process with this group will be concluded within the year. In line with the GIPA Principle, there is need to give HIV&AIDS a human face within the various religious groups. Though there is a Support Group of PLWHAs within the Muslim community called Ummah Support Group (USG) with their Headquarters located at the National Mosque Abuja. However, a process will be put in place to facilitate the formation of Support Groups within the state where JNI will be operational, apart from linking JNI with USG to complement her programme and give human face to HIV&AIDS within the Moslem community.

(a) Scaling Up Among Muslims

While we consolidate on our partnership with the JNl and take a pragmatic step in fully partnering with the AUD; the challenge of reaching Moslem women most especially the ones in 'purdah' will be addressed in the scale up strategy. The religion permits a man to keep his wife in-house and if the woman wants to go out she must use a transparent clothing to cover her face. These are women that are said to be in 'puddah'. However, there is an organisation Federation of Muslim Women Association in Nigeria (FOMWAN), which reaches out to such women. The PSRHH will enter into partnership with FOMWAN in order to reach more women, and be able to bring women issues to bear within the highest authority in Moslem community.

Two other groups will be engaged in order to reach the youths. NASFAT is a fast growing group within the Islamic religion in Nigeria and the group is endeared to so many Moslem youths, so also another group by the name, Council of Da'awah.

(b) Scaling Up Among Christians

Among the Christian community, a lot of youths are found to belong to the Pentecostal movement and this has necessitated a move to include a Pentecostal Church in our next step of response. The Pentecostal Movement is spreading fast across the country and using the criteria of that the one with a large followership/geographical spread, youth friendly and enabling administrative structure, we have decided on The Redeemed Evangelical Mission (TREM), with HQ in Lagos, Nigeria and branches all over the nation.

Even though we are responding to the need of the Christians by adding a Pentecostal Church, our response within the orthodox circle will further be consolidated. Having engaged the Anglican Church and the Evangelical Church of West Africa (ECWA) at the National level, the next step is to identify three local Dioceses across the country and support the institutionalization of the strategic plan and the church HIV&AIDS Policy at the community level. Also for ECWA, three Districts will be selected for the same purpose after the training of seventy six (76) Christian Education Organizers (CEO), who will be in charge of the project in all the districts across the country.

4.7 Expected Outcomes

With all intent and purpose, we believe at end of this engagement that there will be enough support for HIV&AIDS program from the leaderships of the two religious groups. Apart from this we expect that there would be;

- Access to correct information on HIV&AIDS by various groups within the two religions irrespective of sex and age.

- Mainstreaming HIV&AIDS & RH issues into the curricula of religious trainings
- Implementation of HIV&AIDS Policy and Strategic Plan where it already exists (most especially at the community level).
- HIV&AIDS Policy and strategic plans in place, where it is presently non-existent.
- Support and acceptance for People Living with HIV&AIDS among the members of the two religions.

4.8 Evaluation & Monitoring

The methodology described for this intervention is designed to be dynamic and responsive. It is therefore envisaged that it will have process and outcome indicators, an indicative Log frame will guide the evaluation of this intervention.

5.0 CONCLUSION

The FBOs remain one of the last mile posts to be adequately reached in terms of creating more awareness about sexuality and HIV&AIDS issues as well as reducing related HIV&AIDS stigma and discrimination issues. Targetting and winning over FBOs in response to the HIV&AIDS pandemic is a task that must be accomplished no matter how challenging it may be. This is because if we are able to win them over, a lot of people would actually have been enlisted in the fighting AIDS to finish and will have a greater multiplier effect on the entire citizenry. It follows therefore, the programming interventions should focus on sustaining the current initiatives while expanding to reach additional FBOs.