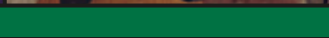
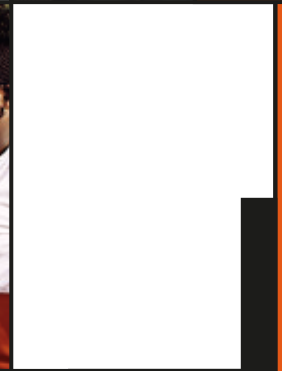




BUILDING PARTNERSHIPS FOR LIFE:

The Role of Religions in Caring for Children Affected by HIV/AIDS



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*The Role of Religions in
Caring for Children Affected by HIV/AIDS*

Report from
The African Religious Leaders Assembly
on Children and HIV/AIDS
9-12 June 2002, Nairobi, Kenya

Sponsored by
World Conference on Religion and Peace
and The Hope for African Children Initiative

The opinions expressed in the speeches and statements in this report belong to the speakers and do not necessarily reflect those of the World Conference on Religion and Peace or its International Governing Board.

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CONTENTS

Acknowledgements	5
Letter from Dr. William F. Vendley, Secretary-General, WCRP	7
Remarks from Dr. Pat Youri, Executive Director, HACI	8
1 INTRODUCTION	9
A Groundbreaking and Transformative Gathering	
The Outcome	
The HACI Partnership	
2 THE CHALLENGE OF HIV/AIDS, THE CHALLENGE OF LEADERSHIP	13
The Grim Global Picture	
The Long-Term Impact on Children and Societies	
A Gender-Based Pandemic	
The Challenge of Stigma	
The Challenge of Sexuality	
A Call for Stronger Religious Leadership	
3 ORGANIZING THE POWER OF RELIGION: Marrying Scripture and Practice	19
Looking to the Sacred Texts	
Breaking Down the Wall of Stigma	
Providing Care and Support	
Strengthening Messages of Prevention	
4 THE POWER OF PARTNERSHIP: Mounting a United Campaign against HIV/AIDS	29
Building Multi-Religious Pan-African Collaboration	
Partnering with Government, UN Agencies and Civil Society	
Partnering with Local Communities	
Storming the Ramparts: Advocating with Government and the International Community	
5 THE ROAD AHEAD	35
6 ANNEXES	41
1. Assembly Program Agenda	
2. Poem by Salim Yasin	
3. Keynote Address by Ambassador Stephen Lewis, UNSG Special Envoy for HIV/AIDS in Africa	
4. Address by Ms. Carol Bellamy, Executive Director, UNICEF	
5. Address by Rt. Rev. Johannes Seoka, Bishop of Pretoria	
6. Address by Sheikh Shaban Mubajje, Mufti of Uganda	
7. Closing Charge by Canon Gideon Byamugisha, Church of Uganda	
8. Nairobi Assembly Declaration and Plan of Action	
9. Women's Pre-Assembly Caucus Statement	
10. Youth Forum Declaration	
11. Working Session Reports	
12. Description of Site Visits	
13. Participants List	
14. List of Assembly Preparatory Committee and Pan-African Multi-religious Task Force members	
HACI Background Information	95
WCRP Background Information	99



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Let me begin by thanking our partners in the Hope for African Children Initiative (HACI) – Care, Plan International, Save the Children, and the Society for Women against AIDS in Africa – who understood the essential role that religious organizations must play in efforts to provide care and support to children affected by AIDS and who gave WCRP a particular mandate to convene this meeting of Africa’s religious leaders. Particular thanks to Dr. Pat Youri, Executive Director of HACI, and his assistant Pamela Rasugu for their great support in much of the logistics and planning in Nairobi; and to Beatrice Spadacini, HACI Communications Manager, and her team for coordinating the media and public relations strategy.

WCRP received generous support from the Government of Kenya, which was pleased to host the Assembly. We must express our great appreciation to the Ministry of Foreign Affairs and the Department of Immigration and Customs who were extremely helpful in expediting visas and other procedures for the delegates arriving from all over the world. The staff and management of the Intercontinental Hotel-Nairobi provided an excellent venue for the meeting and were true partners in making sure that everything ran smoothly. Great thanks as well to the team at Express Travel Group who managed to arrange the travel for delegates from every corner of Africa.

Holding a meeting of this scale also requires considerable financial resources. Thank you to the Bill and Melinda Gates Foundation for its lead grant to HACI, which supplied most of the Assembly budget. WCRP also received generous support from the Norwegian Ministry of Development Cooperation (NORAD), the CORE Initiative, and UNICEF, all of whom have been key partners in this work. Thanks as well to the Arigatou Foundation and the Konko-kyo Church of Izuo for funds that enabled the WCRP Governing Board to attend the Assembly and bring international solidarity to their colleagues in Africa.

My most heartfelt thanks must go to the entire WCRP team that worked tirelessly both in New York and in Nairobi to make this Assembly a reality. WCRP-Kenya organized a tremendous team of volunteers to coordinate all of the local logistics – transportation, registration, hospitality, and much more. They were ably led by three Co-Chairpersons: Sheikh Al-hadj Yussuf Murigu, Mrs. Rattan Channa, and Rev. Chalton Ochola. Special thanks also goes to Mr. T.S. Nandhra, Honorary President of WCRP/International, and a founder of WCRP-Kenya, who has worked steadfastly to promote inter-faith cooperation in Kenya.

Dr. William F. Vendley, Secretary General of WCRP/International, offered great vision and leadership in getting WCRP involved in HACL, laying out the idea of this kind of gathering of Africa's religious leaders, and encouraging us that we could pull it off. Thanks as well to the whole staff team at the WCRP/International Secretariat in New York for their encouragement and assistance, particularly to Dr. Azza Karam, Director of the Women's Program, for organizing and conducting the Women's Pre-Assembly Caucus. And I must express my special appreciation and gratitude to Mikaela Rejbrand, Program Associate for the Program on Children, who worked on every aspect of this process before, during and after the Assembly, including compiling much of this report. She also went many extra miles all across Nairobi to make sure the site visits were well planned, and thanks to her efforts they were one of the most valuable parts of the conference.

Finally, I must express a deep personal thanks to one person who more than any other was a partner in conceiving, planning, and coordinating this Assembly. Abubakar Francis Kabwogi serves as WCRP's Special Representative in Africa for developing inter-religious cooperation, and from the first day he grasped the importance and potential transforming opportunity that this Assembly represented. He personally convinced many religious leaders across Africa, particularly in the Islamic communities, that they should participate in this meeting; he coordinated all aspects of the Assembly preparation in Nairobi, serving as the liaison between New York and WCRP-Kenya; and he worked tirelessly during the meeting to ensure its success. His confidence and enthusiasm throughout the process helped sustain and inspire me that we could and must make this Assembly a success, and it was, in no small part because of his efforts.

As important as this Assembly was in bringing together Africa's religious leaders, men and women, from many faiths and many countries, and galvanizing their commitment to work together to fight the AIDS pandemic and particularly its impact on children, it was only one step in a process. To be a true success, the African Religious Leaders Assembly must unleash the energizing force that Africa needs to expand and sustain its response to HIV/AIDS. This is now the challenge before WCRP and everyone who is working on these issues. May this report help us remember the spirit of Nairobi and encourage our continued efforts to ensure a future without HIV/AIDS for all of Africa's Children.

In gratitude,



James L. Cairns
Director, Program on Children
World Conference on Religion and Peace

Letter from Dr. William F. Vendley Secretary-General, WCRP



The African Religious Leaders Assembly was a testament to the power of inter-religious cooperation. The three-day Assembly in Nairobi saw an outpouring of experiences, ideas and commitments among people of different faith traditions, nationalities and genders. Working together, these outstanding representatives of faith communities forged a powerful coalition of religions across Africa that will advance the struggle against HIV/AIDS and bring comfort to its youngest victims, the 12 million African children who have lost one or both parents to the disease.

The Assembly galvanized the participants to become more engaged in the fight against HIV/AIDS and its impact on children, with delegates pledging to commit the unique assets of their religious communities in the struggle. They returned to their communities with a sense of common purpose to work together against indifference, ignorance and stigma, and to bring hope and support to orphans throughout the continent.

Religious communities are the largest and best-organized civil institutions in the world today, claiming the allegiance of billions of believers and bridging the divides of race, class and nationality. They are uniquely equipped to meet the challenges of our time: resolving conflicts, caring for the sick and needy, promoting peaceful co-existence among all peoples. The World Conference on Religion and Peace helps these communities unleash their enormous potential for common action through a range of programs and assemblies in Africa and around the world.

Thank you

Remarks from Dr. Pat Youri, Executive Director, The Hope for African Children Initiative



Representatives of the Hope for African Children Initiative (HACI) were pleased to witness the genuine enthusiasm and activism displayed by senior African religious leaders gathered at the African Religious Leaders Assembly on Children and HIV/AIDS. At this historic inter-faith meeting African religious leaders committed themselves to launch a continent-wide campaign to further engage religious communities in efforts to expand services, care, and support for children affected by HIV/AIDS and reduce the stigma that confronts them. HACI applauds the results achieved during this meeting and hopes that the Nairobi momentum will translate into the creation of an effective ground work to harness moral leadership and untapped resources within religious communities as part of our common goal to reduce the impact of HIV/AIDS on children.

The AIDS pandemic has hit Sub-Saharan Africa the hardest, creating in its wake a generation of orphans presently estimated at almost 12 million in the region. As an international partnership among six renowned organizations – Care International, Plan International, Save the Children Alliance, the Society of Women and AIDS in Africa, WCRP, and World Vision – this Initiative is committed to reduce the impact of HIV/AIDS on children in the continent. Religious communities, through their affiliation to WCRP, are central to HACI achieving its strategic objectives of building awareness and reducing stigma surrounding HIV/AIDS, extending the life of the parent-child relationship, preparing the family for transition, and ensuring the child's future.

The HACI partnership recognizes that WCRP and its affiliates have a unique moral authority and the sterling qualities needed to reduce stigma associated with HIV/AIDS. Religious leaders have tremendous influence throughout Africa, and religious communities represent the largest and most trusted institutions at the local and national levels in providing leadership to care for children and families affected by HIV/AIDS. Faith-based groups are in the forefront of service delivery efforts that cater to the needs of those who suffer from HIV/AIDS as well as from poverty.

In the post-assembly period, HACI looks forward to continuing its constructive engagement with religious communities and to follow up on the deliberations and commitments that resulted from this meeting. HACI pledges to serve as a technical resource to religious leaders and communities who want to learn more about the impact of the pandemic on children and be better qualified to deliver care and support services. Religious communities and HACI can and must work together to further develop the technical capacity of caretakers and to mobilize additional resources to effectively reduce the impact of HIV/AIDS on children, their families, and their communities.

Thank you





INTRODUCTION

1

“EVERYBODY STAND UP!”

This no-nonsense command issued by 7-year old Salim Yasin, brought 200 adults, including some of Africa’s most senior religious leaders, immediately to their feet. Salim has lost both his parents to HIV/AIDS. He wanted his audience to hear in poetry and song how his life had been affected.

*Here I stand-alone in the world,
with nothing to call a family!
With nowhere to call home!
An orphan I have become.
Yet I am so young.*

*Now my future is so uncertain.
But I weep for you.
I weep for us,
who are busy killing the future,
Creating a generation of AIDS orphans*

Salim’s words hit their target: the hearts and minds of religious leaders, UN officials and representatives of civil society who gathered in Nairobi to talk about the impact of HIV/AIDS on children. As one participant said, “Through Salim, everyone there understood the real devastation of this disease. It was no longer an abstraction with charts and statistics. ‘Why have you left me like this?’ he asked. ‘And what are you going to do about me?’” The powerful words and presence of this one small boy spoke for the more than 12 million children on the continent of Africa who have lost at least one parent to HIV/AIDS. And in those few moments, he became the child of every religious leader and every religion present.

A GROUNDBREAKING AND TRANSFORMATIVE GATHERING

From June 9-12, 2002, in Nairobi, Kenya, the World Conference on Religion and Peace (WCRP) in partnership with the Hope for African Children Initiative (HACI), convened the first African Religious Leaders Assembly on Children and HIV/AIDS. Representatives from UN agencies and civil society organizations joined 125 religious leaders – men, women and youth – from over 25 African countries in their continent-wide effort to address the challenges facing them.

The overwhelming nature of the challenge presented by this pandemic demanded that this event be an historic one. The pan-African and multi-religious character of the Assembly was unique. A combination of careful planning and spontaneous response led to a new and collective vision for how Africa’s religious

communities could use their immense collective power to engage in the fight against HIV/AIDS.

The program was designed to engage the delegates directly with the reality of the problem and the challenge of shaping a response. Prior to the formal opening of the Assembly, two special meetings were convened – a Youth Forum and a Women’s Caucus. These gatherings allowed women and young people to share experiences and develop strategies and recommendations from their perspectives to bring to the full Assembly.

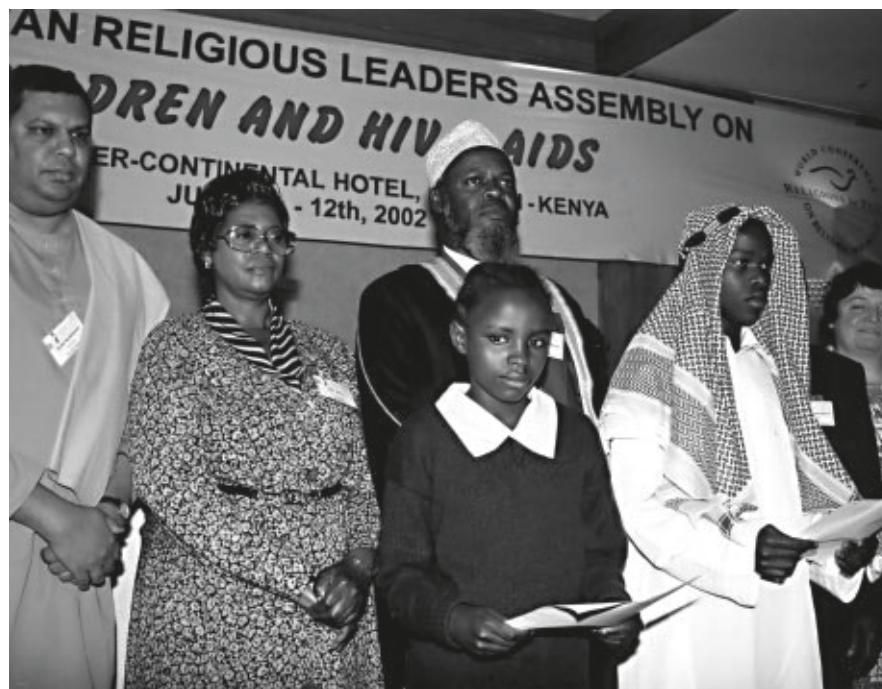
The opening plenary of the Assembly laid out the devastating problem of HIV/AIDS facing African societies. Salim put flesh on the numbers; Ambassador Stephen Lewis, the United Nations Secretary-General’s Special Envoy for HIV/AIDS in Africa, and Ms. Carol Bellamy, UNICEF Executive Director, described the dimensions of the crisis and challenged the religious leaders to play a greater role. Visits to local community programs at 13 sites around Nairobi provided first-hand experience with the myriad ways communities are trying to respond.

The Assembly also offered workshops through which participants could begin to shape a response. Models from the Anglican Church in South Africa and the Islamic Community in Uganda showed how religious communities can provide leadership in the fight against AIDS. Based on the recommendations from the working sessions and from the Women’s Caucus and Youth Forum, the delegates unanimously adopted a strong Declaration and Plan of Action to guide their common efforts.

Throughout the four days, religious leaders met in workshops, over meals and in the hallways. They networked, strategized, confronted and reflected openly on the most sensitive issues of stigma, sexuality, gender inequality, and their own roles in both perpetuating and bringing an end to this disease. They shared their own personal stories of AIDS – of sisters, brothers, neighbors, teachers, and doctors lost, and of whole communities decimated. Visits to the local projects, where they interacted with individual orphans and children living with HIV/AIDS, erased the distance between the leaders and local people, cementing the connection between official structures and the community.

The Assembly was a marriage of scripture and practice as participants revisited theological texts for messages of all-inclusive love, compassion and responsibility. They searched for new ways to articulate those messages through programs and practical action at the community level, including education, community support, broad partnerships and advocacy with government, international agencies and all sectors of civil society.

The participants were selected through a carefully designed process that reflected the diverse religious demography and geography of Africa. WCRP worked closely with regional religious institutions across Africa, asking them to nominate delegates, who ranged from heads of religious communities to heads of religious HIV/AIDS programs. Over 30% of the 125 delegates were women who came to Nairobi as active representatives of their faith communities.



Dr. Swami Saradananda, Mrs. Joyce Banda, Sheikh Shaban Mubajje and Dr. Elizabeth Bowen with children at the closing plenary.



Salim Yasin speaks to the Assembly, as Dr. William Vendley and Archbishop John Onaiyekan listen.

THE OUTCOME

African religious leaders came to the Assembly sharing one level of agreement – HIV/AIDS is destroying families and communities. They left the meeting with a new and resolute spirit of commitment to do something about it. They went back to their communities determined to seek and pass on new knowledge, to serve as better role models and to mobilize additional resources for activities at the grass roots level.

The Assembly emphasized two main themes: the critical need to engage religious leadership at all levels, and the need to build wider partnerships with all key sectors. The Nairobi Assembly Declaration and Plan of Action highlighted the leaders' commitment to these themes.¹ They also signed a "Letter To Our Children" expressing their love and acceptance of all children and committing their places of worship to serve as sanctuaries for children in need. To further strengthen multi-religious collaboration across Africa and to oversee the implementation of the Plan of Action, the delegates requested WCRP to assist in the formation of an African Religious Leaders Council. The Council will seek to embrace the challenges of HIV/AIDS, particularly its impact on children, in collaborative ways.

THE HACI PARTNERSHIP

A few words must be said about the Hope for African Children Initiative (HACI) and WCRP as the sponsors of this Assembly. HACI was established in 2000 as a community-based, pan-African effort and partnership of five organizations with an international focus,² to increase the capacity of African communities to serve children and families affected by HIV/AIDS through an initial five-year, \$100 million campaign.

WCRP has the mandate among the HACI partners to facilitate multi-religious collaboration among Africa's main religious communities. It is in this context that WCRP was asked to convene a meeting of senior religious leaders from across Africa to mobilize their communities to address the terrible impact HIV/AIDS is having on children and to strengthen their partnerships with other important actors through HACI.

WCRP and its partners in HACI are committed to continuing their support for and partnership with Africa's religious communities to expand their efforts to care for children affected by HIV/AIDS, to mobilize a campaign across Africa to end the stigma of this disease, and to build "partnerships for life" that can ensure a future without AIDS for all children. 7-year-old Salim reminded everyone in Nairobi of their collective responsibility when he said, "I am a child of the world. I want a chance to live my life."

¹ For full texts of these documents see ANNEX 8

² CARE, Plan International, Save the Children, the Society of Women against AIDS in Africa, and the World Conference on Religion and Peace. In October 2002, World Vision joined the HACI partnership.



THE CHALLENGE OF HIV/AIDS, THE CHALLENGE OF LEADERSHIP

“The numbers are overwhelming, the circumstances are overwhelming, and the needs are overwhelming.”

—An Assembly participant

“It was once thought that global war could do this, but no one ever imagined that a virus, which cannot be seen by the naked eye, could do something of this magnitude.”

—Amb. Stephen Lewis,
U.N. Special Envoy on HIV/AIDS in Africa

“When I was a child, death was usually natural. Parents died, first one, then the other sometime later, and most often after their children were grown. Today, because of this disease, parents die almost simultaneously and leave children all to their own, abandoned.”

—H.E. Cardinal Emmanuel Wamala,
Archbishop of Kampala, Uganda

THE GRIM GLOBAL PICTURE

With Salim in their minds, participants listened to the grim statistics with new attention. The United Nations has described the HIV/AIDS pandemic as a global emergency. UN Secretary-General Kofi Annan called it a “tragedy of biblical scale.” People are suffering and dying in numbers that no earlier generation could have imagined possible. And HIV/AIDS has left in its wake, in country after country, millions of children whose lives are a torment of loneliness, despair, rage, bewilderment and loss.

- Over 40 million people worldwide are living with HIV. Roughly a third of these are children and young people.
- Around 800,000 children under the age of 15 years are infected each year, many through mother-to-child transmission.
- Over 14 million children under 15 have been orphaned by AIDS, a number that is expected to reach 25 million by 2010.



Assembly participants with the children and staff at the Mama Fauzia Children's Home.

A Time to Cry for Africa

"The HIV/AIDS pandemic is a global pandemic, but the challenge of AIDS orphans is an African challenge."

—Ms. Carol Bellamy,
UNICEF Executive Director

"It must be recognized that AIDS will have an impact on Africa greater than slavery and colonialism. 8% of the world's population is carrying 90% of the world's AIDS burden."

—An Assembly participant

Africa has borne the brunt of the pandemic, which is creating in its wake a generation of orphans.

- Sub-Saharan Africa is now home to over 29 million people living with HIV/AIDS.
- Currently more than 12 million African children have lost parents to AIDS, and this figure is expected to double by the decade's end.
- Ten million young people (aged 15–24) and almost 3 million children under 15 are living with HIV.

A whole generation is already being lost, delegates acknowledged. This is a time to cry for Africa, as communities and entire countries across the continent struggle for their survival.

THE LONG-TERM IMPACT ON CHILDREN AND SOCIETIES

"As people whose bodies have the virus that finally will bring death to our lives, the biggest of our worries is not of what we shall eat or where we shall sleep, but of what will happen to our children when we die."

—Canon Gideon Byamugisha,
Church of Uganda

There is a real danger, noted Ms. Nyaradzai Gumbondzvanda, UNIFEM Regional Program Director for East Africa, of losing a whole generation of children at a time when the familial, community and societal systems are already undergoing rapid change. There are more and more single parents, child-headed families, and over-stressed elderly people.

"We cannot overstate the catastrophe that threatens to undermine governments, decimate nations, and destabilize an entire continent," she said. HIV/AIDS has devastated production sectors and severely impacted social capital and human resources. Many professionals – doctors, teachers, political leaders – are being lost at all levels of society. Families are facing higher financial stress and rising medical, legal and funeral costs. Forced to sell their assets to cover these costs, the next generation is left with nothing to inherit.

As kinship and extended family support disappear, Mr. Stefan Germann, Salvation Army Program Advisor, warned of a "Continuous Traumatic Stress Syndrome" and a "dysfunctional" future bereft of social organization, support and the capacity to pass on values and traditions that are the

core of African society. Many orphaned children today lack family, medical and community care; they bear responsibilities beyond their capacity; and they are forced to earn money from high-risk labor, including prostitution, to support themselves or their families. They run a high risk of becoming adults who will themselves bear children while lacking the social experiences and values essential to create and sustain a cohesive, peaceful and productive society.

A GENDER-BASED PANDEMIC

Delegates acknowledged that accepting the challenge to address seriously the HIV/AIDS pandemic will not be possible without confronting its gender dimension and profound impact on women. The rate of infection is rising more rapidly among women than men. And the rate of infection among adolescent girls is more than twice that of their male peers. Of the ten million adolescents living with HIV/AIDS, over six million are girls. "This is a gender based pandemic," said Amb. Lewis. "It is fundamentally what men are doing to women."

Encouraged by the strong voices of women delegates and the recommendations from the Women's Caucus, the Assembly did begin to face these challenges with extensive discussion and exchange of views.

Participants recognized that women and girls are biologically more vulnerable than men to HIV infection. But it is their vulnerability due to accepted social conditions and harmful traditional values that drew the most concern. Unchallenged notions of

HIV/AIDS is a Woman's Problem

- > Women account for nearly two-thirds of new infections in Africa. Additionally, "when we lose our husbands, sons, fathers, or male relatives, we also bear the brunt of HIV/AIDS."
- > 60-70 percent of women carrying HIV/AIDS in their bodies have never had sex outside their marriages.
- > One in four women in South Africa will be raped at least once during their lifetime. "How does abstinence or even carrying a condom around in your bag, help?"
- > "How do you counsel somebody whose husband is having sexual relationships outside the marriage? We are supposed to submit to this man or risk being beaten or thrown out of the house."
- > "We keep getting messages that tell us: 'Abstain!' 'Practice safe sex.' 'Be faithful.' How does abstinence work in a marriage? What good is being faithful if your husband is not? How do you persuade your husband to wear a condom if he chooses not to?"

masculinity and male sexual behavior, they said, place women and girls directly in harm's way. The low legal, social and economic status of women in most African societies, compounded by the absence of protective laws, constitute serious impediments to their ability to protect themselves through negotiation and decision-making in the most basic matters of sexuality. Religious leaders, they agreed, can no longer ignore such practices as irresponsible polygamy, wife-inheritance and the forced early marriage of adolescent girls, and how these practices directly endanger the lives of women and girls and contribute to the spread of HIV/AIDS.



Mrs. Nuthu of Mathare Child Development Center introduces the teachers of the school.

THE CHALLENGE OF STIGMA

Coco was a boy who was born HIV positive. At age one he lost his father, and his mother died three years later. For those three years, Coco's mother was abandoned by her whole family, her friends and community. Upon her death, she left Coco not only alone, but accused of sorcery – that somehow he had killed his parents through witchcraft. "Coco was desperate, sick, and confused. He was nobody's child." Coco's story was related by Rev. Dr. Kasonga wa Kasonga, Executive Secretary, Christian & Family Life, All Africa Conference of Churches.

Like Coco, millions of other children have become "nobody's children." They have lost the support of families and communities and they carry the stigma of a sin they did not commit. Stigma is causing millions of children orphaned by HIV/AIDS to be shunned, forced out of their homes and schools, and denied health care, abandoned on the street or thrown into orphanages. Like Coco, they live confused, desperate and sick lives and soon become high-risk targets for contracting HIV themselves. How children like Coco can recover their human dignity, as created by God, was a central topic of the Assembly.

As religious leaders begin to accept the challenges around this devastating pandemic, it becomes clear that few challenges are more difficult or more urgent than eliminating stigma and the silence and secrecy that surround AIDS. The failure to do so will result in further infection, even death, of millions already living with and otherwise affected by HIV/AIDS. Stigma isolates, manifests itself in fear and shame, destroys self-esteem, decimates families, and disrupts communities.

Accepted wisdom claims that girls are the most stigmatized by HIV/AIDS, but several participants at the Assembly noted that boys are equally stigmatized by cultural norms and notions of masculinity. When boys and men define their masculinity by sexual prowess and are then infected, it is highly probable that they experience greater shame, denial, and refusal to acknowledge their condition. They hide and do not go to places of worship. "And this becomes a poisonous mixture," said one participant. "For, they are then more likely to keep engaging in further sexual exploits and infecting more people than if their disease were out in the open."

THE CHALLENGE OF SEXUALITY

Talking openly about the immediate and direct cause of HIV/AIDS as a sexually transmitted disease represents perhaps the toughest challenge of all for most religions. Because of the link between sex and all aspects of spreading and eliminating the disease, however, open discussions of sexual behavior can no longer be avoided.

Consistent with the attitudes of most of the faiths represented at the Assembly, Dr. Swami Saradananda, President of the Ramakrishna Centre in South Africa, noted the reticence of Hindu leaders to "speak about child abuse, sex, condoms, promiscuity in the hallowed precincts of temples or places of worship." He urged them to "cast off that taboo in the interests of conquering one of the greatest afflictions facing human kind."

Throughout the Assembly, participants searched for ways to overcome this uneasiness without abandoning their deepest moral values, including



Assembly participants in a working session on stigma and discrimination.

those of faithfulness and abstinence. Addressing the issue openly and honestly forces religious leaders to confront their own fears, prejudices and behaviors. It compels them to shine a light on the darker and more hidden areas of discernment between sexuality as a gift of life and of God and the unhealthy behaviors that promote the deadly proliferation of the HIV virus.

Young people themselves argued that keeping the truth from them only feeds the disease. For instance, said one participant, the church or mosque might advocate for abstinence, “Then here comes another message from a magazine that says ‘you can do it, but do it safely. Use a condom.’” When young people insist that abstinence doesn’t work, however, it does not necessarily mean that they are demanding condoms. They want religious teachers to stop hiding behind behavioral decrees and listen to them and their needs.

Dealing openly with sexuality also means that religious leaders can no longer turn a blind eye to the irresponsible sexual behavior of men, the impact that behavior has on women, and the message it sends to young people.

A CALL FOR STRONGER RELIGIOUS LEADERSHIP

Religious leaders have accepted the reality that the task of care and prevention related to HIV/AIDS is not for health professionals and social workers alone. They have a major role to play. Participants affirmed the power of religion, its capacity and tradition of caring for the sick, and of imparting values of love and compassion. But they were roundly challenged – and challenged themselves – to go farther and do far more than they have done before.

The Power and Potential Exists

Delegates to the Assembly stressed the fact that religions are among the most powerful institutions in the world today. They claim the allegiance of billions of believers and bridge the divides of race, class and nationality. They are tremendously well positioned, already active, and yet under-utilized in responding to the needs of children affected by HIV/AIDS. Religious organizations have great strengths in providing education, health and other social services, as they often run the institutions that provide these services.

Through mosques, temples and churches, lay people, women’s groups and youth organizations, “you can build effective leadership and spread the word about what it takes to confront and beat this

terrible disease,” urged Ms. Carol Bellamy. The bottom line, she said, “is the unique power within your organizations, which, if mobilized, could change the face of this epidemic.”

But More Must Be Done

But acknowledging the potential of religion leaves no room for complacency or self-satisfaction. In a direct and “brutally honest” challenge, Amb. Stephen Lewis asked all participants to examine their own hearts and ask if they were doing enough.

The voice of religion, he said, has been “curiously muted,” and the involvement of religion has been qualified at best. “There is no excuse for immobility, denial or even for incremental steps when urgent leaps are demanded. It is well past time that you summoned your awesome reserves of strength and followers to lead this continent out of its merciless vortex of misery.”

Amb. Lewis exhorted religious leaders to seize the leadership, re-energize the struggle, and turn the pandemic around. He urged them to leave Nairobi with a solemn pledge that they will never again tolerate, even for a moment, lassitude or passivity in the face of so monumental a catastrophe. He urged delegates to embrace the final Declaration of the conference as though it were legally binding and to understand their moral obligation in new ways. “In the midst of this crisis,” he said, “children and women constitute for you the cause you must lead. You constitute for them the meaning of salvation in terms both spiritual and practical.”

“WE HAVE BEEN RELUCTANT TO SPEAK OPENLY ABOUT HIV/AIDS. TOO OFTEN OUR OWN IGNORANCE, FEAR, AND DENIAL HAVE HELD US BACK AS TEACHERS ABOUT HIV/AIDS IN OUR COMMUNITIES....WE PLEDGE TO MAKE THE FIGHT AGAINST HIV/AIDS AND ITS IMPACT ON CHILDREN, YOUNG PEOPLE, AND FAMILIES A PRIORITY.”

Nairobi Assembly Declaration



ORGANIZING THE POWER OF RELIGION:

3

Marrying Scripture and Practice

Reversing the calamitous spread of HIV/AIDS will only happen, delegates agreed, through a marriage of scripture and practice. Spiritual messages that command followers to “love thy neighbor,” are meant to include all neighbors infected or affected. Traditional religious practices of care and support for the needy, sick, and dying must actively seek out children and families living with, orphaned by, or vulnerable to HIV/AIDS.

Workshops and discussions during the Assembly focused on offering good information and developing effective strategies to assist religious leaders in becoming more engaged on responses to HIV/AIDS. Sessions addressed topics such as eradicating stigma, providing care and support, strengthening prevention, and building partnerships among leaders of different faiths and with government and civil society.

Reaching these goals will require religious leaders to sustain and expand on what they already do well. But they must also move into more challenging areas of engagement, such as:

- Searching their own sacred texts for the values that promote support and care for all children, and uphold their basic dignity and rights;
- Speaking out publicly, using language of compassion and inclusion, for all those affected and infected by HIV/AIDS in order to eradicate stigma;
- Talking more openly about human sexuality, while supporting and encouraging behaviors that will reduce the risk of HIV/AIDS without betraying their own deepest moral values;
- Asserting leadership by educating themselves and their congregations about the real facts of the pandemic; by serving as role models for voluntary testing, and by dedicating increased funding to serve those infected and affected by HIV/AIDS;
- Collaborating for a common mission to act most forcefully on behalf of the most vulnerable, especially orphans and infected children, protecting them and advocating on their behalf with their own governments, international agencies and wealthy countries.

LOOKING TO THE SACRED TEXTS

“The sacred texts, from which all religion flows, demand a higher level of morality. And if ever there was an issue that bristles with moral questions and moral imperatives it’s HIV/AIDS.”

—Ambassador Stephen Lewis

As religious communities respond to the immense challenge of HIV/AIDS, it is essential to begin by reflecting on the teachings and texts that form the basis for their faiths. Without this grounding, they can lose their sense of unique identity, which provides much of their power and capacity to address human problems. These teachings also establish clear standards of moral obligation against which people and organizations can evaluate their own behavior.

“WE PROCLAIM THE FUNDAMENTAL DIGNITY OF EVERY CHILD ROOTED IN THE SACRED ORIGIN OF LIFE. OUR RELIGIOUS TRADITIONS COMPEL US TO ACT ON BEHALF OF CHILDREN AFFECTED BY HIV/AIDS.”

Nairobi Assembly Declaration

Sacredness of Life

Theological reflections at the Assembly highlighted several themes shared by all the faith traditions that can guide new approaches and actions. The most fundamental of these is

the sacredness of life. Each faith holds this principle, yet articulates it in slightly different ways. For example, Christians and Muslims speak of being created by God, while for Hindus every being, including children, has the spark of the divine within them.

From this principle of sacred life, flow norms about respect, non-discrimination, and not judging others, as well as obligations to care for all beings. “As

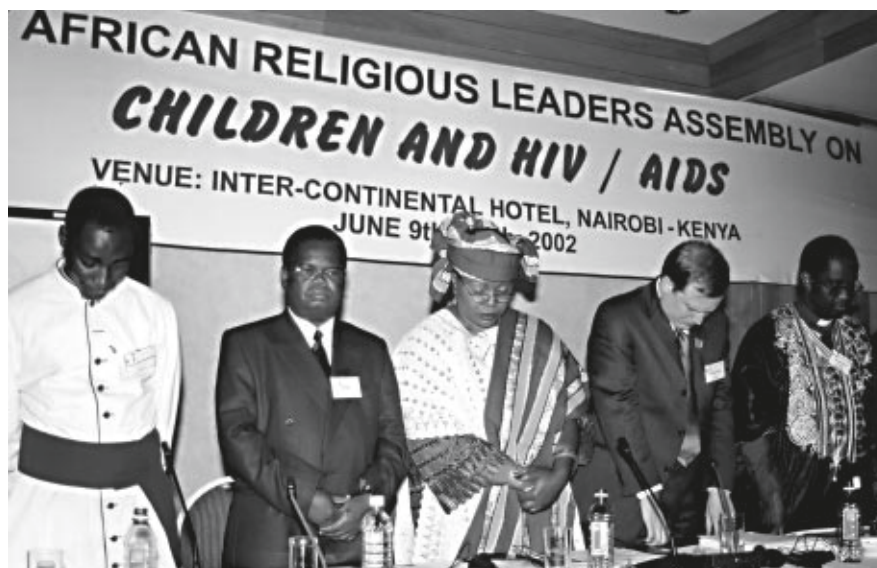
you sow, so shall you reap,” forms the basis for Hindu Karmic law. Yet, as Swami Saradananda explained, this principle often leads to a common misconception that a person afflicted by HIV/AIDS is suffering from a past misdeed. To combat such popular misreading, he urged that “we rightfully ask ourselves what is my Karma or my duty” towards a suffering individual? It is the scripturally ordained duty of every Hindu, he said, “to be non-judgmental and to set into operation machinery that would be beneficial to the persons concerned.”

Another participant noted that within the Christian tradition, Jesus Christ is a role model who never discriminated or stigmatized. As believers, he said, “we should walk in the footsteps of Jesus.” In his reflection, Dr. Kasonga made reference to the passage in the Gospel of Matthew (25:31-46) in which Jesus judges people based on their care (or lack thereof) for those who are “the least of these” because God is present in each of them.

Caring for the Vulnerable

Children, as the most vulnerable human beings, have a valued place in the teachings of all the faiths. Caring for those in distress, particularly orphans and widows, is the moral obligation of every believer, and the texts spell out clear consequences for those who do not.

Within Islamic tradition, the Qur’an emphasizes the duty of dealing justly with orphans and caring for them. “To orphans restore their property when they reach their age. Do not substitute your worthless things for their good ones; and devour not their substance by mixing it up with your own. For this indeed is a great sin.” (Sura 4:2-3) Dr. Malik Badri of the International Institute of Islamic Thought in Malaysia, illustrated the principle of care even further.



Canon Gideon Byamugisha, Dr. Pat Youri, Chief Uwa Osmiri, Mr. James Cairns, and Rev. Dr. Setri Nyomi observe a moment of silence.



Canon Gideon Byamugisha stresses a point during discussions.

He recounted that in one of the Hadiths (or sayings) of the Prophet Mohammed, a man asks: "I feel my heart is not soft in the remembrance of God. What shall I do, oh Prophet of God?" Mohammed answers, "Touch the head of an orphan, take care of an orphan, and this will soften your heart."

Bringing Together Word and Deed

Many participants noted the frequent discrepancies between words and deeds. As one delegate said, "We have got to stop preaching on issues that we don't put into practice. What matters is not whether you are a Muslim, Christian, Jew, Hindu, Sikh, or Buddhist, but what your divine laws tell you and what you do on the ground."

Dr. Kasonga noted, "We lose a lot of time stigmatizing the people infected or affected by the HIV virus. How long until we will examine ourselves and act diligently?" He referred to the Letter to the Romans, in which Paul acknowledges that humanity has fallen short before God: "What then? Are we any better off? No, not at all, for we have already charged that all, both Jews and Greeks, are under the power of sin, as it is written, 'there is no one who is righteous, not even one. There is no one who has understanding,'" (Romans 3:9-11)

Cardinal Emmanuel Wamala reflected on what Jesus might say to this gathering of religious leaders. "I think he would say exactly the same thing that he did 2000 years ago. Jesus would call humankind to God's commandments. He would call humanity to these attitudes and to embrace that divine life."

The obligation and challenge of religious communities and leaders in their fight against HIV/AIDS is to interpret and practice their texts and principles so that human life is improved. Quoting a

distinguished Hindu teacher, Swami Saradananda addressed the transforming character of the work that religions should be doing. "We may fill the lands with hospitals, orphanages and such places," he said. "But the miseries of the world will continue to exist unless the nature of man changes. Morality, character excellence, a spirit of compassion, and respect for all life forms must form the cornerstone of our lives."

BREAKING DOWN THE WALL OF STIGMA

"People ask me 'How did you become infected?' 'Did you become infected before you became a priest or afterwards?' What are they looking for? When I got married in 1987, before I lost my wife we never tested for HIV. Any one of us could have brought HIV/AIDS into the family. Why do we look for things to judge ourselves and judge our people?"

—Canon Gideon Byamugisha,
Church of Uganda

The determined resolve of religious leaders at the Assembly to eradicate stigma brought them face to face with many difficult challenges. It required them to look anew at the meaning of sin. It obligated them to confront their own fear, ignorance and behaviors, which ultimately means taking actions to become

"(WE WILL) FURTHER RECOGNIZE AND STRENGTHEN THE ROLE OF CHILDREN, YOUNG PEOPLE, AND WOMEN IN COMBATING HIV/AIDS AND CARING FOR VULNERABLE CHILDREN."

Nairobi Assembly Plan of Action

more positive role models by demonstrating real acceptance and respect for the human dignity of orphans and families living with HIV/AIDS. Recognizing the role of stigma in destroying the spirit of those afflicted and even contributing to the spread of the disease, they rose to the challenge.

Exposing and Re-examining Attitudes

To eliminate stigma, said Canon Gideon “there must be a reexamination of the stereotyping we have given to HIV/AIDS.” The thinking that to become infected with HIV one must misbehave, or be loose

sexually, or lack seriousness needs changing. “Over 60 percent of women carrying HIV/AIDS in their bodies have never had sex outside their marital relationships,” he said. Too many brothers and sisters in the health profession have picked up this virus and passed it on to their loved ones without knowing they have done so or without being loose. Many parents who pass on the virus to their children are not in any way inconsiderate or irresponsible.

“Stigma, not AIDS, is the sin, opposed to all that God has given us,” said the Rt. Rev. Johannes Seoka, Bishop of Pretoria.³ “It denies the very premise common to all religions, that we all are children of God, created in his image.” Calling HIV infection a sin or blaming the victim does nothing to prevent new infections. In fact, ignorance and misinformation, turning one’s back or isolating victims, preaching abstinence without understanding or education, only contribute to spreading the virus.

From Fear and Silence to Openness and Dialogue

Participants urged everyone, including themselves, to adopt new attitudes and behaviors that begin with treating HIV/AIDS like any other disease – without shame and without hiding – moving from a culture of silence to a culture of openness and dialogue. Adopting positive statements that use a language of love, care, and compassion will disconnect HIV/AIDS from the

narrow moral judgment surrounding it and allow for dissemination of accurate information.

AIDS is not necessarily a death sentence, delegates agreed, and certainly not an immediate one. Countering stigma is also a matter of taking practical actions that can help those infected live healthier and longer lives with dignity, self-respect and hope, such as providing good nutrition and promoting other healthy behaviors like eliminating drinking and smoking.

“If religious leaders can empower the people actually living with HIV/AIDS, we can do a lot to change attitudes of those who are not positive,” said Sister Rita Burley, President, International Union of Superiors General, the Vatican. While only some are infected, everyone is affected, whether as orphans who have lost their families to AIDS or as neighbors, teachers and relatives of those living with HIV/AIDS.

Participants set as a goal for themselves and other religious leaders to reduce their own fear, shame, and ignorance. This requires educating themselves about HIV/AIDS, building skills to provide care and support to those affected, and serving as role models by undergoing voluntary testing. It also means turning to people living with HIV/AIDS and orphans for help in understanding how they experience stigma, as well as what they know, what they need, and what they can contribute.

PROVIDING CARE AND SUPPORT

“All children whose families have been touched by AIDS must be healthy and well-nourished; they must be well-clothed and live in safe shelter; they must be supported and encouraged to complete their basic education; they must be involved in decisions that affect their lives; and they must live under the protection and care of a responsible adult who acts in the best interests of the child.”

—Ms. Carol Bellamy,
UNICEF Executive Director

For most religious institutions, their experience, traditions, and capacity for care and support of the needy, sick, and dying are at the heart of their spiritual practice. But the complexity and magnitude of HIV/AIDS creates an unprecedented challenge requiring several major changes. They must bring the power of their spiritual authority to bear in expanding the scope of care and support beyond the physical and spiritual to social action, and beyond the individual to the wider community.

“WE WILL WORK TIRELESSLY TO REDUCE THE DISCRIMINATION AND STIGMA FACED BY CHILDREN AND ADULTS AFFECTED AND INFECTED BY HIV/AIDS AND TO ADDRESS SOCIAL, RELIGIOUS, CULTURAL AND POLITICAL NORMS AND PRACTICES THAT PERPETUATE IT. IN PARTICULAR, WE WILL SPEAK PUBLICLY AT EVERY OPPORTUNITY, PARTICULARLY FROM OUR PULPITS, TO COUNTER SUCH STIGMA AND DISCRIMINATION AND AFFIRM THE GOD-GIVEN DIGNITY OF ALL PERSONS, PARTICULARLY CHILDREN.”

Nairobi Assembly Plan of Action

³ Bishop Seoka read from a written presentation by the Most Rev. H.W. Njongonkulu Ndungane, Archbishop of Cape Town and Metropolitan of the Anglican Church of Southern Africa.

Bringing care and support to HIV/AIDS-affected children requires inspirational and spiritual leadership from local imams, pastors and priests. They can exercise their moral authority by setting examples of transparency, guidance, and response to the felt needs of children. They are well situated to mobilize communities to provide services to orphans and vulnerable children, especially girls. And religious organizations can lead the way in sensitizing community members to accept and respect those in need and provide a supportive environment for children.

Already on the Front Lines

On the front lines of the HIV/AIDS pandemic – in every city, town, village and rural district – religious organizations are modeling programs that are proving successful in meeting the needs of children and families affected by the disease. For example, a successful healthcare model developed in Southern Africa is being replicated in 60 localities in Zimbabwe. The model is based on regular and frequent visits by caregivers and volunteers to affected families, providing psychological support and care.

Muslim leaders in Uganda are working with communities to assist them in addressing the problems of HIV/AIDS. They have been advocating for attention to the needs of orphaned children, including health, education, food, shelter, and their general welfare. Using Islamic teachings and scriptures to support the message of care, Muslim leaders are encouraging their communities to show compassion to all those affected by HIV/AIDS. Some of their educational institutions have a special policy to admit and assist orphans. So far over 850 imams in the country have been trained. And yet, a monumental effort is needed to expand the program to all 6700 imams.

Nairobi is home to many faith-based organizations working to assist orphans and other vulnerable children. Assembly participants visited 13 different programs around the city that care for children. These included informal schools, feeding programs, sponsorship assistance and residential homes operating out of churches, mosques, or specifically designed centers. The visits were organized so that religious leaders could experience community responses first-hand. Exposure to different methods of care enabled Assembly participants to return home with ideas to model in their own programs.

Nobody is more on the frontlines than women. WOFAK (Women Fighting AIDS in Kenya) began in 1994 with a group of HIV-positive women who came together to discuss the stigma and discrimination they were facing from relatives and the community. Recognizing the large number of women in similar situations, they created a center in Nairobi for HIV-positive women to come and receive individual and group counseling. The one center quickly grew to have over 200 clients, and WOFAK has now expanded to three centers providing voluntary testing, herbal medicines, STD & HIV/AIDS information, a feeding program as well as an orphan support, which provides school fees, regular counseling, and monthly stipends for food. Individual projects, like these, must be taken to scale across the continent.

“RELIGIOUS COMMUNITIES NEED TO ADOPT A NEW LIFESTYLE OF SOCIAL ACTION THAT WILL SUPPORT AIDS-AFFECTED AND INFECTED CHILDREN. PLACES OF WORSHIP SHOULD BE STRATEGICALLY USED AS INSTITUTIONS OF EXPANDED COMMUNITY CARE AND SUPPORT FOR CHILDREN AFFECTED BY HIV/AIDS.”

Workshop recommendation



Dr. Amina Wadud, Mrs. Maria Mbelu, Mrs. Joyce Banda, and Bishop Joseph Humper visit children at the Tumaini home.

Youth forum participants.



Participants in the Women’s Caucus highlighted other community-based efforts, including banks for healthcare and food in Nigeria that are supported by donations from concerned villagers, an inter-religious network of women in Uganda that pools its resources for activities that address stigma, and collaborative efforts between faith-based institutions and national government bodies in the Central African Republic, South Africa, Kenya, and Swaziland.

Religious Structures as Centers of Care

As HIV/AIDS puts traditional African family structures under increasing stress, there is a growing responsibility of religions to provide support for social systems. Churches, mosques and temples have the best capacity to become ‘centers of care.’ They are well-organized and well-placed to provide efficient and cost-effective services in health, education and economic support.

Varied possibilities for action emerged from the workshops and discussions, including providing free

medication, food, training and education programs. Workshop participants urged religious organizations to play a pivotal role in initiating teacher training centers that include training in psychosocial services.

“How can we be that channel that God uses, to manifest his love toward Coco and other children like him?” asked Dr. Kasonga. “Orphanages are not

the answer,” he said. The overwhelming majority, certainly over 90 percent of children orphaned by HIV/AIDS in Africa, live within extended families and communities. A fundamental response, therefore, is to strengthen the capacities of families and communities to protect, care for, educate and equip their children to become the leaders of tomorrow. At the same time, religious organizations and community members need help in understanding the disease and providing a supportive environment for children. Good programs should be available across religious lines, and should be easily accessible, affordable, and familiar.

STRENGTHENING MESSAGES OF PREVENTION

“Religious leaders must invest their power in enabling clergy to prevent the spread of this virus. We must teach our children that this disease is preventable and find ways of sending them to schools and universities where they can build their lives with integrity and purpose. Our lives, and theirs, depend on it.”

—Rt. Rev. Johannes Seoka, Bishop of Pretoria

Religious leaders fully acknowledged both the urgency and the challenge of addressing head-on the individual sexual behaviors and culturally-supported societal and sexual values and practices that contribute to the spread of HIV/AIDS.

“WE COMMIT OURSELVES TO HELP MAKE AVAILABLE CLEAR AND ACCURATE MEDICAL INFORMATION ON HOW HIV IS SPREAD AND METHODS TO STOP ITS TRANSMISSION.”

Nairobi Assembly Declaration

A Focus on Young People

Young people were the focus of discussion about prevention, including the participation of 23 youth representatives of diverse religious organizations across Africa. In addition to engaging in all aspects of the Assembly, the youth held a one-day Forum to stimulate discussion on their specific concerns and to come together around efforts and ideas about HIV/AIDS prevention and coping methods. The meeting produced a Youth Declaration⁴ and a multi-religious youth agenda to contribute to the religious communities' struggle against HIV/AIDS. The youth delegates passed on three loud and clear messages.

1. We bear the brunt of the pandemic. Infections continue to rise at alarming rates among young people and at higher rates than among adults. Africa is seeing a rapid increase of “child-headed households” and this trend, compounded by massive poverty, makes young people all too aware of their ‘fragile futures’ without education or gainful employment. This deprivation, they said, often produces a sense of fatalism that leads to unwanted social and sexual behavior, and thus further infection of themselves and others. “What’s the difference,” one youth delegate reflected the feelings of many peers, “if I die of AIDS or of hunger?”

Girls, in particular, lack power and are vulnerable to infection. They cannot protect themselves against rape or incest; they are often pulled out of school, pushed into prostitution to support themselves and their siblings. HIV/AIDS is forcing younger and younger girls into marriage. Their rate of infection is twice as high as that among boys, as girls are not only biologically more vulnerable to HIV/AIDS, but socially and economically more vulnerable to unwanted and unprotected sex.

2. We want and need more from our religious leaders. Young people said that their real needs are not being heard by religious leaders and that the charges of promiscuity are misleading and self-defeating. “We are no more promiscuous than teenagers the world over,” said one youth delegate, pointing out the high global rate of HIV/AIDS among adolescents and youth. Young people expressed the need for education that goes beyond moral and spiritual lessons to include gender-sensitive and accurate information about HIV/AIDS. They also need compassionate understanding and guidance to address their dilemmas.

Realistic Expectations and Polygamy

In the Muslim religion, polygamy is often abused. But it can be used as a strategy to prevent further infections. When men keep changing and adding wives, it becomes a dangerous game. But if they stick to what the religion says, they can have one or two depending on their circumstances. As a woman, I think it is better to have a co-wife so that if he’s not with me, you know where he is, rather than if he’s not with me I don’t know where he is. (Shamsiya Ramadhan, Islamic Youth Association, Kenya)

Adult religious leaders concurred that they were indeed failing young people when it came to understanding, listening and providing guidance. They agreed that religious communities need better commitment and mechanisms to incorporate youth into prevention and advocacy activities. This would help in providing them with caring skills to better support orphans, as well as address their economic and educational needs.

On the spiritual level, religious leaders saw their critical role as one of helping children and young people make informed choices and turn prevention messages into positive actions. A particularly difficult challenge they addressed was how to connect to the reality of young people’s lives without judgment and with a sharper eye on health than on an ideal of moral behavior that may not be possible. Acknowledging their own “tired language,” religious leaders agreed that a good start is to replace decrees and lessons about the sin of unmarried sex with a willingness to listen, with moral guidance that is relevant to young people and with language that they understand and appreciate.

Recommendations included advising young couples planning marriage to go for voluntary testing, and developing a curriculum that integrates HIV/AIDS into theological and religious education with an emphasis on healthy relationships and sexual integrity. Affirming the strong religious commitment to abstinence and fidelity, delegates also acknowledged their diversity of views and nuances, proposing a “combination prevention” approach that promotes individual strategies of healthy and moral behaviors without criticizing one another. This diversity is illustrated in the box below.

⁴ See Annex 10 for the Youth Forum Declaration.

Participants' diverse views about prevention

- > "Religion must promote family values such as abstinence, extended family traditions etc. It should not alienate people from valuable cultural traditions."
- > "Children of our congregations are God's children and like any child in the home, you may tell that child: 'Don't use that razor blade, it may cut your finger,' and expect him to follow the instruction. But if you find that child has cut his finger, you don't punish him. You caress and care for the cut finger. As a pastor I just see this child of God who I have to look after and never look for the cause; I leave that to God."
- > "I would say the Muslims in Kenya have been open with HIV and supportive on HIV/AIDS programs with the government. The only thing we fight about is the condom, an issue on which we are also much more ahead than other faiths because we promote the use of condoms within marital relationships."

3. We want a role in leadership and decision-making.

Young people told the Assembly delegates that their practical engagement in the fight against HIV/AIDS was urgent. Youth have much to contribute, but they require materials and leadership skills enabling them to provide care and support to their peers. Peers will listen to each other sooner than to adults and officials, and taking responsible roles in promoting healthy behaviors in others will help young people regulate their own behaviors. Forum participants proposed the building of a Youth Network to facilitate follow up. They agreed to adopt HACI objectives and to work within the structure of WCRP to build a multi-faith framework based on unity, the acceptance of diversity and partnerships to assist and care for orphans.

Supporting Rights of Children

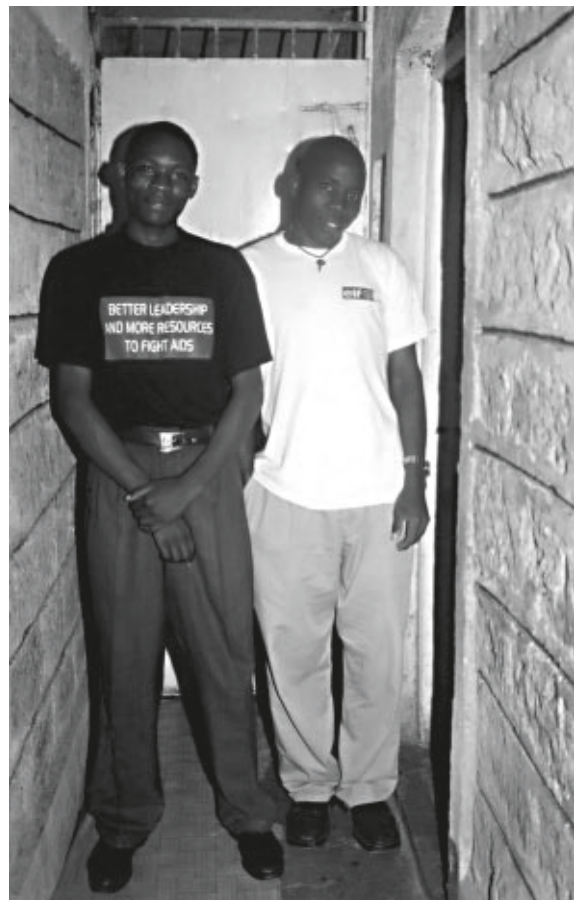
The protection of children's and young people's legal rights was addressed as a valuable mechanism to aid prevention of HIV/AIDS. Their right to inheritance, for example, is often violated by 'property-grabbing' relatives and lack of supportive legal infrastructure. Church leaders can take things into their own hands and talk to relatives; they can also help to educate their communities about the rights of children. Families can be encouraged to create a living will to dictate how their property should be dispersed and how their children should be cared for in their absence.

The Convention on the Rights of the Child is another important legal protection for children; its principles should be articulated and disseminated. The Convention guarantees for children many rights that are at the heart of religious policies and practices, and all of which have a direct bearing on HIV/AIDS-affected children and families. These rights include, among others, the right to nurture and guidance by families, equal treatment for all children, the right to health and education, protection from sexual and economic exploitation, and the right to age-appropriate information and expression of opinion.

Prevention in a Social Context

In workshops, plenary and informal conversation, delegates discussed the importance of behavior and lifestyle change that is needed on both the individual and social levels to prevent HIV/AIDS. They also addressed the value of working within the context of African values and practices rather than adopting Western or other approaches.

Religious leaders agreed that fixing blame and passing on ignorance help to spread rather than prevent HIV/AIDS. They also faced the need to shed harmful taboos and address straightforwardly the sensitive issues of sex and sexuality. "You cannot talk about HIV and AIDS without talking about sex and



Peer counselors at the WOFAK Center.



Ms. Preetpal Channa and
Mr. Okok Obuoga at the
Youth Forum.

sexuality in the home, schools, places of worship and centers of political power,” said Ms. Khurshheed Bibi Dhansay of the Islamic Medical Association of South Africa. “The only way we can even begin to turn the tide is through information and education.”

This information, she said, should include both facts and behavioral messages: “What is HIV, how it is transmitted, when and how to use a condom. Education includes learning about the value of being human, how to love and value yourself and the person with whom you are going to have a sexual relationship so that you want to protect each other.”

Addressing Traditional Values

Prevention is also closely linked to a need to understand social systems and practices, including polygamy, wife inheritance, and the stigma associated with HIV/AIDS. The urgency has forced many religious leaders to search their souls and even take a moral stand against widespread traditional behaviors that they might otherwise continue to ignore or quiescently accept. There needs to be a modification of practices that contribute to the spread of HIV/AIDS in favor of those that promote healthy and respectful behaviors. For example, they can emphasize the role of a man’s responsibility for his family’s welfare instead of his right to sleep with as many women as he pleases.

Participants also questioned the value of accepting ideas and strategies from the West without examination. For HIV/AIDS prevention

methodologies to succeed, for example, they must be applied in a way that Africans can understand and accept. “We have been putting too much emphasis on who will do the work for us instead of what we can do for ourselves,” said one delegate.

As Africans, they said, “we must advocate for laws and policies that strengthen women’s protection and rights.” If monogamy is unrealistic, men with more than one wife should be required to learn about the disease and how it is spread, to go for testing and to understand what they can do to protect themselves and their wives.

Delegates reminded themselves of the spirit of Ubuntu, a basic and intrinsic African value of caring for one another to confront problems of HIV/AIDS that deny a fullness of life for all.

“OUR RELIGIOUS TRADITIONS TEACH US THAT HUMAN SEXUALITY IS A GIFT FROM THE CREATOR, AND THAT WE MUST ACCEPT THE RESPONSIBILITIES OF THIS GIFT. WE RECOGNIZE THAT HIV/AIDS IS A PROBLEM THAT COMPELS US TO RE-EXAMINE OUR TRADITIONS FOR GUIDANCE.”

Nairobi Assembly Declaration



THE POWER OF PARTNERSHIP

Mounting a United Campaign Against HIV/AIDS

“Our faith story is our history of building faith and sustaining hope, even in the midst of chaos and despair. In a partnership for life, we have the opportunity to give witness to our dream: a generation without AIDS.”

—Most Rev. H.W. Njongonkulu Ndungane,
Archbishop of Cape Town, South Africa

BUILDING MULTI-RELIGIOUS PAN-AFRICAN COLLABORATION

Representatives from different religious communities extolled the value of this unprecedented meeting. Coming together, they learned quickly that different religious groups working in isolation had far less chance of success. “I would like the buzz word for this conference to be “The Power of Partnership,” said one delegate. Discussion focused on the particular roles that religious communities do and can play in the fight against HIV/AIDS and how to strengthen their working relationships with other key actors.

For many, this meeting was a significant first. “Before, I never knew that we can unite as African religious leaders in Africa,” said Mr. Abdul Aziz E. Kyababa, Chairman of the Muslim Association of Southern Africa. “But this meeting has taught me that we can unite in peace and love to protect our children.” For Ms. Bibi Dhansay, the meeting brought the realization that common goals and ideals can be followed in different ways. And in light of the expanding and worsening problem of HIV/AIDS, His Holiness Abune Paulos, Patriarch of the Ethiopian Orthodox Church, declared, “it is vital that we get together to discuss what we have to do.”

These comments reflect the overwhelming assessment that the active and collaborative engagement of all religious organizations is essential. Multi-religious collaboration can increase the scale and effectiveness of the interventions that are already taking place. It can efficiently identify critical local actors and direct resources where they will have the greatest impact. And it helps coordinate information sharing, capacity building, and training, as well as strengthen the influence of public advocacy by the religious communities on behalf of children.

In Uganda, the Muslim community mounts a Jihad against AIDS.

Sheikh Shaban Mubajje, Mufti and Head of the Uganda Muslim Supreme Council, described his organization's work around HIV/AIDS. Key to this work is the engagement of NGOs, in particular, youth, women, and professionals, including teachers and healthcare personnel.

In partnership with the Islamic Medical Association of Uganda (IMAU), an NGO of Muslim health professionals, the Supreme Council began to address HIV/AIDS in 1989 when an all-out national effort was initiated. They concluded that "turning off the tap" of HIV transmission required a joint struggle to control dangerous behaviors, according to teachings of the Prophet Mohammed. "This struggle is a Jihad of the soul," Sheikh Mubajje said.

In November 2001, the Supreme Council hosted the first international consultation of Muslim leaders on HIV/AIDS in Kampala. Together with other religious bodies, it formed the Inter-religious Council of Uganda headed by the leaders of the country's main religions. Since then, the Supreme Council has been working closely with government and international agencies such as USAID, UNDP, UNICEF, and the World Health Organization to mobilize resources and assist communities in their struggle against HIV/AIDS.

PARTNERING WITH GOVERNMENT, UN AGENCIES AND CIVIL SOCIETY

Partnerships must extend to representatives of civil society, to NGOs, to associations of people living with HIV/AIDS, to the UN family, to women's groups, to the private sector and government. Both the Assembly itself and the structure of the Hope for African Children Initiative are exemplary models of bringing together religious leaders with other key actors.

Working with other institutions provides many benefits. For example, a wide range of international and national agencies have developed a consensus around 5 strategies and 12 Principles to Guide Programming for Orphans and Vulnerable Children Affected by AIDS.⁵ Participants agreed that religious organizations should endorse, adopt and apply these strategies and principles.

Health professionals are, of course, key partners for religious leaders. They can fill in important gaps in knowledge, expertise and experience, and provide information about services, symptoms, treatments, and psychosocial needs.

Sheikh Yussuf Murigu and
Sheikh Shaban Mubajje.

Forging partnerships with the police was also viewed as critical. As important authority figures, insiders and keepers of the system, police can ease the path through bureaucracy for children to gain access to equipment, supplies and support services. Police can also be educated to change their own punitive attitudes towards street children and orphans.

The media are other critical partners. Religious leaders need to take initiative to build relationships with journalists, encouraging them to better understand the religious perspective and to focus more on solutions and less on sensationalism.

Religious leaders recognized their own weakness in organizational structures and the need for technical support from UN agencies and NGOs in developing materials and capacity. They stressed the need for financial support and also acknowledged their own responsibility to contribute their own resources.

PARTNERING WITH LOCAL COMMUNITIES

No partnership is more critical than that with communities themselves – where families and children live and die. Despite the wide path of destruction HIV/AIDS is carving through the communities of Africa, the family is still the primary center of care for children. It is the best resource and



⁵ The complete list of strategies and principles can be found on page 63

Sr. Marie Jose Garcia, Mrs. Mavis Tshandu, Mr Abdul Aziz Kyababa, and Ms. Nazlin Omar Rajput get a tour of the WOFAK Center.



the final locus of success or failure. That care needs to be bolstered with community-level strategies, mechanisms and structures that are the best equipped to identify the needs of families, mobilize support and deliver services.

The group called for increased conversation between religious leaders and their communities about HIV/AIDS care and prevention. It called for community-led structures to hold religious and political leaders accountable. Participants also encouraged partnering with skilled community members to establish apprenticeships and income-generating activities for AIDS-affected families and the development of women- and youth-led groups.

Local faith-based organizations should work together to support all vulnerable children, not just those that belong to their own faith traditions. From every pulpit in every community, religious leaders can confront stigma and influence the values of the community. If communities use their faith as the basis for action, "I can see ourselves dealing a level blow to the AIDS scourge," said Skeikh Mubajje, Mufti of Uganda.

Reaching Remote and Unreached Communities

Many countries in Africa contain thousands of remote and isolated villages with poor access to medical care and information. They are often governed by traditional leaders and healers who follow local beliefs and practices that do not address HIV/AIDS. The existence of such a huge number of communities and languages makes it difficult to unite or even reach them. But if anyone can, it will be the religious communities whose own reach is nearly as diverse and extensive.

"We should expand our reach into every community and village," said Bishop Seoka. This requires special conscious and concentrated efforts as well as resources. Efforts should be made to ensure a continuing process of engagement and communication in local communities, using local languages and making sure to involve local people in all aspects of the response to HIV/AIDS. "When our followers see their leaders working in harmony to build up communities and save lives, they will be inspired to do as much," he said.

"WE COMMIT TO SUPPORT GREATER PARTNERSHIPS BETWEEN THE RELIGIOUS COMMUNITIES, GOVERNMENTS, UN AND OTHER INTERNATIONAL AGENCIES, CIVIL SOCIETY AND THE BUSINESS SECTOR TO INCREASE CAPACITY TO CARE FOR AND SUPPORT CHILDREN."

Nairobi Assembly Plan of Action



Mrs. Nuthu speaks with Amb. Stephen Lewis at the Mathare Center.

STORMING THE RAMPARTS: ADVOCATING WITH GOVERNMENT AND THE INTERNATIONAL COMMUNITY

Religious leaders also discussed the challenge of entering new arenas of activity – arenas they have

previously ignored or felt were outside their responsibility, including the political arena. Amb. Stephen Lewis argued that faith-based organizations have a legitimate, even essential, role in advocating to influence policies, laws and programs that prevent HIV/AIDS, protect society and serve those who are already infected. “If the church or the mosque or the temple doesn’t work in concert with the state, then death is the victor,” he said.

Amb. Lewis urged religious leaders to “storm the rhetorical ramparts,” going beyond even their own governments, to demand that wealthy countries deliver on their promises to contribute 0.7% of GNP for foreign assistance. Religious leaders, he said, should have a presence in international decisions, wherever those decisions are made.

Religious leaders should encourage national governments, political leaders and the international community to address hunger and poverty which may contribute to behaviors that are fertile ground for HIV infection. Governments need to be held accountable for providing universal free primary education, health care and employment opportunities to ensure the future of orphans and vulnerable children. While each religious community must do its best to address these problems in its own way, multi-religious approaches are now critical to deal with the scale of these multi-faceted problems in a way that can bring about genuine improvement.

“WE COMMIT OURSELVES TO ADVOCATE WITH ALL LEVELS OF GOVERNMENT AND THEIR AGENCIES TO ESTABLISH POLICY PRIORITIES AND DEVOTE RESOURCES THAT ADEQUATELY SUPPORT AND PROTECT CHILDREN, IN PARTICULAR WE WILL PUSH AFRICAN GOVERNMENTS AND THE INTERNATIONAL COMMUNITY TO FULFILL THE COMMITMENTS THEY HAVE MADE THROUGH THE ABUJA DECLARATION, THE GLOBAL FUND FOR AIDS, TB, AND MALARIA, AND AT G8 SUMMIT MEETINGS, AS WELL AS AT UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSIONS ON HIV/AIDS (JUNE 2001) AND CHILDREN (MAY 2002).”

Nairobi Assembly Plan of Action

Participants in several workshops agreed that to make a difference on policy priorities in Africa, they need to be working as ‘engaged leaders’ and become more aggressive in their advocacy efforts. All governments are subject to and derive their authority from the people and from the rule of God. So national priorities and policy are part and parcel of the responsibility of religious leaders and citizens, to whom government is accountable.

Bishop Seoka reflected on how South Africa has moved from crisis to crisis, educating its leadership and bringing government to the table. “We have formed alliances with trade unions, religious communities and people infected with HIV/AIDS,” he noted. “This has not been without challenges, yet hope has prevailed as the reality of compassion has softened even the most hardened decision-makers. We have had to lift our voices in protest to be heard. And at the end of the day, we have come together in a partnership for life – faith communities, advocates and government.”

Kenya creates a multi-sectoral approach

In Kenya, for a long time, the fight against HIV/AIDS was left to government and the Ministry of Health, according to Prof. Julius S. Memme, Permanent Secretary, Kenya Ministry of Health. And then, many agencies and institutions came together to support the fight against HIV/AIDS. Their approach included the adoption of multi-sectoral, multi-agency programs and the creation of the National AIDS Control Council to formulate policies and oversee all HIV/AIDS activities.

Today, this multi-sectoral approach is well coordinated and has started bearing fruits in community mobilization against HIV/AIDS, especially in the rural areas. Cognizance is taken of the role of private and civil society sectors. The National AIDS Control Council has a wide spectrum of representation from the religious sector, including the National Council of Churches of Kenya, the Supreme Council of Kenya Muslims, and the Episcopal Conference of Kenya.



Mrs. Bertha Sefu, Dr. Amina Wadud, Rabbi Ron Hendler, and other participants during a working session.



THE ROAD AHEAD

5

“When I go back home, the first thing I’ve committed myself to is to put up small funds for a center to help orphans and to work hand in hand with WCRP and HACI, with UNICEF and the government. This will bring us closer to our neighbors so that we can work together to combat AIDS in Africa. We are only 1.78 million in Namibia, so that if we go on like this in fifteen years you won’t find a Namibian.”

—Mr. Abdul Aziz Kyababa,
Chairman of the Muslim Association of Southern Africa

At the end of the Assembly, delegates adopted by consensus a Declaration and Plan of Action that outline the principles and commitments of the religious communities to work together to combat HIV/AIDS and its impact on children across Africa.⁶

To further strengthen multi-religious collaboration in Africa and to oversee the implementation of the plan of action, the participants requested WCRP to convene an African Religious Leaders Council, consisting of about 30 senior religious leaders from across Africa, who can play a major role in pan-African advocacy and in overseeing the implementation of the Nairobi Plan of Action.

The leaders also signed a pastoral “Letter To Our Children” expressing their love and acceptance of all children and the commitment of their places of worship to be a “home” for children in need. (see box on next page)

At the closing of the Assembly, participants assumed a heavy burden of responsibility and took these challenges to heart. They committed themselves to launch a continent-wide campaign to further engage religious communities in efforts to expand services, care, and support for children affected by HIV/AIDS. “We can make anything we want happen. We can overcome AIDS,” said Chief Uwa Osmiri Irving, the Continental Envoy of the Godian Religion. “We have to do it for the sake of the young people we saw yesterday who say they have faith in God. Let them also have faith in us. Let us be sure that when we step out of here, whatever the values are in all the different religions we are affiliated with, that we give it all we can.”

Representatives from different sectors expressed their solidarity with the African religious leaders and pledged their support to help them fulfill their commitments. Ms. Nyaradzai Gumbondzvanda, UNIFEM Regional Program Director for Eastern Africa, pledged, “I encourage you to join hands with the UN system, as UNIFEM will join hands with religious leaders in Africa in implementing outcomes of this conference.” Speaking for the WCRP International Governing Board, the Most Rev. Gunnar Stålsett, Bishop of Oslo, said, “We want to be part of a worldwide movement to lift the dignity of every human being so that it is impossible to maintain the stigma that today weighs heavily on those affected and infected by HIV/AIDS. We should be proud to speak about this as we move on and focus on what more we can do to set people free.”

⁶ See Annex 8 for complete text of Declaration and Plan of Action.

Religious leaders present their "Letter" to local children.



Dr. Pat Youri, HACI Executive Director, applauded the results achieved during the Assembly and expressed the hope that the Nairobi momentum will translate into effective groundwork to harness moral leadership and untapped resources within religious communities. "I hope that your commitment here will be put to the test at home to ensure that your resources – both moral and material – are put to use for the good of children affected by AIDS, so that these children will live out their dreams. HACI stands ready to provide any assistance you may need to achieve this goal," he said.

In closing, Rev. Dr. Setri Nyomi, General Secretary of the World Alliance of Reformed Churches, encouraged delegates to take their commitment a step further after leaving Nairobi. "We know that many religious leaders are back home, they are in our countries," he said. "Let us try to bring others on board so that we can move forward together with fulfilling this declaration."

Post-Assembly Actions

Since the Assembly, WCRP has been working actively with African religious leaders and communities to ensure effective follow-up and implementation. The African Religious Leaders Council called for in the Plan of Action is in the formation process, with its first meeting scheduled for June 2003 in Abuja, Nigeria. The ARLC will serve as a forum to facilitate multi-religious cooperation among Africa's religious communities on HIV/AIDS and other critical issues of shared concern, such as conflict, poverty, and governance.

A Letter to Our Children

Our dear children impacted by HIV/AIDS, you are persons of incalculable worth and dignity. You are beautiful to us and we love you.

You have suffered too much because of HIV/AIDS. Some of you have lost your beloved parents or other members of your family. Some of you are sick. Some of you have felt forgotten, alone and frightened in a world where no one seems to care. Worse, all of you have been made to feel ashamed of your suffering if it was caused by HIV/AIDS.

This is not right!

Our religions teach us that you should not suffer alone and that you should not be made to feel ashamed.

We are asking all religious people in Africa to be your family. You are to be known, helped, and loved as part of this family. Our churches, mosques and temples are also your homes. Let them become places of refuge, rest and help for you.

We will work to make sure that people treat you fairly and that you have the chance to go to school, make friends, and be healthy.

We ask that you hold on to hope. Never give up on yourself or on life. Take our hands and we will help you to walk with courage into the future.

A future with the joy and love you deserve.

You are ours, we love you,
The African Religious Leaders Assembly

Its primary initial focus will be on HIV/AIDS and how to ensure the ongoing engagement of religious communities, the fulfillment of the Nairobi Assembly plan of action, and the development of an effective advocacy campaign. The Council will meet once a year to gauge progress, share information, and advise WCRP in its program and advocacy strategy.

A steering committee was formed in Nairobi to develop a forum of African religious women's organizations to address HIV/AIDS, focusing on advocacy and care and support for those affected. This group held a follow-up meeting in January 2003 and formally launched the African Women of Faith Network, which will serve as the regional component of the WCRP Global Network of Religious Women's Organizations. Building the African Network will better ensure the participation of women religious leaders, as well as provide access for women's organizations to training and funding for their work with children affected by HIV/AIDS.

As a direct result of their participation in the Nairobi Assembly, religious leaders are working with WCRP to form new inter-religious councils and HIV/AIDS task forces in six countries: Burundi, Ethiopia, Ghana, Namibia, Swaziland, and Zambia.

WCRP is also providing small grants and other support to local religious groups to build and sustain their efforts to care for children. To support this work further, three pan-African committees – the Pan-African Multi-religious Task Force on Children and HIV/AIDS, the African Women of

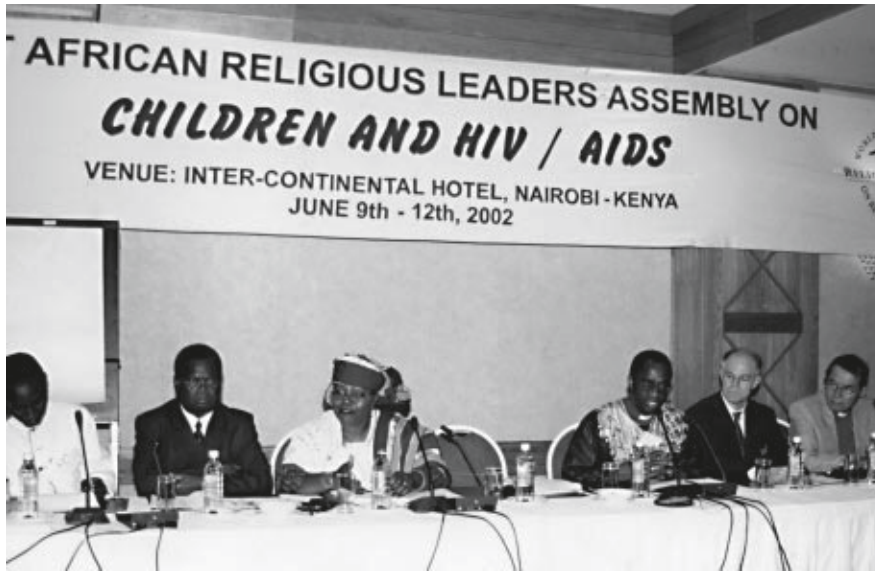
Faith Network, and the African Religious Youth Network – will be working closely together at the regional level to share information, mobilize constituents and provide advice and guidance to WCRP in implementing its programs.

The impact of the Nairobi Assembly was also felt at the African Leadership Consultation, hosted by Nelson Mandela in Johannesburg, South Africa, from 9-10 September 2002. This meeting brought together 35 prominent persons from different sectors across Africa who are all engaged in or concerned about the situation of orphans and vulnerable children. A number of the participants had also attended the Nairobi Assembly.

The important role of religious organizations was a key theme in the discussion, and one of the priority action points adopted by the group noted the strong presence, work and further potential of religious organizations in addressing HIV/AIDS. It called for a campaign “to mobilize and equip religious leaders with the knowledge, skills, and support required by them to act for children and young people affected by HIV/AIDS,” as well as support “to follow up on the recommendations of the African Religious Leaders Assembly of 10-12 June 2002 (Nairobi).” This consultation furthered the building of effective partnerships in Africa among religious organizations, governments, international agencies, business and NGOs in efforts to accelerate the response on behalf of orphans and other vulnerable children.



Dr. Mancini Mercy and Mr. Abdul Aziz Kyababwa speak during a working session.



Canon Gideon Byamugisha, Dr. Pat Youri, Chief Uwa Osmiri, Rev. Dr. Setri Nyomi, Dr. William Vendley, and Bishop Rev. Gunnar Stalsett at the closing ceremony.

The African Religious Leaders Assembly on Children and HIV/AIDS succeeded in bringing together and galvanizing Africa's religious leaders, men and women, from many faiths and many countries, to fight the HIV/AIDS pandemic, particularly its impact on children. But participants recognized that the meeting was only one step in a long, hard process. To achieve their desired goals, they will need to unleash the energizing force of religions to expand and sustain a strong response to HIV/AIDS across the continent. This report should remain a reminder of the spirit and commitments of the Nairobi Assembly, so that it can encourage everyone in their efforts to meet these goals and ensure a future free of HIV/AIDS for all of Africa's children.

"We must lead efforts to change attitudes, adopt policies, and devote resources to protect our children, insuring that all vulnerable children, in particular girls, receive their rightful share of all resources – educational, medical and spiritual. We must work to help them build a future free from the scourge of AIDS."

Nairobi Assembly Declaration

Reflections on the Assembly Experience

Several delegates offered their impressions of the Assembly, and they shared great enthusiasm about what had taken place and a commitment to follow up locally:

“Returning to Windhoek, I informed our local bishop immediately about the conference and distributed all the documents during the next executive meeting of all Namibian Catholic Bishops. My big interest now is to declare this as an emergency situation and bring the hierarchy of the Catholic Church in Africa forward to take on high-level commitments in the fight against the pandemic. During Nairobi, the Catholic delegation created a taskforce to bring forward this agenda. I am one of the taskforce members and we have already had two meetings in Johannesburg. As you can see we really went into action straight away and will continue to do so.”

—Sr. Dr. Raphaela Haendler,
Catholic AIDS Action, Namibia

“Shortly after the conference, we organized a Muslim Leaders’ workshop on HIV/AIDS where we disseminated the Assembly declaration, and the message to children. The Muslim leadership here pledged to work with our government, donors, bilateral agencies, NGOs, FBOs and other stakeholders to mobilize resources and use their offices to implement HIV/AIDS interventions in their communities. Right now, the Muslim leadership has embarked on forming HIV/AIDS committees in all districts, and IMAU is planning to hold training workshops to train at least three trainers for each district. They, in turn, will train the sheiks and imams in their districts of origin, thus equipping Muslim community leaders with skills to implement HIV/AIDS programs at the grassroots level – which is indeed our target.”

—Mr. Juma Ojwang,
Islamic Medical Association of Uganda (IMAU)

“The experience of this Assembly was overwhelming for most religious leaders attending. There was a deep commitment, and the sharing was so frank and sincere that you could see the hope of many – whether or not these very good ideas will gather dust!

Since then, good things have happened. There is increased interest from the religious communities here on children made vulnerable by HIV/AIDS. Imams are constantly inquiring about their role. And we have taken steps in establishing a Pan-African Muslim body. I believe that WCRP has broken ground in an area that religious leaders were yearning for: that of genuine multi religious collaboration on a specific issue affecting our communities.”

—Sheikh Al-Haj Yussuf Murigu,
Vice-Chair for the Supreme Council Kenyan Muslims

“On returning to Nigeria, we held a seminar on HIV/AIDS that had been planned by our Archdiocese before the Nairobi Assembly. My experience there made a great impact on our meeting. In one particular example, I was able to share with seminar participants what I learned about the art of partnership with government, NGOs and international organizations. We have already begun efforts at working together. We are praying and hoping that this too will be carried through successfully.”

—Most Rev. John Onaiyekan,
Archbishop of Abuja, Nigeria



Canon Gideon Byamugisha,
Archbishop John Onaiyekan,
and Sheikh Yussuf Murigu.



ANNEXES



ANNEX 1: ASSEMBLY PROGRAM AGENDA

Sunday, 9 June

- 9:00 am Women's Pre-Assembly Caucus
9:00 am Youth Forum

Monday, 10 June

*Chairperson: Most Rev. John O. Onaiyekan
Archbishop of Abuja, Nigeria*

- 9:30 am Opening Plenary
Welcome and Prayers by Senior Kenyan Religious Leaders
Poem by Salim Yasin, Pepo la Tumaini Jangwani
Community AIDS Project, Isiolo, Kenya
Hope for African Children Initiative video
Introduced by Dr. Pat Youri, HACI Executive Director
Amb. Stephen Lewis, UNSG Special Adviser on HIV/AIDS
Dr. William F. Vendley, Secretary-General WCRP
Prof. Julius S. Meme, Permanent Secretary Kenya Ministry of Health
- 11:00 am Coffee Break
- 11:30 am Poetry presentation by children
from Mathare Child Development Centre, Nairobi
Theological Reflections:
Dr. Malik Badri (Muslim)
Swami Saradananda (Hindu)
Rev. Dr. Kasonga wa Kasonga (Christian)
Ms. Carol Bellamy, Executive Director, UNICEF
- 1:00 pm Lunch
- 2:00 pm Site visits

TUESDAY, 11 JUNE

*Chairperson: Sheikh Yussuf Al Hadj Murigu
Vice Chair, Supreme Council of Kenya Muslims*

- 9:00 am Plenary: Reports from Women's Forum and Youth Forum
- 9:30 am Working Sessions: Dimensions of the Problem
1. Discrimination/stigma
 2. Care and Support for children
(psycho-social, nutrition, transition planning)
 3. Ensuring the child's future
(education, health, economic opportunity)
 4. Impact on parents/families/caregivers
 5. Building awareness/prevention for youth

10:30 am	Coffee Break
11:00 am	Working sessions continue
12:00 pm	Lunch
1:30 pm	Plenary: Visions of Engaged Leadership Rt. Rev. Johannes Seoka, Bishop of Pretoria Skeikh Shaban Mubajje, Mufti of Uganda
2:00 pm	Working Sessions: Strategies for Engagement 1. Mobilizing leadership and resources 2. Reducing stigma/talking about HIV/AIDS 3. Developing national policy advocacy strategies 4. Building partnerships with other sectors 5. Engaging religious structures
4:30 pm	Plenary Working Group reports
7:00 pm	Dinner hosted by the Hindu Council of Kenya and WCRP-Kenya

Wednesday, 12 June

Chairperson: Rev. Dr. Setri Nyomi

General Secretary, World Alliance of Reformed Churches

9:00 am	Plenary Review and finalize Plan of Action
11:30 am	Closing Ceremony Drama Presentation by Pandepieri Community Center, Kisumu Indigenous Spiritual Reflection, Chief Uwa O. Irving, Godian
Religion	Reading and adoption of Final Declaration Responses: Ms. Nyaradzai Gumbondzvonda, Regional Program Director, UNIFEM Most Rev. Gunnar Stälsett, WCRP International Governing Board Dr. Pat Youri, Executive Director, Hope for African Children Initiative Reading and Presentation of Letter to Our Children Closing Charge: Canon Gideon Byamugisha, Church of Uganda
1:00 pm	Lunch

ANNEX 2: POEM BY SALIM YASIN



My name is Salim Yasin, from Pepo la Tumaini, in Isiolo, Kenya.

Welcome.

I am a feeble, feeble voice. The ring of hope, in the arid land.
 True I stand. Here today. I have something I have to say.
 AIDS has left me, no other way. Where's my mama, my mama today.
 Every woman and every man, you can save the world today.
 Don't infect me, to live in pain. Don't infect me, to suffer alone.
 I am a child of the world. I want my chance to live my life.
 I want my life, without the pains. I want my life, without the AIDS.
 Why are the medicines so expensive? Where does a poor child get the money?
 That's my question, I, Salim Yasin, to the world. Why's the medicine so expensive?

Look, what gets done to me.
 First it was my Papa. Then my Mama followed.
 They've gone for a journey.
 A journey never to return!

Here I stand-alone in the world, with nothing to call a family!
 With nowhere to call home!
 An orphan I have become.
 Yet I am so young.
 Now my future is so uncertain.

But I weep for you.
 I weep for us.
 Weep for us, who are busy killing the future,
 Creating a generation of AIDS orphans.

Please everybody stand up.

Roses for Mama. Today's her birthday. No, no, no, no.
 Today's another AIDS day. AIDS are dreadful.
 It took away, away, my dear Mama.
 In this world with AIDS, I find it so scary.
 Without you my Mama, I look at the world.
 What do I see? I see a generation of AIDS orphan children.
 With roses for their Mamas.
 Roses for their Mamas.
 Roses for Mama.

Thank you.

ANNEX 3: KEYNOTE ADDRESS BY AMBASSADOR STEPHEN LEWIS, UN SECRETARY-GENERAL'S SPECIAL ENVOY FOR HIV/AIDS IN AFRICA



Your Eminences:

I feel entirely privileged to address this meeting; it's actually the first time that I've ever addressed a large gathering of religious leaders, and I am appropriately chastened by so auspicious an occasion. What's more, I want to speak with direct and sometimes uncomfortable frankness, so I appeal to all of you, at the outset, to let the milk of human kindness flow through your veins and to treat me with compassion.

Your eminences, the direct impact of the pandemic on children, in all its aspects, will be set out for you later this morning by Carol Bellamy, the Executive Director of UNICEF. She is obviously the right person to do so. For my own part, suffice to say that there are now estimated to be 13 million children orphaned by AIDS in Sub-Saharan Africa, with the number almost certain to double by the end of the decade. In human terms, in the history and literature of vulnerable children, there's never been anything like it. In fact, of course, there's never been anything like the HIV/AIDS pandemic. Comparisons with the Black Death of the 14th century are wishful thinking. When AIDS has run its course – if it ever runs its course – it will be seen as an annihilating scourge that dwarfs everything that has gone before.

What it leaves in its wake, in country after country, in every one of the countries you represent, are thousands or tens of thousands or hundreds of thousands or, eventually, even millions of children whose lives are a torment of loneliness, despair, rage, bewilderment and loss. That doesn't mean orphan children can't be happy; it simply means that at the heart of their individual beings there is a life-long void.

The numbers are overwhelming, the circumstances are overwhelming, the needs are overwhelming.

Nor do I intend to quote, in a pretend-learned fashion from religious texts. It would be presumptuous and foolhardy on my part. That is your collective world, not mine.

Rather, I would wish to suggest to all of you, as religious leaders drawn from across the continent, that it is time, it is well past time that you summoned your awesome reserves of strength and followers and commitment to lead this continent out of its merciless vortex of misery. There is no excuse for passivity or distance. No excuse for immobility or denial. No excuse for incremental steps when you, collectively, have the capacity to rally both Africa and the world if you choose to do so.

The timing could not be better. Let me tell you why, and bare my most protected inner thoughts in the telling.

I think we may have reached a curious and deeply distressing lull in the battle against AIDS. Over the last two years, much has happened. The political leadership of Africa has come alive to HIV/AIDS, conferences have been held in profusion, from Durban to Addis to Abuja to New York to Ouagadougou. People living with HIV/AIDS (PLWAs) have raised powerful and insistent voices, the Global Fund has been established, goals and targets have been set, drug prices have been driven down dramatically by generic manufacturers, there are more data and analysis and reports and commentary and studies and sheer newspaper copy available than any library on earth could accommodate, and significant numbers of modest interventions are being pursued.

So it isn't that things have ground to a halt; it's just a cumulative feeling of inertia rather than energy, of marking time, of oh so slowly gathering forces together for the next push, of incrementalism raised to the level of obsession. The Global Fund has received no new sizeable contributions for many months. The G8 Summit later this month in my country, Canada, has made it clear in advance that significant additional money will not be forthcoming. The NEPAD document – the new partnership for Africa – which is the heart of the G8 discussions, and the centerpiece for the future of Africa, deals hardly at all with HIV/AIDS. A series of reports to be released in the near future, just prior to and during the international AIDS conference in Barcelona next month, will acknowledge progress made, but at the same time recite blood-chilling statistics on the situation of youth and children...statistics which make you wonder whether the world has fallen into a stupor of indifference.

It's not only that we can't rest on our laurels; it's the fact that the laurels are fig-leaves. Let me be brutally honest: in the dead of night, I sometimes think to myself that we're losing the war against AIDS...although I do recognize the feeling for what it is: an unwarranted moment of despair. What we need is another massive shot of adrenalin to take the battle to the next level, and you, your eminences, the representative religious leadership of Africa...you are the shot of adrenalin, the energizing force, the catharsis of faith, hope and determination which can propel us forward.

That's the reason for this conference. As always, children and women carry the burden of abandonment, vulnerability, stigma, shame, poverty and desperation. They constitute, for you, the cause you must lead. You constitute, for them, the meaning of salvation in terms both spiritual and practical.

Who else, beyond yourselves, is so well placed to lead? Who else has such a network of voices at the grass-roots level? Who else has access to all communities once a week, every week, across the continent? Who else officiates at the millions of funerals of those who die of AIDS-related illnesses, and better understands the consequences for children and families? Who else works on a daily basis with faith-based, community-based organizations? In the midst of this wanton, ravaging pandemic, it is truly like an act of Divine intervention that you should be physically present everywhere, all the time. I ask again: who else, therefore, is so well placed to lead?

So where is that leadership? Dare I say that the voice of religion has been curiously muted? There are notable exceptions as there always are. Some of the finest work combating AIDS on the continent is done through religious communities. But you will admit that, overall, the involvement of religion has been qualified at best. I haven't the slightest interest in recrimination or finger pointing. My interest, our interest, should only be, where do we go from here?

I want to suggest, in the strongest possible terms, that you should resolve, at this conference, in the name of all the children, infected or affected, to seize the leadership, re-energize the struggle, and turn the pandemic around. I want to suggest, in the strongest possible terms, that you leave Nairobi this week, with a solemn pledge to yourselves that you will never again tolerate, even for a moment, lassitude or passivity in the face of so monumental a catastrophe. I want to suggest that the draft declaration of the conference, when definitive, be embraced as though it were legally binding.

All of us, who are your friends, understand the difficulties. We know that certain of the faiths have problems around sexual activity and the use of condoms. We know

that there are internal struggles around the leadership roles of women...not to be taken lightly when gender is such a visceral part of the pandemic. We know that the religious leadership at all levels of society needs training, in order to do an effective job in educating your adherents. We know that even amongst religious leaders, there are numbers who are HIV-positive, and have themselves felt the lash and pain of stigma from colleagues. Religious leaders are human; they face the same challenges and foibles as other mortals.

But religious leaders invoke a higher level of morality; that's why every contentious issue must be treated afresh. The sacred texts, from which all religion flows, demand a higher level of morality. And if ever there was an issue that bristles with moral questions and moral imperatives it's HIV/AIDS. The pandemic, in the way in which it assaults human life, is qualitatively different from all that has gone before. There is no greater moral calling on this continent today than to vanquish the pandemic.

No one expects you to do it, one faith at a time. Somehow, you must come together, in a great religious partnership, so that everyone is involved, at every level. You should formalize the arrangement; you should create an actual structure. Your draft plan of action mandates the World Conference on Religion and Peace to make it happen. Let it be done.

Nor can you do it by faith alone. You have to extend the partnership to representatives of civil society, to associations of PLWAs, to the UN family, to women's groups everywhere, to the private sector and to government itself. The pandemic demands that you move beyond the protective insularity of religion. It is often argued that there must be a separation of church and state, that is to say, the religious and the secular. But AIDS puts the argument to the rout. If the church or the mosque or the temple doesn't work in concert with the state, then death is the victor.

Let me take it further. There should be a series of targeted interventions. Religious communities provide vital care to the ill and the dying at village level. Somehow, the individual projects must be taken to scale across the countries themselves. Religious leaders can confront stigma from every religious podium in every community, changing the values of the community through repetition and education, week in and week out. Religious leaders should lead a campaign to abolish school fees throughout the continent, because whether it's fees, or the costs of registration, books, or uniforms, vulnerable and orphaned children, invariably penniless, are denied the right to go to school. You want a moral issue: why should a just society, a society that has ratified the Convention on the Rights of the Child, allow such a state of affairs? One visit to the slums of Kabera, here in Nairobi, will reaffirm the sorry consequences for children. It is entirely consistent therefore, that religious leaders should throw themselves behind the Hope for African Children Initiative because there is no dilemma more urgent, more demanding, or more intractable than the dilemma of orphans.

Let me take the argument further still. Religious leaders must do something about the mothers who are infected and are dying prematurely, leaving behind those orphans who wander the landscape of Africa, soon to be an entire generation seething with resentment and fear. May I strike a personal note? The thing I find by far most emotionally difficult as I travel through Africa, is meeting with young women, stricken by AIDS, who know they're dying or soon to die, with two or three young children, and they ask me, frantically, "what's going to happen to my children when I've

passed...who will look after them?" And then, in an understandably accusatory tone, they say to me "What about us"? And then they add, without using these exact words, but the meaning is clear: "You Mr. White Man, you have the drugs to keep us alive, but we can't get them. Why? Why must we die"? And I want to tell you: I don't know how to answer that. I have never in my adult life witnessed such a blunt assault on basic human morality. In my soul, I honestly believe that an unthinking strain of subterranean racism is the only way to explain the moral default of the developed world, in refusing to provide the resources that could save the mothers of Africa.

But right now, as I stand before you, I want to know: what will the religious leaders do about it? Surely, in the face of such a violation of fundamental moral tenets, you have an obligation to intervene.

And that takes me to my final proposition. In the last analysis, religious leaders are the best chance to influence the political leadership of the North as well as of the South. You have contacts everywhere. You have brother and sister churches and mosques and temples on all the continents. They support you, they often fund you, and they show solidarity with you. Your religious sway is not just Africa; it's the world. And what politician would refuse to meet with you? Who turns down a request for a meeting from a religious leader? You have an entry to the citadels of secular power that none of the rest of us enjoy.

What does it mean? It means that you should have a say in the Global Fund. You should storm the rhetorical ramparts and demand that the major OECD countries contribute the money, which they have promised – the famous 0.7% of GNP – but never delivered. You should have some sort of collective standing or voice at the G8 meeting. You should have a separate session at the Barcelona AIDS conference in July. You should have a presence in international decisions, wherever those decisions are made. You want a precedent? The Vatican has observer status at the United Nations, and often speaks, including at the UNICEF Executive Board; no government on that Board, at least while I was there, ever took exception to the Vatican's right to participate.

Religious communities historically have followed one of two tracks. There was the religious leadership which successfully fought for the eradication of slavery in the Congo; the eclectic leadership which supported the conscientious objectors in the Vietnam War and helped, thereby, to bring that foul war to an end; the Islamic and Hindu leadership which supported UNICEF's immunization campaigns in Asia and the Middle-East, overcoming the fears of the citizens, and doubtless saving millions of children's lives; the Judeo-Christian leadership that resisted the infant formula companies and supported the right to breast-feeding.

And then there was the other, woeful track; the religious leadership that supported apartheid; the religious leadership that was complicit in the genocide in Rwanda; the religious leadership that was silent during the holocaust.

No one wants a choice between the two. It's simply that when the history of the AIDS pandemic is written, you want it said that every religious leader stood up to be counted; that when the tide was turned, the religious leaders did the turning; that when the children of Africa were at horrendous risk, the religious leaders led the rescue mission. It's what all of us beg you to do; I submit to you that it's what your God, of whatever name, would want you to do.

Thank you.

**ANNEX 4: ADDRESS BY MS. CAROL BELLAMY,
EXECUTIVE DIRECTOR OF THE UNITED NATIONS CHILDREN'S FUND
(UNICEF)**



Mr. President, Excellencies, Distinguished Delegates:

UNICEF is grateful for this opportunity to join you in this important Assembly to help advance the cause that unites us all: building a World Fit For Children by putting an end to HIV/AIDS, and putting an end to the toll that it is taking on children.

Combating HIV/AIDS was one of the promises to children we made together at the Special Session on Children just one month ago in New York. It is a promise and challenge that, I believe, won't be won without the voice, active leadership and involvement of religious organizations.

It's not possible to overstate the devastating impact of this virus on children. At last count, over 40 million people are living with HIV – roughly a third of these children and young people. Around 800,000 children under 15 are infected each year, most through mother-to-child transmission. Nearly 14 million children under 15 have been orphaned by AIDS. And by 2010, in some of the hardest hit countries of Africa, around one-fifth of all children under 15 will be orphans, creating a breakdown in families that is already having a devastating impact on children, communities and, soon enough, nations.

With the unprecedented global mobilization to combat HIV/AIDS that has taken place over the past two years, we should be entering a period of optimism. At the highest levels the wall of silence around HIV/AIDS has been broken. We now have strong political commitment and government engagement. More and more organizations and stronger partnerships are being forged between government, NGOs and civil society. Major funding is being mobilized. We now know pretty well what works and what doesn't and where we should be investing our resources. And, thanks to the UN Special Session on HIV/AIDS last year, the world has agreed on a set of concrete, child focussed, goals and targets to halt and reverse the HIV epidemic among young people; to prevent mother-to-child transmission of HIV; and ensure that all countries develop and implement strategies to provide care and support for children infected and affected by HIV/AIDS.

Mr. President, these goals are attainable, and the possibility of large-scale action to defeat HIV/AIDS has never been greater.

Yet, despite this possibility, the pandemic rolls on. 15,000 people are infected with HIV every day – 7,000 of them young people. Children are still suffering and dying in numbers that no earlier generation could have imagined possible and entire societies are being buffeted by the pandemic.

Given the remarkable progress of the last two years, how can this be?

It all comes back to silence. We may have broken a wall of silence among policy makers and decision-makers. But there is a second wall of silence out there – a wall that is keeping young people from learning about HIV, and stigmatizing those who have it. And unless that second wall of silence is brought down, all the hard-won gains of recent years will have been for nothing.

Mr. President, this second wall of silence is much more intimate and personal – and consequently much harder to breach – than the first. It is the silence between husbands and wives, parents and children, boyfriends and girlfriends, teachers and students, health workers and patients, and also between religious leaders and the people they serve. It exists because of our discomfort to acknowledge the disease and the factors that drive it; our reluctance and hesitation to educate our young about sexuality and the dangers of growing up; and our failure to dispel the stigma and counter the discrimination surrounding it. This second wall of silence is about intimacy, sexuality, relationships – things we usually hold deeply personal, hidden and private. It is this “hiddenness” that is driving the epidemic.

Yet because of this second wall of silence the majority of young women in developing countries still do not know how to protect themselves from HIV/AIDS. Because of it, millions of children orphaned by AIDS are stigmatized and shunned, are forced out of their homes and schools, and denied health care. Because of it, struggling to survive, many children soon become high-risk targets for contracting HIV themselves.

Breaking down this second wall of silence requires more than lobbying in the corridors of power, more than pressuring governments and partners for more attention and resources. Breaking this wall requires a different approach: it requires the building of trust and confidence, a sense of safety in discussing the intimate, and the development of a sense of inclusion and solidarity.

To do this, action is required on the ground, in families and communities, and no one is better placed to do this than religious organizations. You have trusted personal relationships and the confidence of the people you serve. You have moral authority. And you are on the frontlines of this pandemic. Your colleagues are found in every city, town, village and rural district on the continent. You can spread the word about what it takes to confront and beat this terrible disease through your mosques, temples and churches, through your lay people and your women’s groups and youth organizations. The bottom line is that you have a unique power within your organizations, which, if mobilized, could change the face of this epidemic. The challenge is to realize it.

The very fact we are meeting here today is a major step in mobilizing this potential. This conference is a bold and visible sign of committed leadership by Africa’s major religious groups, who are taking an increasingly prominent and active role in the fight against HIV/AIDS, and in particular, for children. This meeting represents a significant step forward from last April when the Anglican primates declared, “We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the Church herself has been complicit in this silence. We have raised our voices in the past, it has too often been a voice of condemnation.”

Mr. President, our objectives remain the same: we must strive to prevent HIV infection in children and young people, as we care for and support those who are infected and otherwise directly impacted by HIV/AIDS pandemic.

Prevention remains a top priority. That is why UNICEF and our partners are working to ensure that every young person in Africa has access to basic information and services to avoid infection – and make sure they have it by 2005. Girls and young women, in particular, must have such knowledge and services, for they are the most vulnerable to infection.

In working with young people to prevent HIV infection, UNICEF is committed to “A-B-C” and to helping them make responsible and safe decisions about the challenges they face while growing up. A is abstinence. B is be faithful and C is proper condom use. Abstinence means just what it says. Young people should delay the onset of sexual activity. When they become sexually active, ideally as part of a committed relationship, then fidelity to one partner is vital to ensure mutual respect and love and to minimize the risk of HIV infection. And finally, for many young people, access to and proper use of condoms is key to reducing HIV risk and to saving lives. Underpinning all this UNICEF believes that helping young people learn about and develop their own moral codes – about responsibility, respect, trust and honesty – and the life skills necessary to act on these values is key to the prevention of HIV.

These clear messages and strategies for prevention are contained in a major UNICEF-backed campaign called “What Every Adolescent has a Right to Know”: a campaign to ensure that all young people are armed with the facts about HIV and how to prevent it; and to communicate these in ways that have meaning and influence in the lives of young people. We look forward to seeing how UNICEF can team up with you on this initiative to ensure that all young people in Africa – from Cape Town to Cairo to the Cape Verde – are armed with these life saving facts before the end of 2005.

Mr. President, in addition to working together to halt the epidemic, we must also scale up our efforts to ensure care and support for children infected or orphaned by HIV/AIDS. Today, nearly 14 million children under age 15, almost all in Africa, have lost their mothers or both parents to AIDS. While the impact of this loss differs across families, communities and societies, one thing is clear: a child’s life often falls apart when he or she loses a parent.

Again, the role and contribution of religious organizations – particularly at family and community levels – is key to ensuring that AIDS-affected children are not subject to stigma, discrimination and exclusion, and that they grow up in a loving, protective and caring family-like environment. At an absolute minimum UNICEF believes that there are a number of things which we, as adults, parents, community and religious leaders must assure. These are that all children whose families have been touched by AIDS must be healthy and well nourished; they must be well clothed and live in safe shelter; they must be supported and encouraged to complete their basic education; they must be involved in decisions that affect their lives; and they must live under the protection and care of a responsible adult who acts in the best interests of the child.

Mr. President, these points are the minimum that must be achieved for all children touched by AIDS, both orphans and those who have been directly impacted by the disease. They are doable and measurable – things important in the lives of children, things which we must commit our organisations to make real. Action to achieve them must be launched from a solid foundation of decisive leadership, serious resources and extensive partnerships involving governments, NGOs, civil society, the private sector, faith-based groups. And this action must be centered on families and communities. They are bearing the brunt of the unprecedented tragedy and, consequently, they are doing the most important work.

Together, UNICEF, Africa's religious groups, NGOs and active partnerships like those with World Conference on Religion and Peace and the Hope for African Children Initiative can help meet these challenges. We share the same goals for combating HIV/AIDS, and we share strong ethical values and a commitment to the fulfillment of children's human rights.

Mr. President, Distinguished Delegates: While we appreciate the scale and complexity of these challenges, at the end of the day there will be only one way to measure our success in combating HIV/AIDS – and that is in the lives of children. The bottom line is are young people getting the information and support they need to protect themselves? Are girls being empowered to take charge of their lives? Are infants safe from infection? And are children orphaned by AIDS being raised in loving, supportive environments?

My friends, these are the questions we must ask. They are the ultimate measures of the effectiveness of our leadership, of our on-the-ground work, and of our commitment to partnership.

Thank You.

ANNEX 5: ADDRESS WRITTEN BY THE MOST REV. NJONGONKULU NDUNGANE, ARCHBISHOP OF CAPE TOWN AND METROPOLITAN OF THE CHURCH OF SOUTHERN AFRICA



Presented by Rt. Rev. Johannes Seoka, Bishop of Pretoria

My dear Friends, faith leaders and those whose compassion is particularly focused on the welfare of children, I greet you in the name of the God who calls us into partnerships for life, and on behalf of the people of Southern Africa. I also bring you greetings on behalf of all people living with AIDS, the affected and infected.

I am deeply touched to be part of this assembly which gives us an opportunity to consider across religions and denominations, appropriate and effective responses for ministering to our children and to save their lives. I am grateful that we are here to build coalitions of hope for the future of the African children.

As you know, we are now confronted with a global catastrophe that threatens to undermine governments, decimate nations, and de-stabilize an entire continent and people. It was once thought that global war could do this, but no one ever imagined that a virus, which cannot be seen by the naked eye, could do something of this magnitude.

But we all know HIV/AIDS is doing this and more. AIDS is robbing us of our future by depriving our children of the nurture of parents and family. By the decade's end 44 million children will be orphaned by AIDS worldwide; limiting our children's ability to be educated and take their rightful place in the leadership of nations. Last year alone, one million children in Africa, lost their teacher to AIDS. And the disease is killing them outright – every minute a child dies of the affects of AIDS.

We are in a difficult period of Africa's history. As many of you know, South Africa has come through an arduous struggle for freedom and dignity of all our citizens. We have become living proof that a people can dream of a day of dignity for all people and begin to make that dream come true without civil war or bloodbath. When you look at the African continent, I need not tell you that this has usually not been the case.

The struggle against the legacies of colonialism has given us war, famine, oppressive governance, corruption and the ongoing tragedy of traditionalisms, like the subjugation of women and the neglect of children. These are frightful and terrible realities for those who continue the struggle for justice and peace.

But as a people we have prevailed because of Ubuntu. Professor CLS Nyembezi describes the value of Ubuntu thusly:

- To live and care for others;
- To act kindly toward others;
- To be hospitable;
- To be just and fair;
- To be compassionate;
- To assist those in distress;
- To be trustworthy and honest, and;
- To have solid grounding in morals.

These inherent African values mean that we are interdependent by our very nature. We must care for one another as members of the human family, regardless of our means and abilities. Ubuntu values human life as lived in the context of relationship and thus is valued through the maintenance of right relationships.

Therefore let me point to four concerns that will affect the way that we, as faith leaders, will lead our communities in responding to HIV/AIDS, especially as it affects children.

First, interfaith collaboration can empower us in our struggle against AIDS. The United Nations has described the HIV/AIDS as a global emergency. UN Secretary General Kofi Annan declared AIDS a “tragedy of Biblical scale.” We cannot waste time on the subtleties of doctrinal discussions of theology and faith. We cannot base our solutions on mere sectarian approaches. Because the God of all history calls all of us to a deeper commitment in faith, we can commit ourselves to working together as partners.

By such work, we can expand our reach into every community and village. Our people are faithful. When they see their leaders working together to build up communities and save lives, they will be inspired to do as much. We are called by God to live into dynamic relationships based on the common bond of our humanity and the concern for our children. In order to prevail over the threat of AIDS, we must form partnerships for life.

Second, we must mobilize our communities to reduce stigma and support our children. Let’s be frank about this. Stigma is a sin. Stigma is opposed to all that God has given us. It denies the very premise common to all religions, that we all are children of God, created in the image of God. Stigma destroys self-esteem, decimates families, disrupts communities, and annihilates hope for future generations. Stigma immobilizes us in fear and shame. We must end it. Because we can speak to matters of both our humanity and God’s will for us, each of us as religious leaders must speak out. We can change the way our people respond to the challenges of HIV/AIDS by being examples of the God of love and justice. We must reach out and touch those living with AIDS. We must present ourselves publicly for voluntary counseling and testing (VCT), and we must advocate for and free up resources to minister to people with HIV/AIDS.

Our children’s lives depend upon our success in ending stigma. We have everything to lose if we do not. After all, we are building for a generation without AIDS.

Third, as ‘engaged leaders’ we can make a difference on policy priorities – both in Africa and globally. All governments, as scripture tells us, are subject to and derive their authority from the people and from the rule of God. This means that national priorities and policy are part and parcel of our responsibility as religious leaders and citizens, those to whom government is accountable before God.

In my own country of South Africa, we have moved from crisis to crisis with our government. We have had to educate leadership and bring government to the table. We have formed an alliance for hope with the trade unions, religious communities, and people infected with HIV/AIDS. For a fledgling democracy, this has not been without its challenges. Nonetheless, hope has prevailed as sober judgment and the reality of compassion has begun to persuade even the most hardened decision-

maker. We have had to lift our voices in protest to be heard. At the end of the day, we have come together in a partnership for life – faith communities, advocates and government. This model empowers us to move beyond confrontations over death.

If faith communities are not advocating for the children and the future, then we are part of the problem and not part of the solution. Both God and history will judge us harshly if we fail to build for the lives of our people.

Fourth, we are a voice for children. About children, it has been said that the present is not so much the legacy of the past, though indeed we are affected by it. The present is really what we borrow from our children's future. We have, both moral and spiritual obligations to be their voice in a world dominated by power and violence. If we would build a generation without AIDS, we must begin with them.

Every day when we face the fact that nearly 6000 adolescents and children become HIV positive, it is clear that we must do better and do more. We are the leaders of our faith communities; we must enable our clergy and people, to invest them thoroughly in preventing the spread of this virus that causes AIDS – HIV; and we must teach our children well that this disease is preventable. We must fill in where families have come apart from too many deaths and too much poverty. We must find ways of educating our children in our schools and colleges to build their lives with integrity and purpose. Our lives depend on it.

We must tell our children and our children's children of what God is doing through us. We have a duty in every age to remind our children of where they came from and how they were bought with a price. Our faith story is our history. Our story will build faith and sustain hope, even in the midst of chaos and despair. In a partnership for life, we have the opportunity to give witness to our dream: A Generation without AIDS.

My friends and fellow leaders, I look to you, I look to us all to leave here with a vision and the means of guaranteeing that our future and that of our children is secure. I call upon us all to make our prayers real by living into them. I call you and all of us to reach across that which may divide us and come together in a partnership for life. So I call upon each and every one of us to pray: God bless Africa. Guard our children. Guide our leaders, and Give us peace. For Jesus Christ's sake. Amen.

Thank you for your time and attention.

ANNEX 6: ADDRESS BY SKEIKH SHABAN MUBAJJE, MUFTI OF UGANDA



Ladies and gentlemen, I wish to greet you all with words of peace. That is al-salamu alaykum. I praise, oh mighty Allah, who has enabled us all to gather here to discuss the important issue of how to address the impact of HIV/AIDS on our children. I would like to thank the organizers for inviting us, and for the warm reception they have given me and my delegation from Uganda. I would like to give you our experience in Uganda of engaging the Muslim community leadership in dealing with HIV/AIDS related issues, including orphans, and vulnerable children.

The Muslim community in Uganda is organized centrally at the Uganda Muslim Supreme Council, led by the Mufti. In addition the community is organized under many non-governmental organizations targeting specific groups such as the youth, women, and the professionals such as teachers and health professionals. The Uganda Muslim Supreme Council, which I lead, started addressing HIV/AIDS in 1989. This was done in partnership with the Islamic Medical Association of Uganda (IMAU). This is a non-government organization consisting of Muslim health professionals, specializing in health promotion, and that is the organization headed by our brother, Dr. Majid Kagimu.

The Muslim community leadership, both at the district and national levels, in partnership with Muslim health professionals, discussed issues related to HIV/AIDS in 1989, as I mentioned before. It was concluded that stopping AIDS, and turning off the tap of HIV transmission was a struggle to control the behavior of individuals and their communities. This struggle is the jihad of the soul, to control dangerous behaviors, according to Islamic teachings of prophet Mohammed, (Aleihi al-Salatu wal Salam).

The Muslim community leadership therefore, rededicated themselves to this “jihad on AIDS” in order to allow their followers to control their behavior, so as to avoid AIDS. Consequently Imams, who are the Muslim leaders at the local grass root levels, were trained to address HIV/AIDS related issues, including assisting orphans. It was emphasized that the Imams should use Islamic teachings to support their message to the community. For example, there is the Koranic teaching, in chapter 2 verse 215, “when they ask you, O Mohammed (pbuh), soul of all Islam, what they should spend in charity, say: whatever wealth that you spend, that is good for the parents, and the kindred, and orphans, and those in want and the wayfarers, and whatever you do that is good, Allah knows it well.” With such teaching the Muslim community was encouraged to be compassionate to all those affected by AIDS. We have so far trained over 850 Imams – those are the mosque priests and our leaders – in the country, but due to the limitation of financial resources we still have a long way to go. We need to mobilize and train the 6,700 Imams in Uganda so that they continuously educate our communities to address all HIV/AIDS related issues. This is our vision of a mobilized Muslim community leadership.

We have been working with Muslim leaders internationally to promote this Islamic approach to address HIV/AIDS. In November 2001, we held the first international Muslim leaders consultation on HIV/AIDS in Kampala where we discussed our main resolution to increase our participation in addressing HIV/AIDS related issues. We have also been working closely with our government agencies at the district level and at the national level including the Uganda AIDS Commission, and the Ministry of

Health. We have worked together with these agencies to make strategic plans and mobilize resources to address HIV/AIDS. In addition we have been working with international agencies such as USAID, UNDP, UNICEF, and the World Health Organization to mobilize resources to assist our communities. We have been collaborating with other religious leaders both nationally and internationally, because in Uganda recently we formed the Inter-Religious Council of Uganda headed by the four leaders of the four main religions in Uganda. We formed a council of presidents. Now I think it a pleasure to mention that we have here the Chairman of the Inter-Religious Council of Uganda, our father the Cardinal of the Catholic Church of Uganda. So I feel that we have been collaborating with other religious leaders nationally and internationally. We are members of the AIDS committee of the Inter-Religious Council of Uganda. In addition, we have been participating in the activities of the World Conference on Religion and Peace, in particular the Hope for African Children Initiative, HACI.

As Muslim leaders we have been advocating for caring for the needs of orphaned children affected by AIDS. These needs include health, education, food, shelter, and their general welfare. Some of our education institutions have a special policy to admit and assist orphans. As religious leaders we are already working with our communities to assist them to address the problems of HIV/AIDS. With more resources, including human, financial, and technical resources, we can do better and we can do more for our communities and our children affected by HIV/AIDS. We need to provide holistic care for our children affected by AIDS. We need to take care of their immediate needs such as health, education, and general welfare. However, we also need to provide a supportive environment for them. This includes reducing poverty and promoting the development of our communities. In addition, we need to turn off the HIV transmission tap. We need to continue working hard to prevent AIDS in our communities. It is this integrated approach that will be most beneficial for our children. If all the communities, under their leaders, work harmoniously together with all partners and stakeholders to fight AIDS, and if they use the motivation of their faith for action, I can see ourselves dealing a level blow to the AIDS scourge.

I pray to the Lord Almighty, Allah, to assist us in all our efforts. Once again I thank you very much for inviting us. I wish you a happy and a fruitful deliberation.

ANNEX 7: CLOSING CHARGE BY CANON GIDEON BYAMUGISHA, CHURCH OF UGANDA



One of the things that gives me hope to live on, and courage to fight on as a person living with HIV/AIDS is the progressive commitment I see being generated to fight this epidemic since I was diagnosed with this disease in 1992. Indeed, a day when new infections have been controlled and all the surviving children have the love, care, and support that is needed to deal with the impact is beginning to seem possible within my lifetime, considering the variety and seriousness of the plans and action now in place.

Mr. Chairman, therefore allow me on behalf of all people living with HIV/AIDS, their families, relatives, and friends, to applaud you for giving us yet another milestone, another landmark, to look forward and backwards to in our fight against HIV/AIDS. As people whose bodies have the virus that finally will bring AIDS and death to our lives, we have so many things that cause us anxiety and depression and sometimes lead us to rapid deterioration and arid death, but the biggest of these is the worry, not of what we shall eat or where we shall sleep, but what will happen to our children when we die.

I am happy therefore to tell you, my fellow delegates, that the Hope for African Children Initiative, and what has transpired within this assembly, will give us reason not only to live our lives as fully as possible but also the energy to engage productively in the partnerships that are very important in stemming the tide of HIV/AIDS and in addressing its effects on our children. Unfortunately Mr. Chairman, you know very well that there are so many documents that have raised our hopes in the past as Africans, as a people with AIDS, as women, as children, but that have not been given the financial and moral support, and the commitments needed to translate these pledges into tangible benefits. To repeat the plea from the chairman, in the name of the loving God, the most merciful, and most gracious, I beg you fellow delegates, I implore you, that these plans of action we have generated in this conference, in this assembly, do not become forgotten in the many files we have back home.

I will be the most happy person alive on earth if the proposed African Religious Leaders Council puts in place mechanisms that will enable us to measure our progress that we will make in the next 5 years on each and every point in the commitment we have made. And, if I am dead by that time, the evaluation assembly of 2007 will be a befitting memorial on behalf of all African children.

One more thing I ask you. You have committed yourselves to fighting stigma. But if you will succeed in fighting this stigma, there must be a reexamination of the stereotyping we have given to HIV/AIDS. The thinking that one must misbehave, must be loose sexually, must lack seriousness in order to get HIV/AIDS must be changed, brothers and sisters. Over 60 percent of women carrying HIV/AIDS in their bodies have never had sex outside their marital relationships. So many of our brothers and sisters in the health profession have picked up this virus and have gone on to pass it on to their loved ones without knowing or without being loose. Many of our parents who pass on the virus to their children are not in any way inconsiderate. They are not in any way irresponsible. The fact is they don't have the skills, they don't have the services, they don't have enough information.

People ask me “How did you become infected?” “Did you become infected before you became a priest or afterwards?” What are they looking for? They are looking for judgmental things. Unfortunately I always disappoint them because I don’t know how I became infected. I have 3 pints of blood that are living inside me, which were put in me. The person who gave me the blood is dead, and the wife is dead, of AIDS. I have 300 injections in my body, any one of those injections could have been infected. When I got married in 1987, before I lost my wife, we never tested for HIV. Any one of us could have brought HIV/AIDS into the family. Why do we look for things to judge ourselves and judge our people?

The day when many pastors and sheiks are saying “be fruitful and multiply” to our brides, that day some of our virgins pick up the infection. They have not committed adultery. They have not been unfaithful. But because of lack of information, lack of skills, lack of services, they get infected. So I implore you to change the attitudes, the images we give to AIDS: in our drama, in our sermons, in all our utterances against HIV/AIDS. And now, my brothers and sisters, my uncles and aunts, may the God of peace provide us with every good thing we need to do his will, and may he recognize in us that which is pleasing in his sight. Amen.

ANNEX 8:**NAIROBI ASSEMBLY FINAL DECLARATION AND PLAN OF ACTION****FINAL DECLARATION**

Children in Africa are being crushed by HIV/AIDS. More than 14 million have lost one or both parents. Many are sick, suffering cruel deprivations, and are frightened and alone in a world where no one seems to care. Worse, there is yet another burden. These children are stigmatized, made to feel ashamed by the source of their suffering, HIV/AIDS.

We men and women, senior representatives of Africa's religious communities, have come to Nairobi from more than 25 countries to confront the terrible impact that HIV/AIDS is having on our children and their families. All of our religious communities are living with HIV/AIDS, and we share the pain of all those who suffer from its effects. Called by and respectful of our different religious traditions, we stand united on two fronts: to protect and care for children impacted by HIV/AIDS, and to denounce and fight the heavy yoke of stigma that our children are forced to carry.

We proclaim the fundamental dignity of every child rooted in the sacred origin of life. Our religious traditions compel us to act on behalf of children affected by HIV/AIDS. Many elements of African culture such as the concepts of UBUNTU and HARAMBEE inspire us to pull together as communities to confront problems that deny a fullness of life for all, especially those affected by HIV/AIDS. We must lead efforts to change attitudes, adopt policies, and devote resources to protect our children, insuring that all vulnerable children, in particular girls, receive their rightful share of all resources – educational, medical and spiritual. We must work to help them build a future free from the scourge of AIDS.

Our religious traditions teach us that human sexuality is a gift from the Creator, and that we must accept the responsibilities of this gift. We recognize that HIV/AIDS is a problem that compels us to re-examine our traditions for guidance. It is our duty as religious leaders to lead the fight against HIV/AIDS basing our actions on these new understandings.

All people have the right to information on how the spread of the disease can be stopped. With conviction, concern and compassion, we commit ourselves and urge our believers to work to stop the spread of this disease in ways respectful of conscience as it is informed by our religious beliefs.

Our capacities for caring for children impacted by HIV/AIDS are substantial. From the smallest village to the largest city, at district, national, and international levels, religious organizations offer the largest social infrastructure to provide care and support, to share information, and to mobilize community responses. Our communities are already on the front lines in responding to the devastating impact of the pandemic. Fully 90% of HIV/AIDS care workers in Africa are women of faith; we gratefully recognize and commend their efforts and pledge to provide them greater support.

We acknowledge that we have not fully unleashed our communities' rich assets for action. Our messages have not always been consistent and our voices have not always been heard. We have been reluctant to speak openly about HIV/AIDS. Too often our own ignorance, fear and denial have held us back as teachers about HIV/AIDS in our communities. Moreover, many of our communities' capacities for positive action to care for our children have not yet been adequately engaged.

We pledge to make the fight against HIV/AIDS and its impact on children, young people and families a priority. We commit to:

- Speak out at every opportunity to defend the dignity of every person, to break the silence and stigma that haunts those affected by HIV/AIDS, particularly children;
- Work harder to educate ourselves and the members of our communities;
- Encourage mutual respect, healthy relationships and sexual integrity among all persons, and provide the moral guidance essential to our children's healthy development;
- Help make available clear and accurate medical information on how HIV is spread and methods to stop its transmission;
- Advocate with our governments to commit more resources and more energy to combating HIV/AIDS, especially to addressing the needs of children, and to hold adults accountable for the tragedy of child abuse;
- Support stakeholders and affected persons as they systematically review traditional practices to assess their impact on HIV/AIDS.

Religious communities have an essential role to play, but we cannot succeed alone. We commit to working in partnerships with all sectors of our societies in providing the necessary care for our children. In particular, we call on our governmental leaders to fulfill the political, financial and goodwill commitments they made at the Abuja Summit and to give greater attention to the particular needs of children. We urge them to review NEPAD to insure it appropriately addresses HIV/AIDS and its impact on children and families. Finally, we urge our governments to place a priority on funding community based and led efforts. We pledge our readiness to work with them to meet these goals.

14 million orphans is more than an African crisis; it is a disaster for the human family. In practical terms, partnership with the rest of the world is needed, in moral terms it is required. We appeal to the international community, particularly wealthy nations, to provide the external resources that are needed to overcome this scourge. Their capacity to make a life or death difference on so many children impacted by AIDS is their moral responsibility to do so. They must honor their commitments to increase HIV/AIDS funding, in particular meeting the \$7-10 billion annual goal set for the Global Fund on AIDS, TB and Malaria. In addition, we call on them to ensure that Africans suffering from HIV/AIDS have access to essential medications.

HIV/AIDS is not just a health issue, but a development issue as well. Nations need to honor their pledges and commitments both for debt relief and for HIV/AIDS funds. We call on them to immediately cancel outstanding debt. We urge the G-8 governments to deliver additional, substantial, tangible resources when they meet next week in Canada.

We value the Hope for African Children Initiative (HACI) because only a dynamic expanding partnership of all stakeholders can address the needs of our children. HACI brings together religious communities, other civil society groups, international development agencies, governments and intergovernmental agencies as partners, each contributing in own essential strengths. Within HACI, we look forward to working with the World Conference on Religion and Peace to expand the work being done in our local communities to care for children.

As people of faith, we share in the suffering of all those affected and infected by HIV/AIDS, but we remain filled with hope. AIDS need not be a death sentence. Today, in communities across this continent people are finding ways to meet the needs of children and families through counseling, education, treatment, transition planning, prevention, and many other interventions. We have increased knowledge of what works. Our challenge is to find ways to ensure that every child victimized by this disease receives the needed care. We pledge our energy and resources to achieve this goal. With the help of the Divine, we will see a world free of HIV/AIDS where every child has hope for the future.

PLAN OF ACTION

In making HIV/AIDS a top priority in our religious communities, we pledge to carry out the following action steps to address the impact of HIV/AIDS on children. We commit ourselves to:

1. Promote and develop a theology of compassion, love, healing and hope that can break through the judgment, shame and fear so often associated with HIV/AIDS.
2. Work tirelessly to reduce the discrimination and stigma faced by children and adults affected and infected by HIV/AIDS and to address social, religious, cultural and political norms and practices that perpetuate it. In particular, we will speak publicly at every opportunity, particularly from our pulpits, to counter such stigma and discrimination and affirm the God-given dignity of all persons, particularly children.
3. Increase the human, material and financial resources that our communities devote to addressing the AIDS pandemic, and designate an HIV/AIDS focal point in each of our communities to assist in gathering information and developing program strategies.
4. Actively involve persons infected and affected by HIV/AIDS as essential resources in our response to the impact of HIV/AIDS on children, families and communities, especially in worship, education, training, prevention, advocacy, and program development.
5. Further recognize and strengthen the role of children, young people, and women in combating HIV/AIDS and caring for vulnerable children.
6. Focus on the particular vulnerability of girls in the face of HIV/AIDS and give them special protection, and address gender roles and relations in our communities that contribute to the vulnerability of women and girls to HIV infection.
7. Utilize the existing infrastructure and communications networks within our religious communities to disseminate information through accessible means relating to prevention, treatment, advocacy, and care of children affected by HIV/AIDS, and to build capacity to enable religious leaders to provide needed education and training in our communities on all aspects of HIV/AIDS.
8. Develop curriculum that integrates HIV/AIDS into theological and religious education particularly on issues related to its social effects, discrimination and stigma and that strengthens moral education on healthy relationships and sexual integrity in the context of HIV/AIDS.
9. Strengthen multi-religious collaboration at the local, national, regional and international levels to provide assistance and support to adults and children infected and affected by HIV & AIDS, and create mechanisms that can provide a unified voice of the religious communities in our advocacy for children.

10. Advocate with all levels of government and their agencies to establish policy priorities and devote resources that adequately support and protect children, in particular we will push African governments and the international community to fulfill the commitments they have made through the Abuja Declaration, the Global Fund for AIDS, TB, and Malaria, and at G8 Summit meetings, as well as at United Nations General Assembly Special Sessions on HIV/AIDS (June 2001) and Children (May 2002).
11. Support greater partnerships between the religious communities, governments, UN and other international agencies, civil society and the business sector to increase capacity to care for and support children. Religious communities look to these partnerships to expand their capacity in areas such as program management, financial accountability, technical skills, and training.
12. Endorse the 5 core strategies for intervention on behalf of children and the 12 “Principles to Guide Programming for Orphans and Vulnerable Children” that have been developed by a wide range of international agencies, and apply these guidelines in all our work with children affected by HIV/AIDS. (Full list is attached)
13. Support the role of the Hope for African Children Initiative and work as active partners in its mechanisms to increase the resources available to local community programs that care for children in need.
14. Call on The World Conference on Religion and Peace to form under its auspices an African Religious Leaders Council to coordinate multi-religious collaboration in Africa, in particular overseeing the implementation of this plan and the ongoing involvement of religious leaders in efforts to care for children affected by HIV/AIDS.

Adopted by consensus, 12 June 2002, Nairobi

STRATEGIES AND PRINCIPLES TO GUIDE PROGRAMMING FOR ORPHANS AND OTHER VULNERABLE CHILDREN

The five strategies listed below have been part of the Children on the Brink series. The 12 principles were developed by UNICEF, UNAIDS, and USAID and evolved from widespread consultations among governments, NGOs, international agencies, the private sector, community organizations and young people.

These principles provide practical guidance for implementing the five strategies in order to guide a rapidly accelerated expansion of actions to strengthen the capacities of families and communities to ensure the rights of orphans and children affected by AIDS are fulfilled, respected and protected. The principles promote actions that are child-centered, family and community focused and human rights based.

Strategies to Assist Children:

1. Strengthen and support the capacity of families to protect and care for their children.
2. Mobilize and strengthen community-based responses.
3. Strengthen the capacity of children and young people to meet their own needs.
4. Ensure that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children.
5. Raise awareness within societies to create an environment that enables support for children affected by HIV/AIDS.

Summarized Principles:

1. Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities.
2. Strengthen the economic coping capacities of families and communities.
3. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans and vulnerable children, and their caregivers.
4. Link HIV/AIDS prevention activities, care and support for people living with HIV/AIDS, and efforts to support orphans and other vulnerable children.
5. Focus on the most vulnerable children and communities, not only those orphaned by AIDS.
6. Give particular attention to the roles of boys and girls, men and women, and address gender discrimination.
7. Ensure the full involvement of young people as part of the solution.
8. Strengthen schools and ensure access to education.
9. Reduce stigma and discrimination.
10. Accelerate learning and information exchange.
11. Strengthen partners and partnerships at all levels and build coalitions among key stakeholders.
12. Ensure that external support strengthens and does not undermine community initiatives and motivation.

ANNEX 9: WOMEN'S PRE-ASSEMBLY CAUCUS STATEMENT

We, women of Africa from over 25 countries, representing all faith communities, together with international organizations such as UNIFEM and UNICEF under the auspices of WCRP, met on June 9, 2002 in Nairobi, Kenya to deliberate upon the gender dimensions of HIV/AIDS and its impact on children and women.

Despite the many steps forward, a number of global goals remain out of reach for hundreds of millions of women and children throughout the world. Their lives and futures are threatened in a world marked by deeper and more intractable poverty, gender disparity and greater inequality between the rich and the poor, which continue to cause the proliferation of war, conflict and violence, various types of abuse, the deadly spread of HIV/AIDS and discrimination against women and children, particularly the girl child.

We noted with deep concern the following as the most critical areas in the fight against HIV/AIDS:

- Prevention and Stigma;
- Cultural & Traditional Practices
(wife inheritance, early marriage, property disinheritance, etc.);
- Psycho-social Support;;
- Research Ethics;
- Burden of Care on Women;
- Resources (Financial, Material, Good Will);
- Access to Medical Treatment and Care;
- Documentation and Information, Communication & Education;
- Underlying Issues of Conflict & Poverty and Its Impact on Women and Children and particularly the Girl Child.

Through the sharing of experiences, best practices, and lessons learned, we firmly acknowledged the current efforts by faith communities, especially:

- Community Awareness and Sensitization;
- Home-based Care and Support;
- Capacity-building and Mobilization of Committed Religious Leadership;
- Policy Advocacy;
- Women's Economic Empowerment;
- Creation and Dissemination of Education Awareness Material;
- Breaking Taboos on Sex Education;
- Campaign on Access to Medical Treatment and Care;
- Strengthening Networks Among Faith-Based Communities and Other Stakeholders;
- Utilization of media by religious communities in addressing HIV/AIDS.

Therefore, we recommend the following:

1. Urge the implementation of God-given divine rights to women and children.
2. Support the implementation of the global commitments on women, which include the Beijing Platform for Action, Convention on the Elimination of All Forms of Discrimination Against Women, Convention on the Rights of the Child, United Nations General Assembly Special Session on HIV/AIDS, and the Abuja Declaration and Plan of Action.
3. Utilize daily congregational platforms for open dialogue on HIV/AIDS.
4. Form inter-and intra-religious committees on HIV/AIDS at various levels (national, institutional, and grassroots).
5. Extend support and care to people infected and affected by HIV/AIDS.
6. Strengthen inter-religious networking and cooperation.
7. Mainstream HIV/AIDS education in training of all clergy.
8. De-stigmatize HIV/AIDS.
9. Encourage voluntary counseling and testing among political and religious role models.
10. Encourage faith communities, local and international donors and government to engender resource distribution.
11. Urge religious leaders to recognize and involve women of faith in decision-making at all levels.
12. Urge religious leaders to investigate and denounce unethical research practices.
13. Encourage religious leaders to play a proactive role in stopping all forms of child abuse (child labor, child soldiers, sexual abuse and prostitution).

Every day that the full-scale campaign needed to stop the terrifying HIV/AIDS pandemic is postponed, more women and children become infected or affected with the fatal virus. These are gross violations of human and children's rights. Although there is need for political will and unwavering commitment on all levels of social action to successfully mount this campaign, the moral responsibility lies squarely upon the shoulders of religious leadership.

ANNEX 10: YOUTH FORUM DECLARATION

1. PREAMBLE

We, the youth from diverse religious and ethnical backgrounds from all over Africa, gathered at the youth forum on the 9th June 2002 during the first African religious Leaders Assembly of 9th – 12th June 2002 in Nairobi, Kenya, would like to convey our gratitude to WCRP leadership for:

- i. Their timely action in convening this gathering to deliberate and take action on issues regarding HIV/AIDS with special focus to children;
- ii. Recognizing the important role of the youth both in the decision-making process and the contribution to anti-AIDS activities in the society.

It is our prayer that the Assembly brings hope to our continent by developing and adopting inclusive and practical strategies in combating the scourge. This could be a grand opportunity for all people of faith to jointly define the destiny of humankind.

2. RECOMMENDATIONS

Aware of the grave impact of HIV/AIDS in our society and with particular focus on children and young people;

In recognition of the potential and synergy of young people within the religious communities;

Concerned by the lack of effective and practical concerted effort in addressing the problems of the scourge and acknowledging the fact that we are the most infected and affected by the HIV/AIDS pandemic due to our vulnerability;

Realizing that the solution to the pandemic lies with us and concerned that the youth are not involved in the leadership, planning and implementation of policies and programs related to children and youth affected and infected by the HIV/AIDS scourge;

Therefore, upon deliberations and interactions during the forum, we hereby communicate to the Assembly as follows:

1. That the youth must be directly involved in decision-making processes and program activities of WCRP at all levels.
2. That the existing youth leadership structure of WCRP International be interpreted to the regional and national levels for collaboration on advocacy and implementation at the grass roots level.
3. That WCRP in full collaboration with the entire African Religious Leaders Assembly must support and facilitate the formulation of deliberate policies on orphans and vulnerable children for effective operation of HACL.
4. That religious leaders must enhance empowerment of young people in their involvement in community initiatives for caring for orphaned and vulnerable children, for example through the creation of revolving trust funds.
5. That this Assembly comes out with and adopts a mechanism which can support and facilitate multi-religious youth and children exchange programs (from national to international levels) geared towards building the awareness and knowledge of issues affecting humankind.

3. ACTION

In order to realize the above and subsequent contributions by the youth to HACI activities we have therefore formed an interim continental youth coordination body to liaise with the WCRP African and national affiliates and entire religious leadership structures in:

- a. Facilitating the information dissemination on HACI and other activities amongst the youth network in Africa;
- b. Coordinating the processes of imparting knowledge and skills to the national contact persons through training and awareness raising for their effective implementation of HACI programs;
- c. Convening the proposed Continental multi-religious youth gathering within one year;
- d. Initiating WCRP programs at local and sub-regional levels whose hallmark will be the continental youth gathering.

We propose that the formed body that is multi-religious with a wider sub-regional representation start with immediate effect communication and exchange of ideas with the WCRP Department of World Wide Services. This however must be done in close collaboration with regional and national inter-religious bodies.

For this process to be harmonious and procedural, we have also put in place an interim convener of the group.

4. CONCLUSION

On the basis that we are in possession of common deeply held religious and cultural values, it is our strong belief that with functional support young peoples' contribution can aid in bringing to a halt the effects of the scourge. It is our intention therefore to fully participate and support the religious leaders role in HACI programs and do confirm our commitment to the outcome of this Assembly.

We request the Assembly and leaders of WCRP to accept our suggested action. These are envisaged as elementary strategies and a starting point for our inclusive collaborative efforts in addressing the HIV/AIDS pandemic (and the plight of children and young people), conflicts and wars in our land, etc.

Let us plant in our people a culture of cooperation and spirit of togetherness as these become fundamentally important in moving our continent from a scene of gloom and doom to a position of gladness and dance.

Thank you and may God bless all of you.

Signed by participants to the Youth Forum.

ANNEX 11: WORKING SESSIONS REPORTS

Morning Working Sessions: Dimensions of the Problem

1. DISCRIMINATION/STIGMA

Chairperson: Most Rev. Prof. Kwesi Dickson

Resource persons: Canon Gideon Byamugisha/Mr. Calle Almedal

Summary of discussion

Discrimination is often exacerbated by and based on race, gender, social status; much of it is unconscious, but some is also conscious. There are also various degrees of stigma (moderate – such as ostracism, being disowned by family, friends, relatives, religious organizations; to severe – such as being stoned). The way traditions get interpreted can also cause stigma.

As long as stigma is present, efforts aimed at prevention will never be enough. It must be recognized that AIDS will have an impact on Africa greater than slavery and colonialism. 8% of the world's population carrying is 90% of the world's AIDS burden.

There is a serious question of ignorance: how to ensure that religious leaders are given accurate and plentiful information in a way that equips them/provides them with the skills to deal with various complex situations? Many mosques, churches, and temples have used HIV/AIDS to control the congregation, rather than using the congregation to control HIV/AIDS. A distinction needs to be made between service and mission – i.e. overall humanitarian service is needed, regardless of religious conversion.

Recommendations for Action

1. Religious leaders need to advocate and address healing of the minds (the question needs to be asked – is our business one of shaming or healing?).
2. A turn around, or conversion, is needed to ask what can be done to eradicate stigma.
3. Religious leaders cannot move forward with credibility unless they speak in the language that people understand and appreciate.
4. The challenge is to be compassionate in our spirituality.
5. Religious leaders need capacity building and training on issues of stigma and discrimination.

2. CARE AND SUPPORT FOR CHILDREN

Chairperson: H.E. Cardinal Emmanuel Wamala

Resource persons: Mr. Stefan Germann/Sr. Marie Jose Garcia

Summary of Discussion

Religious Leaders need to make a commitment to support children affected by HIV/AIDS. Continuous Traumatic Stress Syndrome will lead a child into growing up into a dysfunctional adult, which on a large scale can lead to the breakdown of society in the long term. Orphanages are not the answer to the question of how to support children. Communities need to be there to assist their children and to equip them to become the leaders of tomorrow. There needs to be a holistic approach to orphan support with an emphasis on child rights and with the involvement of youth. Participants agreed on the following main points: We need to look towards the Holy Scripture for guidance; we need to engage the community in spiritual reflection

around issues of orphans and social mobilization on a weekly basis so as to inspire action in our followers. What are some of the gender issues and cultural practices that perpetuate abuse against women, and which need attention with respect to caring for the girl child? The religious institutions need to be sensitized to the UN Convention on Child Rights to bring a child-rights approach to planning for the care and support of children.

Recommendations for Action

1. There needs to be spiritual reflection to promote a new lifestyle that drives social mobilization to support affected children and orphans. Strategically use places of worship as institutions of expanded community care and support actions for children affected by HIV & AIDS.
2. Orphanages are not suitable to provide comprehensive care for children. There needs to be information and exposure provided for religious organizations on existing and proven child-rights based local responses that support orphans. Reflect on communities across religious lines for good programs and examples that show an emphasis on youth responses.
3. Girl orphans are more vulnerable and need special attention. Contemporary interpretation of sacred texts and traditions to determine the regard and treatment of the female gender is necessary.
4. The involvement of persons living with HIV/AIDS in all aspects of programming is key. There needs to be inter-religious collaboration which can provide a united platform to government and international agencies.

3. ENSURING THE CHILD'S FUTURE (EDUCATION, HEALTH, ECONOMIC OPPORTUNITY)

Chairperson: Mrs. Elizabeth Twissa

Resource persons: Ms. Jacinta Maingi/Mr. Amos Dzinza

Summary of Discussion

Religious organizations, because of the following factors, are well placed to provide efficient and cost effective services in the areas of health, education and economic support: structures are already in place; religious leaders have more credibility to convey relevant messages easily and they are listened to. They can mobilize communities to advocate and provide services for the needs of communities in general and the OVC in particular.

In support of the above, the group raised the role that is being played by the Catholic Church all over the world in promoting children's education side by side with its spiritual work. Other faiths also cited their respective experiences in this regard.

Consensus was reached that religious organizations are placed in a very strategic position to mobilize resources to benefit needy children in their respective communities. However, the leaders must play a proactive role to effectively exercise their moral authority through being transparent, mobilizing their followers to be able to address the felt needs of children and also giving adequate guidance. In general, it was indicated that advocacy within the religious structure is an important measure to be taken to exploit the maximum potential that religious structures possess.

Recommendations for Action

1. Religious leaders should be well equipped with conflict prevention and resolution skills. This will eventually help them to play a meaningful advocacy role to avoid unwanted bloodshed and instead focus on development endeavors that include, but are not limited to, promoting the education, health and economic needs of children.
2. We need to develop and/or adopt a communication framework for HIV/AIDS for religious structures in line with national frameworks, in countries where they are already adopted. The UNAIDS general framework was cited as an example to be expanded.
3. Religious organizations should also play a pivotal role in initiating teacher training centers that include providing psychosocial services skill training.
4. Religious organizations should promote, not only formal education, but also non-formal basic education; and they should advocate for universal primary education.
5. They should also advocate together (united) to give children free medication.
6. The issue of accountability was repeatedly raised as a drawback; religious organizations should not only ask for donations but also inform their followers and communities as well as governments on their achievements and resource utilization.

4. IMPACT ON PARENTS, FAMILIES, AND CAREGIVERS

Chairperson: Dr. Tsegaye Habte

Resource persons: Ms. Nyaradzai Gumbonzvanda/Dr. Geoff Foster

Summary of Discussion

There is a real danger of losing a whole generation of children at a time when the familial, community and societal systems were being overwhelmed. The very nature of the family is changing rapidly, with more and more single parents, child-headed families, and stressed elderly people. The families are facing reduced productivity and income; higher financial stress; and rising medical, legal and funeral costs. There is a critical need to rethink social systems and practices, including polygamy, rules of inheritance, protection of children and their schooling, and the stigma attached to the people infected and affected by AIDS.

A model of home-based health care being carried out in Zimbabwe is based on regular visits (almost every day) by care givers and volunteers to affected families to provide psychological support and care. There is a need to scale up such local programs so that similar community based efforts can be implemented throughout Africa. Family is still the primary structure of taking care of the AIDS infected and affected children. There is need to translate that care into community-level strategies and mechanisms. Communities have the best expertise and they are, in many cases, responding to the needs of orphans and other vulnerable children. Religions should promote the best traditional values and practices, including the emphasis on men's responsibility for the welfare of their families. Often times there is no communication within the family about AIDS and its impacts. Religious centers should become places for disseminating information and facilitating communication.

Much discussion focused on the causes for the spread of HIV/AIDS in Africa. Promiscuity, poverty, some cultural practices and other factors were mentioned. A consensus seemed to emerge that the onset and spread of AIDS were very complex phenomena and that all sections and strata of society were vulnerable. Women, in particular, needed to be empowered within the family and community. They also needed to be provided information and resources. Professional – doctors, lawyers, teachers, etc. – also needed to be implored and coerced to provide good role models and to carry out their duties and fulfill their responsibilities to individuals and society.

Recommendations for Action

1. Consideration of the natural traditions of the communities that HIV/AIDS impacts is imperative for the national and local religious organizations. Religion must promote cultural values that promote family values such as abstinence, extended family traditions, etc. It should not alienate people from valuable cultural traditions.
2. Families should be encouraged to create a living will that will dictate how their property shall be dispersed and how their children should be cared for in their absence.
3. Religious leadership must work with the community leadership such as the government entities to demand the prosecution of criminal conduct such as rapes and intentional prostitution of young children by parents and custodian adults.
4. Religious leaders should encourage the government to address hunger, which may contribute to behaviors that are fertile ground for infection, such as prostitution.
5. Religious leadership should try to reach rural areas, by involving local people in meetings so that they will return to their places and speak with their own people, as conventional means do not always get to the interior.
6. National religious leaders should lobby political leaders and the international community to establish free primary education.
7. Faith based organizations should work together at community level to encourage support of all vulnerable children, not just the ones that belong to their congregations.
8. Hold national, sub-regional and regional conferences of religious and spiritual leaders. Their involvement is paramount as soon as they are convinced that HIV/AIDS is real.
9. Religious organizations should work with laws inherent within communities and help sensitize both the religious leadership and community.

5. BUILDING AWARENESS/PREVENTION FOR YOUTH

Chairperson: Imam Cisse Djiguiba

Resource persons: Mrs. Kai Crooks-Chissano/Mr. Juma Ojwang

Summary of Discussion

The role of faith communities is to provide basic information to children about HIV/AIDS and its consequences, skills to postpone/delay sex until they are married, reduce incidences of HIV infection among children, and provide information on how children can prevent HIV infection. This should include spiritual messages for children regarding prevention, such as obeying parents and elders, respecting one's body, and avoiding dangerous behaviors like premarital sex, alcohol and drugs.

Helping young people better understand the risks in order to protect themselves from HIV infection requires building capacities at a number of levels:

- Individually it means looking at power relations, gender relations – the status of women in relation to men in the society and community and the influence on sexual negotiation and decision-making;
- Socially it includes mobilizing all sectors of society, broadening support for communities to respond in ways grand and small; giving young people the skills to provide care and support; and addressing basic needs such as water and sanitation, education, food, etc.;
- Economically there is need to mobilize public and private funds, locally and internationally, and to implement income generation projects which could impact on the collective or individual income and promote HIV/AIDS prevention interventions;
- Spiritually it means providing spiritual support, guidance and information to children and young people to make informed choices; promoting the translation of HIV/AIDS prevention messages into positive actions; and combating and dispelling fear, stigma and discrimination.

During the discussion the following questions were raised:

1. What moral, spiritual and social capacities do religious organizations bring to address the particular needs of children and young people to raise their awareness and prevent them from being infected?
2. How can/have faith communities utilize these capacities to increase awareness and prevention of HIV in children and young people?
3. Has the response been child-centered, family and community focused and human rights based? Considering the child's need for:
 - Education and awareness;
 - Basic survival;
 - Access to treatment;
 - Right to be treated with dignity;
 - Emotional support.

Recommendations for Action

1. Develop youth-focused training materials for spiritual leaders and for use throughout the various levels of their faith/religious structures. Provide information, which is gender sensitive, and involve youth/children in the design and development of messages of hope.
2. Faith based leaders should have a strong responsibility to address laws and cultural and traditional practices which impact children and young people.
3. Faith leaders should commit themselves at all levels to ongoing training for themselves, children, and young people on issues such as morality, spiritual and cultural practices.
4. Strengthen information collection and development of materials; resource mobilization and allocation; advocacy strategies to lobby for grants.
5. Request that WCRP, in collaboration with HACL, to set up a youth-centered interfaith taskforce, to collaborate and initiate a plan of action.

Afternoon Working Sessions: Strategies for Engagement

1. MOBILIZING LEADERSHIP AND RESOURCES

Chairperson: Mr. Muljibhai Pindolia

Resource persons: Dr. Magid Kagimu/Mr. Nicta Lubaale

Summary of Discussion

This working session addressed mobilization of leaders in terms of leaders' interaction both with outside organizations and with members of their own communities. For leaders to be effectively mobilized, outside organizations must not only present facts in the form of training manuals or seminars, they must also communicate specific goals and actions so that mobilization translates into practical, measurable applications. The group also recognized that mobilization programs must consider the human, material, and technological resources available to the target leader and community.

Community involvement was deemed central to the process of sustainable mobilization, and the group called for community-led accountability structures for leaders. Increased conversation about HIV/AIDS and prevention among religious leaders and their communities at the civic and family level was identified as a necessity. The group also called for equitable involvement of Persons Living With Aids (PLWAs) in the development and execution of mobilization programs and their resulting activities. The community was viewed as a widely untapped resource, and the group suggested that leaders should partner with skilled community members to establish apprenticeships and Income Generating Activities (IGAs) for PLWAs.

The working group recognized that in order for mobilization of leaders to be effective, ritual and cultural practices must be revisited and reevaluated in terms of the current social and health context. HIV/AIDS programs and prevention must be a community-wide priority, and stigmatization must be abolished.

Recommendations for Action

1. Engage and equip leaders with FACTS and SKILLS so they can meet needs of the community and end stigma.
2. Leaders should reevaluate traditional culture & rituals, and should encourage more openness with children (in the context of the present time).
3. Mobilize more human resources by restructuring retirement of religious officials so skills are passed on; and by involving PLWAs in program design.
4. Leaders must call for accountability, and community members should have influence for change.
5. Focus should be on those affected by HIV/AIDS.

2. REDUCING STIGMA/TALKING ABOUT HIV/AIDS

Chairperson: Sheikh Twaib Mukuye

Resource persons: Canon Gideon Byamugisha/Dr. Charlotte Faty Ndiaye

Summary of Discussion

There needs to be a change from using life threatening messages to life-enhancing messages. 60%-70% of infected women have never committed adultery. Women should be seen as resources and partners in the fight to reduce stigmatization. AIDS is preventable. It is important to make it clear that people doesn't get HIV from sex they get it from unprotected sex with someone who is infected. Infected people don't contract HIV/AIDS because they are necessarily promiscuous. Religious communities and international organizations need to explore finding a safe message and a lawful message imbued with morals and values.

Women with HIV/AIDS are stigmatized both as women and as people living with HIV/AIDS. More men need to be involved in the HIV/AIDS solution-finding process, in partnership with women, youth and local and national civil society actors. Focus should be on capacity building to provide support and training to women working on HIV/AIDS. Youth need appropriate role models to talk about sex. A person who has never been tested or who has not tried to abstain from sex would have less legitimacy speaking on this subject.

Recommendations for Action

1. Provide basic and on-going education and dissemination of information on HIV/AIDS amongst religious leaders and communities.
2. Focus efforts on the most vulnerable first, especially children and women in difficult circumstances.
3. Adopt positive statements, techniques and methodologies to reduce stigma by using language of love, care, and compassion; and thus, de-linking HIV/AIDS from narrow moral judgment.
4. Urge faith communities to move from a culture of silence to a culture of openness and dialogue. Through:
 - a. Partnerships between religious leaders, people living with HIV/AIDS (PLWA), youth and women.
 - b. Fostering Inter-generational dialogue
 - c. Partnerships with high-profile individuals

3. DEVELOPING NATIONAL POLICY ADVOCACY STRATEGIES

Chairperson: Mrs. Katumi Mahma

Resource persons: Dr. Paul Zeitz/Mr. McDonald Chaava

Summary of Discussion

The group discussed calling on African governments to immediately withhold debt payments to the World Bank, IMF, and wealthy G8 governments and commit to using those resources to eradicate poverty and implement HIV/AIDS interventions. To reform all policies and take urgent action to remove tariffs, streamline bureaucracy, and eradicate corruption from the drug sector to ensure that all medically eligible African have access to lifesaving triple-drug antiretroviral medications as soon as possible. To call for the review and reform of national laws and policies so that they conform to international frameworks to protect children and families affected by HIV/AIDS. To call for the holistic integration of national and traditional laws and policies to protect children and families affected by HIV/AIDS. In addition for each and every African governments to fully implement the Abuja Declaration and implement a plan for regional production of lifesaving triple-drug antiretroviral generic medications.

Recommendations for Action

1. African religious Leaders call for and will establish an African Religious Leaders structure that will carry out advocacy functions on the African regional level and on the global level with government, international financial institutions, and industry to protect children and families affected by HIV/AIDS.
2. African Religious Leaders commit themselves to continue and expand the full use of human and financial resources to address the HIV/AIDS pandemic.
3. African Religious Leaders urgently call for and will participate in independent monitoring and accountability mechanisms to ensure national laws and policies will protect children and families affected by HIV/AIDS.
4. African Religious Leaders will develop mechanisms to guard against manipulation by governments and development partners to ensure that participation is real so that our strategic plans are fully implemented.
5. African Religious Leaders immediately call for involvement of religious leaders in NEPAD to ensure that NEPAD is re-designed and implemented to protect children and families affected by HIV/AIDS.
6. African Religious Leaders will do research on their countries to determine what proportion of the national budget is provided for HIV/AIDS.

4. BUILDING PARTNERSHIPS WITH OTHER SECTORS

Chairperson: Most Rev. John Onaiyekan

Resource persons: Mr. Peter McDermott/Mr. Stan Phiri

Summary of Discussion

The presentations and discussion focused on the particular roles that religious communities do and can play in the fight against HIV/AIDS and how to strengthen their working relationships with other key actors.

In the area of best practices, it is important to focus on the quality of the services provided to children: what are the strengths of the religious communities, what are other actors/organizations doing, and what has worked. The religious communities can offer a great deal that no other sector has globally: experience (they are the ones giving care), moral and intellectual authority, and the ability to mobilize a civilian army to fight AIDS. The question was raised whether there is coherence among the religious communities at different levels, and what should be done globally, regionally and locally.

The group agreed that the government needed to be a partner with the religious communities, but that they need a mechanism for advocacy to ensure the government adopts proper policies, etc. Religious communities should also enter into a relationship with civil society, and the principles of such partnerships should be mutual respect, trust and transparency. Other key sectors that were mentioned included the media, police, traditional healers, and international partners and agencies.

Recommendations for Action

1. Consolidate, strengthen and bring individuals together at country, regional and community levels to develop a common voice/advocacy plan of action and strengthen unity/collaboration.
2. Endorse, adopt and apply the generally agreed 5 strategies and 12 principles to guide programming for OVCs at national, regional and community levels.
3. Review and strengthen the capacity and capability of both faith groups and development partners.
4. Engage more directly with the following key partners in every country:
 - Children
 - PLWA
 - Government
 - Civil society/private sector
 - International development community
5. In order to achieve this the following are required:
 - Technical and resource materials at all levels;
 - Capacity building – professional, human resource development;
 - Resources – financial, technical, material;
 - Skills – administrative/financial, networking, media, and advocacy.

5. ENGAGING RELIGIOUS STRUCTURES

Chairperson: Most Rev. Njeru Wambugu

Resource persons: Ms. Paddy Meskin/Mr. Calle Amedal/Ms. Battu Jambawai

Summary of Discussion

There is the need to engage men and youth leaders and groups in conversations and educational campaigns. Multi-faith structures are needed at all levels, also training and information dissemination. The harmful aspects of some cultural practices need to be dealt with, as well as the special issues of women and girls. Religions need to reach within their own structures. De-stigmatization requires love, compassion and reconciliation. It also requires conversion of individuals and communities. It is often the case that male children victims of HIV/AIDS are often neglected and more stigmatized than female children.

There is need for cross-fertilization of the efforts of religious and secular communities. Capacity building is needed in religious structures and bodies, including for advocacy, resource mobilization, accountability, sharing experiences, and promoting best practices.

The voices and concerns of youth need to be heard at all levels.

There is a need for religious centers to become information centers. Much media support is also needed.

There is a need to identify the motivations for volunteerism relating to HIV/AIDS. Religious leaders need to visit, individually and collectively, the orphan centers and become more engaged in their work.

Recommendations for Action

The challenge of AIDS for Religious leaders is a “wake up call”: there is a need to re-look at what has been done, as they have obviously not done all that is needed to be done.

1. Religious leaders need to promote a theology of compassion, healing hope and reconciliation. Within this theology, inclusion of women and youth as religious leaders should be recognized.

A unique message from the above theology is that religious leaders can offer their people something not offered within the secular community – i.e. that each human being is made in the image of GOD and has innate dignity of spirit and sacredness of body. This divine spark allows for hope to always be present for us.

2. Religious leaders have a unique position in addressing the issue of stigma through various ways, particularly through:
 - voluntary testing;
 - visiting with PLWA and in particular AIDS orphans;
 - speaking out from the pulpit in support and encouragement of PLWA.
3. Education and training should focus on development of curriculum/tool kit and a plan of implementation for:
 - Theological Faculties;
 - Religious Schools;
 - Religious Communities;
 - Study & Experiential Tours.

4. Resource mobilization and information sharing should:

- Produce of reader-friendly materials including in different languages;
- Facilitate such information flowing both “top down” and “bottom up”;
- Establish documentation centers for future generations.

5. Forging partnerships, building capacity and creating collaboration. Religious leaders are uniquely placed, as they have the ear of many leaders in so many areas. They should:

- a. Form partnerships with other religions, governments and funders to carry out advocacy and lobbying, particularly for grants and funding to reach grass roots projects;
- b. Encourage each religious organization to employ an HIV/AIDS project coordinator to assist in the programs;
- c. Encourage international consultations with religious leaders for the creation and discussion of position papers regarding interpretation of their religion’s perceptions and understanding of HIV/AIDS;
- d. Set up facilities to implement all the above actions, in particular ensuring that the programs and recommendations listed are implemented as a matter of priority.

ANNEX 12: INFORMATION ON THE SITE VISITS

With current statistics showing as many as 12 million sub-Saharan African children orphaned (Children on the Brink 2002), grass roots programs are the first line of support that communities have to care for and assist children. Communities that are looking for ways to support their orphaned children rely on projects that are easily accessible, affordable, and familiar. Projects that are supported by the community are better equipped to understand the needs of the children. Whether it is through schooling, food programs, or care, community-based organizations (CBOs) offer a necessary component in providing a holistic approach to support orphans and they must remain at the center of efforts to extend care to those who need it. Any response that seeks to meet the scale of this problem must be community-based – driven by the experiences, insights, and needs of the community members themselves and focused on providing them with the resources and expertise they need to care for the children. Therefore, community mobilization stands as perhaps the single most important intervention to aid the community in identifying its most important needs, its existing assets, and the resources it lacks. Local community structures will be essential in both the mobilization process and in the delivery of services.

Nairobi is home to many CBOs, who are doing extraordinary work. Incorporating site visits to the meeting agenda was a priority for the planning committee in order to highlight how CBOs and in particular faith-based projects are working to assist orphans. Also, it was important for religious leaders to experience first hand the impact of HIV/AIDS on children and how communities are responding. Exposing leaders to different methods of care enabled them to return home with ways in which to model their own programs. The projects visited included informal schools, feeding programs, sponsorship assistance, and homes. Some projects operated out of churches, mosques, or centers specifically designed to accommodate them. Many of these projects began as extensions of small local groups coming together to assist just a few children in their communities and have grown to support, in some cases, hundreds of children.

Below are the descriptions and a brief history of the sites that were visited. Those interested in learning more about these projects can contact them directly via the information provided.

Site Information **NEW LIFE HOME**

New Life is a home for abandoned, orphaned & HIV positive babies. The home is run by Clive and Mary Beckenham. In 1994 the couple leased a large house in the Loresho area of Nairobi and, with the encouragement of friends, New Life Home was born as a Christian response to the rising tide of orphaned, abandoned and HIV positive babies in Kenya. The main New Life Home in Kilimani is officially registered both as a children's home and a private medical clinic under the medical supervision of the Medical Director, Dr. Pail Wangai, Jr. and Mary Beckenham, who is herself a nurse. By early 2001, the property had been extended to include a playroom, medical center, toddler unit, offices and residential block. By early 2002, over 360 babies had been admitted to the main home in Kilimani, Nairobi and to the Kisumu Home in western Kenya, the first of a planned network of satellite homes in each of

Kenya's provinces. Forty percent of New Life babies are HIV positive when they come to the home, but with proper care and medical treatment, the Beckenham have seen 90% of those sick babies turn negative. During the same period, through a formal adoption and placement process, over 270 infants were placed with families, with some children placed with adoptive parents, and others returning to the care of their biological families.

Contact: Clive and Mary Beckenham

PO Box 25341, Nairobi Kenya

Tel: (254) 2- 564743, 569514

Fax: (254) 2-574955

MAMA FATUMA GOODWILL CHILDREN'S HOME

In 1996 the center began as a Muslim training institution for the physically handicapped, eventually becoming a residential home for orphans and destitute children. The home was under the stewardship of the late Mama Fatuma Gullam until her death in 1997. Starting with only 6 children, this facility is now a home to 85 children, from 6 months to 18 years old. Some of these children are brought to the home from the Children's Department of Kenya while others are brought to the Home by the community. The home offers informal education to those children not attending primary or secondary schools in the area. The center provides care, support, counseling, food, and education.

Contact: Daas Khayrallah, Asha Hamisi

PO Box 45163, Nairobi Kenya

Tel: (254) 2-762623, 0722 310335, 0733 869 522

MAMMA FAUZIA CHILDREN'S HOME

Fauzia Hassan began this home in 1999 after her husband passed away. She wanted to care for the orphans living in her community. What began with 2 children has now grown to 40 children ranging in age from one and a half to nineteen years old. She provides care, support, education, and guidance to all of her children. They come to her via community members or they are orphaned and living on the streets. The home provides stability and in a comforting setting whereby the children become brothers and sisters and take care of each other. The home has four volunteers that work with Mamma Fauzia on a daily basis.

Contact: Mamma Fauzia Hassan

Tel: (254) 722761389

KENYA ASSEMBLIES OF GOD, KITENGLA

The center started as an inspiration of the Kenya Assemblies of God Church led by the General Superintendent, Bishop Peter Njiri. It has been running since 2001 and accommodates 60 children. This home has been built to serve as a rehabilitation center for street children. They are schooled in regular subjects while also being taught skills in the area of woodworking, tailoring, and gardening.

Contact: Peter Kamau

Tel: (254) 733756274

KENYA ASSEMBLIES OF GOD, MATHARE CHILD DEVELOPMENT CENTER

Pastor and Mrs. Nuthu run this project that assists over 150 children. It began in 1995 when Rev. and Mrs. Nuthu took over the leadership of the New Mathare Church, starting with them buying a loaf of bread for 12 street children who came to clean the church compound. From that day forward the Rev. and Mrs. Nuthu continued to buy bread every Saturday for children who came to help work in the church compound. In 1999 they started the daily feeding program and informal education for children who were not in school and needed support and guidance. They have two programs, The Daily Program and The Training Program. The Daily Program provides informal education, feeding, and counseling to street children. The Training Program targets older children who are able to get vocational training in carpentry, mechanics, and construction. The center also provides an open feeding on Saturdays that caters to over 300 children who come from the street for a meal, which is the only time many children receive fresh food. Rev. and Mrs. Nuthu stress the need to accept these children as they are, bad habits and all, and to instill the ability to overcome these habits on their own. The staff of teachers and cooks are all volunteers.

*Contact: Pastor & Mrs. Nuthu
PO Box 30861, Nairobi Kenya
Tel: (254) 2-780003*

KAMBI MURU NURSERY

Mr. Abubakar Kamis is the Chairman for this informal day school for toddlers. There are currently 103 children who attend the school. The children range from 3-5 years old. The school has been operating since 2000 and began because of the lack of facilities offered to orphan and poor children needing education. The school is only able to offer one meal a day, which is in many cases the only meal the children receive for the day. Their facilities are limited to three small structures where they hold classes and a small kitchen. They do not have any religious affiliation and are supported by the community and well-wishers.

*Contact: Abubakar Kamis, Chairman
Tel: (254) 733999212*

TUMAINI

This home is run by the St. Andrew's Church Women's Guild and currently caters to eight HIV-positive children. They are referred to the home by Kenyatta National Hospital and social workers from the community. The home has been in operation for more than 10 years. They have a doctor from Kenyatta Hospital who comes to the home twice a week to check on the children and to provide any medical assistance they may need. None of the children are on ARVs because of the lack of funds. Two of the children attend school outside of the home. Relatives do come to visit the children and also receive counseling.

*Contact: Mary W. Njiraini
Tel: (254) 722735600*

STARA SCHOOL

Stara Peace Women's Group began this informal school when members of their organization passed away from AIDS and their children were left with no means of paying for school. The group stepped in and took it upon itself to school the children. They initially began with six children, but shortly afterwards the group noted that there were more such children in their immediate community who needed assistance. The school currently serves 120 children from the local area and over half of them are orphans. The school offers not only education, but also a feeding program that gives the children porridge in the morning and a meal for lunch. This is the only meal most of the children get for the day. The school has also initiated home visits for those children who have been orphaned. There are no fees for the children at this school and the teachers receive minimal if any pay.

Contact: Gabriel Mukanga, Director & Farida Kamene

Tel: (254) 722821688

Email: gabkom@yahoo.com

RAFIKI AIDS MINISTRY

Mrs. Bernice Ngewa coordinates this project, which assists 35 children from the surrounding community. The main aim of the project is to provide sponsorship for these children, which helps keep them in school and fed. All of the children have lost one or both parents to HIV & AIDS. To date only 1/3 of the children have found sponsorship. Ms. Ngewa visits all of the children in the homes and the children also come to the center to receive counseling and support. She works alone with no other volunteers able to assist her on her home visits. The community in which she works is very spread out and in many cases she spends most of her time traveling by foot and/or matatu.

Contact: Bernice Ndegwa

Tel: (254) 2-15431175

WOFAK, WOMEN FIGHTING AIDS IN KENYA

This organization began in 1994 with a group of HIV-positive women who came together to discuss the stigma and discrimination they were facing from relatives and the community. They soon realized that there were more women in the community facing similar problems. They started a center in Kayole, Nairobi whereby the women could come together and share experiences and receive support from one another. The center quickly grew and now WOFAK has over 200 clients that utilize their services. They have expanded to provide individual and group counseling, testing, herbal medicines, information, and have in the past year initiated an orphan support and feeding program. They have a center in Western Kenya, and two centers in Nairobi. Most of WOFAK's clients are HIV-positive and look to the organization for support, acceptance and guidance. The orphan support initiative arose out of the need to assist children of members who had passed away. There are currently 20 children who are part of the Orphan Support Project, who receive school fees, regular counseling, and monthly stipends for food. There is also a feeding program, which serves 79 children three times a week.

Contact: Dorothy Onyango

PO Box 35168, Nairobi Kenya

Tel: (254) 2-217039

www.wofak.or.ke

CHURCH OF AFRICA SINAI MISSION, RUARKA

Sinai Human Rehabilitation Project is part of the community development arm of the Church of Africa Sinai Mission. The main goal of the project is to assist children of the Korogocho and GluCollar slums so as to give them access to education and medical services. The informal school in Ruarka specifically targets orphans and those children from families suffering from extreme levels of poverty. The school has primary and nursery school wings. There are currently 78 children at the school. The feeding program at the school has just begun with the support of members of the church. The feeding program allows them to give one meal a day. The teachers are volunteers and members from the church volunteer to assist with the cooking and feeding. The school offers vocational training for the older children such as carpentry and mechanics.

Contact: Kinandi Chahilu

Tel: (254) 2-722635771

CHILD RELIEF RESCUE

Mr. John Nyaga runs this project in Buru Buru, Nairobi. CRR began in 1998 and currently assists 21 children from the community. There were up to fifty children being serviced, but from a lack of resources they have had to cut back. Service includes education and a feeding program. Most of the 21 children are complete orphans and come for spiritual guidance and counseling on HIV & AIDS. The center also performs home visits for those children who have been left in the care of relatives. Teachers and assistants are volunteers.

Contact: Mr. John Nyaga

NYUMBANI

Fr. Angelo D'Agostino SJ MD is the director of Nyumbani. Nyumbani means "home" in Swahili and provides a true home to abandoned children until a correct determination of their HIV status can be made. Children who are not infected with HIV are then placed in appropriate settings to be adopted or cared for by traditional social services agencies. The children found to be HIV+ are given the full range of nutritional, medical, psychosocial, and spiritual care available and remain in residence at Nyumbani. The home began in 1992 and has now grown to house over 200 children. There is a diagnostic laboratory that provides specialized HIV testing for the community and children and also monitors the AIDS patients on treatment.

Contact: Nyumbani Orphanage

Children of God Relief Fund, Inc.

PO Box 3465

Fairfax, Virginia 22038-3465 USA

Tel: (703) 934-8534

<http://www.nyumbani.org>

Nairobi Contact: Nicholas Makau

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Dr. Swami Saradananda President Ramakrishna Centre South Africa	Mr. Balinda Siragi Secretary General Inter-Religious Council of Uganda Uganda
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Mrs. Bertha Sefu Interim Chairperson Malawi Multireligious Task Force/ WCRP Malawi Malawi	Ms. Lynn Szwaja Deputy Director of Creativity & Culture The Rockefeller Foundation USA
Mr. Hussein Selemani La Communauté Islamique du Burundi Burundi	Mr. Haji Teziwba Hope for African Children Initiative (HACI) Uganda
Rt. Rev. Dr. Jo Seoka Bishop of Pretoria South Africa	Sri Sri Sugunendra Theertha Swamiji WCRP International President Abbot, Sri Putige Matha Monastery India
Mr. Abdulatiff Shaaban Director General Supreme Council of Kenya Muslims Kenya	Mr. Henry Thuo Organization of African Instituted Churches Burundi
Ms. Hajati Hawa Shadadi Muslim Women Committee Congo	Rev. Christopher Toe Assistant. Secretary General Interreligious Council of Liberia Liberia
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ANNEX 14: ASSEMBLY PREPARATORY COMMITTEE AND PAN-AFRICAN TASK FORCE LISTS

ASSEMBLY PREPARATORY COMMITTEE

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Hope for African Children Initiative

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Deacon Hailegiorgis Tilahun
HIV/AIDS Program Officer
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The Hope for African Children Initiative (HACI)

BACKGROUND INFORMATION

The Hope for African Children Initiative is a community-based, pan-African effort created to address the enormous challenges faced by more than 13 million children who have been orphaned by the AIDS pandemic in Africa and the millions more whose parents are sick or dying of AIDS-related illnesses.

Established in the summer of 2000, this unique partnership brings together five organizations that share an international focus – CARE, Plan International, World Conference on Religion and Peace, Save the Children and the Society of Women and AIDS in Africa – with the purpose of increasing the capacity of African communities to provide care, services and assistance to children affected by HIV/AIDS and their families.

In October 2001 the Hope for African Children Initiative was awarded a US \$10 million seed grant from the Bill & Melinda Gates Foundation enabling the five partners to start supporting existing community-based programs that offer proven and cost-effective services to children whose lives have been affected by HIV/AIDS. The Initiative is also part of the Stop Global AIDS Campaign, a worldwide effort that brings together pop artists, politicians, students and advocates to raise awareness about global AIDS and take action now. The Initiative will receive a portion of the proceeds from the new recording of Marvin Gaye's classic "What's Going On?", performed by Artists Against AIDS Worldwide.

CARE, Plan International and Save the Children have been working in African communities for more than sixty years on a range of development issues ranging from education to health, economics, agriculture, gender and the promotion of healthy environments. Each has established strong name recognition and an outstanding reputation among Africans, as well as in the West. World Conference on Religion and Peace, the largest international coalition of religious communities dedicated to achieving peace worldwide, has strong constituencies among religious people and organizations that are already providing care and services to persons with AIDS in cities and villages throughout Africa. The Society for Women and AIDS in Africa represents the constituency that mostly needs to be supported, and was created precisely to address the challenges faced by HIV-positive women and their children. As an Africa-based organization, SWAA focuses on sensitizing the public on the impact of HIV/AIDS, ensuring quality treatment for African women living with AIDS, and empowering women to negotiate for safer sex and to advocate for policies that ensure access to care and social support for people living with AIDS.

OBJECTIVES

The Hope for African Children Initiative focuses on four strategic objectives:

1. Building Awareness and Reducing the Stigma that Surrounds HIV/AIDS

Lack of awareness about AIDS has resulted in fear, shame and denial. The resulting wall of silence has hindered prevention and care efforts. The initiative encourages stakeholders to work together to reduce stigma so that people will support vulnerable children and take advantage of available services without fear.

2. Extending the Life of the Parent-Child Relationship

The goal is to decrease the period of vulnerability experienced by the child and to postpone the age at which a child becomes an orphan. Prevention and treatment of opportunistic infections, along with better nutrition and food security, prolong the lives of infected parents. The Initiative supports efforts to make anti-retroviral drugs more affordable and available.

3. Preparing Families for Transition

Parents must be supported as they plan the best possible future for their children. Planning steps include appointing guardians, writing wills and giving clear instructions about the children's future. Families need counseling to surmount their feeling of anxiety and vulnerability, and economic support to overcome the loss of income due to illness.

4. Ensuring the Children's Future

Access to education and life skills are the basis for enabling children to attain a better livelihood. As communities come under severe economic stress to care for orphans and vulnerable children, young people become more vulnerable to missing school days and caring for sick parents. Community caregivers must be mobilized so that children can stay in school.

GUIDELINES

The Hope for African Children Initiative is designed to be pan-African in scope. Partner organizations have set a fundraising goal of \$100 million over the next five years to make the initiative fully operational in this decade. Presently, there are ten focus countries: Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Senegal, Tanzania, Uganda, and Zambia. Activities have started in Kenya, Uganda, and Malawi. Countries have been selected according to the following criteria:

- countries with major epidemics and a high burden of orphans and vulnerable children;
- countries at risk for major epidemics;
- countries with strong national AIDS programs and/or policies;
- countries with strong partner capacity and non-governmental organizations' presence;
- countries with a potential for community mobilization and/or local organizations in existence;
- countries with the capacity to influence neighboring nations within the region.

In order to maximize the impact of services during the start-up phase, partner organizations will identify and replicate proven interventions in the selected geographical areas, as well as promote the sharing of technical expertise between countries in the same region. Three basic principles underpin the Initiative: it is child-focused, community-focused and it encourages integrated interventions, as the needs of orphans and vulnerable children do not exist in isolation.

HACI GRANT PROCEDURES

GOALS

The project proposal goals should subscribe to the two distinct HACI goals:

1. To strengthen the capacity of communities to:
 - Advocate, care for and support children impacted by HIV/AIDS and prevent further spread of HIV;
 - Improve orphans and other vulnerable children's welfare by increasing access to education, adequate food, psychosocial support, basic health services, and legal rights.
2. To expand local partnerships and resources.

PRINCIPLES

It is expected that the project proposal should explicitly identify how it internalizes the HACI conceptual model, the Circle of Hope and it should demonstrate how it addresses the Initiative's three fundamental principles: child-focused, community-focused, and integrated.

STRATEGIC OBJECTIVES

A HACI funded project will have specific objectives that meet any or all of the four core strategic objectives outlined above:

1. Building Awareness and Reducing Stigma.
2. Extending the Life of the Parent-Child Relationship.
3. Preparing the Family for Transition.
4. Ensuring the Child's Future.

OTHER KEY PROJECT REQUIREMENTS

Indicators – A project proposal from communities should have clear indicators, both quantitative and qualitative. It is important to know the number of orphans and vulnerable children the project will impact on and how this will be monitored over time.

Sustainability – The proposal should indicate how the project impacts would be sustained. Community projects are encouraged to integrate income-generating initiatives to support their sustainability efforts.

Monitoring and Evaluation – Simple community level M & E methodologies should be articulated in the proposal and included in the plan.

Reporting – A quarterly reporting schedule to included in the plan.

ORGANIZATIONAL ISSUES

CBOs or local NGOs benefiting from a HACI grant should have the following basic characteristics:

- Registered with relevant government department (copies of registration certificate may be necessary);
- Presence in the community. It is important to ascertain the presence of the organization in the community and the community's perception of its credibility;
- Management capacity: There should be a minimum of a management committee with visible leadership and a project lead person;
- Financial capacity: Minimum of an operational bank account, basic accounting system, history of previous donor support if any.

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*For more information on HACI and its activities,
please go to the website at www.hopeforafricanchildren.org*

The World Conference on Religion and Peace

BACKGROUND INFORMATION

The World Conference on Religion and Peace (WCRP) is the largest worldwide coalition of religious communities working to take common actions to solve critical problems in the areas of conflict resolution, human rights and development. WCRP is strengthened by its enduring parallel partnerships with civil society institutions in many different countries and its accreditation to the United Nations.

Founded over 30 years ago, WCRP is a non-sectarian, non-political coalition of the leaders and representatives of the 15 major religions of the world. Field offices and affiliate organizations in more than 40 countries complement WCRP's New York-based International Secretariat. WCRP is active on every continent, including some of the most troubled places on earth.

Current initiatives include diplomatic and multi-religious responses to the events of September 11; building civil societies in Southeastern Europe, and brokering peace in West Africa; partnering in the Hope for African Children Initiative benefiting the millions of children orphaned in Africa's AIDS pandemic; and building a Global Network of Religious Women's Organizations to help women share their experiences and perspectives, and to encourage multi-religious collaboration.

WCRP's mission is to mobilize the unique social and moral resources of the world's religious communities and help them work together for peace. WCRP gathers religious communities together locally, nationally and internationally to:

- Help them recognize shared beliefs and commitments;
- Help them identify their social and moral resources and make better use of them;
- Connect them with other religious communities and civil society institutions to take common action.

WCRP bases its work on the principle that collaborative religious action is a highly effective method of peace building. The problems of the human family cut across religious and ethnic boundaries. Despite political turmoil and social strife, religious communities survive. They have a pervasive and long-standing presence on the ground and an abiding influence with ordinary people. They have the power to communicate and act in ways that political institutions often cannot. Faced with crisis, religious institutions also have the power to overcome the religious intolerance that complicates, and often compounds, social problems. WCRP mobilizes these resources and assets to take collective multi-religious action to resolve conflict, build civil society promote human rights, and address the needs of children and families.

WCRP's website address is www.wcrp.org



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