The Framework For Dialogue Between Religious Leaders & Networks of People Living with HIV

A tool for dialogue and joint action at the national level
1. Introduction

2. Key elements of the Framework for Dialogue methodology
   • Step 1: Initiating the dialogue
   • Step 2: Preparing for the dialogue meeting
   • Step 3: Individual/group preparation by meeting participants: understanding the evidence base and perceptions
   • Step 4: Holding the first dialogue
   • Step 5: Planning and collaborating for the long-term
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3. Partnerships and evidence: Why and how the Framework for Dialogue was developed

4. Useful Resources & Templates

5. Way forward
The Framework for Dialogue provides practical steps to help faith communities, people living with HIV as well as other key partners in the national HIV response, effectively address key issues of concern which limit access to HIV services.

The purpose of the Dialogue event/s is to address and discuss perceptions, experiences and beliefs relating to HIV, and to identify common actions - to build new or stronger partnerships between each other; and to address the concerns and barriers to HIV services to all.

The Framework does not intend to replace existing formats for dialogue and collaboration but, rather, develop these via a methodology grounded in evidence, real experiences and mutual respect.
Rationale for the Framework for Dialogue: The potential power of strong, lasting partnerships

• The Framework for Dialogue is based on two basic premises:
  • Networks of people living with HIV, religious leaders, FBOs and faith communities all play a different yet critical role in the response to HIV.
  • Sustained and strengthened evidence-based dialogue and mutual respect will not only enhance the effectiveness of each stakeholder’s actions but will also result in new joint actions that will increase the effectiveness of responses to HIV overall.
• The People Living with HIV Stigma Index forms the central part of this evidence base alongside other country-specific evidence available.

• Implementing the People Living with HIV Stigma Index is essential before the Framework for Dialogue methodology can begin.

• To use the Stigma Index as the starting point for dialogue that should also address other issues related to faith and HIV that are of concern to them.
Where has the FfD taken place?
MALAWI

Success stories

- The FfD has strengthened a formal linkage between Religious leaders and people living with HIV (PLHIV) which had not been there before in the country. There is a platform where PLHIV call for meetings with Religious Leaders and there has been a change in the language among Religious Leaders towards PLHIV. Some religious institutions have taken on HIV interventions in their institutions and some have started establishing support groups within their churches and mosques.

- The initiative has initiated debate on sensitive issues such as issues affecting key populations (Men who have sex with men, sex workers) amongst Religious leaders which had not been there before. Through the project some key Religious Leaders have been identified later to act as role models on fighting homophobia against MSM.

- A work-policy for people living with HIV in places of worship has been developed.
ETHIOPIA

Success stories

• Developed Sermon Guide for RLs to address stigma and violence against women and to promote PMTCT

• Equip religious leaders with the information, skills and other tools necessary to enhance knowledge and understanding on HIV and AIDS related stigma, denial, and discrimination, PMTCT and violence against women.

• Strengthen RLs’ commitment as agents of change for increased HIV prevention, care, treatment and impact mitigation and for reduction of the stigma and discrimination associated with HIV and AIDS in congregations, communities and nation.
MULTI-COUNTRIES SHARING EXPERIENCE (HIV, STIGMA & FAITH – GLOBAL LEVEL) – INCLUDING STIGMA REDUCTION INTERVENTIONS INVOLVING MIGRANTS, REFUGEES, IDPS, TRAFFICKED

Multi country sharing experience event conducted. 
# of Key priority interventions (to be replicated) identified. 
• Funding sources for supporting such interventions discussed. 
• Increased awareness of key interventions on stigma reduction. 
• Faith groups recognized as key partners by CS groups, governments and donors, in stigma reduction interventions.

Recommendations of sharing experience event captured in the Faith Action Plan.
A multi-country “faith-based lens” analysis of People Living with HIV Stigma Index reports conducted during the development of the Framework for Dialogue showed that:

- **Stigma and discrimination** continues to be faced by people living with HIV within their faith communities.

- People living with HIV believe that **faith-based actors** can help address the stigma and discrimination they experience in their wider communities.

- **Addressing internal stigma** experienced by people living with HIV is an area where faith communities and religious leaders can offer unique support and enable positive change.

- **Faith** is of continuous importance in the lives of people living with HIV.

- While the Framework for Dialogue does not limit the discussions solely to stigma, it nonetheless provides an opportunity for faith communities and people living with HIV to **identify ways** to better work together to combat stigma and discrimination against people both living with and vulnerable to HIV.
PRINCIPLES OF THE FRAMEWORK FOR DIALOGUE

1. COUNTRY-OWNED
   - The dialogue is driven by country partners and country priorities.

2. EVIDENCE-BASED
   - All actions and dialogue are based on evidence, both quantitative and qualitative.

3. PEOPLE-CENTRED
   - The dialogue is not about what faith institutions are doing on HIV, but how that work or other actions of faith institutions and its representatives affect the lives of people living with HIV.

4. DO NO HARM
   - All participants in the dialogue process agree to a ‘do no harm’ approach, especially in areas of disagreement.

5. EQUAL & MEANINGFUL PARTICIPATION
   - All stakeholders enter into the dialogue as equal partners, allowing full participation and involvement in decision-making throughout the dialogue and emerging joint actions.

6. INNOVATION
   - New partnerships are formed, and ‘out-of-the-box’ thinking and solutions are encouraged.

7. ACTION-ORIENTED
   - The focus of the process is to move beyond dialogue to collaborative and constructive actions.

8. SAFE SPACE
   - The methodology and facilitation of the dialogue aims to create a space where all entering into dialogue can be sure that they will not meet discrimination or judgement.
SPECIFIC OBJECTIVES:

• Support the development and sustainability of long-term partnerships, encompassing both collaboration and dialogue, among networks of people living with HIV, faith-based organizations and religious leaders as well as all other key partners of the HIV response at national or local levels.

• Support the collection, analysis and use of evidence on the experiences and perceptions of people living with HIV within their faith communities.

• Support the collection, analysis and use of evidence on the response to HIV of faith communities and religious leaders.

• Support the documentation and sharing of good policy and practice as well as lessons learned to overcome challenges faced by people living with HIV and faith communities in the response to HIV.

• Address the barriers to access to HIV services identified in the PLHIV stigma-index report and in other relevant national/local evidence-based materials and documentation.
KEY ELEMENTS OF THE FRAMEWORK FOR DIALOGUE METHODOLOGY

DESIRED OUTCOMES:

• Strengthen country-level responses from faith communities, religious leaders and networks of people living with HIV that more effectively address the key concerns, experiences and needs of people living with HIV.

• Strengthened and sustainable collaboration and mutual understanding among religious leaders and people living with HIV as well as other partners in the HIV response.

• Strengthened and improved participation in and quality of access to faith institutions and places of worship by people living with HIV.

• Improved access to HIV-related services for people living with and vulnerable to HIV with the support of faith communities and leaders.

• Improved quality of life for people living with HIV through faith-based responses that better address the experiences of people living with HIV.

• Increased engagement and visibility of religious leaders in response to the HIV epidemic, including HIV-related stigma reduction.
The Framework for Dialogue methodology starts with a review of evidence and continues to use evidence as a basis of all dialogue to develop joint actions between religious leaders, faith-based organizations and networks of people living with HIV and other actors.

The creation of a national working group to oversee the implementation of the Framework for Dialogue is central. It is the role of the working group to ensure that the eight principles of the Framework for Dialogue are upheld throughout the entire process.

Once formed, the working group oversees the implementation of the following 6 steps in accordance with the principles of the Framework:

**STEP 1:** Initiating the dialogue

**STEP 2:** Preparing for the first face-to-face dialogue meeting

**STEP 3:** Understanding the evidence and perceptions

**STEP 4:** Holding the first dialogue

**STEP 5:** Planning, executing and monitoring longer term dialogue and collaborative actions

**STEP 6:** Continuing dialogue, reviewing work and learning from experience
STEP 1 : Initiating the dialogue

WEEK 1

• Taking stock of evidence base (starting with the People Living with HIV Stigma Index)

• Forming a multi-stakeholder working (coordinating) group:
  • A representative of the national network of people living with HIV
  • A religious leader, preferably with experience of responding to HIV (e.g. a member of a national network of religious leaders responding to HIV)
  • A religious leader living with HIV (e.g. an in country member of INERELA+)
  • A representative of a faith-based organization responding to HIV
  • A technical partner, such as a representative from the UNAIDS country office or another inter-governmental body or development agency
  • Representatives from WCC-EAA and UNAIDS headquarter.

• Identifying a lead organization to plan the first dialogue meeting

• Setting a date for a face-to-face dialogue meeting
STEP 2: Preparing for the first face-to-face dialogue meeting

WEEK 2 and 3

• Identifying and inviting the participants
• Setting the agenda
• Choosing a facilitator
• Logistical preparatory work
WEEK 4 and 5

• Identifying and preparing the evidence base, including presenting the People Living with HIV Stigma Index through a faith ‘lens’

• Analysis of other country evidence materials and activities relevant for identifying joint actions

• Individual and group preparation, including understanding perceptions

• *(Step 2: Preparing for the dialogue meeting – ongoing)*
WEEK 6

• Goals and objectives of the dialogue meeting:
  • identify priority areas for further collaboration and dialogue based on evidence.
  • determine mechanisms for coordinated and sustained dialogue.
  • establish principles for ongoing dialogue and collaboration.
• Presenting and discussing the evidence
• Identifying priority areas for:
  • a. joint collaboration and
  • b. further dialogue
• Establishing principles and possible mechanisms for follow-up

STEP 4: Holding the first dialogue
STEP 5: Planning, executing and monitoring longer term dialogue and collaborative actions

MONTH 2 TO 3

- Developing a long-term action plan
- Establishing a long-term working group
ON GOING DURING FIRST YEAR

• Implementing joint actions
• Mobilizing resources
• Monitoring and evaluating progress
• Documenting and sharing successes, challenges and lessons learned

SECOND YEAR AND BEYOND

• Repeat dialogue meeting if necessary (steps 2, 3 and 4).
Foundation of the Framework for Dialogue: Evidence, evidence, evidence

- Evidence is not only the basis of the dialogue and collaboration that this tool aims to support, but it has also been the foundation of the process that has led to the development of the tool.

How the Framework for Dialogue was developed: Key events and processes

- High-Level Religious Leaders’ Summit on HIV: The Framework for Dialogue concept emerges
- EAA, GNP+, INERELA+ and UNAIDS partnership: The Framework for Dialogue is developed
- Country-level pilots: The Framework for Dialogue concept is tested and refined
USEFUL RESOURCES AND TEMPLATES

- Framework for Dialogue Methodology
  - Methodology
  - Guidance on developing the face-to-face dialogue meeting
  - Draft Agenda for Face-To-Face dialogue meeting
  - Questionnaire to aid personal preparation ahead of the Face –To- Face dialogue meeting & surveys
  - Work Plan template

- The People Living with HIV Stigma Index - www.stigmaindex.org

- www.frameworkfordialogue.net