The role of faith communities in supporting programmes for children and adolescents living with and affected by HIV: A qualitative analysis of promising interventions in sub-Saharan Africa

The needs of children and adolescents living with and affected by HIV in sub-Saharan Africa (SSA) have been inadequately addressed, as illustrated by only 51% of children (aged 0-14) in the region receiving ART in 2020. Faith communities have been supporting the response to meet these needs in innovative ways, but much of their interventions have been undocumented. In 2020 and 2021, the UNAIDS – PEPFAR Faith Initiative undertook a qualitative study which identified 42 interventions in several areas of programming implemented by faith communities that are “promising practices” to ensure greater access to HIV services to children and adolescents, increase their linkage to treatment and care, retention and viral load suppression. This session will present the most successful FBOs interventions for greater health outcomes among children.

The faith community comprises a wide-range of stakeholders including: religious leaders, staff and volunteers working in faith-inspired health providers, members of congregations and faith-based organisations (FBOs). The UNAIDS-PEPFAR Faith Initiative in conjunction with the Inter-faith Health Platform undertook a qualitative study to collect and document evidence about promising practice interventions by faith communities on paediatric and adolescent HIV. The study used a combination of methods including literature review, online survey and selected interviews which identified some 55 potential interventions, which were narrowed down to 42 that met the specified criteria. The interventions covered a wide range of paediatric and adolescent programme areas and the four most frequently areas included: i) access to ART, retention and adherence; ii) Identifying and testing missing children and adults; iii) HIV and health awareness; iv) adolescent HIV prevention and life skills training.

Lessons learned:
The study found that faith communities make distinctive contributions to the paediatric and adolescent HIV response using four distinctive assets:

1. Service delivery through faith-inspired health service providers e.g. paediatric testing, ARV treatment, care and support using integrated and holistic family-centred approaches.
2. Community outreach through faith community groups and volunteers e.g. supporting mothers and EMTCT or involvement of men in family-based testing, treatment, care and support.
3. Using places of worship to create demand for HIV services e.g. supporting HIV testing through health kiosks; increasing case identification and linkage to treatment and retention through baby showers; supporting retention in care and viral load suppression through support groups.
4. Advocacy to address bottlenecks and governments’ commitments to end AIDS e.g. religious leaders’ personal commitments on testing and preaching sermons to tackle stigma.
and discrimination; awareness raising on paediatric HIV and TB, through training and campaigning with religious leaders and representatives of faith communities.

**Next steps:**
- Promoting the interventions among faith communities;
- Supporting the scale-up of best practices;
- Building bridges of collaboration with other sectors, especially in Africa;

**Keywords:** i) faith communities, ii) children and adolescents, iii) promising interventions, iv) faith paediatric champions.

**Facilitator:** Rev. Jane Ng’ang’a, INERELA+ Kenya

Welcome and introduction (5 min)

**Speakers:** (5 min)
- *Sr Monica Mukui* (PP 1.3), Faith Inspired Health Service Providers: Increasing access to HIV care, treatment and support for children and adolescents, Kenya
- *Gibster Makangila* (PP 2.1), Community Outreach by Faith Community Groups: Faith-engaged Community Outreach Posts, Zambia
- *Muka Chibuka-Mcleod* (PP 3.1), Using Places of Worship to create demand for HIV services: Expanding integrated health service delivery through Health Posts within places of worship, Zambia
- *Nkatha Njeru* (PP 4.1), Advocacy by religious leaders and FBOs: Faith Paediatric Champions, Kenya

Q&A: (10 min)

Closing: (5 min)