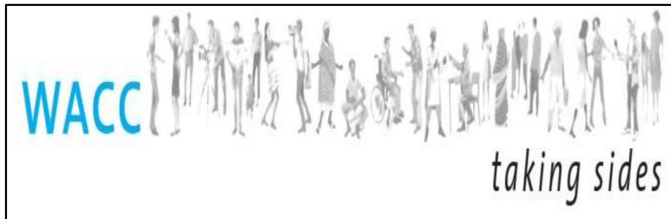


RELIGIOUS LEADERS TRAINING REPORT

"Efforts for fighting HIV/AIDS should work like firewood cooking place with three stone (mafiga) where all three holes are loaded with firewood but they all meet together in the middle of the stove. We don't need to argue on what method to use; instead we should collaborate with every stakeholder using the available weapon to fight the common enemy because we all need each other"

TANZANIA DEVELOPMENT AND AIDS PREVENTION (TADEPA),
S.L.P 1603,
BUKOBA
Phone/FAX 255 28 2221000
E-mail: tadepatz@yahoo.com
Web: www.tadepa.net

Abbreviations

AIDS	Acquired immune deficiency syndrome
ARVs	Anti Retrovirals
CTC	Care and treatment clinic
ELCT	Evangelical Lutheran Church in Tanzania
HIV	Human immunodeficiency virus
NGO	Non-governmental organisation
PLWAHA	People living with HIV/AIDS
TADEPA	Tanzanian Development and AIDS Prevention Trust
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WACC	World Association for Christian Communication

TABLE OF CONTENTS

ABBREVIATIONS 2

TABLE OF CONTENTS 4

1.0: INTRODUCTION TO THE REPORT AND BACKGROUND INFORMATION 6

1.1: PROBLEM ANALYSIS 6

1.2: PURPOSE OF THE TRAINING 6

2.0: PROCEEDING OF THE TRAINING CONTRAST 7

2.1: GOAL 7

2.2: THE SPECIFIC OBJECTIVES OF THE TRAINING WERE TO: 7

2.3: PLANNED ACTIVITIES 7

2.4: PARTICIPANTS 7

2.5: PARTICIPANT'S EXPECTATIONS 7

2.6: OFFICIAL OPENING 7

2.7: TOPICS COVERED/DISCUSSED 8

2.8: RESOLUTIONS 13

2.9: POST TRAINING EXPECTED OUTPUTS 14

3.0: GENERAL REMARKS AND CONCLUSIONS 14

4.0: LIST OF PARTICIPANTS...16

1.0: INTRODUCTION TO THE REPORT AND BACKGROUND INFORMATION

This report gives an explanation of what came out during the training of religious leaders held at Walk guard Annex in Bukoba, 10th to 14th September 2007.

1.1: Problem Analysis

TADEPA provides VCT that include pre-marital HIV counselling and testing. We learnt that confidentiality is not strictly respected and HIV positive people and discordant couples are not being given appropriate and sufficient counselling to aid decision making and positive living. People undergo premarital counselling as a condition for religious ceremonies.
In case one is HIV positive, they terminate the engagement. This needs a special approach rather than telling somebody only not to undergo religious marriage due to stigma and other social repercussions of receiving positive results with no planned support.

During one of the Focus group discussions and pre-seminar training needs assessment, categorically religious leaders revealed the lack of HIV/AIDS counseling, health education skills and the need for training. Prevention messages are delivered in a forceful way and judgmental pointing of a finger to some groups reinforcing stigma. TADEPA thought non-judgmental approach can be fostered by increasing good communication skills and education, giving capacities to religious leaders concerning HIV/AIDS counselling, prevention and care that will enable them to provide effective and accurate education regarding counselling, pre-marital consultations, reduction of stigma and discrimination and misconception; hence, TADEPA's proposal to Strengthen the capacity to Faith Based Organisations' leaders on stigma reduction and counselling on HIV. This was empathetically supported by **World Association for Christian Communication (WACC)**

1.2: Purpose of the training

The ***Purpose*** of the training was to enable religious leaders to have knowledge on counseling of HIV afflicted people, educating the community on HIV/AIDS, stigma reduction that increases HIV transmission and understanding their responsibilities in the fight against HIV/AIDS particularly in their congregations.

Participants in a class

2.0: PROCEEDING OF THE TRAINING contrast

2.1: Goal

To contribute in the improvement of quality of life for people affected with HIV/AIDS through promotion of active participation and involvement of religious leaders

2.2: The specific Objectives of the training were to:

1. To increase the knowledge for religious leaders, in counselling, family life education and HIV/AIDS prevention

2. Enable through training of 40 religious leaders to acquire effective skills on pastoral counselling, education on care and prevention of HIV/AIDS and pre-marital counseling

2.3: Planned activities

1. Discuss facts about HIV/AIDS
2. Learn the relationship of gender inequality and the transmission of HIV/AIDS
3. Prevention of Mother to child transmission
4. Discuss facts about the use of ARVs
5. Treatment of optimistic infections
6. Learn about stigma and its consequences
7. Communication that lead into behaviour change
8. Counseling and pre-marital counselling
9. Human rights issues (particularly women and children)

2.4: Participants

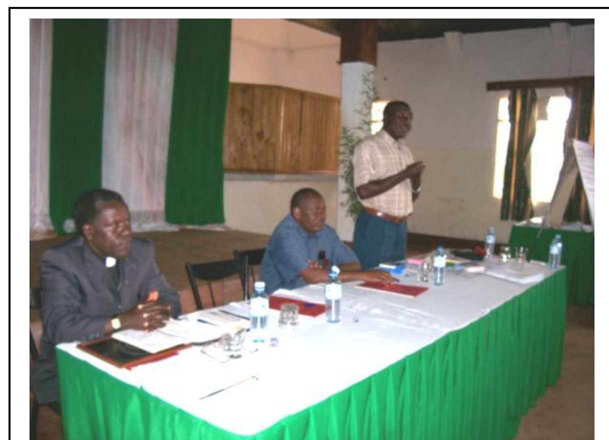
The training attracted 40 participants drawn from various religions as per attached list:

2.5: Participant's expectations

1. To have knowledge on how to reduce HIV transmission
2. To acquire counselling skills in HIV
3. To know what are the responsibilities of religious leaders in the fight against HIV/AIDS
4. To know the challenges that are currently happening

2.6: Official opening

The training was opened by Dr. S. Nyabenda, the Regional HIV/AIDS Coordinator who started by thanking TADEPA for inviting him to officiate this training and appreciated the efforts that



Dr. S. Nyabenda, officially opening the training

made TADEPA to bring religious leaders together. He later commented that the importance of religious leaders can not be overemphasized. Faith based organizations (FBOs) are playing a very important role in the fight against HIV/AIDS.

Briefly, he gave a history of the HIV/AIDS in Kagera region that the first AIDS patient in Tanzania was found in Kagera in 1983 and from there different efforts were made that reduced the prevalence rate from 20% to 3.7% currently. This doesn't mean that we should feel comfortable and relax because risk behaviors are still there and it might happen that in 5 years time there will be another bigger outbreak. He therefore urged the religious leaders to keep preaching on positive changing of behaviour among their followers/ believers.

He finally insisted that efforts for fighting HIV/AIDS should work like firewood in a local stove, "***mafiga***" where all three holes are loaded with firewood but they all meet together in the middle of the stove. This means that we don't need to argue on which method is used to fight against HIV/AIDS, instead we have to collaborate in the fight of this common enemy because we all need each other.

Further more, he emphasized the role of religious leaders to educate the community on the safe use of ARVs to avoid resistance, reduce complications/unwanted results.
He gave the challenges that are facing ARV program which include; stigma, irrational use from street vendors, poor care of PLWH and low enrollment children and youths in the treatment.

2.7: Topics covered/discussed

NO	TOPIC	SUB TOPIC	ACCOMPLISHMENT
1.	**Spiritual counseling** (By Rev. Lemmy Lwankomezi)		This session aimed at reminding religious leaders on their role in dealing with physical, social, and moral aspect. It was emphasized that religious leaders are supposed to deal effectively with spiritual role in the fight against HIV/AIDS, so the responsibilities of the spiritual counsellor is to provide continuous services to certify client's expectations. The session was understood to all participants
2.	**HIV/AIDS Updates** (By James Barongo)	Definition of HIV/AIDS	HIV/AIDS was defined
		Modes of transmission of HIV/AIDS	Modes of transmission of HIV/AIDS were mentioned including sexual intercourse, use of un sterilized equipment, blood transfusion and from the mother to the child etc. Myths were also cleared
			The following risk behaviours were mentioned to be contributing to the transmission of HIV/AIDS: • Having multiple sex partners. • Frequent change of sex partners/promiscuity.

		Contributing factors of HIV/AIDS	• Migrants. • Sharing of instruments; razor blades, injection syringes • Frequent mobility (absence) from home. • Gender inequality. • Child abuse (rape, harassment and neglect)
3.	**Gender and HIV/AIDS** (By Rester Boniface)	Definition of gender and sex	The definition of gender and sex was given and made clear to participants; that gender refers to men's and women's roles and relationships in specific societies or cultures. Gender is defined and supported by social structures. Sex means the sexual biological difference between men and women that was created by God
		Difference between gender and sex	**Gender** - Gender roles are defined by social structures. - They differ from one culture to the other. - They can be changed by different factors **Sex** - Sex roles are defined by nature - They are the same in the entire world. - They can't be changed.
		Gender factors that contribute to the transmission of HIV/AIDS	• Too much value of virginity in some of the customs and taboos makes old men to marry young girls • Suppression of women's rights. • Lacking gender equality between men and women in the family contributes to failure of self protection among women. E.g. The use of condom etc. • Customs and taboos of female genital mutilation • Raping, abuse, forced marriage etc.
		Obstacles on gender equality **(group discussion)**	Obstacles were discussed and presented as follows: - Most strategies are aiming at women leaving behind men- sex biased, no gender empowerment - There are still unnecessary confidentiality issues on sex issues. - Customs and taboos suppressing women - Poverty leading to commercial sex.
		Definition of ARVs	Antiretroviral was defined as a combination of therapy of at least three drugs used to stop

4.	**Ant-Retroviral (ARVs)** (By Dr. Jonathan Stephen)		multiplication of virus to the affected people.
		Criteria for eligibility to start using ARVs	The following criteria to start using ARVs were mentioned ♣ First the patient should test HIV positive ♣ Should be willing to start ARVs ♣ Adult CD4<200 ♣ Adult WHO stage IV ♣ Adult WHO stage III if CD4 < 350
		The correct use ARVs	It was explained that ARVs should be taken for life after starting, to prevent drug resistance.
		Advantages of correct use of ARVs	It was insisted that the correct use of ARVs has many advantages to AIDS Patients including the following • To reduce the replication of viruses • To increase the CD4 cells in the body so as to increase defense in the body of the patient. • To reduce frequency of sickness/ opportunistic infection. • An AIDS patient resumes good health and lives a normal life.
		Problems that can occur when using ARVs and their possible solutions	Some of the problems that can arise in the course of using ARVs were mentioned like nausea, vomiting, diarrhea, dizziness, headache, numbness, and anemia and skin rashes diseases. Because of these side effects, follow-up of clients is very important in order to :- ♣ To be given assistance when problems arise ♣ To be given correct advise on drug use ♣ To evaluate the progress of the patient
	HIV/AIDS	Meaning of stigma	A definition of stigma was given
		Types of stigma	Types of stigma were discussed that included self stigmatization, general stigmatization that affects even the family affected person, stigmatization depending on the way a person looks like or the type of the work and social status.
		Groups of people who are stigmatized	Groups of people who are stigmatized were mentioned like those living with HIV/AIDS, Widows, sex workers, orphans etc.
		What are the common stigmatizing behaviors in our congregations	▪ HIV +ve Youths are denied opportunities to participate in various activities like sports, they are not employed or are dismissed from jobs. ▪ They are sometimes forced to sit at the back-benches during worshiping.

5.	**RELATED STIGMA** (By Rester Boniface)	**(Group discussion)**	▪ They are seen as the most sinners in the community ▪ Women are denied their marriage rights by husbands ▪ Sometimes they are stigmatizing themselves due to lack of counseling
		What to do in order to prevent stigma **(group discussion)**	▪ HIV +ve people should be counselled to accept the situation ▪ The community should be educated not to judge them as the most sinners ▪ Religious leaders should find ways of dealing with them not to discriminate them. ▪ They should be loved. ▪ They should be spiritually prepared to live eternal life in Heaven.
		Effects of stigmatization	Effects of stigmatization to an individual, to the community and to the national as a whole were discussed
6.	**COMMUNICATION FOR POSITIVE BEHAVIOUR CHANGE (By James Barongo)**	Meaning of communication	Communication is the exchange of information between a sender and a receiver through a medium of channel. Communication touches all religions (Christian, Islamic and traditional)
		Types of communication	It was discussed that there are two types of communication that verbal communication and non-verbal communication. Discussions in relation to HIV/AIDS community message were also demonstrated on how to positively communicate for changing behaviour.
		Process of communication	It was discussed that it includes a more detailed information and with an intention of accomplishing the intended message. In that way there should be a sender and receiver. In this, Religious leaders are the senders and followers are receivers.
		Barries of communication	The following were mentioned as communication barriers; not listening, yelling or talking loudly, sulking, lying, sarcasm and negative non-verbal messages i.e frowning.
		Ways of encouraging good communication	The following were mentioned as ways of encouraging good communication: Listening well, letting the other person know you are listening by making encouraging gestures such as nodding and smiling, making frequent eye contact, choosing a good time to talk, emphasizing with how the other person feels, offering possible solutions, making sure you understand the speaker correctly, repeating what the speaker is saying and clarifying

			what has been said **Finally;** it was emphasized that religious leaders should know how to convince their followers and make sure there is a relationship with life and education that we educate.
7.	**COUNSELING (Rev. Fr. Athanase Mtasingwa)**	Définition of counseling	Counseling was defined as building relationship with client so as to help him/her identify and cope with the situation. Listening attentively to the client and understanding in-order to give required support is a major tool of counseling. Counseling doesn't remove the problem but it makes a person to accept it and look for permanent solution of living with the problem.
		Who are the targets of counselling	The following were mentioned as targets of counseling ♣ Individual people ♣ The community/community leaders. They should be counseled not to fight people with HIV/AIDS instead should fight HIV/AIDS. ♣ Counsellors themselves, care providers, HWs, TBAs, CBCs etc.
		Pre-test counseling	This was mentioned as counseling which is provided before the test is done. It involves establishing a positive relationship with the client and giving basic information on HIV/AIDS and testing which aim at making the client to have free decision on the test.
		Post – test counseling	This was defined as counseling which is done when the test results are out. It is a discussion between the counselor and the client on the results.
		Crisis counseling	This is counseling in a situation where things are becoming worse/ when a person can not make a clear decision on what has happened.
		Counseling a HIV positive client	The following points were mentioned to be observed when counseling a positive client ♣ Give results to the client ♣ Be open but very careful and wise ♣ Give time to the client to absorb results. ♣ Be ready for any dangerous situation that might occur ♣ Evaluate the client on whether there is a situation of suicide ♣ Assure client on positive living
		Counseling a HIV negative client	This aims at helping negative clients to change risk behaviors. It was said that the counselor should

			insist on prevention behaviors and advise the client on the importance of repeating the test
	PRE-MARRITAL TESTING (By James Barongo)	Reasons for pre-marrital counselling	Marriage is not an individual issue, it is a family and community issue and the major aim of marriage in Tanzania is to have children and have a healthy nation
8.	**ORPHANS AND WIDOW'S RIGHTS (Mr. Elphase Benges)**	Meaning of right and responsibilities	Human rights issues were introduced to the Religious leaders and their roles in the protection/provision of human rights were insisted. • The definition of rights was given to participants • Responsibility was also defined • The relationship between rights and responsibilities was discussed
		Orphans and Widow's rights	Basic rights were mentioned, they included the following: - • Right for survival, • Right for education • Right for being involved • Right for protection etc.
		The system of establishing a case when widow or orphans properties are grabbed	The system to follow when the properties are grabbed was clearly explained to participants so that they can educate and direct them when need arise

A facilitator clarifying an issue during the training

2.8: Resolutions

The following resolutions were made by Religious leaders during the training

1. They first agreed that, as religious leaders they should stand steel to preach and follow their guiding books (Bibles and Qur'aans).
2. Their behaviour should be role models to the community surrounding them.
3. They should fulfill their responsibilities of guiding and directing their followers on good manner/ behaviour, safe livelihood
4. They should not be loose for the aim of getting many people; instead they should be very strict observing the behaviors of their followers and stick on the fact. They agreed to have a same stand on night parties (late closing) especially in villages which contribute much to the indulgency in unsafe sex, alcoholism, Rape, that may contribute to HIV infections

I have learnt that, it is possible for religious leaders from different congregations to sit together and have the same plans of preventing HIVand care of AIDS clients one participant commented.

2.9: Post training expected outputs

After the training religious leaders are expected to do the following:-

1. To encourage both women and men to test for HIV status, because men are still lugging behind.
2. To educate the community to avoid stigmatization
3. To advise couples to test before marriage (pre-marital testing)
4. To educate those who are using ARVs to use them as directed by the medics
5. To visit health service centers for advise
6. To sensitize the community on voluntarily test for HIV and to join a current Nation camping in VTC.
7. To encourage/insist parents to observe behaviours of their children and maintain good manners.
8. To encourage the community to take care of orphans within the community care system not to put them in the orphanages.
9. To encourage People living with HIV/AIDS to use ARVs because they are available and promote for family care system.
10. To educate the community to be writing wills (those who are above 18 years) and maintain proper record keeping for other properties.
11. To encourage men to have a tendency of discussing their properties with their wives to avoid property grabbing when they die.

A group discussion during the training

What we have learnt here, we promise in our Lord God we will work on it!

"It is amazing; I have never been in a meeting with religious leaders of different congregations for many days like this. I didn't know that we can sit together without quarreling.

3.0: General remarks

- Generally the training was very helpful to the religious leaders. This was noted by significant improvement knowledge that was observed through the pre and post test. This is highest mark in the pre test was 100% and lowest mark was 40% and the highest mark in the post test was 100% and lowest mark was 75%.

- The objectives of the training were achieved by 100% (40 religious leaders attended the training) and all planned sessions were taught.

- At the end of the training all were given two copies of adaptable training manuals that will guide them to facilitate in the training within their congregation

- It was learnt that most of things done by religious leaders are , done mistakenly due to lack of knowledge on current approaches regarding HIV/AIDS up date such as forcing premarital testing without a comprehensive plan of solution, stigmatizing behaviours of HIV positive people and how to design HIV/AIDS programs. But it was observed that when give positive approach through participatory discussion they are willing to change and collaborate.

- At the end of the training, they developed tangible resolutions that will be used to guide their day to day practice and developed work plans for follow up to gauge the outcome of the training.

- It was learnt that the budget for 10 day was insufficient to train 40 people and accommodated the in the municipal facilitated their transport and learning materials , but the training was give compressively in within five days

- There was more application from religious leaders for this training but the number was limited for our little budget. The need for big project planning to cover a big number that will bring tangible impact.

Thanks

- WACC to the support of this project that enabled us to strengthen our working relationship with religious leaders

- Religious leaders for their willingness, cooperation and fully participation during the training
- All facilitators of this training for their stimulating facilitation

- **4.0: LIST OF PARTICIPANTS**

NO	NAME	SEX	CONGREGATION	DISTRICT
1.	Felix Clemence	M	Roman Catholic	Bukoba
2.	Meshack Majumba	M	Orthodox	Bukoba Municipal
3.	Jackline Chacha	F	F.G.Y.C	Bukoba Municipal
4.	Rev. Saimon Kizwire	M	F.G.Y.Yoido	Bukoba Municipal
5.	Rev. Daudi Katemana	M	Christian Religions	Ngara
6.	Maalim Abdallah Zakaria	M	Islamic	Ngara
7.	Cleophas Lucas	M	AGAPE	Bukoba Municipal
8.	Rev. Elias William	M	C.L.C.T	Bukoba Municipal
9.	Samwel J. Bashweka	M	ELCT	Bukoba
10.	Rev. Clavery Venant	M	EAGT	Bukoba Municipal
11.	Rev. Alfredius Rweyunga	M	F.C.I.T	Bukoba Municipal
12.	Rev. Jacob Ngamba	M	Baptist	Bukoba Municipal
13.	Rev. Julius Mwita	M	Salvation Army	Bukoba Municipal
14.	Fraisca Bernad	F	Roman Catholic	Bukoba
15.	Divella Frances	F	Roman Catholic	Muleba
16.	Joseph Magongo	M	Roman Catholic	Muleba
17.	Bernadetha Katerengabo	F	Roman Catholic	Muleba
18.	Sr. Filiberta Mukaja	F	Roman Catholic	Bukoba
19.	Joseph Rugaimukamu	M	Full Gospel	Bukoba Municipal
20.	Rev. Canon Elisha Bililiza	M	Anglican	Bukoba Municipal
21.	Rev. Meshack Mwizagi	M	Anglican	Muleba
22.	Rev. Egbert Kanyambo	M	Lutheran,	Bukoba Municipal
23.	Rev. Fr. Deogratias Mulokozi	M	Roman Catholic	Muleba
24.	Rev. Canon S. Habimana	M	Anglican	Muleba
25.	Rev. Heri Kuyenga	M	SDA	Bukoba Municipal
26.	Sheikh Zakaria Musa	M	BAKWATA	Muleba
27.	Gissela Daniel	F	Anglican	Muleba
28.	Felician Mathias	M	Lutheran	Muleba
29.	Yustina Evarist	F	Roman Catholic	Muleba
30.	Gelardina Gervas	F	Lutheran	Muleba
31.	Rev. Ephrahim Shumbusho	M	Lutheran	Bukoba Municipal
32.	Wilson Rugakingira	M	Roman Catholic	Muleba
33.	Rev. Ephrahim Bachubira	M	Lutheran	Muleba
34.	Rev. Francis Rwechungura	M	PAG	Bukoba Municipal
35.	Verediana Lucas	F	Lutheran	Muleba
36.	Rev. Godwin Gervas	M	Pentecost	Bukoba Municipal
37.	Rev. Eliazari Kaizilege	M	Lutheran	Muleba
38.	Sheikh Haruna Kichwabuta	M	Islamic	Missenyi
39.	Charles Mushatsi	M	Anglican	Ngara
40.	Rev. David Mshana	M	Efatha Ministry	Bukoba Municipal