FIJI'S INTER-FAITH STRATEGY ON HIV & AIDS

2013-2017

This strategy was developed in consultation with the following organisations:

- The Methodist Church of Fiji
- Fiji Muslim League
- Fiji Muslim Youth Movement
- Fiji Muslim Women's League
- Sanatan Dharam Prathinidhi Sabha of Fiji
- Shree Sanatan Naari Shabha
- Arya Prathinidhi Sabha of Fiji
- The Catholic Church
- Seventh Day Adventist Church
- Ahmadiyya Anjuman Ishaat-i-Islam (Lahore) Fiji
- Then India Sangmarga Ikya Sangam (TISI)
- Assemblies of God
- Fiji Muslim Youth Movement
- Fiji Muslim Women's League
- Latter Day Saints
- United Pentecostal Church
- Interfaith Search Fiji
- ECREA
- South Pacific Theological College
- United Pentecostal Church
- Hare Krishna Society
- Satya Sai Service Organisation
- Pacific Council of Churches
- Anglican Church
- Medical Services Pacific

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FOREWORD

The United Nations recognises and values the contribution that FBOs are making globally in raising awareness on HIV & AIDS, promoting people's access to testing and treatment and at the same time, in breaking down barriers that limit people's access to services. In Fiji specifically, the UN with UNICEF being the lead agency, initiated dialogue with FBO's to gather their support to strengthen the overall national response to HIV & AIDS. The result of this dialogue and continued engagement is the Inter-Faith Strategy which sets out how, over the next five years, FBO's in Fiji will act to ensure that people remain free from HIV infection, and those living with and affected benefit from continued treatment, care and support services.

Fiji's 'Inter-Faith Strategy on HIV & AIDS' is an important tool to guide the response of faith based organisations to the issue of HIV & AIDS. The strategy document outlines key strengths of FBO's in Fiji and provides strategic guidance to FBO's to work collectively and with their respective congregations to promote good health and well-being of the people of Fiji. FBO's share many common values and principles which provides an opportunity to build HIV resilient communities. It is these common values and the ability to reach the grass roots communities that make their response a particularly powerful one. I believe that involving FBO's in the fight against HIV is a step in the right direction. By initiating an Inter-Faith Strategy, FBO's now have a guide they can use to ensure that they remain consistent and that their efforts are sustained. The strategy ensures that they remain focused on achieving identified goals to reduce the spread of HIV in Fiji.

At the same time, this Inter-Faith Strategy for Fiji is the result of a strong partnership between UN agencies, faith based organisations and the Ministry of Health. I believe that this partnership must continue and must be sustained in order to achieve the strategy goals.

I wish to thank all those organisations and individuals who have contributed to the development of this important document, in particular, FBO's and the government ministries. With your continued support, it is possible to achieve zero new HIV infections, zero discrimination and zero AIDS related deaths in Fiji.

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UNICEF Pacific Representative

EXECUTIVE SUMMARY

1. The Fiji Inter-Faith Strategy on HIV & AIDS, 2013-2017, guides all faith based organisation's response to HIV. The strategy goals are aligned with and reflect international and national commitments to prevent the spread of HIV & AIDS and are:

   - **To empower young people to protect themselves from HIV**
   - **To end violence against women and girls and reduce their risks and vulnerabilities to HIV.**
   - **To enhance social protection for people affected by HIV & AIDS**

2. Faith based organisations in Fiji have identified three key strategic directions and related objectives which are aimed at achieving the overall goals of the five year strategy document:

   Strategic Direction One: Prevent HIV Transmission in pregnant women, their partners, young people and the general population.

   Strategic Direction Two: Provide care and support for people living with and affected by HIV & AIDS

   Strategic Direction Three: Provide capacity building and support to faith based organisations to effectively respond to HIV & AIDS

3. The strategic directions and the accompanied objectives require actions by faith based organisations. In order to achieve identified goals, faith based organisations have high lighted key actions that they will take, their roles and responsibilities and the support that they require from UN agencies and government ministries specifically, Ministry of Health and Ministry of Women and Social Welfare and Ministry of Youth. The outlined actions by faith based organisations complement national efforts to prevent the spread of HIV & AIDS in Fiji.

4. Through the highlighted strategies, faith based organisations will: support education and information on HIV & AIDS amongst their congregations. They will also support pregnant women, their partners and young people to access services, support and em power women and their partners to reduce gender based violence and in turn, reduce their risks and vulnerabilities to HIV, The highlighted strategies will enable FBO's to reach people living with and affected by HIV & AIDS. FBO's will exercise their theology of care and compassion to ensure that the needs of PLHIV and those affected is addressed. They will educate communities on stigma and discrimination and initiate capacity building trainings within their organisations to become better informed on HIV & AIDS issues. Faith based organisations have also formed an Inter-Faith Reference Group that is tasked with coordination of activities and monitoring progress.

5. The strategy highlights how faith based organisations will monitor and report on progress made to implement the strategy. There are specific indicators listed for each strategic direction.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ADRA	Adventist Development and Relief Agency
ART	Anti - Retroviral Treatment
CLERGY	Any religious leader, i.e. priest, pundit, pastor, molvi/maulana
CMF	Christian Missionary Fellowship
FBOs	Faith-Based Organisations describe a broad range of organisations influenced by faith. They include: • Religious and religion-based organisations and networks; • Communities belonging to places of religious worship; • Specialized religious institutions and religious social service agencies; • Registered and unregistered non-profit institutions that have a religious character or mission. They might be small, grassroots organisations with simple structures and limited personnel or large, national or global institutions with highly sophisticated bureaucracies, wide networks, substantial financial resources, and significant human capacity. In some cases they are led by clergy; in other cases laypersons (non-clergy) provide the driving force.
HIV	Human Immunodeficiency Virus
LDS	Church of Jesus Christ and the Latter Day Saints
PCC	Pacific Conference of Churches
PPTCT	Prevention of Parent To Child Transmission
PLHIV	People living with HIV
SDA	Seventh Day Adventists
SPATS	South Pacific Association of Theological Colleges
STI	Sexually Transmitted Infections
SPC	Secretariat of the Pacific Community
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP PC	United Nations Development Progamme Pacific Centre
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality
TLDP	Transformational Leadership Development Program
VAW	Violence Against Women and Girls
WCC	World Council of Churches

1. Introduction

The Fiji Inter-Faith Strategy on HIV & AIDS (2013-2017) guides all faith based responses to HIV & AIDS in Fiji and contributes to key targets on prevention, treatment, care and support. The Inter-Faith strategy document:

- Is inspired from global goals on zero new HIV infections, zero discrimination and zero AIDS related deaths
- Outlines three key strategic directions that faith based organisations can take to achieve agreed goals
- Outlines key actions that faith based organisations can take within each strategic direction to achieve agreed goals.

1.1 Context and Rationale

Globally, a lot of effort has been placed in strengthening the response to HIV & AIDS since the first case was diagnosed more than 20 years ago. While initially, HIV & AIDS was viewed as a medical concern, this view was later revised to better address the developmental challenges the epidemic presented. Many development organisations joined in the fight to prevent and reduce the spread of HIV & AIDS. Attempts were also made by faith based organisations (FBOs) to address this issue however, their response faced significant challenges.

Nevertheless, the strength that FBOs have in addressing HIV & AIDS is well recognised amongst various stakeholders who have responded by providing support to FBOs to be able to maximise on their strengths to protect people from becoming infected. In Fiji, FBOs have engaged at different levels in the national response however, this response has not advanced as much when compared with other stakeholders. This may be because of how the epidemic has been defined since its inception and the fact that HIV & AIDS has been largely associated with sex which is still very much a 'taboo'[1] topic within faith based circles in Fiji.

This however, does not mean that FBOs do not recognise the urgency and need to engage in the fight against HIV & AIDS. FBOs in Fiji are the first point of engagement with the communities and have direct contact with individuals as well as the ability to influence attitudes and behaviours of communities. FBOs not only provide spiritual guidance to their followers, they are often the primary providers of a variety of local health, education and social services.

These services can be harnessed to raise awareness about the true nature of HIV and the need to get tested and stay safe. FBOs are situated within communities and built on relationships of trust; they have the ability to influence the attitudes and behaviours of their fellow community members. They are in close and regular contact with all age groups in society and their word is respected. They help set the template for the way families form and parent the next generation, with clear moral values. They have complex and well-developed means for educating believers in the fundamental verities of their Faith. It is because of these strengths and influence that they can play a vital role in both the prevention of HIV infection and acceptance of those who are infected.

The dilemma faced by FBOs in Fiji was that they neither had a framework nor any strategic guide to be able to respond effectively and make a difference in people's lives. It is hoped that this strategy will act as a 'beacon' and provide that necessary guidance to all faith based organisations in Fiji so that they are able to deliver correct messages on HIV & AIDS to their congregations, influence positive behaviours of individuals so that their congregations remain HIV free as well as provide support to people living with and affected by HIV.

1.2 Contribution to National HIV & ADS Strategic Plan and Regional Strategies on HIV & AIDS

The HIV & AIDS Inter-Faith Strategy is closely aligned with the Republic of Fiji National Strategic Plan on HIV & STIs, 2012-2015. The current national strategic plan provides a framework for multi-sectoral collaboration to prevent the spread of HIV & AIDS and recognises the value of FBOs in Fiji to contribute meaningfully. Therefore, key strategic directions and priority actions in the strategy documents are closely aligned with and correspond to the priority areas of Prevention and Continuum of Care within the National Strategic Plan.

In addition, the strategy document is closely aligned with the themes of the Pacific Regional Strategy on HIV & STIs, 2009-2013. The FBO strategy is also aligned with the recent UN Political Declaration on HIV & AIDS that was adopted by UN General Assembly High Level Meeting on AIDS in June 2011. The goals highlighted within the various strategic documents require the support of FBOs and it is important that there is continuity with planned actions to sustain a successful national response to HIV & AIDS.

[1]'Taboo': A taboo is a strong social prohibition (or ban) relating to any area of human activity or social custom that is sacred and forbidden based on moral judgment and religious beliefs. Breaking the taboo is usually considered objectionable or abhorrent by society. The term comes from the Tongan word tabu, meaning set apart or forbidden, and appears in many Polynesian and Melanesian cultures.

2. Situation Analysis

2.1 HIV & AIDS Situation in Fiji

Fiji's first case was confirmed in 1989 almost 4 years after the first confirmed case in the world. Although Fiji is classified as a 'low prevalence' country, between 1989 and Dec 2011, Fiji has reported 420 confirmed cases of HIV. [2]

The majority of reported known cases are aged between 20 and 29 with the next largest group between 30-39. The 20-39 age group accounts for 77% of all the infections to date. [3] This is of concern for the economic and social well-being of families, as these are the productive and reproductive years. The greatest threat for further transmission comes from those who are unaware that they are infected. This may be because the transition from HIV into AIDS may be slow so people do not know they are infected. The fear of stigma and discrimination may also prevent people from being tested. The undiagnosed prevalence in the general population is of growing concern, as these people are very unlikely to change risky behaviours they may engage in.

The high prevalence of sexually transmitted infections is another contributing factor to increasing the risk of HIV transmission. In Fiji, studies show that women tested at antenatal clinics have a rate of 33% STI infection. Certain STIs facilitate the transmission of HIV and the presence of HIV can make the STI more severe. Due to their physiology, females are at least 2 to 4 times more susceptible to HIV infection than males. Social, cultural, and economic forms of discrimination against them compound this vulnerability. High levels of family violence also place women in a more vulnerable position as it further reduces their ability to negotiate safe sexual practices. There is a direct correlation between levels of violence against women and HIV incidence. [4]

Other factors that contribute to the spread of HIV include:

- Widespread alcohol and kava abuse binge drinking and substance abuse that often lead to unsafe sex. [5]
- Multiple sexual partners and low level of condom use. A recent study has indicated, yet again, that those who have multiple partners seldom use condoms and yet do not regard themselves to be at risk of HIV. [6]

2.2 National Response

Fiji's national AIDS response is aligned with and guided by the Pacific Regional Strategy on STIs and HIV & AIDS 2009-2013 (PRISP II) and related high level commitments and strategies. The revised National STI and HIV & AIDS Strategic Plan (2012-2015) is focused on strengthening prevention initiatives while at the same time, ensuring that quality continued care, treatment and support is provided to those living with and affected by HIV. Enhanced partnerships, governance and coordination and operating within a gender and human rights based framework remains core principles of the revised plan.

The HIV & AIDS Decree was passed in 2011 to complement efforts to enhance equitable access to HIV services for the general population. The decree safeguards the privacy and rights of persons infected or affected by HIV, including confidentiality of personal information; create an environment where persons are encouraged to go for voluntary testing, counselling and support services; empower an affected person to seek redress from professional bodies and the courts when their rights are violated; and promote the need for everyone to be personally responsible for their own health and that of others through duty of care. Implementation of the Decree is monitored by the National Board for HIV in consultation with stakeholders and development partners.

The scale and nature of Fiji's national HIV response has changed and intensified since 2005. There are more HIV-active organisations, for example, FJN+, Fiji Red Cross, Pacific Island AIDS Foundation and Empower Pacific, and therefore, more HIV prevention activities are being conducted focusing on previously under-served non-urban areas.

The Ministry of Health has established Hub Centres in the three main divisions (cent/east, west and north) to facilitate access to information, counselling, testing and access to Anti-Retroviral Therapy (ART). In addition, divisional and sub-divisional level hospitals provide counselling and testing services and also implement comprehensive PPTCT programs serving pregnant women and partners. A multi-sectorial approach is adopted by the Ministry to ensure that services reach the key affected populations. There are at present, 24 youth friendly health service facilities serving sexual and reproductive health related needs of young people and the Ministry works with the education sector to ensure that life-skills based family life education programmes with a specific focus on HIV & AIDS prevention is integrated into school based curriculums.

[2] Fiji Center for Communicable Diseases Control-Mataika House
[3] 2012 Global AIDS Progress Report
[4] Gender and HIV in the Pacific Islands Region-A Literature review of evidence with recommendations, Penny Schoeffel Meleisia, UNDP 2009 p11
[5] National HIV & AIDS Strategic Plan 2007-11, Republic of Fiji Islands p15
[6] Me, My Intimate Partner and HIV: Fijian self-assessment of transmission risks, Lawrence Hammer, 2010, unpublished

2.3 Response by Faith Based Organisations

The religious picture in Fiji is complex and multi- faceted with three of the major world religions making up significant parts of the population. Christianity was introduced to Fiji in 1835 with the arrival of Christian missionaries, first Methodist then Catholic. From 1879 to 1916, 61,000 Indians came as indentured labourers to work on the sugar plantations set up by the colonial power. Most of these were from the Hindu faith but some were Muslim. Census statistics from 2007 show some of this composition complexity: Christians make up 64% of the population followed by Hindus (29%) and Muslims (over 6%). The Christians are composed of: Methodists 35% of the total population; with five other Christian groups; Catholic, Assembly of God, Seventh Day Adventist, Christian Mission Fellowship and Pentecostal contributing over 4% each. There is some diversity within the Hindu population as well: Sanatan being the largest Hindu group, followed by Sangam. The boundaries here are less rigid and tend to be divided by language rather than theology.

The rapid situation assessment that was conducted to inform this strategy found that there was a great variety of experience and interest in working with HIV amongst the different faiths. Methodists had been involved in regional work since 1994 through the then existing Fiji Council of Churches. [7] The Pacific Council of Churches (PCC), and South Pacific Association of Theological Schools (SPATS) became involved in the late 1990s and continued their participation with a number of activities.

Endorsed by 17 member churches of the World Council of Churches and the Pacific Conference of Churches, the Nadi Declaration signed in 2004, [8] provided a policy document, which could be used as a basis to implement HIV and AIDS programmes. However, while those who attended and signed knew of the document, it has not been widely distributed or implemented. It still stands as a useful model for the mainstream Christian churches. It includes policy on the churches' commitment to HIV positive people, a priority to improve knowledge on HIV & AIDS, an ethical dimension, strengthening networks and linkages and finally developing regional and country communication strategies.

The Methodist Church, which is the biggest FBO in Fiji, has been involved in all the regional initiatives. Locally since 2003 they have incorporated HIV into the health part of the "4 Corner" programme for youth; both men's and women's fellowship have also raised this as a discussion point in their evening meetings. They have recently formed a Task Force on HIV and developed a Policy on HIV, based on the Nadi Declaration, to be considered and approved by church leaders.

Several Christian theological responses dealing with HIV have been produced. [9] A regional guide for counselling was produced by WCC and Ministry of Health. [10] In 2007 a regional seminar HIV &AIDS: Equipping the Churches for Ministry was held in Suva, organised by WCC and Ministry of Health. The Catholic Church has focused meetings of the regional Catholic Bishops on HIV and had several seminars for teachers, at the training college and for Catholic school principals. The Religious Education syllabus, for Catholic schools, contains a unit on HIV and AIDS.

A number of Christian religious leaders are involved in the UNAIDS/UNDP Transformational Leadership training organised by SPATS. The SDA church, which is very involved in HIV awareness and prevention, provides a good example of how a FBO can address HIV prevention. Their focus is on good health and they have done considerable work both in the church, on building youth resilience and reducing violence against women, and in the wider community through their development agency ADRA, which runs a hub centre in Suva for youth to drop in talk about issues and if necessary pick up condoms. The CMF have also worked on the issue.

Perhaps, because of low incidence of HIV within the community of Fijian's with Indian descent,[11] there has not been the same focus in the Hindu and Muslim communities as compared with the Christian faith. Very few members of these faith groups have been part of trainings and awareness programmes on HIV & AIDS. However, during the rapid assessment consultations which took place as part of the strategy development process, it became evident that both Hindu and Muslim groups remain committed to stepping up their involvement to prevent the spread of HIV & AIDS.

When compared to Sub Saharan Africa and PNG, FBOs in Fiji have not responded in the same way because the HIV epidemic in this country is still largely invisible. It is harder to motivate a community that is not yet seeing AIDS orphans in the community. FBOs are still therefore, able to externalise the threat. Furthermore, many religious communities have found HIV-related issues challenging, particularly prevention as it touches on sensitive areas such as morality and standards for 'pure living'. However, the growing numbers of new HIV infections and the high level of violence against women [12] demand urgent action from all stakeholders including FBOs.

[7] For detailed history seeOceanic Churches Response to HIV andAIDS: Milestones Challenges and Opportunities by J.S.Bhagwan UNAIDS 2010

[8] The Nadi Declaration (WCC-OP, 2004) Steven Vete is currently doing a review of this for PCC

[9] Pacific Journal of Theology Series II No.3 2006 SPATS and UNAIDS

[10] Pacific Community for Pastoral Care and Counseling in the HIV and AIDS Environment. This was never published due to a lack of funds

[11] Cases by ethnicity (Provided by Ministry of Health up to 2010) (I-Taukei - 302, Indo-fijian-44, Other - 19, Unkown - 1)

[12] Gender and HIV in the Pacific Islands Region- A literature review of evidence with Recommendations Penny Schoeffel Meleisia UNDP 2009 p11

3. Purpose, Methodology, Target Audience, Vision, Goals and Key Strategic Directions

3.1 Purpose

The HIV & AIDS Inter-Faith Strategy for Fiji is meant to secure a sustainable and quality response from various FBOs in Fiji to address the issue of HIV & AIDS. It is recognised that Fijians value their faiths and their faiths influence their behaviours to some extent. It is also recognised that FBOs in Fiji, have a comparative advantage over other stakeholders for example, they are formed from within communities, have reliable systems and structures and command the respect and trust of their congregations. FBOs have very high competencies in influencing social change as a direct result of their moral and ethical stance all of which can be leveraged to create a coherent approach to reducing the spread of HIV & AIDS in Fiji.

3.2 Methodology

UN agencies with UNICEF as the lead agency provided technical assistance in the form of a consultant to support the development of the five year Inter-Faith strategy on HIV & AIDS. Several one on one consultative meetings were held with FBOs to inform the strategy formulation process. A rapid assessment of their capacity, interest and previous involvement was carried out. This was followed by a consultative workshop whereby almost all faith based organisations were represented. A total of twelve groups were represented: Methodist, Catholic, Seventh Day Adventist, Sanantan,[13] Sangam,[14] Assembly of God, Fiji Muslim League, Latter Day Saints, Fiji Muslim Youth, United Pentecostal, Ahmadiyya,[15] and Interfaith Search.

During this workshop, FBOs worked in mixed faith groups, to analyse the current situation, with a SWOT analysis. This answered the question "Where are we now?" The strengths of FBOs, which, could be used to be able to contribute to the reduction of HIV in Fiji, were identified by the FBOs as : their wide community outreach; their existing organisational structure; their grass roots welfare and poverty alleviation programmes; their financial and fund raising skills; their educational and health involvement; their idealism and pastoral commitment.

Capacity to be involved and understanding of what that might mean, varies between the faith groups. Some of the weaknesses FBOs will need to face include: the lack of accurate knowledge about HIV and AIDS and STIs; the fear of breaking the silence about a cultural taboo; traditional views about the role of women; judgemental attitudes which lead to stigma and discrimination based on fear; and a lack of history and experience of working with other FBOs.

The groups did a visioning exercise to formulate the Vision, and answer the question "Where do we want to go?" The results were synthesised into an agreed vision statement.[16] The group was introduced to selected affirmation statements . They were asked to choose and then prioritize the three they thought they as FBOs could work on as goals. The report-back showed consensus for three. The groups then worked on in a matrix to assist them to answer: "How do we get there?" The results of this are reflected in the recommended actions under each strategic direction.

The Inter-Faith Strategy has been drafted based on the results of the consultation workshops. The strategy has then, been validated after considerable input and changes from a subsequent meeting of twenty of the FBO group on 8 June 2011 and 4th July 2012.

3.3 Target Audience

This Strategy targets all faith based organisations in Fiji. It is anticipated that FBOs will translate this strategy into action plans. The Strategy is a living document that can be reviewed as new activities emerge and new capacities form. The Strategy can also be shared with other stakeholders including:

UN Agencies and other regional partners such as SPC and IPPF

CSOs and networks of PLHIV

Funding agencies

Fiji Government specifically Ministries of Health, Ministries of Youth and Ministry of Women to formulate national policies and plans

Media organisations

3.4 Vision

'In five years, we will have a healthy Fiji with no HIV transmission, where HIV positive people are respected and loved, where there is equal participation across gender, ages and Faiths to produce an exemplary society'

3.5 Goals

1. To empower young people to protect themselves from HIV
2. To end violence against women and girls [17]
3. To enhance social protection for people affected by HIV and AIDS

The strategic vision emerged during the consultative workshop process and all FBOs reached a consensus that the strategic goals will be adapted from the UNAIDS guidance framework on working with FBOs.

[13] Sanatan Dharam Prathinidhi Sabha Fiji

[14] TISI- Then India Sangmarga Ikya Sangam

[15] Ahmadiyya Anjuman Ishaat-i-Islam (Lahore) Fiji

[16] "Partnership with Faith-Based Organisations Strategic Framework" 2009 p 7 UNAIDS

[17] UNITE a 10 year campaign strategy to "End violence against women and children" begins in Sept 2011. Based on communications it will be led by UN Women and UNICEF with other UN Agencies, NCOs & Community organisations. A useful connection for FBOs to link to and utilize.

3.6 Key Strategic Directions

Faith Based response to HIV & AIDS will be channelled through three key strategic directions which are highlighted below and listed with the expected objectives. The strategic directions are drawn from the National Strategic Plan and are based on key strengths which FBOs have. The strategic directions shall contribute to the goals and overall vision as identified by FBOs. For each of direction, they identified specific actions that they will take with support of government ministries and UN agencies.

Strategic Direction One: Preventing HIV Transmission in pregnant women, their partners and young people.

The key objective is to ensure that pregnant women, their partners and their babies remain free of HIV and receive quality care and support from FBOs in the event that they test positive for HIV. Another key objective under this area is to ensure that young people are aware of the risks of HIV, are provided effective information and skills to reduce their risks and practice safe behaviours so that they continue to enjoy healthy and productive lives.

Prevention remains a critical component in Fiji's HIV response and is the first priority area in 'Republic of Fiji's National Strategic Plan on HIV and STIs, 2012-2015.' FBO's have chosen to contribute to prevention efforts because often, they are the first point of contact with communities. They believe in family and community values and recognise that it is part of their moral obligation to provide correct information and support families to reduce their vulnerabilities to HIV infections.

For FBOs in Fiji, preventing transmission of HIV & AIDS from parent's to children is the first priority. FBOs chose to take this strategic direction because:

• They believe in protecting children and ensuring that they survive and thrive to be able to reach their full potential

• FBO's recognise that sexual violence makes women more vulnerable to unplanned pregnancies, STIs and HIV and they will support women and their partners to reduce gender based violence.

• FBOs recognise the challenges faced by adolescents and youth. They also recognise that culture and religion are a daily part of life for an average young person in Fiji. FBOs will make use of this opportunity and reach youths with information and education on HIV & AIDS. FBOs will also partner with organisations that already work with adolescents and youth and incorporate key messages on prevention using their respective religious scriptures.

Recommended Actions:

Key Results	Activities	Responsibilities
1. Each faith has their own HIV policy grounded in faith principles	1. Scriptural research and international best practice shared 2. Consultative workshops with congregations to develop HIV policy	Faith leaders and scholars in consultation with the Inter-Faith reference group supported by UN and Ministry of Health
2. Young people's knowledge on HIV & AIDS increased and their risks and vulnerabilities to HIV infection reduced	1. Study conducted to assess and collect information on young people's risks and vulnerabilities to HIV & AIDS 2. Workshops on HIV & AIDS awareness conducted led by peer groups 3. Awareness day (every 2nd Sunday of every month and on 1st Dec) observed 4. Leadership training for youth on faith policy and resilience 5. HIV information and awareness sessions with parents and children conducted 6. Support testing for HIV as part of community health checks 7. Support parents and teachers to develop appropriate support for children who engage in pre-marital sexual relations and other social issues(alcohol and substance abuse) 8. Document concerns on the quality of movies and TV shows and concerns presented and addressed by the Censorship Board. 9. Document concerns on extended opening hours of nightclubs and concerns presented to the government for necessary actions.	Peer groups guided by leaders and the Inter-Faith reference group supported by UN and Ministry of Health, Youth, Social Welfare Youth leaders

3. Pregnant women and their partners are supported and benefit from HIV testing and counselling services and their babies remain HIV free	1. Provide counselling to couples and support them to understand the value of faithful relationships, sanctity of marriage and respect for one another as equal partners. 2. Organise HIV testing during religious events and gatherings for example during sporting events whereby religious leaders lead by example and get tested for HIV to mobilise congregations to get tested and know their status 3. Provide welfare benefits to couples and families who are living with and affected by HIV	Faith leaders and scholars in consultation with the Inter-Faith reference group supported by UN and Ministry of Health

Strategic Direction Two: Provide Care and Support for People Living with and Affected by HIV & AIDS

FBO's key objective under this strategic direction is to ensure that people living with and affected by HIV & AIDS receive compassionate care and support and that stigma and discrimination against them is reduced.

FBO's chose to provide care and support for people living and affected by HIV & AIDS because they are morally obligated to support those who are disadvantaged by health related issues. They chose to provide support by educating their congregations on stigma and discrimination faced by people living with and affected by HIV, and work with communities to dispel myths associated with HIV. FBO's would like to create positive community attitudes towards people living with and affected by HIV.

FBOs will exercise the theology of compassion that all scriptures highlight to influence families and communities to love, care and provide support to people living with as well as affected by HIV & AIDS. FBOs will work with organisations for PLHIV for example, with FJN+ to advocate for the rights of people living with HIV and reduce stigma and discrimination in communities.

Recommended Actions:

Key Results	Activities	Responsibilities
People living with HIV and families affected by HIV continue to live a dignified life and are able to adequately cope with the impact of HIV	1. Ensure availability of FBO leaders and or representatives to PLHIV and those affected by HIV at all times. As part of prayer sessions, this message should be communicated to congregations. 2.Set up referral network with FJN+ for easy referrals of members who are in need of care and support. 3. Provide training to faith based welfare arms so that they can adequately meet needs of PLHIV and their families. 4. Conduct faith based teachings on the value of family and community support to those affected by sickness and ill-health in order to reduce HIV related stigma and discrimination in communities.	Faith leaders and scholars in consultation with the Inter-Faith reference group supported by UN and Ministry of Health.

Strategic Direction Three: Providing Capacity Building and Support for Faith Based Organisations to effectively respond to HIV & AIDS

The key objective is to enable FBO's to assess their capacity needs to support activities on HIV and address those capacity needs accordingly.

FBO's recognise that understanding and responding to the issue of HIV & AIDS will be a gradual process. They recognise that further training and capacity building on HIV & AIDS and related issues is needed within faith based circles to ensure that FBO's provide an enabling and supportive environment and work hand in hand with other stakeholders to reduce the spread of HIV.

As part of the skills building process, FBO's will:

• Train leaders and those in decision making positions on HIV & AIDS. FBO's recognise that by targeting decision makers, it becomes easier to roll out activities within communities especially when leaders and decision makers have a good understanding of the issue that needs to be addressed and provide their support.

• Train counsellors to provide adequate support to communities seeking information and support. Counselor's will have a key role to support communities to access services.

• Using religious based scriptures, train young people to provide peer support to other young people.

• Educate parents to engage with children. FBO's will work with other stakeholders to ensure that parents and children are empowered and engage in open dialogue with each other to discuss sexual health related issues and as a result, are able to work together to find solutions.

FBO's recognise the importance of correct information presented in a format that is easy to understand and is aligned with religious scriptures. They will work with partners to ensure that trainings for leaders and other congregation members is backed not only by the religious scriptures but is also based on sound scientific evidence and international best practices.

Recommended Actions:

Key Results	Activities	Responsibilities
A strong and robust faith based response to HIV & AIDS in Fiji	1. Establish an Inter-Faith HIV & AIDS reference group to network and share most recent information 2. Each FBO establishes a small taskforce team which will be responsible for the implementation of the strategy and will provide reports to the Inter-Faith reference group. 3. Conduct trainings on HIV & AIDS for clergies and religious leaders 4. Male attitudes on violence against women and children assessed and faith leaders and male advocates trained in preventing violence against women and children 5. Training of counsellors to provide support to partners in conflict with each other	All Faith Based organisations with support of UN agencies and civil society organisations

Things to consider in implementing the recommended actions:

1. The recommended actions are broad areas within which FBOs will have very specific focus. Initially, most activities that FBOs may engage in will be HIV awareness raising and sensitisation activities with the aim of making communities aware of the issue through a religious perspective however, as their skills and capacities improve, they may wish to take up more activities that focus on changing behaviours of communities towards the issue of HIV & AIDS.

2. FBOs in Fiji are committed to their faiths and hold the tenets of their faiths very close to their hearts. They will know how far they can go in addressing the issue of HIV & AIDS without crossing any religious boundary and should also be able to justify to their members their stance on HIV & AIDS if faced with opposition. That is why capacity building activities are needed and must form part of any strategy implementation plan.

3.7 HOW TO USE THIS STRATEGY TO DEVELOP ACTION PLANS

Fiji's Inter-Faith Strategy on HIV & AIDS is a well-defined roadmap highlighting key goals that FBO's will contribute towards in relation to HIV & AIDS prevention. The document sets out where FBO's currently are in relation to their contribution to HIV & AIDS response in Fiji and where they wish to be in the next five years. It is a tool that FBO's will use to develop concrete action plans.

FBO's can use the template in Annex IV to develop action plans using the following steps:

1. FBO's can choose the first RESULT step. (Some FBOs have theology developed and would not choose that, but might focus on the task force formation or policy development.)
2. FBO's can choose (or change) the first activity that will give them the result they want. –ie WHAT are they going to do?
3. FBO's can decide exactly WHO is going to do it. Specific names need to be added.
4. FBO's can then, move into HOW they will know when they have achieved the desired result? These are their indicators (refer to monitoring and evaluation).
5. FBO's can then, decide By WHEN? This gives them a time line to work towards.
6. FBO's can also take into account RISKS that will impact negatively on planned actions. These risks can be listed down.
7. FBO's need to also brainstorm and identify strategies to manage identified risks. This will enable them to take into account additional support they will need in terms of resources, training or assistance.

4. MONITORING AND EVALUATION

The HIV & AIDS Inter-Faith strategy for Fiji proposes to be dynamic and responsive to the issue.

At the national level, the HIV Inter-Faith Reference Group will meet on a quarterly basis to track progress made on each of the recommended actions. Progress in moving towards the strategy goals will be regularly assessed by the Reference group through planned annual meetings.

The strategy document is flexible and priorities that are identified later can be added to strengthen faith based response to HIV & AIDS in Fiji.

Faith based organisations are encouraged to collect and share reports with the Ministry of Health on core set of indicators which are outlined below and that will contribute to strengthen the overall national HIV & AIDS response in Fiji.

Strategic Directions	Selected Indicators
1. Preventing HIV Transmission in pregnant women, their partners and young people.	1.1 Number of faith based policy on HIV developed and endorsed 1.2 Number of key studies supported 1.3 Number of HIV workshops conducted 1.4 Number of people who test for HIV at community and religious events 1.5 Number of counselling sessions conducted by FBOs 1.6 Number of faith based leaders trained on HIV & AIDS 1.7 Couples and young people who seek counselling 1.8 Number of advocacy sessions conducted on elimination of violence against women and girls
2. Provide care and support for people living with and affected by HIV & AIDS	2.1 Availability of counsellors to provide appropriate support to PLHIV and their families
3. Providing Capacity Building and Support for Faith Based Organisations to effectively respond to HIV & AIDS	3.1 HIV taskforce teams established with each faith group 3.2 Number of faith based leaders trained on HIV & AIDS 3.3 Number of faith based counsellors trained to provide care and support

Annex I: Action Plan:

WHAT Results do we need to achieve this goal?	HOW will we do it? (Activities)	WHO will be responsible for achieving it?	HOW will we know when we achieve the desired results? (Indicators/ targets)	WHEN? (Time line)

Annex II: First Consultative Workshop Participant List

Name	Position	Organisation
Mohamed Imran Sahu Khan	Board member	Ahmadiyya Anjuman Ishaat-i-Islam (Lahore) Fiji
D.K. Yasmeen Dean	Vice President	Ahmadiyya Anjuman Ishaat-i-Islam Women's Movement
Asina Sahu Khan	Vice-President	Ahmadiyya Muslim Women Association
Jalal Ud Dean	Chairperson	Interfaith Search Fiji
Etika Sefeti	Vice Chairmen for Public Affairs	Latter Day Saints
Mohammed Anzar Ali	Secretary	Fiji Muslim Youth Movement
Zaynah Naheed	Admin Officer	Fiji Muslim Youth Movement
Mrs Nisha Buksh	President	Fiji Muslim Women's League
Pundit Diwan Maharaj	President	Sanatan Dharam Prathinidhi Sabha of Fiji
Pundit Ramesh Sharma	Sanatan Priest and Assistant Treasure	Sanatan Dharam Prathinidhi Sabha of Fiji
Vijendra Prakash	National Secretary	Sanatan Dharam Prathinidhi Sabha of Fiji
Courtney Goodsen	Peace corps volunteer	Shree Sanatan Dharam Prathindhi Sabha of Fiji
Arun Kumari. Prasad	Treasurer Rewa Nari Sabha	Rewa Sanatan Women's wing
Aruna Devi	Secretary	Shree Sanatan Naari Shabha
Yashwant Lal	Sanatan Youth Coordinator	Sanatan Youth
Savita Sharma	National Treasurer	Shree Sanatan Dharam Prathindhi Sabha of Fiji
Sheela Venkataiya	Director Education and Special Duties	TISI Sangam
Pundit Murari Lal	Secretary to Southern District Board	Arya Prathinidhi Sabha of Fiji
Fergus Garrett	Counsellor	Catholic Archdiocese of Suva
James Dass	Family Ministry Raiwaqa Parish	Catholic Church
Pastor. Joe. H Turagasau	Acting Divisional Administrator	Assemblies of God
Mereoni O'Brien	Health Coordinator	Dorcas Society- Seventh Day Adventist Church of Fiji
T. Fifita Vatulesi	Youth Director	Seventh Day Adventist Church of Fiji
Joe Hughes	Accountant for ADRA Fiji	Seventh Day Adventist Church of Fiji
Rev Mereani Utovou	Project Officer	Methodist Church in Fiji
Rev Sainimere Degei	Asst / YPD	Methodist Church in Fiji
Reverend James Bhaghwan	Circuit Minister	Methodist Indian Division
Filiji Suka	Deaconess Methodist Order	Methodist Church in Fiji
Vere Kauluvaya	Deaconess Methodist Order	Methodist Church in Fiji
Isikeli Kini	Volunteer	Methodist Church in Fiji
Sala Kacivakawalu	Deaconess	Methodist Church in Fiji
Rev Timoci Nadavo	General Superintendent	United Pentecostal Church International of Fiji
Rev Tevita Uate	General Youth Director	United Pentecostal Church International of Fiji
Safaira Tagiveni	Member	Dorcas Welfare Society Fiji
Sereima Senibici	Community Educator	Medical Services Pacific
Kitione Rawalai	Clinical Manager	Medical Services Pacific
Joeli Colati	Advocacy Coordinator	Fiji Network of People Living with HIV

Annex III: Second Consultative Workshop

Name	Organisation
Komal	Sathya Sai Service Organisation
Sudiksha Singh	Sathya Sai Service Organisation
Joseph Williams	ECREA/Corpus Christi Teacher's College
Pundit Ramesh Sharma	Shree Sanatan Dharam Prathinidhi Sabha Fiji
Adi Tukana	ECREA
Arishma Nandini	Interfaith Search Fiji
Makereta Tokailagi	Latter Day Saints
Naheeda M	Ahmadiyya Anjuman Lahore Fiji
Zoreen Nisha	Ahmadiyya Anjuman Lahore Fiji
Mere Beraitoga Viriviri	Weavers
Samisoni Komainai qoro	Latter Day Saints
Randy Kelemeti	Latter Day Saints
ElenoaTupua	Latter Day Saints
Elizabeth Krishna	Roman Catholic Church
Rev Isimeli Kasaunaseva	United Pentecostal
Dr Rajesh Maharaj	Hare Krishna Society
Miriama .C.	Seventh Day Adventist
Etika Sefeti	Latter Day Saints
Titilia Vakadewavosa	SPATS
James Datt	ARCHFAM Catholic
Sala Kacivakawalu	Methodist Church in Fiji
Gazala Akbar	Fiji Muslim Women's League

Annex IV: Technical Support:

Dr. Isiye Ndombi	UNICEF Representative to the Pacific Island Countries	UNICEF Pacific
Tim Rwabuhemba	UNAIDS Coordinator	UNAIDS
Dr. Annefrida Kisesa Mkusa	Chief of HIV & AIDS Programme	UNICEF Pacific
Dr. Ider Dungerdorj	HIV & AIDS Specialist	UNICEF Pacific
Shairana Ali	HIV & AIDS Officer	UNICEF Pacific
Pranit Sami	HIV & AIDS Programme Assistant	UNICEF Pacific
Margaret Mohamed	UNICEF Consultant	UNICEF Pacific
Losana Korovulavula	National Progamme Officer	UNAIDS
Ferdinand Strobel	HIV & AIDS Specialist	UNDP
Amelia Makutu	Program Associate	UNAIDS

* The strategy document was compiled by Shairana Ali and Dr Annefrida Kisesa Mkusa


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