Faith and Community Initiative (FCI)

WHY the Faith and Community Initiative?

Faith communities often have a deeply established and trusted community presence. In most countries with high HIV burdens, 60-75 percent of the population regularly attends religious services. The latest data show that a growing proportion of individuals living with HIV (PLHIV) who still must be reached with services, such as men and children, feel healthy; therefore, they may not be motivated to access a clinic for HIV testing or treatment until they experience symptoms, leading to poorer health outcomes.

Faith-based organizations (FBOs) and faith communities, as respected partners, are key for reaching these individuals earlier in their disease progression and providing critical support for continuity of HIV care. Many FBOs increasingly recognize that alarming rates of sexual violence against adolescent girls and young women are further fueling HIV transmission. As trusted influencers, with their unique access to families and communities, faith leaders are standing against sexual violence and promoting justice for children. Strategic collaborations between government and faith leaders are help make the achievement of sustained HIV epidemic control a reality.

WHAT IS the Faith and Community Initiative?

On World AIDS Day 2018, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) announced a $100 million initiative to leverage the unique platform and contributions of FBOs and communities to address key gaps toward achieving HIV epidemic control and ensuring justice for children. Ten PEPFAR countries were selected to receive funding for the PEPFAR Faith and Community Initiative (FCI) in Country Operational Plan (COP) 2019, including Botswana, Eswatini, Haiti, Kenya, Lesotho, Malawi, Tanzania, Uganda, Zambia, and Zimbabwe.

PEPFAR’s FCI investments support evidence-based programming through partnership with faith communities and traditional community organizations, with a focus on two priorities: 1) help find undiagnosed men, youth, and children living with HIV and support prompt linkage to treatment and continuity of care services; and 2) prevent sexual violence among children and accelerate justice for children who are victims of such violence.

The FCI leverages the unique platform and contributions of faith-based organization and communities to address key gaps toward achieving HIV epidemic control and ensuring justice for children.

Faith and Community Initiative Approach

A key focus of the FCI was to empower trusted FBO influencers to replace messages of fear and guilt with those of hope. Data demonstrate that the ‘messenger’ may be as important as the ‘message’. That is, a trusted messenger with access to those most in need of care is an essential prerequisite to effective delivery of life-saving messages about HIV prevention, care, and treatment as well as to preventing sexual violence and securing justice for children.

FCI partners were funded to implement evidence-based and evidence-informed activities, as described in the FCI Implementation Guides. Programs were evaluated using PEPFAR’s Monitoring, Evaluation, and Reporting (MER) technical narrative requirements with the aim of identifying new best practices for wider dissemination.

FCI investments were a one-time commitment, for the purpose of jump-starting partnerships and collaborations, identifying new solutions to bridge previously intractable gaps preventing attainment of HIV epidemic control, and strengthening justice for children by leveraging PEPFAR-supported DREAMS and orphans and vulnerable children platforms. Countries continue to leverage core COP funding to initiate or sustain successful data-driven activities that progress these priorities.

1 Pew-Templeton Global Religious Futures: http://www.globalreligiousfutures.org/funding in FCI
Faith and Community Initiative Successes

Through expanded partnerships with FBOs, religious parent bodies, and traditional leaders, FCI implementing partners identified new models for optimizing highly targeted HIV testing and assuring continuing care as well as advanced justice for children. Many of the men newly identified as living with HIV through FCI activities were individuals considered unlikely to seek care in facilities due to cost of travel, poor customer care, distance, time spent in facilities, and stigma. Best practices models focused on overcoming these barriers. Examples of FCI models include:

**Reaching Men and Children**

- In Zambia, FCI supported the decentralized provision of client-centered care by faith-engaged staff through community posts located in hotspots. This program succeeded in reaching more men, women, and children, and led to a greater than 12-fold increase in HIV case-finding, with 95 percent of clients linked to care and 92 percent maintained in a continuity of care. Recognizing its remarkable success, the Zambian Ministry of Health is scaling the program nationally, and three other PEPFAR countries (Nigeria, Tanzania, Zimbabwe) are replicating it.

- In Kenya, expanded engagement of faith leaders in the use of targeted HIV self-testing (HIVST) was combined with a comprehensive approach, which involved seamless community-clinic integration, tailored training for religious leaders in partner elicitation, data-driven quality improvement, a 24-hour HIVST hotline, and celebration of successes. This model demonstrated that it doubled case ascertainment and new treatment initiations for PLHIV, including men. Lessons learned from these successes are extending to other countries, such as Eswatini and Zimbabwe.

- In Eswatini, nearly 42,000 congregants heard ‘Messages of Hope’, which focus on new choices (for testing), new timing (same-day), new treatment (one pill), and new hope (Undetectable = Untransmittable). Rapid increases in uptake of pre-exposure prophylaxis (PrEP) occurred after positioning PrEP as a prevention resource for the general population and integrating it into comprehensive care.

- In Botswana, partners refined their FCI testing strategy to include faith leaders providing one-on-one counseling for individuals with risk, leading to a five-fold increase in yield (4 percent to 20 percent).

**Strengthening Justice for Children**

- Prior to COVID-19 shutdowns, 5 of the 10 FCI countries convened workshops to educate 2,000 community leaders about sexual violence against children (SVAC). In Botswana, Eswatini, Kenya, Malawi, and Zambia, leaders have learned the basics of sexual violence against children including local data, laws, how to respond, and how to make changes in their communities to better prevent and respond to SVAC. The remaining 5 countries have translated and adapted the workshop for local contexts and will implement as soon as local restrictions allow.

- In March 2020, Lesotho purchased and installed closed circuit television (CCTV) in the child court in order to create separation between the survivor and the accused during court testimony. Training on how to use the CCTV will resume when local COVID-19 restrictions allow.

**FCI Next Steps**

For COP 2021 and beyond, the original 10 FCI countries, added countries investing core funding in FCI activities, as well as other PEPFAR country teams are encouraged to invest core COP funding for science-based FCI activities that accelerate reaching men and children and that strengthen justice for children.