
The Struggle Against HIV/AIDS

The Congregational Model Approach of the Inter-Religious Council of Kenya

Introduction

Interfaith collaboration has had a long history in Kenya. It started during the colonial era when individuals of various racial, ethnic, cultural and religious backgrounds banded together in the struggle for independence. It continued after independence, especially during times of crises.

In order to formalize this interfaith cooperation, a local Chapter of the World Conference on Religion and Peace (WCRP) was registered in Nairobi in 1983. WCRP is the largest coalition of religious communities bringing together all the major faiths in the world. WCRP believes in collaborative action of religious leaders for solving the world's problems.

There is no question that HIV/AIDS has become one of the world's most serious problems and for this reason WCRP concluded that faith communities had a special role to play in helping to stem the pandemic. In August 2000 WCRP International, in partnership with five other international humanitarian organisations launched the Hope for African Children Initiative (HACI), as a pan-African effort to bring hope to the millions of orphans left in the wake of the AIDS pandemic. This was out of the realisation that that religious communities were in a very strong position to face the

challenge of the AIDS orphans because they, like the orphans, are everywhere. Even though religious structures were not originally set up with the express purpose of looking after orphans, they had to step into the breach created by the pandemic: "The shape of the problem must inform the requirements for interventions," Dr. William Vendley WCRP International Secretary General noted.

Consequently, the Kenya Chapter of WCRP, became actively involved in the formation of HACI Kenya and its comprehensive program of dealing with the prevention-care continuum of dealing with HIV/AIDS. As part of this partnership, WCRP-Kenya, as it was then called, hosted a continent-wide meeting on the subject of HIV/AIDS and Children that brought together African religious leaders to Nairobi in June 2002. One outcome of this meeting was the constitution of the WCRP-Kenya Task Force on HIV/AIDS and Children.

An Interfaith Task Force on HIV/AIDS and Children

In 2004 the WCRP-Kenya Chapter changed its name to the Inter-Religious Council of Kenya (IRCK) and reorganised its operations. The organisation is now headed by a Council of Religious Elders representing the major faiths in

Kenya.

The IRCK Task Force on HIV/AIDS and Children became a dynamic inter-religious initiative to jointly tackle the plight of Orphans and Vulnerable Children (OVCs) in the country. Working through the Circle of Hope conceptual model to ameliorate the situation of OVCs in Kenya the Task Force has made successes in reaching out to the OVCs.

Originally, the Task Force worked **directly** with congregations or specific faith-based organizations. These congregations were identified by Religious Coordinating bodies (RCBs), such as NCKK, Catholic Secretariat, SUPKEM, etc. as already being active in the area of HIV/AIDS. The aim of this direct approach was to support these congregations with small grants in the work they were doing so that they would be able to reach more of the infected and affected people.

Why the focus on congregations?

From a study done in Kenya in 2002 on responses by faith communities to orphans and vulnerable children,¹ it became obvious that congregations had strong capacities in dealing with HIV/AIDS issues. Depending on resources, they assisted families with school fees, with food or medical support and with day

care. They are also helping families to identify income-generating projects. In addition, they may do home visiting and counseling.

The advantages of channeling assistance to OVCs and their caretakers through congregations are many. For one, the congregations represent a wide network; they are everywhere in the country. Moreover, they have immediate access to the people, to the OVCs and to the people living with HIV/AIDS. As noted by Al Hajj Yussuf Murigu, the Chair of IRCK, "the congregations are the community." Besides, in dealing with a congregation one is working with a known permanent entity. In comparison with a briefcase CBO (Community-Based Organization) or a briefcase NGO, it is rare to find a briefcase congregations. Other advantages are the fact that most congregations have strong governance and financial systems and that they use volunteers who are committed. For these various reasons congregational responses are sustainable.

Why a Change in Approach?

Learning by doing, IRCK found that working with congregations **directly** posed many challenges. Most of them needed capacity building in the area of project management, documentation and reporting. Also, volunteers changed regularly and this created gaps in implementation as well as difficulty when working with outsiders. In addition, there was the fact that many congregations had limited financial resources and they were not used to fundraise outside their membership; therefore, the material support they themselves could give was little.

IRCK realized that a change of approach was needed if they were ever to reach most, if not all the congre-

gations in the country with advice and assistance. But they were aware of the fact that the majority of faith communities are linked to a Religious Coordinating Body (RCB). For example, Catholics are linked through the Kenya Catholic Secretariat, the majority of Protestants through the NCKK, the EAK (Evangelical Alliance of Kenya) or through the Organization of African Instituted Churches. The Muslims are linked through the Supreme Council of Kenya Muslims (SUPKEM) whereas the organizations of the Hindus and the Sikhs are linked through the Hindu Council of Kenya. There-

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fore, IRCK decided to use the potential and capacities of these RCBs to reach their congregations. In that way IRCK's reach would become accessible to a much wider audience. It would become possible through this new approach to reach some 12.6 million children and 1.05 million orphans and vulnerable children

The Congregational Model Process

In order then, to multiply the effects of the work of the congregations, the IRCK Task Force on HIV/AIDS and Children works with them through the various Religious Coordinating Bodies.

How does the process work? First, the RCB representatives on the Task Force work together to identify priorities and prepare projects. Project implementers are nominated. Other activities then follow: the training of project implementers, the drawing up of short project proposals and plans of

action by the project implementers.

The RCBs are responsible for the documentation of the congregations under their own jurisdiction, for the signing of contracts with the implementers as well as for the monitoring of the projects.

IRCK takes responsibilities for coordination, liaison with donors, training of congregations, as well as reporting. It also does some monitoring of projects, though the primary responsibility of project monitoring lies with the RCBs. Financial control is exercised by the implementers as well as by the RCBs and of course by IRCK. A cardinal principle here is that the total amount of project money is never given at once but in parts. Reports on the use of the first part must be made before a second or final part is released.

Results of Using the Congregational Model

IRCK is satisfied that the congregational model is workable. So far it has disbursed over KSh. 27 million in grants to over 250 congregations. 87% of the congregations have reported on their use of these funds. Over 20,000 OVCs have been reached with much needed material support. In addition, more than 1000 project implementers have been trained on project management.

Note

¹ *Study of the response by faith-based organizations to orphans and vulnerable children.* New York: World Conference on Religions for Peace; Nairobi: UNICEF, 2004.