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THE ROLE OF RELIGIOUS COMMUNITIES IN ADDRESSING GENDER-BASED VIOLENCE AND HIV



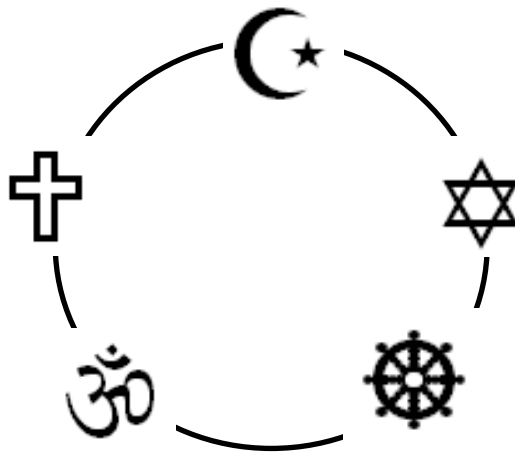
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THE ROLE OF RELIGIOUS COMMUNITIES IN ADDRESSING GENDER-BASED VIOLENCE AND HIV



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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

Universal Prayer for Peace¹

In the name of Almighty God, The Most Gracious, The Most Kind
We, the people come in prayer to the Source of all Justice, Truth, and Peace on behalf of our cities, our
Nation, our World.

We ask you: Help us to accept the challenge of AIDS.
To protect the healthy and calm the fearful,
To give courage to those in pain,
To embrace the dying and comfort the bereaved,
To care for the orphans and support all those in need,
Unite us in your love and free us from fear.

Make us instruments of your Peace.
Where there is ignorance and superstition,
Let there be enlightenment and knowledge.
Where there is prejudice and hatred,
Let there be acceptance and love.
Where there is fear and suspicion,
Let there be confidence and trust.
Where there is tyranny and oppression,
Let there be freedom and justice.
Where there is poverty and disease,
Let there be prosperity and health.
Where there is strife and discord,
Let there be harmony and peace.

Our world is sustained by three things: Justice, Truth, and Peace.

May we, by our thoughts, works, and deeds, hasten the time when wrong
and violence shall cease,
That there may be Justice in the land, Truth amongst all its people and
Peace established throughout the Earth.

May peace prevail on earth! Amen.



GBV Leadership Forum in Dar es Salaam, Tanzania, November 28–29, 2007

¹ As shared by a Jewish training participant from South Africa.

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EXECUTIVE SUMMARY

“As the guardians of the religious texts, religious leaders are best placed to guide and influence their communities...it is recommended that religious leaders be exposed to education and awareness in respect of GBV and the link between HIV and AIDS in communities.”

— *Recommendations from the participants of the Regional Training on GBV and HIV/AIDS for Religious Leaders, Nairobi, August 2007*

This report summarizes the USAID | Health Policy Initiative, Task Order 1 project titled *The Role of Religious Communities in Addressing Gender-based Violence and HIV*, which was designed and implemented by Futures Group International and Religions for Peace. Recognizing the importance of collaborating to prevent and reduce gender-based violence (GBV) and HIV among women and girls, the Initiative partners formulated the project to improve the capacity of religious leaders and faith-based organizations (FBOs) to respond to GBV and its links to HIV. FBOs, religious communities and, in particular, religious leaders, are often key catalysts for positive social change. Religious leaders are key stakeholders in responding to health and social issues and can play an influential role in validating and promoting best practices for preventing and reducing GBV and related vulnerability to HIV in their communities.²

Targeting religious leaders, the project team set the following objectives:

- Strengthen the capacity of religious communities and networks to respond to GBV as it relates to HIV
- Equip religious communities with tools to deepen their awareness and understanding of GBV
- Enhance faith-based activities regarding GBV

While focusing on religious leaders, the team also included women of faith as key stakeholders to engage in the project. In its previous work, Religions for Peace established a Women of Faith Network, recognizing that, while women play important roles in their faith communities, they are not always in positions of ordained power. This project was specifically designed to respond to a call from members of the Women of Faith Network for assistance in addressing GBV in their faith communities (see Annex F). In this case, network members acknowledged that GBV as related to HIV has adverse implications for religious institutions and communities. They recognized the need for an intervention, noting that religious organizations often have the necessary networks and structures for implementing interventions aimed at alleviating GBV and HIV in society. Heeding this call, the project team designed an intervention in the Africa region, which included the following components:

1. **Regional training** on GBV and HIV for women of faith and male religious leaders, held in Nairobi, Kenya. Participants from eight countries were drawn from the African Women of Faith Network (AWFN) and the National Inter-Religious Councils, established by Religions for Peace.
2. **National action plans** for training participants to work with their communities to improve their understanding of GBV and HIV and their ability to address the issues.
3. **Regional leadership forum** on GBV and HIV for senior religious leaders from 16 countries. Held in Dar es Salaam, Tanzania, this forum was designed to raise leaders' awareness of GBV and HIV. In addition, participants from the regional training reconvened at this forum to share information from the activities they had implemented through their action plans.

² UNICEF, World Conference on Religions for Peace, and UNAIDS. 2003. *What Religious Leaders Can Do About HIV/AIDS: Action for Children and Young People*. New York: UNICEF. Available at: <http://www.wcrp.org/files/TK-ENGLISH-hiv.pdf>.

4. **GBV resource materials** for religious communities and leaders, intended to serve as action tools. The project team designed a multi-faith toolkit to provide religious leaders with information on GBV as it relates to HIV, poverty, and conflict, among other issues. The team also created an advocacy guide that focused on GBV and HIV, including the rationale for religious leaders for addressing issues and key steps they can take within their institutions and communities.

This project has been successful at drawing religious leaders' and their communities' attention to the issue of GBV and its links to HIV. The religious leaders and women of faith who attended either the training in Nairobi and/or the leadership forum in Dar es Salaam—more than 50 participants—have reported an increased knowledge of the issues and an improved capacity and desire to take action to address the issues with their communities. This project has resulted in the following achievements:

- Increased engagement and commitment from religious leaders to addressing GBV and HIV issues
- Higher level of multi-faith collaboration related to GBV and HIV activities
- Establishment and expansion of multi-faith women's networks in five countries
- Strengthening of networks through increased resources from external donors

This report describes each of these components and includes annexes with key project materials, such as workshop agendas.

ABBREVIATIONS

ACRL	African Council of Religious Leaders
AWFN	African Women of Faith Network
DRC	Democratic Republic of Congo
FBO	faith-based organization
FGC	female genital cutting
GBV	gender-based violence
HIV	human immunodeficiency virus
HIVAN	Centre for HIV and AIDS Networking
IRC	Inter-Religious Council
LAC	Latin America and the Caribbean
OAU	Organization of African Unity
STI	sexually transmitted infection
TWIN	Tanzania Women’s Interfaith Network
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WCRP	World Conference of Religions for Peace ³
ZINGO	Zambia Interfaith Networking Group on HIV

³ Religions for Peace was formerly known as World Conference of Religions for Peace. These names have been used interchangeably in this report.

GENDER-BASED VIOLENCE AND HIV

Research has shown that worldwide, nearly one in four women report sexual violence by an intimate partner in their lifetime.⁴ Women face this and other types of violence as a result of their subordinate status in society. Many laws and customary practices perpetuate women's subordinate legal, social, and economic status. These laws and practices include polygamy, virginity testing, and female genital cutting (FGC), among others. Gender-based violence (GBV) highlights the relationship between women's subordinate status in society and their increased vulnerability to violence. While men, boys, and other vulnerable groups or marginalized populations also experience GBV, and thus vulnerability to HIV, this activity focused specifically on violence against women as a key aspect of GBV.

Studies have shown that high levels of violence perpetrated against women can directly and indirectly expose them to HIV.⁵ Violence can increase the likelihood of HIV infection for women in the following ways:

- Forced or coercive sex with an HIV-infected partner (without condom)
 - Girls who experience rape are more vulnerable to acquiring HIV because girls' vaginal tracts are immature and tear easily during sex⁶
- Women's inability or limited ability to negotiate condom use with abusive partners
 - Abusive men are more likely to engage in high-risk behavior, such as having multiple sexual partners⁷
- Experience of physical or sexual abuse during childhood can lead to risky behaviors
 - Abused girls are more likely to have sex at an early age, have multiple sex partners, use alcohol or drugs, or engage in transactional sex⁸
- Exploitation of girls and women by men (often older)⁹
 - Violence and the threat of violence are used as means of control; they keep women from leaving relationships
 - Girls who marry at a young age to an older man are at a higher risk for acquiring HIV¹⁰

Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm...It includes that violence which is perpetuated or condoned by the state.

— United Nations Population Fund
Gender Theme Group, 1998

⁴ IGWG of USAID. 2008. *Addressing Gender-based Violence through USAID's Health Programs: A Guide for Health Sector Program Officers*. Second Edition. Washington, D.C.

⁵ See WHO and Global Coalition for Women and AIDS. Not dated. "Violence Against Women and HIV/AIDS: Critical Intersections. Intimate Partner Violence and HIV/AIDS." Information Bulletin Series, Number 1. Available at <http://www.who.int/gender/violence/en/vawinformationbrief.pdf>.

⁶ WHO and Global Coalition for Women and AIDS. Not dated. "Violence Against Women and HIV/AIDS: Critical Intersections. Intimate Partner Violence and HIV/AIDS." Information Bulletin Series, Number 1. Available at <http://www.who.int/gender/violence/en/vawinformationbrief.pdf>.

⁷ Heise, L.; M. Ellsberg; M. Gottemoeller. 1999. "Ending Violence Against Women." *Population Reports*, Series L, No. 11. Baltimore, Maryland. Johns Hopkins University School of Public Health, Population Information Program.

⁸ WHO and Global Coalition for Women and AIDS. Not dated. "Violence Against Women and HIV/AIDS Information Sheet." Available at: <http://www.who.int/hac/techguidance/pht/InfosheetVaWandHIV.pdf>.

⁹ Fleischman, Janet. 2002. *Suffering in Silence: The Links between Human Rights Abuses and HIV Transmission to Girls in Zambia*. New York: Human Rights Watch.

- Some men believe the myth that having sex with a virgin will cure HIV
- Fear of violence can prevent women from accessing services
 - Women may not seek HIV testing
 - Women may not disclose their HIV status to partner¹¹
 - In many cases, women are blamed for bringing HIV into the household¹²
 - Women who disclose a positive status often face violent reactions¹³
- Partners may limit women’s ability to access medical treatment due to household and economic control¹⁴
 - Women who may obtain antiretroviral medications often are forced to give them to their partner¹⁵

With such links between GBV and HIV, activities focusing on GBV in areas with generalized HIV epidemics, such as Africa, should include attention to HIV. Thus, in this project, the team worked with religious communities and women of faith to simultaneously address both issues in their communities.

¹⁰ WHO and Global Coalition for Women and AIDS. Not dated. “Backgrounder: Preventing HIV Infection in Girls and Young Women.” Available at: http://data.unaids.org/GCWA/GCWA_BG_prevention_en.pdf.

¹¹ Kyomuhendo, Swizen and Joseph Kiwanuka. 2007. *Access to Care, Treatment and Sexual and Reproductive Health Rights and Needs of HIV Positive Women in Masindi and Busia Districts, Uganda*. Kampala: International Community of Women Living with HIV/AIDS Eastern Africa Region (ICW EA).

¹² International Community of Women Living with HIV/AIDS (ICW) and the Global Coalition on Women and AIDS. 2006. *Violence Against HIV-Positive Women*. London: ICW. Available at: http://www.aidsallianceindia.net/Publications/Violence_Against_Women_ICW_Jun06.pdf.

¹³ Gielen, A. C., K.A.McDonnell, J.G. Burke, and P. O’Campo. 2000. Women’s Lives After an HIV-Positive Diagnosis: Disclosure and Violence. *Maternal and Child Health Journal*. 4 (2):111–20.

¹⁴ Rwechungura, Lydia, and Frank Kayitare. 2006. *Mapping of Experiences of Access to Care, Treatment and Support-Tanzania*. International Community of Women Living with HIV/AIDS.

¹⁵ POLICY Project. 2006. *Policy Reform to Meet Access-to-Treatment Goals: HIV-Positive Women’s Access to Care, Treatment, and Support (ACTS) in Swaziland*. Washington, DC: POLICY Project, Futures Group

PROJECT ACTIVITIES

Regional Training in Kenya

Overview

The first component of this project brought together African religious leaders—with a particular focus on women of faith—for a regional training workshop on GBV as related to HIV. Since religious leaders and communities play a vital role in identifying key health and social issues in their broader communities and often lead positive, faith-based responses to such issues, they are crucial partners in addressing GBV and HIV. While religious organizations and communities have been responding actively to the HIV epidemic, few have addressed GBV. To inspire these leaders to initiate responses to GBV and HIV, the activity team began by increasing religious leaders' awareness of the issues through the regional training.

The activity team selected Nairobi, Kenya as the site for this training because the regional Africa office of Religions for Peace, including the Women of Faith Network's office, is located there. The team chose eight countries to participate in the activity, based on their geographic location (to ensure wide representation of the continent) and the presence of Women of Faith networks. After finalizing the group of participants, the team contacted each country's Inter-Religious Council (IRC) and Religions for Peace offices to ask for suggestions for two invitees. The team then selected multi-faith participants based on their involvement with Religions for Peace, the Women of Faith Network, and IRC activities. In addition, most participants were already engaged in some type of GBV and/or HIV effort but had not attended training on the issues. The team invited them to the training, which aimed to inform their current and future work and foster an information exchange among participants. Because the activity was designed to focus on building women's skills and fostering engagement of the Women of Faith Network, the majority of participants selected were female. The team also felt it was important to include men, who are essential partners in addressing GBV, particularly within religious communities, where they often hold the highest leadership positions.

From July 30–August 2, 2007, 23 religious leaders and women of faith from eight countries—the Democratic Republic of Congo, Ghana, Kenya, Liberia, South Africa, Tanzania, Uganda, and Zambia—participated in the *Regional Training on Gender-based Violence and HIV/AIDS for Religious Leaders* in Nairobi, Kenya (see Annex A for agenda). Participants represented the following faiths: Islam, Hindu, Christianity (Catholic and Protestant), Judaism, and Sikh (see Annex B for participants). The objective of the training was to raise awareness among religious leaders and women of faith regarding GBV and its links to HIV and inspire action planning to address these issues in participants' communities. More specifically, by the end of the training, the goal was for participants to be able to

- Identify different types, causes, and consequences of GBV;
- Better understand the links between GBV and HIV; and
- Name ways in which GBV can be mainstreamed into faith-based interventions.

Highlights

Opening

The workshop began with opening speeches from a range of senior religious leaders and experts on



His Eminence, Sheikh Shaban Mubajje, Grand Mufti of Uganda speaks during the opening of the Nairobi workshop

GBV and HIV. They discussed the importance of GBV and HIV and the need for faith communities to act on these issues. His Eminence Sheikh Shaban Mubajje, the Grand Mufti of Uganda and co-chair of the African Council of Religious Leaders, emphasized that Allah forbids violence in all its types, as described by Islamic scriptures, and called on all people of all faiths to condemn any kind of abuse against women.

Reverend Dr. Mvume Dandala emphasized that the role of religious leaders is crucial to combating GBV. He stated that religious leaders should protect the sanctity of life and dignity of all people and should be actively involved in reconstructing the moral fabric of congregations and the larger society, especially at a time when GBV is considered a contributor to the spread of HIV.

At the beginning of the workshop, participants expressed several expectations: to gain information on GBV as linked to HIV; learn how to address issues that promote GBV; involve more women of faith in their respective countries in addressing GBV; involve more religious leaders in fighting GBV; and create a common role in creating awareness of GBV and HIV.

Gender-based violence and HIV

As a beginning exercise, participants were asked to agree or disagree with a few statements; this was designed to spark initial conversation about the topics at hand. Most participants disagreed with the statement, “Religious organizations are active in addressing GBV,” noting that most religions are based on patriarchy, where men are allowed to do certain things, while women are not. Most participants disagreed with the second statement, as well, “It is not appropriate for religious leaders to discuss matters relating to women and sexuality.” They explained that each of them must play an active role by discussing matters openly and that it is their duty to do that. Some also felt that attending the workshop would help them to become more comfortable and capable of discussing these sensitive issues.

During the first conversations about GBV, participants revealed an awareness of the issue in their communities and shared their experiences with gender-based violence. For example, a Bishop from Tanzania spoke about violence in marriage, saying that the wedding phrase “for better or for worse” should cease to be used and should be replaced with “with mutual respect.” He told a story of early marriage in his community, which he considered to be a form of GBV. A young girl was about to be married off by her father so he could use the money to educate his other children. He wanted her to marry an older man, who, in return, would pay a bride price of 45 cows. When the Bishop learned of this, he intervened and assisted the girl in going to live with her grandmother instead and helped her attend boarding school.

In a session on gender-based factors related to HIV, participants discussed religion as a factor. For example, condom use is not supported by all religions. In addition, participants raised the issue of polygamy, stating that this practice can contribute to HIV. They also mentioned that religious leaders themselves can take advantage of their positions of power by sexually harassing or abusing their congregants. Finally, the participants noted that some religions call on women to obey their husbands, which often means they cannot refuse sex from an HIV-infected husband.

What religious communities can do

To begin exploring what religious communities can do to address violence, participants were given an exercise (case study) describing a woman facing violence at home. When asked how religious communities could help, the following ideas were suggested:

- Create multi-religious support groups for victims of violence
- Train religious leaders on GBV issues and how to respond to diverse situations
- Advocate for enactment and enforcement of laws to protect community members
- Create multi-religious centers where people can receive help/legal assistance

- Train multi-religious paralegals to give free advice to victims
- Sensitize communities on GBV and related issues
- Conduct multi-religious seminars, specifically targeting men from different religions and including topics such as the effects and consequences of GBV
- Provide shelter and counseling services to victims of violence at existing religious structures
- Provide information on GBV issues, based on religious scriptures and teachings.

Religious texts

To facilitate a more in-depth look at their own religions and teachings related to GBV and HIV, workshop facilitators led an exercise on how their religious/faith texts perpetuate GBV but also call believers to confront it.

Muslim. The Muslim group presented scriptures from the Koran that relate to inheritance, saying that women have the legal right to inherit and not be inherited. In addition, Islam condemns the practice of families inheriting women when the husband dies. They also debated polygamy and the views of the Koran on the issue.

Some argued that the Koran perpetuates GBV by promoting polygamy, as the practice promotes women's unequal status within marriage and society. In addition, the practice can be related to the spread of HIV. Others argued that the Koran really calls upon men to only marry one woman. They pointed to the following text in this discussion:



Small group work, Nairobi regional training

Koran 4.3: And if you fear that you cannot act equitably towards orphans, then marry such women as seem good to you, two and three and four; but if you fear that you will not do justice (between them), then (marry) only one or what your right hands possess; this is more proper, that you may not deviate from the right course.

In addition, the Muslim group discussed the following text:

Koran 4.34: Men are the maintainers of women because Allah has made some of them to excel the other and because they spend of their property; the good women are therefore obedient, guarding the unseen as Allah has guarded; and (as to) those on whose part you fear desertion, admonish them, and leave them alone in the sleeping-places and beat them; then if they obey you, do not seek a way against them; surely Allah is High, Great.

This group did not discuss GBV specifically, but instead focused more generally on gender-related issues as they related to the Koran.

Hindu. The Hindu group, which was small, referred to a number of books/texts used in their faith. They focused on women's role in Hinduism, believing that the reverence for femininity exhibited in their faith reveals an inherent respect for women and thus a condemnation of GBV. Hindus believe that mother is

most important and truly divine, and worship God as Mother. Thus, each woman is considered a manifestation of the Divine Mother.

In the words of Swami Vivekananda, “It is not possible for a bird to fly on only one wing.” This statement exemplifies the belief that man and woman are two wings of the same bird, and so a man is incomplete without a woman. Furthermore, women should be given protection at every stage of life. Participants also pointed to valued attributes in Hinduism, such as purity, self-control, and devotion, saying that these values pertain to men as much as women.

Christianity. The group of Christians discussed the stoning of women in the Bible, noting that men were never stoned. They talked about John 8, where a woman commits adultery. Jesus tells the crowd that if there is one among them who thinks they have never sinned, let them be the first to throw a stone. The Christians also discussed difficulties of women’s lives, including violence, along with Jesus’ healing power. They concluded with the belief that religious leaders must heal and spread spiritual messages, as Jesus did.

Judaism. The Jewish participant talked about the Book of Genesis in the Bible, which says that we are all created in God’s image and that God is within each one of us. She also talked about women’s status in general, pointing out that laws were written to protect women *and* men—a man cannot get a divorce without providing for the woman.

Overall. All of the participants agreed that their holy books advocate for equal treatment of both sexes and that misinterpreting the text or not living according to their precepts can contribute to GBV. Faith and belief should reinforce the spirit of love, peace, and equity in dealing with one another.

Country reports

In this session, as part of an information exchange, participants reported on activities they have already undertaken related to GBV and HIV in their own countries. The range of activities was broad, with participants representing numerous organizations that address these issues. Several organizations have been active in providing psychosocial support for GBV survivors, such as groups from Ghana, Liberia, and Zambia. Zambia’s YMCA has created a 24-hour call center in Lusaka. In Tanzania, the Islam Women’s Groups have addressed GBV and HIV through home counseling and referral of survivors to hospitals for treatment. The Inter-Faith Women Against Abuse organization in South Africa was involved in research that produced a report on addressing GBV and mitigating its effect on reproductive health. The Youth Peace Forum has created a center focusing on nonviolence, which includes programs on GBV and violence against children. This range of programs and actions illustrate that participants were already active in addressing some of these issues and were likely to integrate what they learned in this training into their work.

Action plans

The workshop concluded with action planning with country-based multi-faith teams. The project focused on a multi-faith approach to broaden the reach of the activity. With multi-faith teams, numerous organizations and institutions supported the project. The teams were asked to develop an action plan to implement in their own communities, with financial support from the Health Policy Initiative through a small grant mechanism. Participants worked together, discussing how to address GBV in their countries and communities. Once they decided on an activity, they formulated specific plans and budgets. They presented their plans to the larger group for feedback. Country teams focused on stimulating GBV awareness in their communities. Most of the teams decided to implement GBV and HIV workshops in their communities.

Project organizers told participants that they would be expected to share the results of their country activities at another event. Some of the participants were notified that they would be invited to attend the Religious Leaders Forum in Tanzania to share the outcomes of their activities and dialogue with the senior religious leaders on the importance of religious communities in addressing GBV and HIV.

Communiqué

During the training week, as a part of their commitment to addressing GBV and HIV, participants also worked together to write and endorse a communiqué containing recommendations to various stakeholders. A central recommendation called on religious leaders to use their religious texts to educate their congregations and communities to create awareness and knowledge of GBV. These texts also were intended to be used to promote responsible behaviors, respect, and the dignity of all persons. The communiqué also urged organizations such as AWFN to make concerted efforts to reach boys and men, who often are perpetrators of GBV (see Annex C for participant recommendations).

The communiqué was read at the workshop’s concluding reception for all of the attendees, local partners, donors, and the media. Participants also took home the communiqué to their faith communities as a way of sharing their experience. The participants’ words demonstrate their commitment:

“We are resolved to be more proactive and focus on tackling issues of GBV and HIV and AIDS, by bringing the people of different faiths together to work on matters of common concern, in other words, different faiths working for common action.”

Action Plans: Country Activities Addressing GBV and HIV

After the Nairobi workshop, participants finalized their action plans and submitted small grant proposals to the Health Policy Initiative for funding. All eight country teams chose to conduct trainings on GBV and HIV for their multi-faith communities. These trainings were held between November 2007 and August 2008. To conduct the workshops, each team adapted the training manual from the Nairobi regional workshop to suit their specific needs and audience. Staff from the African Women of Faith Network provided technical assistance to the teams and attended workshops when possible. The majority of the trainings were funded by the Initiative. (The Kenya activity was funded by UNIFEM.) See Table 1 for an overview of the workshops.

Table I. Country Workshops on GBV and HIV

Country	Number of participants	Participating organizations	Number of days
Democratic Republic of Congo	30	Catholic; Muslim; Protestant; Kimbanguiste; Orthodox	3
Ghana	28	Ghana Catholic Bishops Conference; Ahmadiyya Muslim Male Youth Organization; Council on Independent Churches; Council for Africa Indigenous Churches; National Association of Charismatic & Christian Churches; Charismatic Evangelistic Ministry; Covenant Family Community Church; Federation of Muslim Women’s Association of Ghana	2.5

Kenya	31	Muslim; Catholic; National Council of Churches; Organization of African Instituted Churches; Evangelical Alliance of Kenya	2
Liberia	50	Muslim; Christian; traditional leaders; youth; women; civil authorities	6
South Africa	79	Christian; Hindu; Jewish; Muslim; Quaker	2
Tanzania	25	Muslim; Protestant; Catholic; Baha'i; Buddhist	3
Uganda	17	Catholic; Muslim; Seventh Day Adventist; Jewish; Orthodox	4
Zambia	25	Muslim; Christian; Baha'i	2

Workshop Discussions

Since the workshops were based on the same training manual, participants held discussions around similar topics. All of the workshops elicited an examination of women's role within religion, particularly in relation to families, cultural or religious practices that perpetuate GBV, and ways that religious leaders and institutions can address the issues of GBV and HIV.

Women's role within faiths

Participants reflected on women's role within their religions. They determined that women are valued and respected within their religions, concluding that these religions do not support gender-based violence. For example, the Ugandan participants discussed the role of women in their faiths, pointing out that women/mothers are highly respected and are seen as partners and supports to men. Women in the Orthodox Church are referred to as Mothers because of the great respect for Mary, the Mother of Jesus. Similarly, Zambian Christian participants highlighted the belief that God created both male and female equal in His image. They also quoted Ephesians 5:25-29, which urges man to love his wife as Christ loved the church, implying that partners should not be abused in any way. In addition, the scriptures call upon husbands to love their wives as they love their own bodies. Likewise, the Baha'i group pointed out that the principles of the Baha'i faith are based on equality of men and women. The image is of a bird that has two wings—one representing the man and one representing the woman. The Muslim group discussed the Koran in the context of discouraging property grabbing; the Koran states that one should not take anything away from an orphan or widow.

When exploring how their texts can argue against GBV, Christian participants identified the following:

1 Peter: 3:7—Husbands must honor wives

7 Husbands, in the same way be considerate as you live with your wives, and treat them with respect as the weaker partner and as heirs with you of the gracious gift of life, so that nothing will hinder your prayers.

Hebrews 13: 1-3—Love each other

1 Keep on loving each other as brothers. **2** Do not forget to entertain strangers, for by so doing some people have entertained angels without knowing it. **3** Remember those in prison as if you were their fellow prisoners, and those who are mistreated as if you yourselves were suffering.

Exploring types of gender-based violence

Participants also explored different forms of GBV, such as FGC. They agreed that FGC does not relate to religious practices but has resulted from a mixture of cultural and religious beliefs. In Tanzania, participants raised the issue of enforcing laws related to FGC. Perpetrators of FGC have adopted new ways of performing the ritual to avoid the penalty imposed by the law—they perform FGC on infants and on women while they are giving birth.

Similarly, during the Liberia workshop, participants shared their ideas about the justice system. They believe it is very weak or even nonfunctional in rural communities. They talked about women’s inability to pay legal fees, citing this as the reason the majority of GBV-related cases are not pursued. In one of their small groups, they also focused on victims being silent due to the fear that they may be stigmatized in their communities.

In relation to cultural practices that are forms of GBV, Tanzanian participants also talked about early marriage and explained that it is perpetuated partially because it can be difficult to ascertain a woman’s age where birth registration is not a common practice. They also discussed the role of religious leaders. Some participants asserted that the value placed on marriage by some faiths encourages early marriage.

Role of religious communities in addressing gender-based violence

In South Africa, the Director of the Africa Women of Faith Network referred to the Abjua Declaration,¹⁶ stating that, since this declaration, FBOs have increased their attention to HIV. In the past, theological attitudes toward HIV focused on HIV as punishment for sin. This theology has now changed to one of love, compassion, and nonjudgment. However, faith-based communities still need to become more involved than they have been in the past, particularly in addressing GBV and HIV. South African participants agreed that religious leaders are in a good position to address GBV because of their designated roles in their communities. Some felt that these leaders need to revisit liberation theologies, the Christian response to helping the poor and oppressed in society. This theology calls upon faith communities to focus on Jesus as the liberator of the oppressed and includes a Christian mission to bring justice to the poor and oppressed.

During the Liberian workshop, religious leaders called on the communities’ leaders, especially civil authorities, to stop this “un-religious act against humanity.” They stated that GBV is condemned by all religions around the world,

Religious leaders need to make a concerted effort to put into practice the theology of love, compassion, and mercy...As religious leaders, we are ordained by God to be his vice regents. As such, we need to preach God’s message of love and compassion for all, in the knowledge that every single person, male and female, is made in God’s image.

— South Africa workshop opening



GBV small group discussion, Liberia workshop

¹⁶ In April 2001, heads of states and governments of the Organisation of African Unity (OAU) met in Abuja, Nigeria to discuss the challenges of HIV/AIDS, tuberculosis, and other related infectious diseases. As a result of this meeting, the OAU issued the Abuja Declaration of HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases. In this document, they declare that AIDS is a state of emergency in Africa and that they will place the issue at the forefront of their national development plans. The declaration is available at: http://www.afro.who.int/atm/abuja_declaration_on_hiv_aids_tb_and_other_infectious_diseases.pdf.

especially Christianity and Islam. The leaders quoted from their holy texts, saying that Allah/God has ordered us not to harm one another. They requested that communities act on these beliefs and treat victims of GBV with kindness and respect, rather than rejecting them.

Initiating New Activities

Participants in all country workshops specified what religious leaders, institutions, and communities can do to address GBV and HIV. The participants in Uganda and Kenya created action plans, focusing on how to incorporate GBV in HIV programs in which some women already are involved. Ugandan participants identified informing cultural leaders about GBV in their country and sensitizing people about sexually transmitted infections (STIs) and their relation to HIV and GBV. At the end of the Kenya workshop, participants divided into small groups based on their faith, and planned additional GBV activities they would implement in their communities with their own funds. The Muslim group planned to train imams and madrasa teachers on the GBV issue. The Organization of African Instituted Churches discussed mobilizing communities through women's groups, forming support groups, and establishing counseling centers. The National Council of Churches-Kenya planned to implement a workshop and launch a specific campaign against GBV. In addition, Tanzanian participants identified the need for their institutions to build links with legal aid providers and develop gender policies.

Country Activity Conclusions

Work within faith communities to raise awareness of GBV and HIV

Overall, workshop participants agreed that religious leaders have a very important role to play in addressing GBV. FBOs have structures for supporting and reaching communities cost effectively and efficiently. Participants stated that religious leaders should be nonjudgmental and should not compel an individual to stay in an abusive relationship. The participants want to work with their religious institutions to make them safe places for GBV victims, including bringing in qualified counselors. These institutions should have programs to address HIV, GBV, and other life issues. To facilitate this, religious educational institutions need to include these issues in curricula for religious leaders.

South African participants concluded that they can work within their faith-based organizations on advocacy, information and awareness raising, support and service delivery, and partnering with men. They spoke of engaging and initiating advocacy with church elders and other community, saying that the religious sector has been too quiet on the issue and that churches are not doing enough to halt the spread of HIV. They discussed information and awareness-raising activities, such as incorporating GBV into pastoral training, starting a mobilizing committee, creating a counseling team connected to FBOs, recognizing World AIDS Day in religious institutions, and distributing GBV pamphlets to clinics and social gatherings. They planned to initiate support and service delivery by creating help desks within institutions and a referral system with clinics; introducing peer education programs and projects; teaching life skills; becoming voluntary caregivers; and using space in community halls, churches, mosques, and synagogues. They proposed to work with men through support groups for youth, teaching parenting skills in religious institutions, and providing marriage counseling.

In Uganda, participants suggested that they could undertake activities that include domestic violence drama groups, health education, awareness campaigns (including teaching and sermons by religious leaders and mobilization of local leaders), and counseling on GBV.

Engage other stakeholders in addressing GBV and HIV

In their conclusions and action plans, participants prioritized engaging other stakeholders in addressing GBV and HIV. They pointed out that their positions as religious leaders enable them to work with stakeholders from all parts of the community. Participants from Liberia, Tanzania, and South Africa identified implementing laws and policies as a crucial step in addressing GBV. South African participants

identified the police as critical stakeholders, as South Africa has laws in place related to violence but these are not always implemented. Liberians concluded that their government needs to be encouraged to enforce the rape law and discussed the need for training policymakers and implementers on GBV. Participants also noted the need to involve youth and parents in addressing these issues.

In South Africa, participants discussed the need for change to occur at every level. They also concluded that it is important to involve the media, as they believe that the portrayal of violence in the media exacerbates the problem. They discussed how to work with the media and other sectors, such as the government.

Identify and address institutional gaps in working on GBV and HIV

Tanzanian participants identified institutional gaps in addressing GBV, including the lack of or inadequate representation of women in religious institutions' governing structures, and the cultural and traditional influences in religious settings. Their recommendations were to build the understanding of religious leaders and women on gender and GBV and promote the role of women in leadership positions. They also said that, while some religious leaders are being trained on sexual and reproductive health, they do not communicate this information to their people. Participants also stated that there are no effective programs within religious institutions that educate and empower couples on areas of sexuality and GBV. Furthermore, religious institutions have not done enough to change the behaviors of their believers to help reduce the number of HIV infections.

Confront challenges to addressing GBV and HIV

While recognizing the ability of religions to address these issues, participants also discussed the challenges. In particular, interfaith collaboration can be difficult, given different approaches and doctrines held by FBOs and religious institutions. In addition, there are structural disparities within these institutions and organizations that may make it difficult for women to advocate for and work on these issues, including hierarchies that place men at the top. For these reasons, many of the participants in all of the workshops said that more men should have been invited to the workshops.

Regional Leadership Forum on GBV and HIV

To conclude the project, the Initiative sponsored a regional leadership forum on GBV and HIV in Dar es Salaam, Tanzania on November 28–29, 2007. The 27 participants from 16 countries consisted of senior religious leaders and some of the participants from the Nairobi workshop, including representatives of the Women of Faith Network and the executive committee of the African Council of Religious Leaders (ACRL) (see Annex E for participants). This leadership forum was scheduled in conjunction with an annual ACRL Executive Committee meeting. Without this opportunity, the project would not have been able to access such senior religious leaders at the same time. The ACRL Executive Committee membership is drawn from all of the major faith traditions in Africa, including Islam, Christianity, traditional African religions, and Hinduism. Members represent a wide range of African nations: Burundi, Cameroon, Ghana, Kenya, Malawi, Nigeria, Senegal, South Africa, Sudan, Tanzania, and Uganda. During this forum, participants learned about GBV and its links to HIV from experts in the field. Four representatives from the Nairobi workshop described the activities undertaken in their countries (see Annex



Katumi Mahama, Trustee, Federation of Muslim Women of Ghana and member of Religions for Peace African Women of Faith Network, speaks at the Leadership Forum. November 2007.

D for agenda). Participants wanted to initiate discussions with the senior religious leaders so they can address this issue together. These leaders did not attend the regional workshop because of other time commitments. The leadership forum occurred after the action plans were initiated so that the regional workshop participants could share their implementation experiences.

The forum targeted the ACRL because messages against GBV from male religious leaders can have a great impact, especially on other men. Religious leaders in Africa are influential opinion leaders, so if they speak strongly against GBV and take steps to address it, the effect could be wide reaching. The senior religious leaders were targeted for the following reasons:

- Religious leaders head organizations that have networks from national to community levels;
- They are held in high esteem in their countries and communities and are looked upon as opinion leaders regarding social issues and norms;
- They have a religious mandate to effect a change in communities and may lobby policymakers and governments in their own countries; and
- Religious leaders are policymakers within their own institutions and are likely to give support to GBV activities if they are actively engaged at this level.

To begin the forum, speakers argued for religious leaders to be more actively involved in GBV and HIV. One religious leader stated that many faith leaders have separated faith and GBV, and so you rarely see a faith leader advocating against GBV. She argued that GBV is not outside the faith but within and taking place among the faithful, stating, “We do not expect the faith organizations or institutions to remain quiet in the midst of increased GBV.” Institutions and their leaders are in a position to address these issues. Faith-based institutions have many established forums to use to advocate against GBV. For example, leaders can make deliberate efforts to ensure that GBV is on the agenda during services/prayers, gatherings, celebrations, and at any other point when they have the opportunity to meet with their members. In addition, they can make a decision not to officiate at early marriage weddings.

“As religious leaders, we are always the last people to discuss issues that affect us...we have taken a stand on many issues that affect people, but when it comes to other issues, we have been silent. It has come for religious leaders to take a prophetic role and take a stand against GBV.”

— Rev. Gertrude Kapuma

Other speakers presented information to educate the audience on GBV and HIV. For example, one speaker presented general information on GBV, such as definitions, descriptions of different types of violence, and international statements against GBV. Another speaker presented GBV statistics from around the world, along with links between GBV and HIV, explaining that women are at greater risk of HIV when they encounter violence, such as sexual assault, FGC, polygamy, economic dependence, and physical abuse. Furthermore, the speaker stated that HIV can spark violence against women, such as property grabbing.

“It does not make sense to see the growth of religious institutions and increase in the number of believers in the midst of increasing GBV. It does not make sense either to preach the love of God when there is torture and insecurity in the lives of believers.”

—Gemma S. I. Akilimali

To initiate action planning to address GBV and HIV, participants met in small groups to identify a problem, goal, desired outcome, and strategies and activities for achieving the goal. For example, one group stated a goal of building a society free from GBV and HIV. Their desired outcome was to change people’s attitudes related to GBV, and for religious leaders to make a substantial commitment to the fight against GBV and HIV. Strategies for these outcomes include sensitization and awareness raising among all stakeholders related to GBV and HIV, religious leaders preaching against GBV and HIV, and educating women about their rights and their religion.

Activities include mounting advocacy campaigns, organizing seminars for religious leaders to equip and encourage them to include “proper interpretation” of the scriptures, organizing workshops/seminars for all concerned groups, training women so they can assist in GBV-related activities, and counseling victims. Forum organizers encouraged participants to brainstorm about strategies and activities that could be integrated into existing work on these issues. These discussions of action planning were separate from the action plans that came out of the regional workshop and were not supported financially by this project.

The forum concluded with the ACRL Executive Committee drafting and signing a statement solidifying their commitment to addressing the issues and calling upon other religious leaders to address GBV and HIV in their communities. Their press release was read to the press¹⁷ (see Annex F). In this statement, senior religious leaders said:

“We are disturbed by the increasing and high levels of gender-based violence, and which situation is compounded by the HIV. Women and children are at more risk for gender-based violence, and this is a threat to human security and a violation of human rights. We have, and continue to discuss about the faith-based approach to gender-based violence, and note that this approach can be used as a step towards solving the problems of gender-based violence. The religious communities have to intensify their efforts to reduce and eventually eradicate gender-based violence.”

¹⁷ The press release also included information on how religious leaders and communities can assist orphans and vulnerable children (OVC), as the group had spent an additional two days focusing on OVC issues.

CONCLUSION

This project has been successful in drawing the attention of religious leaders and their communities to the issue of GBV and its links to HIV. The religious leaders and women of faith who attended the training in Nairobi and/or the leadership forum in Dar es Salaam—more than 50 participants—have reported an increased knowledge of the issues and an improved capacity and desire to take action to address the issues with their communities. This project has resulted in the following achievements:

- Increased engagement and commitment to addressing GBV and HIV issues
- Higher level of multi-faith collaboration related to GBV and HIV activities
- Establishment and expansion of multi-faith women's networks
- Strengthening of networks through increased resources.

Increased Engagement and Commitment to Addressing GBV and HIV Issues

The project's sensitization and mobilization efforts—regional training and leadership forum—were successful in engaging religious leaders and women of faith in addressing GBV and HIV. Religious leaders and women of faith have demonstrated this commitment and engagement through GBV and HIV activities at a variety of levels.

Increased Engagement at the Community Level

Aside from the country action plans, participants from Liberia and South Africa initiated other GBV activities with their multi-faith communities, using other donors' funds.

In Liberia, religious leaders held a workshop on FGC and its links to HIV. Liberian women of faith have also taken on a range of activities related to GBV, which are supported by Norwegian Church Aid. Women are learning to mediate disputes and resolve conflicts; provide psychosocial support for girls being reintegrated following the conflict and the related process of giving statements for the Truth and Reconciliation Commission; maintain a presence on the council of elders in several towns; address issues of inheritance, property ownership, and GBV, such as rape, and FGC; and advocate for their rights and the rights of other vulnerable groups in society. In addition, they have worked to sensitize men in rural areas about FGC and early forced marriages, including advocating for education as an option for girls rather than early marriage. The participants report that GBV and FGC have decreased. Of particular note, female traditional practitioners are engaged in dialogue with religious leaders and healthcare providers about ending FGC, which has social, psychological, religious, and economic implications. FGC has become a source of income generation for traditional female practitioners (Zoes), so they have appealed for international support towards capacity building, skills training, and other economic ventures to help sustain them if the practice is discontinued.

The South African participants held a GBV workshop soon after the regional workshop, which was separate from the workshop supported by the small grant. On August 15, 2007, WCRP/South Africa and the Centre for HIV and AIDS Networking (HIVAN) from the University of KwaZulu-Natal held a workshop on GBV and HIV in Durban, with 75 participants. (HIVAN and WCRP often work together to engage religious organizations as building blocks for committed actions toward bettering society and the wider world.) This event was a direct result of the Nairobi workshop, and two of the facilitators were participants from the regional workshop. They used the training module from Nairobi as a guide for this one-day program, which was held to commemorate National Women's Day (August 9).

Institutional and Global Efforts

With increased and improved capacity, Religions for Peace has adopted GBV as an advocacy issue for 2009. Religions for Peace has become active in addressing GBV through a variety of partners and donors worldwide. The group currently is working with UNIFEM on the “Say No to Violence Against Women” Internet campaign and has gathered more than 20,000 signatures around the world to contribute to the cause. As Religions for Peace’s Secretary General, Dr. William F. Vendley, stated, “People of faith around the world believe that it is a moral responsibility to end violence against women ... While religious traditions vary, it is clear that religious men and women around the world are increasingly convinced that their respective traditions call them to work as partners to end this violence.” On another front, UNIFEM is developing a web portal on violence against women and will include all of the project documents on this site as resources for others working with religious leaders on GBV.

Religions for Peace also brought attention to the need for action on GBV at the Women, Faith, and Development Summit to End Global Poverty, a multiyear initiative to create political will to increase global investments in women and girls. At the summit, Ms. Katumi Mahama, a representative from the African Women of Faith Network and participant from the senior leadership forum in Tanzania, said, “We pledge to take action to educate religious leaders on domestic violence, implement a ‘no tolerance’ policy for sexual harassment and help women who are victims of domestic violence.”

Senior-level Support

As a result of this project, African religious leaders and women of faith have demonstrated their increased capacity and commitment to addressing GBV and HIV issues in many ways. In particular, this project has influenced male religious leaders to recognize the importance of the issues and to acknowledge women of faith as key leaders in their communities. For example, senior religious leaders from Ghana, Kenya, Uganda, and Zambia who participated in the leadership forum have convinced their national Inter-Religious Councils to re-commit and/or renew support of Women of Faith networks. As a result, IRCs have established women’s desks (positions with the organizations) or woman-centered focal points to facilitate women’s involvement in IRCs in these countries.

After attending the leadership forum, senior leaders began to understand the centrality of GBV to their work. As a result, the Archbishop of Nigeria has been enthusiastic about increasing and supporting religious community involvement in addressing GBV and has made a commitment to doing so. Since his participation in the leadership forum, he has taken up the issues of GBV related to HIV with the Women of Faith network in Nigeria. The network has included GBV as a new initiative and held a meeting on GBV in April 2008. The Archbishop also has spoken out publicly against GBV, which has been covered by the Nigerian media.

Public Declarations

In both the regional workshop and the leadership forum, participants worked together to create public declarations of their commitment to addressing GBV and HIV, along with recommendations for religious institutions and others to follow suit. Both the communiqué and the press release were covered by the media and garnered public attention locally. In addition, the events were covered internationally. An article from Ecumenical News International¹⁸ reported on the regional workshop, calling attention to the opening speakers from the event. This article included statements from the Reverend Mvume Dandala, general secretary of the All Africa Conference of Churches, such as, “We [religious leaders] are called to help in reconstructing the moral fabric of our congregation and the larger society, especially at a time when gender violence is considered to be an immense contributor to the spread of HIV and AIDS on the continent.” In Ghana, the organizers of the national workshop were successful in drawing national media attention to the event. An article titled, “Women urged to adopt common strategy against gender

¹⁸ Ecumenical News International. 2007. “Religious Leaders Urged to Combat Gender-based Violence in Africa.”

violence” ran in the *Ghanaian Times* on August 29, 2008. It provided an overview of the workshop, including statistics related to GBV and HIV and the need for religious bodies to create active support for women who experience GBV. In this way, these regional and national events brought attention to religious leaders and their role in addressing GBV and HIV.

Higher Level of Multi-faith Collaboration Related to GBV and HIV

As evidenced by the national activities implemented through small grants, the project increased multi-faith collaboration related to GBV and HIV. These activities successfully reached more than 300 people of faith in eight countries. In each of these countries, teams of leaders representing a range of religions conducted workshops that were based on the training curriculum aimed at raising awareness of GBV and HIV with religious leaders and women of faith. The training manual also was used by Religions for Peace in Kenya, in partnership with the USAID | Health Policy Initiative for a workshop on GBV in November 2008. Thus, this resource has been useful for facilitators and organizers of the workshops and should continue to serve as a resource for other religious communities wishing to address GBV and HIV. In addition, the toolkit and advocacy guide—both under development—are designed for religious communities and leaders to serve as tools on GBV related to HIV. They will be valuable resources for continuing this work within their institutions and communities.¹⁹

This project has raised the visibility of multi-faith collaboration on these issues—through the Women of Faith networks—in the health and international development communities of their countries. For example, in the Democratic Republic of Congo, organizers invited USAID, UNFPA, and other donors to their national workshop, which has increased their visibility as an organization that is addressing these issues. Religious communities have also witnessed this collaboration. For instance, a Hindu publication in South Africa drew attention to this multi-faith collaboration with a brief article about the regional workshop, noting that “religious leaders are encouraged to educate their congregations by using religious texts to promote awareness and knowledge of GBV and to fight against stigma and discrimination of GBV and HIV and AIDS survivors.”

Through Religions for Peace’s global network, this project has expanded beyond Africa. In recent years, the Women of Faith network in Latin America and the Caribbean (LAC) has identified GBV as a key issue that they want to address in their region and communities. This network adapted the training module created for the Nairobi workshop to conduct its own training in Peru on September 3–6, 2007. The network also has had virtual discussions on GBV, in which they provided feedback on the outline of the training module. UNIFEM and UNFPA have provided support for these activities. Also, the LAC women’s coordinating committee of the Women of Faith network added GBV to the agenda of its meeting on HIV in Mexico. The LAC women’s coordinating committee also reviewed the outline for the toolkit in their regional planning meeting and provided feedback.

Establishment and Expansion of Multi-faith Women’s Networks

By including a range of participants, religious leaders and women of faith who attended the regional workshop had the opportunity to become actively involved with Religions for Peace. This was particularly important for the women of faith who were interacting with AWFN for the first time. A “network of networks,” the AWFN engages the power of existing religious women’s organizations as building blocks for cooperation in many different areas. At the country level, the AWFN assists in establishing multi-faith Women of Faith Networks.

¹⁹ Forthcoming, Summer 2009.

For three of the participating countries—Kenya, Uganda, and Zambia—these workshops served as one of the first events of newly formed Women of Faith Networks. Participants from the Kenya regional training workshop and the Tanzania leadership forum benefited from the capacity building and networking and subsequently were active in creating the new networks. Religions for Peace used the momentum of the Nairobi workshop to work with the Kenyan participants in creating their own network; the workshop had brought together Kenyan women from different faiths and inspired their involvement in the new network. The newly formed Kenyan Women of Faith network—chaired by a participant from the GBV workshop, who was new to Religions for Peace—then organized and hosted the national activity.

Similarly, while there were newly formed Women of Faith Networks in both Uganda and Zambia, neither group had been formally recognized or celebrated through a welcoming ceremony. In both cases, the new networks collaborated with partners to conduct the country workshops on GBV and HIV. These workshops brought attention to the new networks through the participation of high-level speakers, such as the Zambian Minister of Gender. The workshops set the tone for the type of work the networks plan to engage in and were an entry point for those who may be interested in becoming involved in the new women’s interfaith network. Participants in the workshops developed skills to use in their work with the networks. In Zambia, women from the interfaith network were enthusiastic about conducting training related to GBV, including a training-of-trainers’ session. Similarly, the African Women of Faith Network-Uganda created an action plan that includes developing guiding principles on addressing GBV, visiting senior religious leaders to introduce the network, holding capacity building workshops on GBV, and holding community dialogues on the subject.

The leadership forum resulted in the formation of Women of Faith networks in Guinea and Ethiopia. After attending the leadership forum, participants from these countries created their own national networks to address issues such as GBV. These networks have become active in the region, including hosting subregional meetings for other women of faith.

Strengthening of Networks Through Increased Resources

The Tanzania Women’s Interfaith Network (TWIN) was heavily involved in organizing the leadership forum and implemented its own national-level training. This experience gave network members the confidence and interest in applying for their own funding to initiate separate activities. TWIN was successful in obtaining financial support from USAID’s New Partner Initiative and plans to include GBV in its HIV-related programs.

The ability of Religions for Peace to leverage funds from other donors assisted in implementing this activity. Not only did it receive permission to use existing Ford Foundation funding to support the activity, the organization also obtained additional funding from UNIFEM and the Norwegian Ministry of Foreign Affairs. This support was used to supplement their activity budget, including covering Religions for Peace staff time and funding the Kenyan participants’ national-level activity. The support also helped the group to host Religions for Peace’s regional women’s coordinating committee meetings in Peru (for the LAC region) and Kenya (Africa), where women were asked to review and provide input for the activity’s final toolkit to ensure its usefulness for religious leaders and communities of faith. By using additional funding for this activity, the project successfully increased the amount of contributing resources, including new resources. Donors that contributed additional funding to support this activity recognize the importance of addressing GBV, particularly through the influence of religious leaders and communities. The additional funding has served to strengthen the various networks at the country level, the regional level (African Women of Faith Network), and the global level (International Women of Faith Network).

Lessons Learned

With Support and Training, Religious Leaders Can Become GBV and HIV Champions

The participants' level of interest and engagement in learning about GBV and examining the issue, particularly in the context of their own religious beliefs, shows that there is a potential group of GBV champions who could be moving this issue forward. Religious leaders and their communities want to address the issues of GBV and HIV, but they need education and support to do so. In implementing their action plans, this group of religious leaders shows that they are addressing the issue.

Religious leaders and communities need time and support to truly focus on the issues from their own faith perspectives. In many cases, the format of the multi-faith workshops did not provide the necessary time to fully explore religious texts and beliefs within each faith. In addition, where certain faiths were not well represented, there were not enough participants to fully discuss the issues. Future efforts might consider additional time for these discussions or separate trainings based on faith. Different faiths may define GBV differently, with some using the term “violence against women” instead of “gender-based violence.” While workshop and forum participants did not bring up this distinction, other Religions for Peace members who reviewed the project materials reported a preference for “violence against women” due to perceived negative connotations of the word “gender.”

Religious Leaders Are Effective in Educating Their Community on GBV and HIV

While health advocates may have reservations about working with religious leaders on such sensitive issues, one must recognize the value of the latter in addressing the issues in their communities. When provided with education on the issues and financial support to initiate their own activities, religious leaders—particularly women of faith—have demonstrated their commitment to address these issues in their communities and have successfully conducted trainings with multi-faith community members. The role of religious leaders in these trainings is particularly important for discussing and analyzing religious texts and beliefs. Their guidance is critical to engaging participants in thoughtful reflection on the issues. Men's role within GBV activities is also important in reminding their organizations, institutions, and communities that GBV is not just a women's issue and that it does merit a high level of attention.

The Project Design is Replicable

While time- and labor-intensive, this project design has the potential to be replicated. As evidenced in the LAC work already initiated by Religions for Peace, the training curriculum can be adapted in different regions of the world. The model of holding a regional workshop and supporting participants in implementing country-level activities worked well, primarily because of the level of involvement and support in the field from Religions for Peace. In the future, more attention should be paid to the level of involvement by men and women to ensure that both are active in the project. To replicate this model, one would need to provide adequate support and follow-up to country-level activities, with particular attention to the number of countries in the project. In addition, to truly assess the impact of religious leaders and communities on GBV and HIV, further evaluation of country-level activities is needed. This evaluation should include analyzing pre- and post-intervention attitudes and behaviors regarding GBV in religious communities, in addition to commitments undertaken by senior religious leaders related to their institutions' policies and practices.

ANNEX A: AGENDA FOR REGIONAL TRAINING



USAID | HEALTH POLICY
FROM THE AMERICAN PEOPLE | INITIATIVE



AGENDA—Regional Training on Gender-based Violence and HIV/AIDS for Religious Leaders

July 30–August 3, 2007, Nairobi, Kenya

Time	Activity
DAY ONE: 30/07/07	OFFICIAL OPENING
08:30–09:15	Dr. Mustafa Ali —Secretary General/Africa Representative ACRL, Religions for Peace Ms. Angeline Siparo —Country Director, Health Policy Initiative Kenya Mr. Peterlis Nyatunga —Director of Gender Commission, Ministry of Gender & Sports, Kenya Professor Miriam Were —Chairperson, National AIDS Control Council, Kenya Rev. Dr. Mvume Dandala —AACC General Secretary His Eminence, Sheikh Shaban Mubajje —Grand Mufti of Uganda, Co-Chair ACRL
09:15–10:00	Introductions/Review of agenda and objectives Shared faith values and workshop norms
10:00–10:30	Defining gender-based violence (GBV)
10:30–11:00 Session Break	
11:00–11:45	Why focus on GBV?
11:45–12:15	Prevalence of GBV
12:15–01:00	Life Cycle of GBV
01:00–02:00 Lunch Break	
02:00–04:30	Types and forms of GBV Consequences of GBV
04:30–05:00 Session Break	
DAY TWO: 31/07/07	Reflection/Prayer
08:30–09:00	Recap of previous day
09:00–09:45	Gender and HIV/AIDS
09:45–10:30	HIV/AIDS prevalence rates among women
10:30–11:00 Session Break	
11:00–12:00	Links between GBV and HIV/AIDS
12:00–1:00	Vulnerable populations to GBV and HIV/AIDS
01:00–02:00 Lunch Break	
02:00–02:30	GBV and HIV/AIDS in conflict settings
02:30–04:30	Multi-religious approach to GBV and HIV/AIDS
04:30–05:00 Session Break	
DAY THREE: 01/08/07	Reflection/Prayer
08:30–09:00	Recap of previous day
09:00–10:30	Analyzing faith beliefs
10:30–11:00 Session Break	
11:00–01:00	FBO activities/country reports

01:00–02:00 Lunch Break	
02:00–03:30 03:30–04:30	Communication strategies for awareness campaigns Advocacy and awareness campaigns
04:30–05:00 Session Break	
DAY FOUR: 02/08/07 08:30–09:00 09:00–10:30	Reflection/prayer Recap of previous day Faith-based action to address GBV and HIV/AIDS
10:30–11:00 Session Break	
11:00–01:00	FBO action planning by country
01:00–02:00 Lunch Break	
02:00–03:00 03:00–03:45	Action planning plenary with feedback Adoption of communiqué and workshop evaluation
COCKTAIL NETWORKING PARTY—07:00-08:00	
<p>Dr. Mustafa Ali—Secretary General/Africa Representative ACRL, Religions for Peace Mrs. Nyaradzai Gumbonzvanda—Regional Director, East and Horn of Africa, UNIFEM Mr. Fred Nyabera—Director, FECCLAHA Ms. Gail A.W. Goodridge—Director, ECA ROADS Project, Family Health International Ms. Cheryl Sonnichsen—Acting Chief, USAID Kenya Hon. Njoki Ndung'u—Nominated member of Parliament, Kenya Dr. Agnes Abuom—Director, TAABCO, Co-President, Religions for Peace World Council Rev. Fr. Vincent Wambugu—Secretary General, Kenya Catholic Secretariat</p>	

ANNEX B: PARTICIPANT LIST, REGIONAL TRAINING IN KENYA

Name	Organization	Country
Rev. Kinyamba Runje Armand	Religions for Peace/Inter-Religious Council of DRC	Democratic Republic of Congo
Ms. Cecile Tshibamda Lepira	Religions for Peace/Inter-Religious Council of DRC	Democratic Republic of Congo
Dr. Rabiātu Ammah	Federation of Muslim Women	Ghana
Mrs. Afua Amoo-Adare	National Council of Catholic Women	Ghana
Ms. Rattan Kaur Channa	Inter-Religious Council of Kenya/Sikh Women's Society	Kenya
Ms. Aziza Gulam	National Union of Kenya Muslims (NUKEM)	Kenya
Rev. John Kamau	OAIC-K Chapter	Kenya
Mr. Francis Kuria	Inter-Religious Council of Kenya	Kenya
Ms. Catherine Njuguna	International Movement of Catholic Students	Kenya
Mrs. Anju Sahni	Hindu Council of Kenya	Kenya
Ms. Beatrice S. Seeboe	Inter-Religious Council of Liberia	Liberia
Mr. Mohammed M. Sherif, Sr.	Inter-Religious Council of Liberia (IRCWWA)	Liberia
Ms. Dhunluxmi Desai	South Africa Hindu Malia Sabha IRC of KZN	South Africa
Ms. Paddy Meskin	WCRP-South Africa	South Africa
Ms. Macaa Abdallah	WCRP (Tanzania) TWIN	Tanzania
Bishop Aloysius Balina	Tanzania Episcopal Conference	Tanzania
Mr. John Kikanu Byarugaba	Inter-Religious Council of Uganda	Uganda
Mary Theresa Mafumbo	Uganda Catholic Bureau/Caritas	Uganda
Ms. Julita Mutale	ZINGO-YWCA	Zambia
Mr. Rashid Phiri	Islamic Council of Zambia (Zingo)	Zambia
Workshop organizers and facilitators		
Ms. Jacqueline Ogega Moturi	Religions for Peace	U.S.A.
Dr. Elishiba Kimani	Kenyatta University	Kenya
Ms. Britt Herstad	Futures Group International	U.S.A.
Ms. Emma Kang'ethe	Religions for Peace	Kenya
Professor Simiyu Wandibba	University of Nairobi	Kenya

ANNEX C: RECOMMENDATIONS FROM PARTICIPANTS OF THE REGIONAL TRAINING

Background

From 30th July to 2nd August 2007, 18 delegates from eight countries—Democratic Republic of Congo (DRC), Ghana, Kenya, Liberia, South Africa, Tanzania, Uganda, and Zambia, came together to participate in a four-day regional training on gender-based violence (GBV) as it links to HIV/AIDS held at the Nairobi Safari Club in Nairobi, Kenya. The training was organized by Religions for Peace (WCRP) Women’s Mobilization Program in collaboration with Constella Futures,²⁰ with financial support from USAID | Health Policy Initiative, Task Order 1.

The training is part of activities that are aimed at strengthening the ongoing capacities of religious leaders and communities to take positive action to address the negative effects of GBV and HIV/AIDS. Representatives were drawn from the Religions for Peace African Women of Faith Network (AWFN) and National Inter-Religious Councils. It was envisaged that following the training and subsequent follow-up activities, religious leaders and communities would be in a position to identify, validate, and promote best practices on preventing and ending gender-based violence.

We shared perspectives and experiences and spiritual resources for mobilizing around the issues of GBV as linked to HIV/AIDS. As part of the program, we developed concrete action plans for the implementation of advocacy work around the issues of GBV as linked to HIV/AIDS in the eight countries, based on the skills gained and lessons learnt.

We are resolved to be more proactive and focus on tackling issues of GBV and HIV/AIDS by bringing the people of different faiths together to work on matters of common concern, in other words, different faiths working for common action.

As a result thereof, we, the participants of the regional training program, recommend the following:

Religious Leaders

As the guardians of the religious texts, religious leaders are best placed to guide and influence their communities. Therefore, it is recommended that

- Religious leaders should be exposed to education and awareness in respect of GBV and the link between HIV/AIDS in communities;
- There should be a section on GBV and HIV/AIDS in the curricula of the seminaries and houses of formation;
- Religious leaders should educate their congregations by using their religious texts to promote awareness and knowledge of GBV and the role that both religious leaders and the community can play in eradicating GBV;
- Religious leaders should be in the forefront of the fight against stigma and discrimination against survivors of GBV and HIV/AIDS;
- Religious leaders are ideally placed to bring hope to the survivors of GBV; and

²⁰ Now called Futures Group International.

- Religious leaders promote responsible behaviors that respect the dignity of all persons and defend the sanctity of life.

Government

- There should be political will on the part of political leaders and officials to enact legislation in relation to GBV and HIV/AIDS.
- Government should put in place mechanisms to ensure the bringing of perpetrators of GBV to justice.
- All Government Ministries, particularly the Ministry of Gender, should be involved in the implementation of working towards the eradication of GBV and HIV/AIDS.
- Department of Education should include awareness and information of GBV into the life-skills curriculum in schools.
- Governments should ensure that measures are in place for the protection of the survivors of gender-based violence.

Advocacy and Lobbying

FBOs are well placed to be the leaders in advocacy and lobbying concerning GBV and HIV/AIDS. Therefore, it is recommended that

- All sectors of the FBOs—religious leaders, men, women, and the youth—need to be involved in the advocacy and lobbying campaign to urge Government to implement the laws relating to GBV;
- Religious leaders must speak out in their places of worship to totally condemn GBV and point out the links between GBV and HIV/AIDS;
- An advocacy and media campaign should be launched to ensure more skills and sensitivity in the standard of media coverage on GBV and to undertake lobbying all media to assist in an education campaign on GBV and its link to HIV/AIDS; and
- FBOs need to lobby for the eradication of advertising that demeans women and promotes GBV, as well as creating gender stereotyping of women as sex objects.

Religious Institutions

Within the Religious Institutions there are many programs that can be implemented relating to the many sectors and target areas of GBV and its links to HIV/AIDS. Some of these are

- All sectors
 - Initiate programs to revitalize family life and family values
- Survivors
 - Set up support groups and [put] systems into place for the survivors and their children
 - Safe houses should be set up in all communities to provide immediate protection and care
- Men
 - Set up rehabilitation programs for perpetrators of GBV
 - Set up “Man to Man” programs to enable men’s contributions to eradicating GBV and HIV/AIDS
 - Launch “Men in Partnership against GBV and HIV/AIDS”
- Women
 - Create space for women to come together to share experiences and to talk to one another

- Youth
 - Education and awareness programs on relationships, GBV, and the link to HIV/AIDS
 - Realizing the importance of the role played by youth in promoting awareness and sensitizing communities, particularly the impact they have on their peers, youth should be involved in the organization of programs on GBV and HIV/AIDS in their communities

Religions for Peace African Women of Faith

To ensure regular communication, it is recommended that

- The sharing of information and best practices be strengthened and enhanced with a focal point to disseminate information to member organizations;
- Set up an online newsletter for African Women of Faith as a regular means of networking with all partners; and
- Implement an outreach GBV program showing the links to HIV/AIDS, targeting men and adolescent boys at all levels of society in all countries. All countries should have a liaison officer with the AWFN.

Different Faiths, Common Action!

Signed this 2nd Day of August 2007

The Participants from Democratic Republic of Congo (DRC), Ghana, Kenya, Liberia, South Africa, Tanzania, Uganda, and Zambia, participating in the Workshop on Gender-Based Violence and the Link to HIV & AIDS, held in Nairobi, Kenya from 30th July to the 2nd August 2007.

ANNEX D: AGENDA FOR REGIONAL LEADERSHIP FORUM



USAID | HEALTH POLICY
FROM THE AMERICAN PEOPLE INITIATIVE



Religious Leaders Forum on Gender-based Violence and HIV/AIDS November 28–29, 2007, Dar Es Salaam, Tanzania

Time	Activity
DAY ONE: 28/11/07 09:00–09:45	OFFICIAL OPENING Welcome Remarks: Dr. Mustafa Ali— <i>Secretary General/Africa Representative ACRL, Religions for Peace</i> Keynote Speeches and Opening Remarks Ms. Katumi Mahama— <i>Federation of Muslim Women of Ghana and IWCC Member</i> Rev. Gertrude Kapuma— <i>Coordinator, All African Council of Churches for Southern Africa and IWCC Member</i> Ms. Halima Shariff— <i>Health Policy Initiative Country Director, Tanzania</i> His Eminence, Sheikh Shaban Mubajje— <i>Grand Mufti of Uganda, Co-Chair of the African Council of Religious Leaders</i>
09:45–10:30	Emma Kang'ethe— <i>African Women of Faith Network Project Director, Religions for Peace</i> : Introductions/review of agenda and objectives Overview of the GBV and HIV/AIDS project
11:00–11:45 11:45–01:00	Intersections between GBV and HIV/AIDS—Ms. Jane Magigita, Women's Legal Aid Centre GBV and human security—Ms. Bernadetha Mkandya, Tanzania Women's Lawyers Association
02:00–03:00 03:00–04:30	Faith-based approach to GBV and mobilizing communities to prevent GBV—Ms. Gemma Akilimali, Tanzania Gender Networking Programme Site visit
DAY TWO: 29/11/07 08:30–09:00 09:00–10:30	Reflection/Prayer Recap of previous day Country reports on advocacy campaigns
11:00–12:00 12:00–1:00	Media conference, statement/recommendations of religious leaders addressing GBV (and OVC) Reflections: what religious leaders can do to address GBV and HIV/AIDS
02:00–04:30	Advocacy strategy on GBV and its impact on the spread of HIV

ANNEX E: PARTICIPANT LIST, REGIONAL LEADERSHIP FORUM

Name	Organization	Country
Rehema Sefu	Muslim Women Association of Burundi	Burundi
Cecile Tshibanda Lepira	Inter-Religious Council of Democratic Republic of Congo	Democratic Republic of Congo
Bedria Mohamed	Ethiopian Muslim Women Association	Ethiopia
Emebet Woldeyes	Ethiopian Orthodox Church	Ethiopia
Katumi Mahama	Federation of Muslim Women Association in Ghana	Ghana
Haja Mariama Sow	Federation of Muslims, Guinea	Guinea
Al Hajj Yussuf Murigu	African Council of Religious Leaders, Governing Board	Kenya
Muljibhai Pindolia	Hindu Council of Africa	Kenya
Anju Sahni	Kenya Women of Faith Network	Kenya
Beatrice Seeboe	Inter-Religious Council of Liberia	Liberia
Reverend William Tolbert	African Council of Religious Leaders/Religions for Peace	Liberia
Rosie Belinda Chalowa	Public Affairs Committee	Malawi
Reverend Gertrude Kapuma	All Africa Conference of Churches	Malawi
Arlanza Diaz	Committee of Religions	Mozambique
Anabela Januario Sengulane	Council of Religions	Mozambique
HRH. Ibrahim Sulu Gambari	NIREC	Nigeria
John Onaiyekan	Archbishop of Abuja	Nigeria
Maria Ifechukwu Udorah	Nigeria Conference of Religious Women	Nigeria
Speciose Mukagahima	CPR-Rwanda	Rwanda
Aissatou Lopy Mbaye	Alliance of Religions	Senegal
Mabel M'bayo	Inter-Religious Council of Sierra Leone	Sierra Leone
Dhunlixmi Desai	South Africa Hindu Maha Sabha/WCRP South Africa	South Africa
Macca Abdallah	WCRP (Tanzania) TWIN	Tanzania
Shamim Daudi	WCRP Tanzania	Tanzania
Finike Gogomoka	Global Network of Religions for Peace	Tanzania
Mary Shuma	Health Policy Initiative Tanzania	Tanzania
Karima Lanyero Obina	Acholi Religious Leaders Peace Initiative	Uganda

ANNEX F: PRESS RELEASE FROM THE REGIONAL LEADERSHIP FORUM

Press Conference

29th November 2007

Dar es Salaam, Tanzania

Engaging Religious Leaders to End Gender-based Violence Training Workshop on Gender-based Violence and Orphans and Vulnerable Children

The African Council of Religious Leaders (*ACRL-Religions for Peace*) has held a training workshop on Orphans and Vulnerable Children from 26th to 27th November 2007, and is continuing with a Forum on Gender-based Violence for Religious Leaders that will end today. The Religious Leaders have come from about 20 African Countries in partnership with Religions for Peace and Constella Futures under USAID's Health Policy Initiative Funding.

Regarding the Orphans and the Vulnerable Children, We the Religious Leaders wish to state the following:

We acknowledge the important role religious leaders play in alleviating the suffering of orphans and vulnerable children (OVC).

We acknowledge the work religious institutions and organizations have done and continue to do with regards to the orphans and vulnerable children.

We also acknowledge emerging networks, such as the African Women of Faith Network, that continue to address the issues of OVC and HIV/AIDS.

Nevertheless, we take note of the following still pressing challenges which religious leaders ought to address in the work of orphans and vulnerable children in Africa:

- There is generally a lack of adequate awareness on the rights of orphans and vulnerable children within the community at large.
- This is particularly crucial in the case of child-headed households in which children themselves are not aware of their rights.
- There is a need to strengthen and improve strategic mechanisms that exist within religious institutions to address the issues of orphans and vulnerable children and also educate the masses on their rights.
- Support and help orphans and vulnerable children to access legal services to address the issues faced by them, such as sexual abuse and violence, sex trafficking, rape, property rights, and access to birth certificates etc.
- Many orphans and vulnerable children lack basic needs such as food, shelter, education, clothing, and access to quality health care services and psychosocial support.
- There is a need for greater advocacy towards proper socialization of children at a young age on gender equality and equity within the household and at community levels.
- Improving the effectiveness of our efforts by greater networking within and between different religious institutions and organizations.

- Such increased networking would enhance resource mobilization for OVC issues at the national, regional, and global levels.
- We recognize and commit to take action on the importance of evidence-based documentation on OVC and HIV/AIDS.

Regarding Gender-based Violence:

We are disturbed by the increasing and high levels of gender-based violence, and which situation is compounded by HIV/AIDS.

Women and children are at more risk for gender-based violence, and this is a threat to human security and a violation of human rights.

We have, and continue to discuss about the faith-based approach to gender-based violence, and note that this approach can be used as a step towards solving the problems of gender-based violence.

The Religious Communities have to intensify their efforts to reduce and eventually eradicate gender-based violence.

We call upon all Religious Leaders and communities to work together to

- Provide continual spiritual and psychosocial support to individuals, families, and/or communities in need through sermons and household visits;
- Build partnerships with other religious organizations, NGOs, private sector, and government agencies to advocate against GBV;
- Raise awareness on GBV issues working in partnership with local authorities, community healthcare givers, teachers, and caretakers within households on the basis of commonly agreed principles;
- Focus on the particular vulnerability of girls being infected with HIV and provide them with special protection;
- Fight stigma, denial, and discrimination against people affected and infected with HIV/AIDS;
- Support policies that prevent and work to eliminate GBV; and
- Support the development of gender sensitive policies and mainstream gender within religious institutional frameworks and structures.

Thank You All

The African Council of Religious Leaders *ACRL-Religions for Peace*

Co-Chairs: Archbishop Dr. John Onaiyekan,
The Archbishop of Abuja
Sheikh Shaban Mubajje
Mufti of Uganda
African Women Coordinating Committee Coordinators
Reverend Gertrude Kapuma
Ms. Katumi Mahama

Notes to the Editors:

The African Council of Religious Leaders-*Religions for Peace* (ACRL) is the foremost pan-African multi-religious body. It is led by senior religious leaders drawn from each of Africa's main religious traditions and all parts of the continent. The ACRL is affiliated with the World Conference of Religions for Peace and is its regional leadership body in Africa.

The mission of the ACRL-*Religions for Peace* is to advance African multi-religious cooperation in support of peace and sustainable development. The ACRL-*Religions for Peace* strives to be the collective voice of religious communities at the continental level, working to transform conflict, promote human rights and good governance, combat HIV/AIDS and its impact on children and families, and overcome poverty. The ACRL-*Religions for Peace* also works to highlight, support, and connect the work of the African national Inter-Religious Councils affiliated with Religions for Peace.

Religious communities are the largest and best-organized civil institutions in the world, claiming the allegiance of billions across race, class, and national divides. These communities have particular cultural understandings, infrastructures, and resources to get help where it is needed most.

For further information on *Religions for Peace*, please visit our website:

www.acrl-rfp.org

www.religionsforpeace.org

Contact:

Ms. Emma Kang'ethe, *Religions for Peace*, Nairobi, Kenya Tel: +254-203862233/38627879

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Project Implementers:

Under the USAID | Health Policy Initiative, the following two organizations implemented this activity:

Futures Group International

Futures Group International specializes in the design and implementation of public health and social programs for developing countries. Since 1971, Futures Group International has worked on projects in more than 100 countries in Africa, Asia and the Middle East, Central and Eastern Europe, and Latin America and the Caribbean. Futures Group International works collaboratively with in-country counterparts to improve policies and programs that address population issues, reproductive health, HIV, infectious diseases, and maternal and child health. Futures Group International's experts in disciplines such as public policy, economics and health finance, medicine, law and human rights, public health, gender, social marketing and communications, and monitoring and evaluation employ a focused yet flexible approach to helping countries and communities build local capacity and forge public-private partnerships.

Futures Group International is the Task Order 1 holder of USAID | Health Policy Initiative. With a focus on policy dialogue, the Health Policy Initiative empowers new partners to participate in the policymaking process. With an additional focus on policy implementation, the initiative helps countries and organizations translate policies, strategic plans, and operational guidelines into effective programs and services, especially for the poor and other underserved groups.

The USAID | Health Policy Initiative, Task Order 1, is committed to working to eliminate gender-based violence (GBV) and its root cause of gender inequity. The project carries out GBV-focused interventions that range from the formulation and implementation of global, regional, and national policies and

strategies, to advocacy and community mobilization to combat GBV, to coordination of activities among stakeholders at multiple levels.

Religions for Peace

Religions for Peace is the largest coalition of the world's religious communities, bringing together religious communities locally, nationally, regionally, and globally to advance common action for peace. This is done through harnessing the largely untapped power of religious communities to transform violent conflict, eradicate poverty, promote just and harmonious societies, and protect the earth. Religions for Peace builds and equips Inter-Religious Councils (IRCs) at the local, national, regional, and international levels to achieve consensus on common problems and engage the power of religious communities at the grassroots level.

Religions for Peace has an established Global Network of Women of Faith as part of its Women's Mobilization Program to build, equip, and network women of faith all over the world to work together on common concerns. The Women's Mobilization Program has convened and launched regional women of faith networks in Africa, Latin America and the Caribbean, South and Southeast Asia, and Southeast Europe. Through their national women's networks or women's committees, IRCs are linked to these regional and global bodies to share experiences, exchange best practices, and participate in their efforts to address issues that cross borders. In Africa, Religions for Peace's African Women of Faith Network works with over 500 organizations of women of faith, representing all the diverse religions and nations of Africa.

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