

An Overview of the HIV and AIDS Hope Initiative

Background

World Vision has worked for more than 50 years to help children and their communities worldwide reach their full potential by tackling the causes of poverty. HIV and AIDS are now jeopardising the hard won achievements of fifty years of work.

AIDS endangers a family's health, a child's future and a community's efforts to have a reliable food supply, clean water, education, and economic development. As parents get sick and can't work or grow sufficient food, children sometimes must leave school to care for their family's needs.

Children who leave school often are forced into livelihoods that put them at greater risk of HIV infection. As orphaned children struggle to survive, they may spiral even deeper into poverty; girls are often worse off than boys

Developing large-scale, effective responses to HIV and AIDS is a priority for World Vision. The AIDS pandemic is the greatest single challenge facing the global community today. This fact does not imply that other developmental issues are unimportant; it simply recognises that AIDS makes everything else worse.

World Vision has been helping prevent HIV transmission and mobilise care for orphans and vulnerable children and people living with HIV for more than 15 years. In light of the enormity and severity of the pandemic in Africa and the increasing potential for catastrophic prevalence rates in Asia, Latin America and the Caribbean, and the Middle East, Eastern Europe and Central Asia, World Vision recognised more was needed. It developed an organisation-wide initiative focusing human, technical and financial resources on the complex causes and enormous suffering of the AIDS pandemic.

Launched in 2000, the HIV and AIDS Hope Initiative is World Vision's commitment to do its part to address an unprecedented crisis in the countries with WV programmes. Special emphasis is given to creating partnerships with governments, faith communities, peer agencies, local communities, families, and children.

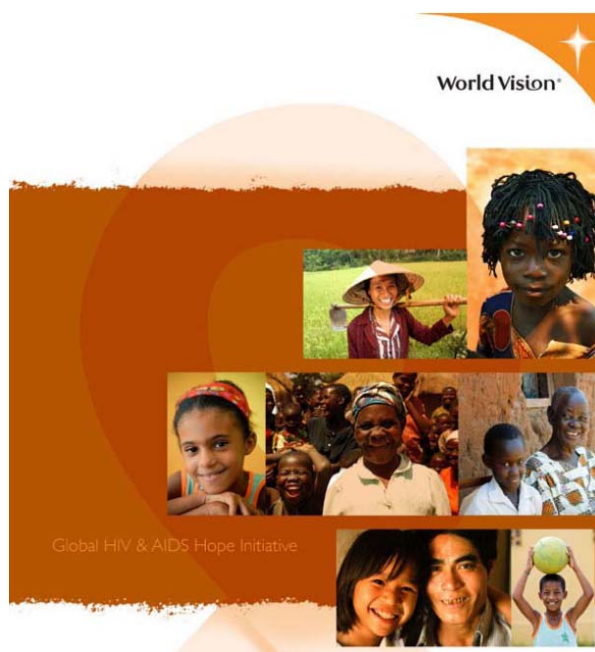
The following pages provide a summary of the Hope Initiative Strategic Framework, Project Models and Monitoring and Evaluation Framework.

Programme Strategic Framework

The Hope Initiative aims to achieve its overall goal of reducing the global impact of HIV and AIDS through the enhancement and expansion of World Vision programmes and partnerships focused on HIV and AIDS **prevention, care, and advocacy**.

World Vision's HIV and AIDS response is child-focused and emphasises partnerships, particularly with churches and other faith communities.

Children are at the centre of World Vision's response to HIV and AIDS. The two highest programming priorities for World Vision are **care** for orphans, children living with HIV and other vulnerable children and their households and HIV **prevention** for girls, boys and youth from the ages of 5 to 24. Also, World Vision is committed to mobilise and leverage the energy, capabilities, and voices of faith communities, as well as children and adults living with and affected by HIV, to increase the reach and impact of our work.



The HIV and AIDS Hope Initiative

Strategic Framework

Overall Goal	To reduce the global impact of HIV and AIDS on children, enabling them to live life in all its fullness.		
Tracks	Prevention	Care	Advocacy
Goals	Contribute to the reduction of risk and vulnerability to new HIV infections	Protect and improve the well being of children affected by HIV and their households	Promote policies and practices that reduce stigma and uphold the rights of children and adults affected by HIV
Target Groups	Girls, boys and youth, ages 5 - 24, their families and communities, and vulnerable population groups in emergencies	Orphans, children living with HIV, other vulnerable children and their households	Policy makers, decision makers, and implementers (local, national, regional, and international)
Values	Bring a Christian, community-based, child-focused HIV and AIDS response, reflecting God's unconditional love for all people and the affirmation of each individual's dignity and worth		
Partners	Work with a wide range of partners for scaled-up and sustained HIV response at local, national, regional and international levels, with a special focus on faith communities, people living with HIV, children and youth organisations		

Guiding Principles

World Vision's HIV response:

- creates an enabling environment by transforming risk-increasing religious, social and cultural practices
- is designed, monitored and evaluated to achieve large-scale, cost-effective results with high quality
- is aligned with global best practices and national policies, coordinating mechanisms and monitoring frameworks
- facilitates and empowers communities for scaled-up and sustainable response
- is contextualised to diverse local settings
- is integrated with all aspects of World Vision's transformational development, relief and advocacy work using evidence-based Hope core project models
- targets gender-based vulnerabilities, stigma and poverty as root causes and drivers of the pandemic
- uses learnings from World Vision's community-based programmes to inform and influence national and international policy and practice
- is child rights based and ensures child participation
- considers the spiritual and psychosocial well being of children and families
- engages both public and private donors as active partners
- addresses the impacts of HIV among World Vision staff

Project Models

Through the Models of Learning program, World Vision has identified and developed three project models to address the needs of children and others affected by HIV and AIDS in high-prevalence contexts (HPCs):

- **Community Care Coalitions:** Mobilising and strengthening community-based care and support for orphans, children living with HIV, other vulnerable children and their households.
- **Channels of Hope:** Mobilising and equipping churches and other faith communities to respond to the needs of people affected by HIV and AIDS in positive and powerful ways.
- **Values-based Life-Skills Training:** Providing training, information and materials that enable girls, boys and youth, aged 5 –24 years, to develop knowledge, attitudes, and skills to make healthy life choices and avoid acquiring HIV.

Lower Prevalence Contexts: World Vision has also launched an expanded focus on HIV-programming in country contexts that have lower HIV prevalence but high risk of expanding epidemics. In order to halt the spread of HIV in these contexts, especially in those groups which are more severely impacted by HIV and from which HIV may spread more widely within the general population, the Models of Learning programme is currently running 24 pilot programmes in 10 countries in the Asia/Pacific, Latin America/Caribbean, Middle East/ Eastern Europe and West Africa regions.

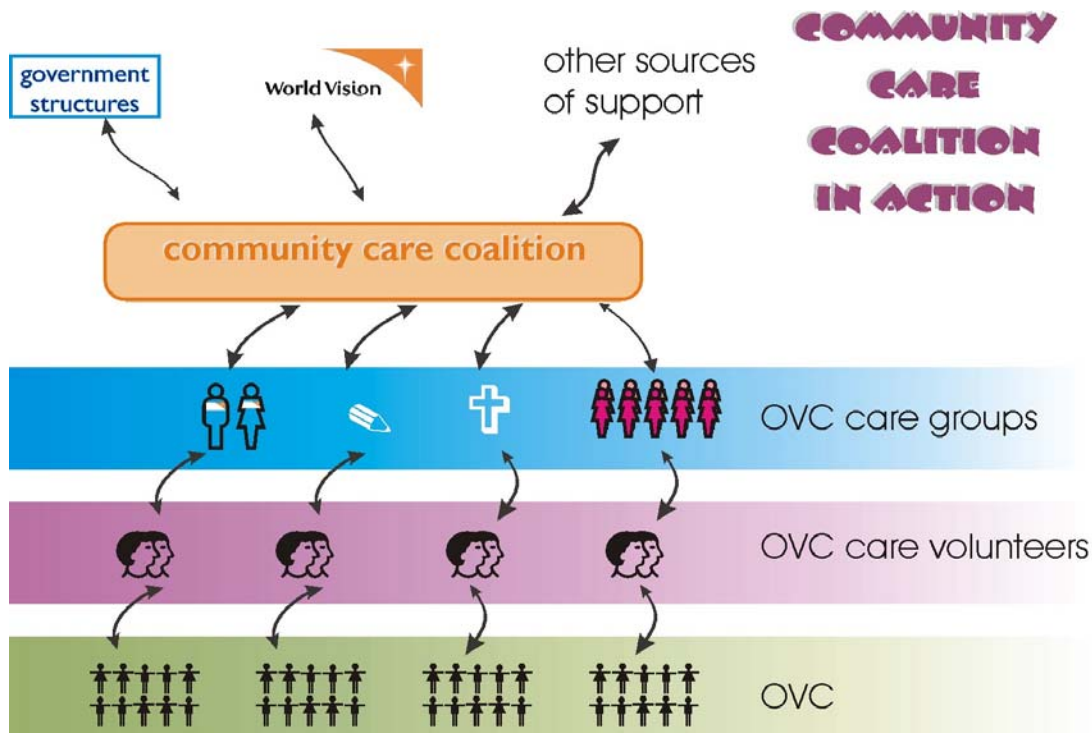
These pilots will help World Vision to develop effective models for HIV response in lower prevalence contexts. Current pilots focus on five key areas: 1. Expanded life-skills / prevention; 2. Child-focused HIV prevention among key populations at special risk; 3. Mobilising churches and faith communities through Channels of Hope (CoH); 4. Integrated care for people living with HIV (PLHIV) and OVC; 5. Integration of HIV and microenterprise development.

Community Care Coalitions: In many communities, the extended family system and other traditional safety nets providing care for orphans and vulnerable children (OVC) are being severely strained by the multiple, mutually exacerbating impacts of HIV and AIDS. Recognised best practices for OVC care, as elaborated in the UNICEF Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, call for community-based care for OVC, rather than institutionalisation or other strategies. The challenge is to find cost effective ways to help communities care for the unprecedented number of children and families made vulnerable by the AIDS pandemic.

World Vision utilises strategies that have been developed through more than 15 years of experience implementing programmes in communities affected by AIDS and are aligned with globally agreed best practices. Strategies focus on strengthening family and community care for orphans and vulnerable children, primarily through support of Community Care Coalitions (CCC) that bring together churches and other faith communities, government, local business, and other NGOs.

Building on efforts already underway in the community, these coalitions recruit and train volunteer home visitors who take responsibility for identifying, monitoring, assisting, and protecting orphans and vulnerable children while referring and linking them to services in their community. World Vision helps to mobilise these coalitions where necessary, strengthen their technical and general organisational capacities, train and equip home visitors, and connect them with material and financial support for their work.

Multiple evaluations in Africa have found community-care coalitions to be an effective, scalable model for providing care and support to orphans, their caregivers, and households. Research also indicates that home visitors and CCCs do require additional support to deal with tougher issues such as provision of psychosocial support and child protection. In fiscal year 2008, 77,300 volunteer home visitors provided care to 998,000 orphans and vulnerable children and 84,000 chronically ill adults.



Mobilising Churches and other Faith Communities: World Vision focuses on churches and other faith communities as primary and indispensable partners in HIV response. In many areas heavily affected by HIV and AIDS, churches and other faith communities are at the forefront in helping families cope – providing care and support for the sick, the widowed, and the orphaned. The potential of churches and faith communities to promote constructive behavior change for HIV prevention is underdeveloped. Equipping churches and other faith communities to expand and sustain their responses to HIV and AIDS is a central priority of the Hope Initiative.

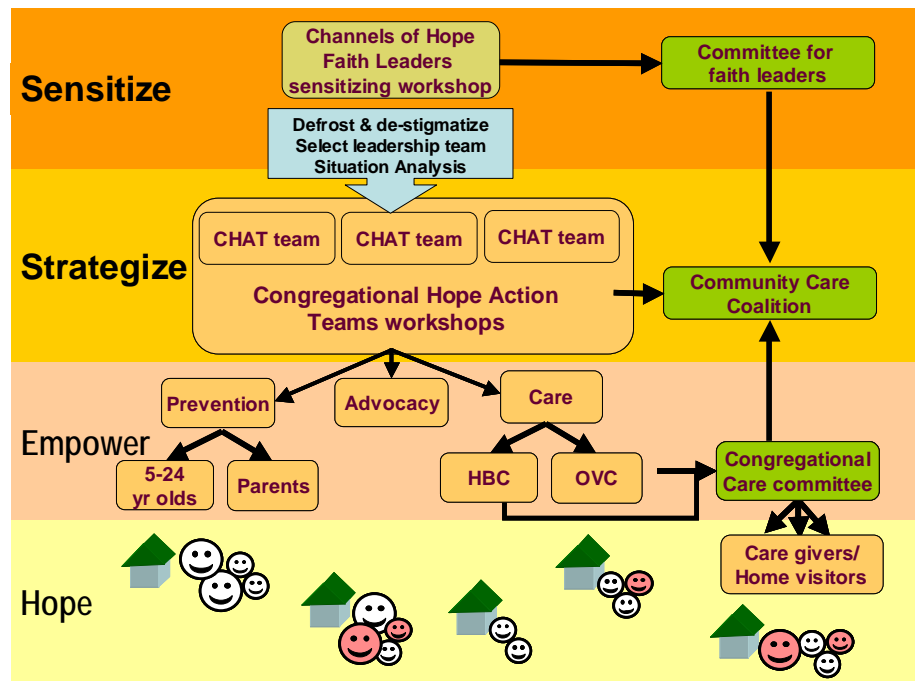
As a key component of this strategy, World Vision uses the **Channels of Hope (CoH)** process to mobilise the infrastructure, organisational capacity, pool of current and potential volunteers, and unmatched moral authority of local churches and faith communities toward positive action on HIV and AIDS. CoH workshops start with individual religious leaders because of their unique moral authority, mission and their influence within the community. All the religious leaders from a local community are invited to attend a process-driven three-day workshop. This includes the following learning elements:

- Exploring attitudes and stigma related to HIV and people living with HIV (PLHIV)
- Encouraging debate on the difficult theological and ethical issues related to HIV and AIDS.
- Sharing up-to-date information about HIV transmission, prevention, care, and treatment
- Enabling people living with or affected by HIV to share their experiences, challenges, and hopes
- Discovering the spiritual, emotional and physical needs of children affected and adults living with HIV
- Exploring the complex interplay individual behaviour with social, cultural, and religious practices and contexts which increase the vulnerability of children and women
- Developing an understanding of the limitations of simplistic prevention programs and the move towards an integrated, multi faceted approach to HIV prevention
- Assessing the HIV and AIDS-related needs of congregations and communities
- Identifying responses already underway by churches, faith communities and other groups in the community, and sharing successes, failures, and lessons learned
- Working with religious leaders to develop action plans for response to HIV and AIDS that are integrated with existing and new community responses

This approach leads to reductions in stigma at all levels and an increased awareness by faith leaders of their own potential risk of contracting or having contracted HIV.

Once they have been mobilised, Faith leaders are encouraged to form Congregational Hope Action Teams in their churches, mobilise volunteers, and link with sustainable, community-based organisations such as community care coalitions.

Research in Uganda and Zambia has found Channels of Hope to be effective in reducing stigma and increasing positive action among faith leaders. In fiscal year 2008, some 1,600 Channels of Hope workshops reached more than 50,000 people, including 13,000 faith leaders from 8400 congregations



HIV Prevention for Girls, Boys and Youth Aged 5-24: Children and youth between the ages of 5 and 24 constitute a “window of hope” for HIV prevention. Experiences in Zimbabwe and Uganda, among others, show that prevention efforts focusing on children and youth can have a large and lasting impact.

World Vision’s strategy focuses on ensuring that children and youth acquire the values, knowledge, and skills that they need to protect themselves as they enter later adolescence and young adulthood. To reach all children and youth in a community, World Vision provides age-appropriate, values-based life skills materials and training to a range of community members, including teachers, community, church, and faith community leaders, and children themselves as peer educators.

In each region, World Vision begins child-focused HIV prevention programming with an assessment of existing life skills materials that can be used to educate children about how to protect themselves from HIV. WV favors materials that address HIV and AIDS in the larger contexts of self-esteem, communication and negotiation, and responsible decision-making. Materials used by WV are age-appropriate: those targeting younger groups emphasise a general understanding of HIV transmission with the goal of reducing fear and misconceptions and encouraging care and compassion for those affected; those targeting older groups involve more detailed discussions of romance and sexual decision-making. Materials used by WV are values-based, emphasising abstinence and fidelity as the primary, but not exclusive, modes of HIV prevention. In each context, WV seeks to identify or develop materials that are culturally sensitive and acceptable to the community.

Once the appropriate materials have been secured, WV trains primary school teachers, faith leaders, community volunteers, and peer educators to use the curricula to educate children and youth about HIV.

In fiscal year 2008, more than 852,000 children received values-based life skills training and over 90,000 children were trained as HIV peer educators.

World Vision is also researching expanded prevention models that go beyond life skills to involve and empower parents, faith leaders, community leaders and teachers as partners to provide the necessary skills and promote a supportive environment for children to stay HIV free. Examples of these models include HIV

prevention through sports, drama and art, reducing the incidence of child abuse, providing psychosocial support for children and parents, changing negative gender roles, positive parenting and many others.

Monitoring and Evaluation Framework

World Vision has developed a Monitoring and Evaluation framework for response to HIV and AIDS. The framework identifies 45 indicators to support the effective implementation of Hope Initiative project models and monitor World Vision's aggregate response to HIV and AIDS at a local and national level. The monitoring indicators cover the five main areas of World Vision's programming: HIV prevention for girls, boys and youth aged 5-24, community-based care for orphans and vulnerable children, advocacy for the rights of affected children and people living with HIV, partnerships with churches and faith communities, and education and support for World Vision staff.

The M&E Framework is complemented by the Core HIV and AIDS Response Monitoring Systems (CHARMS). CHARMS has been fully rolled out to all of the almost 510 ADPs and outside-the-ADP HIV projects in the Africa region, where it has now completed its seventh period of gathering data. The Hope Initiative is gathering learnings and best practices from the Africa Region roll-out and working with the HIV leadership teams in the Asia/Pacific, Latin America/Caribbean, and Middle East/Eastern Europe regions to implement HIV-response monitoring in those regions over the next two fiscal years.

Achievements and Learning: World Vision HIV and AIDS Response in the Africa Region

The following is a snapshot of some of the measurable results from World Vision HIV-related programming in the Africa region. These figures represent achievements in 489 Area Development Programmes (ADPs) and other HIV-related projects – out of a total of 510 in Africa – during fiscal year 2008.

1. 852,579 children (M: 437,670; F: 414,909), both in school and out of school, received HIV-prevention through values-based life skills training
2. 77,304 home visitors were caring for OVC and chronically-ill persons as part of 4,556 community-care coalitions (CCCs)
3. 997,609 OVC received some form of care and assistance from World Vision
4. 84,451 chronically-ill persons received home based care for their condition(s)
5. 452 programmes, 93% of respondents, engaged in some form of district-level, HIV-related advocacy
6. 50,769 people, including 13,116 senior faith leaders from 8,373 congregations, participated in HIV and AIDS church mobilization activities

Please visit www.wvaidresources.org and look in the 'Monitoring and Evaluation' section for more complete statements about results in Africa, and figures from data sources in other parts of the world.