

World Vision's Channels of Hope Methodology: Empowering Local Churches in Their HIV Response



World Vision's HIV and AIDS response strategy focuses on building the capacity of communities to prevent the spread of HIV and on providing care and advocacy for people living with HIV and for orphans and vulnerable children (OVC). The Channels of Hope (CoH) methodology, one of World Vision's three core HIV and AIDS response models, is used to mobilise the infrastructure, organisational capacity, pool of current and potential volunteers, and unmatched moral authority of local churches and faith communities towards positive action on HIV and AIDS. Once they have been mobilised, World Vision works with churches and faith-based organisations to co-ordinate and equip sustainable, community-based HIV and AIDS programmes with an emphasis on reaching OVCs in need of care and support.

This methodology is not only effective for faith leaders, but has been used to great effect with various target groups, such as teachers, community leaders, and youth. Used in such contexts, the methodology is then conducted without the faith-specific content.

Training CoH facilitators: The Channels of Hope methodology begins with the training of World Vision staff members and outside partners to facilitate life-changing CoH workshops. (Between 2003 and 2007, 1,050 facilitators were trained through intense, eight-day events.) During these events, prospective facilitators are assessed on their knowledge, facilitation skills, and understanding of a faith response towards HIV and AIDS. This training is followed by a mentoring process in which the facilitators practice their skills by presenting workshops in their countries.

The implementation of the Channels of Hope programmes in communities

The Channels of Hope model is often seen as the 'entry model' for World Vision's HIV and AIDS projects within the communities where we work, as well as an entry point into programme partnerships in communities where World Vision does not currently have a presence.

The following describes the phases of implementation.

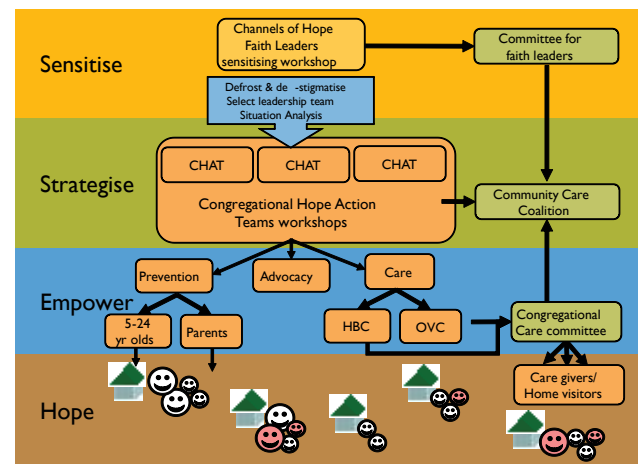
Phase 1: Sensitise

During this phase, faith leaders from a specific community walk through a life-changing, three-day workshop where they are challenged to move towards compassionate involvement with HIV and people living with HIV (PLHIV). During these workshops, participants receive in-depth HIV and AIDS information. Stigma and attitudes are addressed, and participants are introduced to the strategy formation phase, when congregations can develop their own action plans.

Phase 2: Strategise

Once faith leaders have been sensitised and mobilised, World Vision works with churches and faith communities to form Congregational Hope Action Teams (CHATs) within their congregations with the intention of developing implementation

plans for congregational HIV and AIDS ministries. CHAT members attend follow-up workshops similar to those attended by the faith leaders, though with additional emphasis on the planning of HIV and AIDS ministries that are linked to existing community interventions, such as the CCC.



Phase 3: Empower

Once implementation plans have been developed, the need for additional empowerment is identified, and congregations are linked to other existing training and empowerment possibilities. One common avenue is the training of volunteers within the congregation to be home visitors for orphans and vulnerable children and people living with HIV. These opportunities are typically offered in partnership with the local community care coalition.

Mobilisation of churches, faith communities, and other community organisations can be implemented whether or not World Vision already has a presence in the community, and is a key factor in expanding our HIV and AIDS responses beyond the communities where World Vision currently works.

Channels of Hope with other faiths and beyond faith communities

The Channels of Hope methodology has now been adapted to Muslim contexts by the Mufti of Zambia, and has been field tested in a number of African countries. Before the end of 2008, the revised version of CoH, edited by four Muslim scholars, will be rolled out in more WV countries in partnership with a recognized Muslim NGO.

The CoH methodology is also effective as a sensitising and mobilising tool beyond faith communities. CoH has achieved great impact with youth, teachers, community leaders, media representatives, and other groups. This is done without the faith-specific content of the methodology, with major emphasis on sensitising, destigmatising, and providing correct and updated information.

'...Before the CoH model, interdenominational unity was not strong. They were competing. But with this model, churches have come together to work for the common good.' (CDF Katwe ADP-Uganda – 1st Post-intervention Interviews)

'World Vision has really helped us... They teach you ways in which you live the rest of your days without straining. It (WV) has taught us not to discriminate [against] HIV-positive persons. In the past, we used to fear them and stay away from them. But we have stopped (that bad behaviour), which has helped give the sick hope.' (Community member, Uganda Intervention Site- 1st Post-Intervention)

Summary of CoH results

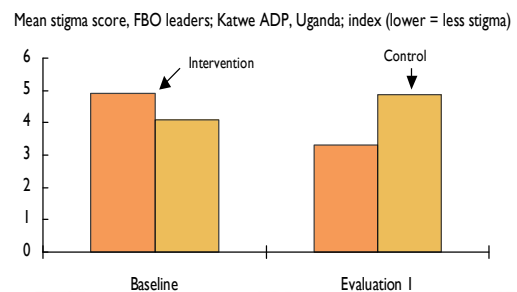
The Channels of Hope programme has directly influenced more than 175,000 faith leaders, including 30,000 senior faith leaders from 20,000 congregations since 2005. If each of those congregations had an average size of 100 members, CoH would have impacted two million people, reducing the stigma towards children and adults living with or affected by HIV, and inspiring compassionate action to protect their rights and improve their quality of life.

In FY07 alone, 2,000 CoH workshops reached more than 59,000 people, including nearly 12,000 senior faith leaders from 9,300 congregations in Africa. In other regions, where CoH programmes are emerging fast, more than 1,600 faith leaders from 1,200 congregations were reached.

Results from Operations Research

Results from operations research underway in Uganda and Zambia have shown that Channels of Hope leads to significant reductions in stigma, and increases in voluntary counselling and testing among participating faith leaders. Indeed, faith leaders

from implementation and control communities in Uganda and Zambia were given baseline questionnaires that included several questions on HIV-related attitudes, and were then re-examined after the Channels of Hope intervention. The answers were then used to calculate stigma index scores for all respondents. In Katwe, Uganda, faith leaders participating in the CoH programme reported significantly less HIV-related stigma than faith leaders in the control group, with mean stigma scores of 3.33 and 4.87, respectively. Even more striking, stigma scores fell between the baseline period and first evaluation for the faith leaders participating in CoH, while rising for members of the control group (see Figure 1)!



Story of a pastor, a congregation, and community impacted by Channels of Hope



Pastor Thomas Lebiletsa, Calvary Hope of the Nations church, in Lenkoane ADP, in Lesotho, attended the Channels of Hope workshop for faith leaders in 2006. He pastors a congregation of about 90 members.

After attending the World Vision training (Channels of Hope), I was the one who had to repent. I hated people with HIV. I was preparing them for their funerals, instead of preparing them to live.

My life as a person has definitely changed, and I want to play an even bigger role in responding to HIV in this area.



A motivated pastor returns from a CoH workshop, strengthened to have a ministry of care.

When visited in 2006, Pastor Thomas was providing food to 28 children whose ages ranged from 3 to 15 years.

They also built a two-room house for a child-headed family of two boys, a 15-year-old and a 10-year-old, who lived on their own after their mother died.

Results?

- Thirty-five children (orphans and vulnerable children) are fed at the church every evening. Three of them are in high school.
- Ten of the children are in a life-skills programme where their school fees and all school and training expenses are paid for by the church. (They received funding from Breadlife Africa.)
- The Life Skills Group (known as 'Jewels of Hope'), receives training in jewellery, which is sold to provide income for the members.
- Twenty-nine members have since disclosed their HIV-positive status, and receive support from a group within the church that cares for the infected and encourages others to be tested.
- Counselling is offered weekly, from Tuesday to Thursday, and includes encouragement to be tested and referral to the local hospital for treatment, including ARVs.
- The congregation is a member of the Community Care Coalition, which was also mobilised by World Vision.