

GLOBAL HEALTH & WASH

CHANNELS OF HOPE: ENHANCING HIV RESPONSE AT THE COMMUNITY LEVEL¹

INTRODUCTION

In 2005, World Vision International designed a longitudinal operations research (OR) project to assess the effectiveness and impact of the three core HIV models (Channels of Hope, Community Care Coalition and Values-based HIV life-skills for children). This OR was implemented in two World Vision area development programmes (ADPs) in Uganda and Zambia. Each ADP had two study sites: intervention and comparison. This paper presents a summary of key findings focused on the CoH model.

World Vision relies on the Channels of Hope (CoH) model to mobilise, partner and enhance faith communities' positive response to HIV in their communities. Relying on scripture-based and scientifically accurate prevention messages, CoH is a carefully designed methodology to effect changes in knowledge and attitude that lead to behaviour change. In CoH workshops both faith leaders (pastors, priests, imams, etc.) and lay congregation leaders confront difficult ethical and theological issues and are empowered to identify, plan and implement HIV prevention, advocacy, and care and support activities. Following the CoH mobilisation workshops, World Vision supports congregations or other community groups to form Congregational or Community Hope Action Teams (CHATs), which lead the congregations' or groups' responses to HIV and AIDS.

Areas studied and key findings include:

INCREASING FAITH CONGREGATIONS HIV RESPONSE

To assess faith communities' response to HIV and AIDS, the study selected a faith leader from each of the congregations in the study intervention and comparison sites in Uganda and Zambia to respond to some questions. Results from Uganda clearly demonstrate the effectiveness of the CoH methodology in mobilising faith communities to design HIV strategic plans and implement HIV prevention, care and advocacy activities. In Zambia, the change in both the intervention and comparison sites was not significant.

INCREASING HIV KNOWLEDGE

Results show significant effect of CoH model in increasing HIV knowledge among children (10-17), adult household members (18-59), and faith-based organisation/non-governmental organisation/community-based organisation (FBO/NGO/CBO) representatives in both Uganda and in Zambia.

Children:

Final evaluation survey results from Uganda indicate that significant number of children (24 per cent) said they had participated in CoH training and significantly more of these were from the intervention (31 per cent) than the comparison (18 per cent) site. Final survey analysis confirmed earlier results that those who had participated in CoH training had a significantly higher mean knowledge score than those who had not participated (5.26 versus 3.99). This effect remained after controlling for socio-demographic characteristics associated with knowledge.

Adult household members:

Similarly, adults who participated in CoH training workshops had significantly higher mean knowledge scores than their counterparts in both countries (7.05 versus 5.95 in Uganda and 6.55 versus 5.29 in Zambia). Results of the final survey in Uganda indicate that those who participated in CoH had significantly higher mean knowledge score (6.47) than those had not participated (5.33).

¹ Based on summaries from: Chege Jane and the World Vision Uganda and World Vision Zambia Core HIV Models Project Implementation Team. 2010. "Assessing the effectiveness and Impact of World Vision's core HIV&AIDS models: Results from Uganda and Zambia", World Vision International Study Report.

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FBO/NGO/CBO Representatives:

Participation in the projects' training activities was highest among the FBO/NGO/CBO respondents in both countries. Seventy per cent in Uganda and 36 per cent in Zambia had participated in any training workshop during the second follow-up survey, and 54 per cent had participated in CoH training during the final survey in Uganda. Similar to children and adult household members, analysis indicated significant association between participation in project training activities and HIV knowledge. Respondents who had participated had higher mean knowledge score than those who had not participated (7.77 versus 6.40 in Uganda and 7.89 versus 6.81 in Zambia) and for participation in CoH during the final survey in Uganda (8.44 versus 7.19).

REDUCING HIV&AIDS RELATED STIGMA ATTITUDES

To assess HIV-related stigma attitudes, all individual questionnaire respondents were asked eight questions and were graded on the basis of their responses. The higher the score the greater the individual respondent's HIV stigma.

Results indicate significant association between participation in project training activities and stigma attitudes among children and adult household members and the FBO/NGO/CBO agency representatives.

Children:

Final survey results in Uganda confirm the effectiveness of CoH in reducing stigma among the children: child CoH participants had significantly lower HIV stigma scores than those who had not participated (6.38 versus 8.32).

Adult Household Members:

During the final evaluation survey in Uganda, adults who had participated in CoH training had significantly lower mean stigma scores than their non-participating counterparts (3.54 versus 4.55).

FBO/NGO/CBO Agency Representatives:

Those who had participated in CoH training had significantly lower mean stigma scores than the non-participants (2.36 versus 3.78 in Uganda and 3.22 versus 4.65 in Zambia). Similarly, during the final evaluation in Uganda, agency representatives who reported that they had participated in CoH training had significantly lower mean stigma scores than those who said they had not participated (2.17 versus 2.97).

INCREASING HIV PARTNER COMMUNICATION AND HIV TESTING

Both in Uganda and Zambia, household respondents (children and adults) and agency representatives who had participated in project training activities and in CoH training during the second follow-up and final evaluation survey were significantly more likely to have had a HIV test.

To learn more about Channels of Hope, visit www.wvi.org/health. Please contact Jane Chege, director, research, design, monitoring and evaluation, for more information about the study: jane_chege@wvi.org.