

4 Ending stigma and discrimination

HIV-related stigma and discrimination persist as major obstacles to an effective HIV response at all levels. These barriers may derive from deeply set cultural and religious views of sin, gender roles, or the causes and means of preventing illness. As a faith-based organisation, World Vision works together with faith leaders and other custodians of culture to transform deeply held values from the inside out, confronting persistent myths, unsound ideologies and harmful beliefs, and upholding human rights.

In partnership with the Christian AIDS Bureau for Southern Africa (CABSA), World Vision developed and scaled-up a transformational behaviour change package called Channels of Hope (CoH) to mobilise the infrastructure, organisational capacity and unmatched moral authority of local faith communities towards positive action on HIV. The CoH methodology combines scriptural reflection with topical health education to dismantle myths and misperceptions, transform harmful values and to promote uptake of prevention and treatment services. Recent additions to the CoH methodology are new curricula focusing on gender equity, maternal and child health and child protection, based on scriptural references from the Christian and Muslim traditions. CoH is being implemented in 300 projects in 36 countries.

"After attending the 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 plan an ever bigger role in responding to HIV in this area," Pastor Thomas Lebiletsa, of Calvary Hope of the Nations church, in Lenkoane Lesotho. Following his involvement in COH, pastor Lebiletsa's church began providing nightly meals for orphans, providing school scholarships for vulnerable children and established a support group for people living with HIV.



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World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

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Getting on the Fast Track to End AIDS for Children and Adolescents



Despite enormous strides in reducing new HIV infections and AIDS-related deaths there is still much to be done. A veteran in the fight against AIDS, World Vision invests an average \$45 million annually in HIV and AIDS programmes in 35 countries, working in partnership with governments, local and global organisations, donors and the private sector in strengthening families, communities and national health systems to end AIDS for good.

World Vision’s HIV and AIDS Vision 2020

Our revised strategy leverages the progress and lessons learned about what works. It builds on World Vision’s core child-focused and community-based integrated development approach and our 15 years of HIV and AIDS programming experience. Our vision is to contribute to the Sustainable Development Goals and to eliminate HIV and AIDS as a public health threat by 2030, with a special focus on children, adolescents and the most vulnerable. We are driven by four strategic objectives:

Eliminate new HIV infections in children and keep their mothers alive

Prevention of mother to child transmission (PMTCT) includes the concept of combining prevention and treatment for both mother and child, and incorporates improving reproductive health, antenatal care, safe delivery, and new-born and child health in a continuum of care. WV’s community based PMTCT interventions help to close the gaps that cause mothers and infants to be lost to health services and employ a holistic approach that includes:

- ✦ mobilising community institutions, traditional and faith leaders for a supportive environment;
- ✦ home-based counselling of pregnant women, male partners and families by



Vincent is a Village Health Worker in Mugereka Uganda who began to visit Justine at home when she became pregnant, using a behaviour change intervention called “timed and targeted counselling” (ttC). On Vincent’s advice Justine went for antenatal care and HIV testing and was shocked to learn she was HIV-positive; not only did she need to consider disclosing her HIV status to her husband but also the possibility of passing HIV to her baby. With Vincent’s counselling, Justine’s husband also was tested and learned that he was HIV positive. The young couple was anxious but Vincent continued to counsel them as they accepted their new situation, started ART and planned a safe delivery. Throughout her pregnancy, Justine was supported by her husband and extended family including her mother and mother-in-law and she delivered a healthy baby girl at the local hospital. Vincent also continued to visit the family, encouraging them on exclusive breastfeeding, appropriate weaning, and early infant HIV screening.

trained community health workers to promote HIV screening, antenatal care, safe delivery and breastfeeding;

- ✦ local and national advocacy and system strengthening to ensure women living with HIV have access to comprehensive PMTCT services and antiretroviral therapy (ART) for themselves in a stigma free environment;
- ✦ continued community support for mothers, children and families.

2 Ensure children infected and affected by HIV survive and thrive

Recognizing that children orphaned by HIV and those living with HIV and with HIV-positive caregivers face substantial increased risks compared to their peers, World Vision makes focused efforts to reach them with integrated programming. Our programmes strengthen the capacity of families caring for OVC through family-centred counselling and support and strengthening community based responses to ensure that vulnerable children are tested and enrolled in HIV treatment, have access to essential health and social services, attend school, are protected from harm and abuse and are empowered with skills to support a sustainable livelihood.



17-year-old Sekorer lives in Malumeng in Lesotho. When the teenager lost both parents to AIDS, he and his sister moved in with their grandmother. Due to the stigma and financial stress, he dropped out of school. When he fell ill, a member of the Malumeng support approached Sekorer’s grandmother and counselled that the teen go for HIV screening. Despite being fearful due to the stigma, the family agreed with encouragement from the support worker. When Sekorer received his positive results the family was distraught and wanted to hide his diagnosis. On her next visit, the support group member counselled Sekorer and his grandmother to live positively and shared that she herself had the virus and yet was healthy because she adheres to ART. Sekorer was convinced to start participating in the support group which promotes a healthy lifestyle among peers. He receives assistance with transportation to clinic and food so he can take his ART consistently.

3 Adolescents and key populations access combination prevention and care

AIDS is now the leading cause of death among adolescents in Africa. A majority of adolescent girls lack knowledge of how to protect themselves from HIV and also lack access to critical health services including ART. In addition, nearly half of youth and adults infected with HIV globally are associated with key populations who experience substantial rights violations and barriers to accessing services.

This is why World Vision’s HIV and AIDS programmes focus on adolescents, especially young women, and reach out to the most vulnerable and at-risk populations with specially tailored approaches. Programmes for adolescents include strengthening family support and parent-child communication, life-skills in and out of schools, and socio-economic support to help adolescents, especially girls, to stay in school. At risk groups are aided through strengthened linkages to quality HIV prevention services, commodities, support and treatment in a stigma-free setting.

In Zimbabwe World Vision’s programme focuses on increasing the adoption of safer sexual behaviour and access to HIV services among young at-risk women and sex workers. The programme has facilitated sex workers to form support groups to empower them in overcoming stigma and the difficulties in seeking health services. Trained Behaviour Change Facilitators (BCFs) from the community lead sessions to build self-awareness, financial awareness, health knowledge, negotiation skills, and assertiveness.



27-year-old Justine was unable to go to school and became a sex worker when her husband left her and their child without any form of support. By participating in the peer support group, Justine took responsibility for her health care and sought out HIV and cervical cancer screening. Her own self-awareness and self-respect grew, leading her to assert zero tolerance for unprotected sex and a desire to share what she has learned with her fellow sex workers.