Development of child-focused, evidence-based, and contextadaptable project models to respond to HIV and AIDS in low-prevalence context – organisational learning in practice





Research by Rosabeth Moss Kanter (2008) on the effectiveness of large international organisations found that 'in the most influential organisations today, a foundation of values and standards provides a well-understood, widely communicated guidance system that ensures effective operations while enabling people to make decisions appropriate to local situations.'

World Vision is committed to being a learning organisation. For a global organisation working with multiple local contexts, it is important to utilise, as above research by Kanter identified, a 'standardised' approach to the development of regional and contextually appropriate project models (PM) to support interventions, build staff capacity to support implementation, and align local projects with global strategy. Project models define the operational 'standard' for World Vision to respond to HIV and AIDS. Together with World Vision's values, these standardised PM enhance the operational effectiveness of World Vision, enabling World Vision's local staff to make good decisions aligned with global strategy, but appropriate to local situations.

Models of Learning (MoL), the unit responsible for research and learning in World Vision's global HIV and AIDS Hope Initiative, was tasked to develop from 2001 to 2006 Project Models in the area of prevention, care, and advocacy for high-prevalence contexts. For the period 2006 to 2011, the focus is on the development and scaling of evidence-based, quality Project Models in low-prevalence contexts in the area of prevention, care and, advocacy. Presently, MoL has more than twenty research and learning projects in Asia, the Middle East, Eastern Europe, Africa, Latin America, and the Caribbean.

### Rationale

Project Models add considerable value in multiple ways to the overall effectiveness of World Vision field programming. PMs create standard operating procedures that were regionally developed, and that can be contextualised and adapted for any given country and community within that region. Rather than re-designing and re-developing programmes and platforms for every community, PMs allow team members around the world to have access to programmes that were developed to address particular challenges in prevention, care, and advocacy at their most basic level. With that standard programme in hand, team members can easily and quickly design a specific and customised project scaling-up procedure.

Also, due to the ability of PMs to a) cut down on the number of project developers re-inventing approaches, b) provide better transparency of research throughout World Vision, and c) facilitate effective sharing of learning at both the regional and the global level, PM development is cost-effective. PMs utilise the application of theory and practice as they aim to apply good and proven practice to local contexts, essentially getting the most application out of evidence-based research.

## Content of a PM

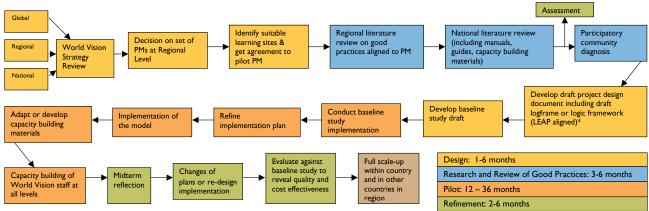
Project Models need to be aligned with World Vision's global HIV and AIDS strategy and focus on prevention, care, and support and advocacy—three primary pillars of World Vision.

A Project Model should contain all relevant information, including, but not limited to:

- A field implementation guide
- Capacity building materials and resources (e.g. manuals, etc.)
- Generic logframe template
- A set of indicators
- An M&E frame template
- A set of documents and lessons learned from the pilot and development phase of the model

This allows World Vision field staff in any country within a region to have a set of standardised information available to develop a context-specific project to respond to HIV and AIDS that has regional and global capacity in place to provide technical support and capacity building of staff that is aligned to the project model. This results in improved programme quality of field responses, and ensures strategic alignment and focus of World Vision's work at all levels.

# **Project Model Process Outline & Timeframe**<sup>1</sup>



<sup>&</sup>lt;sup>1</sup> Depending on model and context

# **Current MoL Research & Learning Projects (stand August 2008)**

Asia		Integration of HIV prevention into Micro-Finance and MED programmes	Cambodia
Ą		Child-focused HIV prevention of mobile population groups	Lao
		Continuum of care for people living with HIV, and orphans and vulnerable children	Lao
		Reducing stigma and discrimination in faith communities	India
		HIV prevention for children – Values-based life skills	India
		Community care for orphans and vulnerable children	India
		Prevention and care for most at-risk populations	India
Pu	Eastern Europe	Quality of life for adolescents living with HIV	Romania
t a		Reducing stigma and discrimination in orthodox faith communities	Russia/Armenia
East and		HIV prevention for children – Values-based life skills	Armenia/Romania/Albania
dle		HIV prevention for children in crisis	Albania
Middle		Mobility exacerbated HIV prevention and impact mitigation	Azerbaijan/Georgia/Armenia
D C	& Caribbean	Integration of HIV prevention into Micro-Finance and MED programmes	Honduras
eri		HIV prevention in mobile workers (coffee plantations)	Honduras
Am		HIV prevention for children – Values-based life skills	Honduras/Dominican Republic
Latin America		Reducing stigma and discrimination in faith communities	Honduras
La		Continuum of care for people living with HIV and orphans and vulnerable children	Dominican Republic
*		Expanded prevention model	West Africa
Africa**		Civil Society Resource Tracking Study – Focus on Children and AIDS	Tanzania, Kenya, Uganda
Afr		Four-Country Community Care Coalition Study	Ethiopia, Uganda, Mozambique, Zambia
*		Organisational Learning Study of World Vision HIV and AIDS Hope Initiative	Global
Global**			

<sup>\*\*</sup> studies that are not project-model focused

#### References

Kanter R.M., 2008. Transforming Giants, 'What kind of company makes it its business to make the world a better place?' Harvard Business Review, January 2008

#### **Contacts for more information**

Dr. Stefan Germann, Director, Models of Learning, World Vision International, Global Health Centre & HIV and AIDS Hope Initiative, Geneva, email: stefan\_Germann@wvi.org



Dr. Jane Chege, Global Senior Research & Monitoring and Evaluations Advisor, World Vision International, Global Health Centre & HIV and AIDS Hope Initiative, Lusaka, email: jane\_chege@wvi.org

www.wvi.org

#### **World Vision International**

Ch. de la Tourelle, 6 1209 – Geneva, Switzerland

**Dr. Stefan Germann** stefan\_germann@wvi.org

Dr. Jane Chege jane\_chege@wvi.org

www.wvi.org

<sup>\*</sup> LEAP is World Vision's Learning, Evaluation, Accountability, and Planning frame for Design, Monitoring and Evaluation (DME)