

World Vision®

Global

HOPE INITIATIVE



**Annual Report
Executive Summary**

2009

Introduction



Since its launch in 2001, World Vision's Hope Initiative has continued to significantly contribute to the well-being of children and families affected by HIV and AIDS. This executive summary of our Annual Report chronicles the progress the Hope Initiative has made in response to the HIV and AIDS pandemic in FY09.

In Africa, our partnership with communities, churches and faith-based organisations led to 1.2 million children receiving care and support from more than 4,400 community care coalitions with 73,000 volunteers. Through Channels of Hope, around 34,000 people attended HIV-related church mobilisation activities in Africa and 10,000 participated in Latin America and the Caribbean. Despite World Vision's impressive coverage, a huge worldwide gap remains, as only an estimated 15 percent of the 15 million children who have lost a parent due to AIDS-related causes are receiving care.

HIV prevention for children and youth continues to be a priority for World Vision and is critical to reducing overall HIV rates worldwide. We responded to a need for improved prevention efforts through a revised prevention project model. We also worked with other World Vision sectors to strengthen programme design and implementation, including the development and pilot of the Early Childhood Care for Development model. We reached almost 600,000 children in three regions with values-based life skills education, community prevention activities or strategic behaviour change communication. Along with these prevention activities, our portfolio with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) increased to US\$167 million, which will help us continue to expand and improve our HIV programmes.

Helping affected children and parents advocate for their rights is a key pillar of World Vision's HIV and AIDS response. World Vision reached more than 810,600 adults and children in local-level advocacy activities and made considerable progress in implementing the Vulnerable Child Advocacy model. Our international advocacy efforts focused on ensuring universal access for HIV and AIDS prevention, care and treatment for children by 2010. This is a critical issue, as coverage for children remains far behind coverage for adults.

As we reflect on our progress over the last year, we thank God for provision and the opportunity to improve the lives of children, families and communities. Although there are still many obstacles and challenges to realising well-being for children affected by HIV and AIDS, we are committed to doing our part to achieve universal access for children.

Martha Newsome

Partnership Leader, Health, Nutrition, HIV and AIDS, and WASH

Protecting the vulnerable

Providing and advocating for care and support

The Hope Initiative is active in 59 countries, spanning the four regions of World Vision's work. In FY09, the Hope Initiative provided care and support to a record number of people and children living with and affected by HIV and AIDS and advocated on their behalf.

World Vision measures and reports on the Hope Initiative's work in each region twice a year through its Core HIV and AIDS Response Monitoring System (CHARMS), which collects data on care for orphans and vulnerable children, prevention with young people, advocacy and more. In 2009, 46 of the 59 countries that the Hope Initiative is active in reported data through CHARMS. Highlights from each region are below.

Africa Region

Table 1: Services provided in Africa

| Prevention | Care | Advocacy | Faith Communities |
|--|---|---|---|
| 519,000 children received values-based life-skills education | 1.2 Million Orphans and Vulnerable Children (OVC) received care | 478 WV Area Development Programmes (ADPs) and other programmes engaged in advocacy for OVC care | 34,000 people, including 12,800 faith leaders from 7,720 congregations, attended HIV church mobilisation activities |
| 53,000 child peer HIV educators were trained | 102,000 chronically-ill adults received home-based care | Over 800,600 community members (including children) were involved in local HIV-advocacy | 3,135 congregations had congregational HIV teams, involving more than 46,000 members |
| 6,700 peer support groups were formed | 73,000 home care visitors were active in 4,432 Community Care Coalitions (CCCs) | | |

* The Hope Initiative works in 21 countries in Africa.

Latin America and the Caribbean Region (LACR)

Table 2: Services provided in LACR

| Prevention | Care | Advocacy |
|--|---|--|
| 47,900 children participated in organised community activities | 6,800 PLWHA had access to medical services | 10,000 opinion leaders were sensitised in the issues of children and HIV |
| 5,000 facilitators were involved in values-based life-skills education | 2,500 OVC remained within the formal education system | 501 churches had Hope teams |
| | 122 active community self-support groups were held | 1,200 people were trained in HIV and OVC protection law |

* The Hope Initiative works in 14 countries in Latin America and the Caribbean.

Middle East and Eastern Europe Region (MEER)

Table 3: Services provided in MEER

| Prevention | Care | Advocacy |
|--|--|--|
| 5,300 children under age 18 received life skills training | More than 1,000 children and 2,100 caregivers received support/counselling and materials | 9 countries' ADP programming engaged in reducing HIV and AIDS related stigma and discrimination |
| 19,000 youth (ages 18-24) and 16,000 adults were exposed to strategic behaviour change communication | 85 home visitors assisted children | 7 countries' ADP programming involved reducing the vulnerability of marginalised groups |
| 2,300 child peer educators and 400 youth peer educators were trained | 17,000 higher risk target group members were reached by outreach workers | 8 countries empowered Community Action Groups to take proactive roles in community-based HIV programming and their right to access information |
| | 300 health care providers received Prevention of Mother to Child Transmission (PMTCT) training | |

* The Hope Initiative works in 10 countries in the Middle East and Eastern Europe region.

Asia Pacific Region

The Hope Initiative works in 13 countries in the Asia Pacific region. Although the regional team did not report CHARMS data because the data collection system is being developed for FY09, it did report that it conducted a HIV and AIDS indicator workshop for 25 participants from 13 national offices in the region. The participants condensed 500 HIV indicators to 19 for future data collection, based on usefulness and ease of use.

General trends

Community Care Coalitions (CCCs) continued to be a critical model for the Hope Initiative to sensitise and mobilise community-based care and protection for orphans and vulnerable children. World Vision supported 4,432 CCCs across Africa and began to contextualise the model in India and other countries. The CCC model was also developed into a project model through the Integrated Programming Model (IPM) process. The key focus during FY09 was in consolidating existing CCCs and in strengthening them through Organisational Capacity Building (OCB). Some of the highlights were:

- The integration of OCB with the Integrated Programming Model (IPM) and the use of CCC tools to strengthen the IPM process in Zambia.
- The training of 43 regional trainers from the East Africa Region, South Africa Region and West Africa Region in OCB to support CCCs.
- Some CCCs becoming registered as legal entities, no longer requiring World Vision support.
- Developing the child protection manual and rolling it out in a number of countries to support CCCs in enhancing community-level child protection capacity.

Mobilising faith communities

Channels of Hope training

The Hope Initiative's Channels of Hope (CoH) programme sensitises and trains church and faith leaders to respond to HIV and AIDS. Facilitators, including World Vision staff, community members and partner staff, are trained to lead CoH workshops.

During FY09, the Hope Initiative team trained a total of 641 CoH facilitators from 47 different countries in 27 CoH facilitator trainings, representing an increase of 19 per cent from FY08 (see Figure 1). The team also presented a total of 2,131 CoH workshops for 42,105 faith leaders, 14,405 of which were senior faith leaders such as pastors, priests, imams or sheikhs. They represented 3,464 different congregations or faith communities (see Figure 2).

Figure 1: CoH facilitators trained

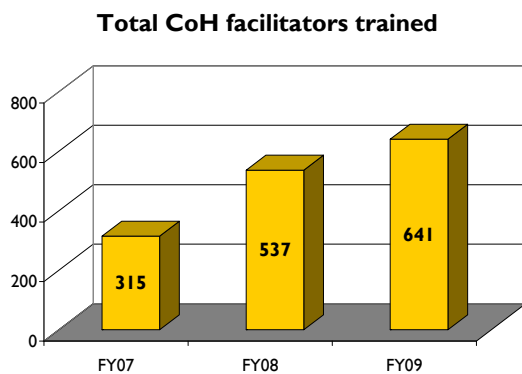
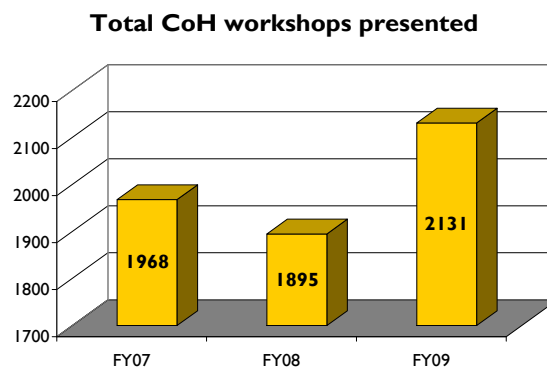


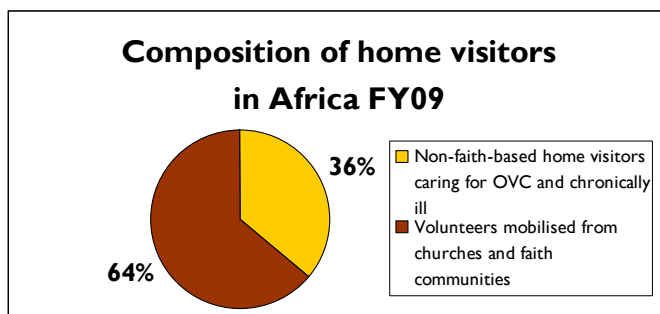
Figure 2: CoH workshops presented



A total of 3,161 congregations formed Congregational Hope Action Teams (CHATs). All but 60 of those congregations sent members to be representatives in CCCs, mostly in Africa.

Of the 73,285 home visitors who visited OVCs and chronically ill persons in Africa, 46,811 (64 per cent) were volunteers from churches and faith communities (see Figure 3). This demonstrates the significant role of faith communities in the care of OVC and chronically ill persons in the communities.

Figure 3: Home visitors in Africa



A positive trend seen with the CoH training was the involvement of more non-World Vision staff. This became increasingly more frequent due to increasing requests from partner organisations of national offices to be equipped as facilitators. Previously, the majority of people trained as facilitators were World Vision staff members. This year, 355 (55 per cent) of the new facilitators trained were non-World Vision staff. This indicates that CoH sensitisation and mobilisation is reaching beyond World Vision's ADPs to communities where World Vision does not work.

Another CoH trend was the increasing use of the programme beyond faith communities to sensitise other key stakeholders. In MEER, 3,236 (77 per cent) of the participants were from non faith-based groups. Of the 302 CoH workshops presented in MEER, 167 (55 per cent) targeted non-faith groups and 103 (34 per cent) workshops were presented by partner organisations.

Case study: Pastor transformation in Armenia

When Father Ghevond attended a CoH workshop in Armenia, he was considered one of the most aggressive and intolerant priests towards people living with HIV and AIDS. After going through the sensitisation process in the CoH workshop, Father Ghevond became a highly active faith leader that is now doing outreach work in all 26 communities that he serves. He conducts CoH workshops and sessions with numerous groups in his community, including women's units, sports clubs and art clubs. He also conducts sessions with schools and police forces. Now he is involved in a World Vision HIV pilot project (HIV prevention among children under 18) that is responsible for training peer educators to share key HIV prevention messages with their peers; promoting HIV prevention messages with school teachers trained in life skills education curriculum; conducting CoH meetings with active community members and parents of children that are 14 to 18 years old; organising special events such as a poster/essay competition; and facilitating discussions, together with trained peer educators, with children aged 12 to 16 years old on HIV and sexually transmitted infections in summer camps.

Channels of Hope assessment

The Hope Initiative conducted an assessment of the strengths of the CoH model, as well as areas for improvement, as it has been operationalised within different contexts in Africa in order to guide future CoH programming. Specifically, the objectives were to document the operational process of CoH, assess the impact CoH has had on enhanced integrated ministry focus in Africa, produce recommendations, and influence policy and practice in faith organisations and partners.

Some of the key issues identified were:

- World Vision's initiative to expand CoH externally through national church networks in some countries has proven highly successful and is an alternative to relying solely on World Vision's internal efforts for CoH programming.
- The best examples of CoH and CCC integration were when CHATS mobilised by CoH implemented OVC programming and were represented on, and reported their work to, coordinating CCCs.
- CoH workshops have a universally positive impact on faith leaders and other participants.
- CoH as a model requires numerous steps to reach the stage of action-impact. Adequate follow-up must be taken to ensure that momentum for action is not lost along the chain of steps.

Addressing child vulnerability through Channels of Hope

Research on CoH demonstrates that CoH is highly effective in addressing stigma and mobilising faith and community leaders to engage practically with issues related to HIV and AIDS. Given the potential of the CoH model to be used to sensitise and mobilise leaders in other areas that impact child vulnerability, a decision was made with Christian Commitments, Integrated Programming Model and other teams to develop and pilot a generic module on child vulnerability in FY10. There will be a specific emphasis on children, framed against the theological principles of World Vision's response to the poor and oppressed. This approach will provide a practical and effective way of engaging with churches and faith communities, which is an essential aspect of World Vision's work and community sustainability.

Preventing risk and vulnerability

Piloting prevention project models

Results from the research in Africa showed that the quality and impact of prevention efforts need to be improved. This led to the development of a revised prevention project model.

In addition, to broaden the focus of HIV programming within contexts with a lower HIV prevalence but high risk of further growth in HIV infections, the Hope Initiative designed and piloted low-prevalence models in three regions:

- In LACR, the Hope Initiative piloted Values-based Life-skills (VBLS) training for children five to 14 years old in four ADPs in Honduras and the Dominican Republic. Training materials were developed, community volunteers were trained as trainers and 294 youth peer educator groups were formed. In addition, 438 parents, teachers and spiritual leaders as well as 2,294 children were trained in HIV-prevention VBLS. New ADPs in these two countries and in others like Mexico are beginning to implement the model.
- In MEER, the Hope Initiative piloted HIV prevention projects focusing on children under 18 in schools in five ADPs in Armenia, Albania and Romania, and on especially vulnerable youth at three sites in Russia. HIV-prevention training was conducted with 305 children, 268 child peer educators in schools, 1,722 children and youth at risk, and 1,150 peer educators. Documentation of lessons learned from working with vulnerable children was completed.
- APR completed the design of the HIV prevention model for children and youth with a special focus on safe migration in Laos. Full implementation of this model awaits an official agreement between the government and World Vision.

Several regions revised or refocused their prevention models to incorporate additional components:

- The Africa region refocused the VBLS model to include influencing the community and environment where children and youth reside in addition to providing them with protective skills. The Community-Change (C-Change) component of the model addresses contextual factors that fuel HIV infection, especially socio-cultural and gender norms. Since 2008, WV Ethiopia has been piloting the C-Change component and the preliminary results are encouraging: a girls' anti-female genital mutation (FGM) club with 855 members was created and the community drafted by-laws banning the practice.

- The MEER region integrated HIV and health interventions into one comprehensive model, using CoH as the entry point to all HIV programming.

Addressing HIV in emergencies

The Hope Initiative accomplished a number of important activities pertaining to HIV in emergencies:

- Produced a report for key stakeholders detailing World Vision's commitment and the importance of responding to HIV in humanitarian emergencies.
- Collaborated with World Vision's Global Rapid Response Team, Humanitarian and Emergencies Affairs and the Food Programming Management Group to ensure integrating HIV within emergencies and food programming becomes more of a priority. This includes developing tools to assist the groups in addressing underlying vulnerabilities towards HIV in emergency situations.
- Assisted in the updating of the second version of the Inter-Agency Standing Committee Task Force's Guidelines on Responding to HIV in Emergencies, which World Vision will use as a reference tool. World Vision also collaborated with Tearfund on a research concept about how the Church and faith-based organisations can best respond to HIV in emergencies and work more effectively with humanitarian organisations.

Advocating for just policies

Vulnerable Child Advocacy (VCA) model

As a result of the efforts of 20 African countries to advocate for orphans and vulnerable children over the last four years, their work is being consolidated as the Vulnerable Child Advocacy (VCA) model for Integrated Programming Model. This will enable VCA to be used by any national office, which will significantly influence the speed of the model's scale-up in Africa.

The goal of the VCA model is: 'Expanded and strengthened civil society participation at community, national and international levels in developing and implementing policies and programmes that support the well-being of children.' As such, there is considerable interest in using the VCA model as a basis for the 7-11 community health model, as well as part of the Care, Protect and Participate advocacy agenda.

Regional advocacy

Africa

Africa achieved the following with regard to enhancing staff and community capacity in implementing the VCA model:

- Trained and mentored 167 staff across Africa in conceptualising, designing and implementing advocacy work related to vulnerable children.
- Strengthened the capacity of more than 118 community groups (e.g. Community Care Coalitions) to advocate for the rights of vulnerable children, including the issues of child abuse and neglect.
- Developed a call to action outlining the main issues World Vision leadership must address to promote VCA during the OVC Advocacy Learning Forum.

Some examples of successful advocacy work in Africa were:

- In Zambia, 12 village and community leaders signed a commitment to promote the eradication of early childhood marriages, following training on OVC advocacy. This was identified as the most significant community problem affecting OVC.
- In Uganda, World Vision was selected as the only Child Safe Organisation to participate in the government's Situational Analysis Steering Committee, which was given the task of developing/reviewing government research tools. This will lead to the new National Strategic Programme Plan of Implementation II of the OVC policy.

Asia Pacific

Members of the Hope Initiative attended the 9th International Congress on AIDS in Bali, where staff presented on numerous issues. The region also constructed the highly successful One Life Experience exhibition to highlight aspects of HIV stigma and discrimination in the Indonesian context. About 2,500 people visited the exhibit in Bali and 3,500 visited in Surabaya.

Latin America and Caribbean

The Latin America and Caribbean region accomplished the following advocacy activities:

- Sensitised more than 10,000 opinion leaders, including communicators, church leaders, teachers and authorities, in HIV, stigma and childhood/youth issues.
- Educated 31,800 youth on their sexual and reproductive rights.
- Trained more than 1,100 people in legal frames on child protection and HIV.
- Researched legal frames on HIV and children at the country level in Guatemala and government progress in UNGASS and other commitments.
- Facilitated the dissemination of results of legal frame research on HIV and children in Peru.

Middle East and Eastern Europe

The Middle East and Eastern Europe region's top advocacy priority has been to develop an advocacy interest group comprising 14 national offices and an advocacy action plan.

In addition, Bosnia and Herzegovina achieved some significant advocacy achievements, including:

- Facilitating the involvement of a Roma non-governmental representative on the Global Fund Country Coordinating Mechanism.
- Building a partnership relationship with Roma community representatives so they are fully involved in HIV, Tuberculosis, Sexually Transmitted Infections and Sexual Reproductive Health programming within Roma communities.
- Facilitating the development of a National Action Plan for Health for Romas (particularly children) by involving Roma NGO representatives.
- Supporting the access of Bosnia and Herzegovina in the Roma Decade.
- Creating an HIV and AIDS network of peer educators and teachers from rural areas, supporting the establishment of a working group for the development of a sexual and reproductive health strategy, and facilitating the creation of an NGO health network.

International advocacy groups and networks

The Hope Initiative worked with a number of groups and networks to advocate for just policies and procedures at a high level.

Global Partners Forum and Inter-Agency Task Team on Children and HIV and AIDS

As a member of the steering committee of the Inter-Agency Task Team (IATT) on Children and HIV and AIDS, World Vision is helping to make sure the Global Partners Forum's recommendations on all key issues related to children affected by HIV and AIDS are implemented.

World Vision also co-chairs the IATT Communities and Resources Working Group, which is designing research to identify good practices of agencies that grant and sub-grant funds to community-based organisations supporting children made vulnerable by AIDS. World Vision funded research with the IATT for Birth Registration Children and HIV and AIDS and research with UNICEF for OVC and National Development Instruments: Lessons Learnt for Successful Integration.

Regional Inter-Agency Task Team for Eastern and Southern Africa

World Vision is a member of the steering committee of the Eastern and Southern Africa Regional Inter-Agency Task Team (RIATT) and also chairs the RIATT Increasing Effectiveness Working Group. As part of this work, World Vision and UNICEF are conducting research to discover how to improve the tracking of resources intended for community-based organisations responding to the needs of vulnerable children.

Grow Up Free From Poverty Coalition

As a member of the Grow Up Free From Poverty coalition, World Vision lobbied the G20 governments to increase funds for social protection at their summit. The G20 leaders made US\$50 billion available to low-income countries to mitigate the effects of the financial, food and energy crises, including through a newly established Rapid Social Response Fund at the World Bank.

Prevention of Mother to Child Transmission (PMTCT)

World Vision worked with UNICEF to produce a concept whereby the Hope Initiative would greatly contribute to scaling-up PMTCT, including Cotrimoxazole Preventative Therapy (CPT) and Early Infant Diagnosis (EID). This culminated in the development of a pilot project to test in Zambia, in which World Vision will work with community members to raise awareness and mobilise them about their entitlements to PMTCT, CPT and EID services. Information about these three services will be an integral part of World Vision's 7-11 model and linked to advocacy through the Citizens Voice and Action model.

World Vision co-chaired a meeting on PMTCT in the United Kingdom with the Children and AIDS Working Group to identify key actions that national stakeholders should take to rapidly scale-up PMTCT. World Vision also lobbied the government to lead PMTCT work in the European Union (EU) by guiding the work of the newly formed EU Prevention Action Team.

Building and strengthening partnerships

Faith partnerships

Christian partnerships

The Hope Initiative rapidly expanded partnerships with churches and faith-based NGOs who wanted to become partner implementers of CoH or who needed the support of the CoH church partnership team.

Partnerships were formed or strengthened with organisations such as Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), Ecumenical Advocacy Alliance, Churches United Against HIV and AIDS and Tearfund. In MEER, collaboration with the Russian Orthodox Church strengthened programming on the grass roots level. In Armenia, there was close cooperation with the Armenian Orthodox Church and the Armenian Network for People Living with HIV.

During FY09, the CoH team completed its work on the ecumenical version of the CoH manual and materials. The aim was to adapt the current materials to not only speak to a predominantly evangelical audience, but also to relate more effectively to participants from the Roman Catholic Church (RCC). This was done in collaboration with an RCC expert and has resulted in more RCC engagement in workshops and trainings. There was a strong growth in RCC participants in LACR. Some sectors within the RCC began to request assistance from CoH in future trainings.

Muslim partnerships

The first combined Muslim and Christian CoH training of facilitators was held in January 2009, with representatives from Africa and MEER. In the four combined CoH trainings during FY09, a total of 73 Muslim CoH facilitators were trained, which represents 11 per cent of the total number of facilitators trained that year.

The greatest value of this combined process was to build trust among people of different faiths. Muslim leaders on the training teams and in workshops presented Islamic perspectives about stigma, health and HIV prevention, and the process offered many opportunities for positive discussion about addressing these issues.

International partnerships for research and learning

The Hope Initiative strengthened existing international partnerships in support of its strategic intent to be a leading children and AIDS organisation. The following highlights demonstrate some of the external engagement in FY09:

World Health Organisation (WHO)

- Adapted existing WHO curricula to World Vision's programme context and developed web platforms for computerised training adaptation of curricula by national offices.
- Jointly developed a generic non-Western Psychosocial First Aid guide. The draft was completed in FY09, and expert review and publishing will commence in FY10.
- Actively engaged with WHO in a health cluster for health in emergencies responses.
- Participated in WHO's faith-based organisation mapping process with a focus on non-facility based community health service mapping.

Global Fund

- Raised World Vision's total portfolio of grants from the Global Fund to US\$167 million, including more than US\$3.6 million in matching funds from World Vision support offices.
- Submitted, approved or negotiated by the end of the year six new grants worth US\$51 million.
- Signed an institutional Letter of Agreement with the Global Fund that authorised the co-signing of World Vision grants by support offices.
- Accepted the invitation for three World Vision regional health and HIV and AIDS advisors to join the Developing Countries Delegation to the Global Fund Board.
- Arranged for a Global Fund Secretariat staff member to be an external advisor to a World Vision research activity on aid effectiveness.
- Significantly contributed to implementation issues in Global Fund Board Committee documents and a new Global Fund Implementer's Manual through the Principal Recipients Working Group.

UNAIDS

- Assisted in finalising the faith-based organisation mainstreaming framework for UNAIDS, which was launched during the Parliament of World's Religions in Australia.
- Successfully lobbied to include social protection as a key mitigation effort on children and AIDS in the UNAIDS 2009-2011 strategic priorities.

UNICEF

- Collaborated with UNICEF, UNAIDS and MEER's network of PLWHA to identify key policy issues on Children and AIDS in MEER.
- Finalised the Resource Tracking study with the Eastern and Southern Africa regional office of UNICEF and Regional Inter-Agency Task Team.
- Launched joint PMTCT project in Zambia (see details under 'International advocacy groups and networks').

Coalition on Children Affected By AIDS (CCABA)

- Led CCABA's efforts to secure the secondment of a Senior Child HIV and Health Advisor into the Global Fund, which is planned for first quarter of 2010.
- Agreed to host the Children and AIDS pre-conference at the International AIDS Conference in Vienna in 2010.

Others

- Achieved scientific board membership at the AIDS impact conference 2009.
- Represented World Vision as an active member of the International AIDS Conference (IAC) 2010 Community Conference Programme Committee.
- Agreed with Help Age International to collaborate long-term on two key themes: intergenerational poverty and care and social protection advocacy work in Africa and globally.