

World Vision India HIV/AIDS Initiative
World Vision Of India
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The World Vision India HIV/AIDS initiative was started in Oct 2000 to implement and mainstream HIV/AIDS programming in 23 high prevalence locations in World Vision's Area Development Programs¹. The project is being implemented in the States of Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra and Mizoram.

The main goals of the Project are

- To prevent new HIV infections
- To care for persons living with HIV/AIDS and orphans & vulnerable children
- To advocate for the rights of Persons living with HIV/AIDS

The project covers 23 locations in 5 high HIV/AIDS prevalence states. The key areas of focus have been

- Prevention of HIV/AIDS
- Care for persons living with HIV/AIDS and their families as well as orphans & vulnerable children
- Advocacy to ensure rights of those living with and affected by HIV/AIDS

The main project centers of learning have been – **The Mumbai HIV/AIDS program** focusing mainly on migrant laborers, women and youth in the community, drivers in and around the target ADP area, and factory workers; the **CARE Aizawl program**(Center for AIDS Rehabilitation and Education) located in Aizawl, the capital of Mizoram state in the North East of India, working mainly among the Injecting Drug Users on HIV prevention and rehabilitation; and the **Chennai Integrated HIV/AIDS Care (CIHAC) Program** located in Chennai that offers care and support to HIV positive women and children facing destitution.

Apart from this mainstreaming of HIV/AIDS programming in has been done in 20 Area Development Programs (ADPs). The main focus of the program is integrating prevention education; provision of care and support for People Living with HIV/AIDS (PLHA) as well as orphans and vulnerable children; and advocacy to create an enabling environment for those living with and affected by HIV/AIDS in ADPs. Some of the activities include organizing awareness programs, conducting life skills education programs for adolescent children, provision of home based care and nutrition supplements to the seriously ill PLHA, and counseling services to families.

World Vision's call has been to promote human transformation, seek justice, and bear witness to the good news of the gospel. The project has been focused towards transformational development of individuals, families and community. World Vision understands Transformational Development as a process and actions through which children, families and communities move toward wholeness of life with dignity, justice, peace, and hope, as the Bible describes the Kingdom of God. World Vision's approach to Transformational Development is Christ-centered,

¹ In India, World Vision started work in 1962 in Calcutta. At present, 107 Area Development Programs are in operation in 23 states across the country to ensure a development process that is sustainable. World Vision India's 27 Special Initiative Projects address issues of Street Children, Child Labour, Children who are physically and mentally challenged, Children of Commercial Sex Workers & Persons Living with HIV/AIDS, and Community Health.

child-focused, community-based, value-based, sustainable, and holistic.

The project pursues health within the context of transformational development. Transformational development for World Vision means 'wholeness of life with dignity, justice, peace and hope.'

Spiritual results: Christ's compassion for the poor and underprivileged is central to World Vision's ministry of healing. As advocates of health in the context of wholeness of life, World Vision affirms that the ministry of healing must be infused with this very same compassion, built into our plans, strategies, attitudes and actions. The project reflects an integrated physical-spiritual understanding of human beings; the world they live in and the way people develop. Many have in the course of the project been transformed in the true sense of the word.

The project also works in partnership with local churches to care for persons with HIV/AIDS. Local church leaders, pastors and church members are educated about HIV/AIDS and the need for the church to respond. The project provides special forums for the churches to reach out to the community to care.

In the Chennai Integrated HIV/AIDS care project located in Chennai, Tamil Nadu works among PLHAs. The project runs a drop-in center providing VCTC and treatment of opportunistic infections. The project also runs a short-stay home for destitute women and children. The women in the care home receive counseling, care and training in vocational skills. Many of the women testify of transformed lives and a change of heart. They now attend a local community church.

Physical Results: The project has provided need-based services to the community especially those affected by HIV/AIDS. Approximately 4600 persons living with AIDS have been benefited directly leading to their increased quality of life. The main services provided were

Information

Education and communication for prevention of HIV/AIDS

Care services for Persons living with HIV/AIDS like Drop-in Services ,Short Stay

Nutrition and home based care services

Support group meetings focusing on positive living for HIV positive women

Partnerships: The challenge to address HIV/AIDS, and transformational development in the country is far beyond us. Partnering has been a major focus. Partnerships have been deliberately pursued as we realize that we do not have all the answers to address HIV/AIDS. Some of the means used to develop and foster partnerships are -

- Foster a basic ideology of equal partnership.
- Assuming a position to learn and receive from partners as well as openness to share resources.
- Formation of linkages with institutions and hospitals for referral care services to the community.
- Mutual learning and capacity building: World Visions expertise lies in the areas of transformational development, community-based health interventions and HIV/AIDS. This expertise has been shared with our partners.
- Jointly organize programs along with partners

Involvement of the churches: The project networked with churches in the Area Development

program locations. Pastors of local churches were made aware of the problem of HIV/AIDS and their role in providing prevention education and pastoral care was discussed. This resulted in some of the churches responding to HIV/AIDS providing pastoral care and support to those living with HIV/AIDS.

Failures and Disappointments: Stigma and discrimination was often a setback in care for persons living with HIV/AIDS. In a few instances the churches were not open to responding to HIV/AIDS.

Correctives: One major issue that to be corrected is to strive further to educate and involve not only the local churches, but also the regional and national church bodies to facilitate a larger coverage and impact. Once the parent church body is convinced of the need to actively partner in its response to HIV/AIDS then it was easier to approach and gain access to the local church unit of the same denomination. Another key corrective was the need to implement a good community based monitoring & evaluation system.

The major successes have been in the areas of –

- Promoting holistic interventions for HIV/AIDS
- Partnering with the church in addressing HIV/AIDS
- Transformation of lives of persons and families affected by HIV/AIDS.
- Active participation of persons living with AIDS

One of the key strategies of the project is to develop and foster partnerships with government, non-governmental organizations, persons living with HIV/AIDS, and churches.

Problems:

- The presence of social stigma coupled with fear and discrimination against PLWHA
- The rising religious fundamentalism has hindered progress in some project areas
- High prevalence of illiteracy among women hindered some of our work for HIV/AIDS prevention
- Misunderstanding by community and church leaders initially due to the prevalent stigma and discrimination associated with AIDS

Some of the key lessons learned are -

- The need to focus on a multi-sectoral developmental approach for effectiveness and long-term sustainability
- The importance of partnership linkages for holistic care
- Active participation of the stakeholders for effective HIV/AIDS prevention and care
- The importance of working closely with churches to bring about a response to care for persons with AIDS
- The importance of helping staff to overcome their own prejudices related to sex, sexuality and HIV/AIDS for effective work
- Importance of educating partners and working through issues with them

For example, The Care project in Aizawl, Mizoram state suffered serious setbacks when they went ahead with a needle exchange program without properly educating local church partners. Misunderstanding had set in and it was difficult to convince the church leaders that they were not propagating drug use through the needle exchange program, but preserving life!

Sustainability: The HIV/AIDS project was designed with the expectation that the changes are sustainable - economically, environmentally, socially, psychologically and spiritually. Building on a multi-sectoral platform, the project strengthens relationships between communities, health systems and other partners for increased sustainability.

Finally, our experience in our villages and urban communities in responding to HIV/AIDS has been quite encouraging. Health and HIV/AIDS programs pursued within the context of addressing poverty and empowering the poor and serving our nation is a key methodology of witnessing to the gospel of our Lord Jesus.