

CHANNELS OF HOPE

Transforming lives positively



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EXECUTIVE SUMMARY

Recent research recognises the unique, critical role of the church and other faith-based groups in successful development work.¹ Accordingly, there has been a longstanding yet growing interest within World Vision and amongst external partners to work together to achieve child development goals with these groups. Such partners include widely diverse faith communities,² as well as United Nations and government agencies.³

World Vision subscribes fully to the fact that faith leaders and faith-based organisations are uniquely placed to protect the rights and meet the needs of the most vulnerable in their communities. They have profound, trusted relationships and links with their communities and sometimes they even dictate behaviour. Often, their reach is much further than that of non-governmental organisations (NGOs) and even governments. However, these leaders and organisations are generally not specifically equipped to further the cause of the most vulnerable in their communities.

In 2003 World Vision recognised the potential of faith leaders and faith-based organisations and implemented its Channels of Hope (CoH) HIV and AIDS model through these well-established channels. The Channels of Hope methodology transformed faith leaders and faith-based organisations and World Vision trained, equipped and empowered them to reach out to their communities to address the pandemic.

World Vision's operational research indicated that the programme was very well received amongst various faith groups. The research results also highlighted measurable evidence of positive, long-term transformation of faith leaders and faith-based organisations with regards to their approach to HIV. These leaders also created more compassionate communities and reduced the stigma surrounding people living with HIV.⁴

The research results on the methodology were too resounding to ignore the possibility of adapting the content to serve other purposes. As a matter of fact, participating leaders requested the content to be adapted to address other development issues. Thus, Channels of Hope for Gender, Channels of Hope for Maternal, Newborn and Child Health, and the very new Channels of Hope for Child Protection were born.

No formal research has as yet been conducted on the impact of these programmes, but participants' testimonies are unequivocal about their positive impact. This document by no means claims to present conclusive, empirical research, but it provides very good insight into World Vision's programmes to address tough development issues. It also emphasises World Vision's acknowledgement of the importance of efforts to collaborate with a variety of partners across religious affiliations to realise its child-focused development goals.

Global realisation of faith's role in development

'Worldwide, more than eight-in-ten people identify with a religious group... representing 84% of the 2010 world population.'

– *Global Religious Landscape: A Report on the Size and Distribution of the World's Major Religious Groups as of 2010, Pew Research Center's Forum on Religion & Public Life*

'The role of faith in development was once too uncomfortable a subject to grapple with publicly. Now, the contribution of faith-based organisations and local faith communities to the development agenda ... is clear.'

– *Anna Scott and Eliza Anyangwe in The Guardian, 20 May 2013*

'FBOs are trusted influencers and can mobilise communities for health outcomes on a large scale. ... They can also often engage members of their own religious community wary of or alienated by the approach taken by secular organisations (RaD, 2011).'

– *Georgia Burford, Committee Member, CAFOD, Evidence for Faith Groups' Activity and Contributions to HIV and Maternal Health Briefing for CHAN Oct 2013*

1 See UNICEF Guide, 'Partnering with Religious Communities for Children', 2012, and 'Part of the Solution: Faith-Based Responses to HIV and AIDS in Africa' by Geoff Foster, <http://ftguonline.org/ftgu-232/index.php/ftgu/article/view/2053/4102>

2 Christian groups (such as the Catholic Church, Evangelicals, the Orthodox Church, Pentecostals) and other religions such as Islam.

3 Groups such as UNICEF, UNHCR, DFID and AusAID. See the UNHCR 'Background Document for the December 2012 High Commissioner's Dialogue on Faith and Protection,' available at <http://www.unhcr.org/50aa5b879.pdf>; <http://wvi.org/romania/article/%E2%80%98choose-school%E2%80%99-project-help-keep-romanian-children-school>; See also, AusAID, 'Working Beyond Government: Evaluation Of AusAID's Engagement With Civil Society In Developing Countries,' p viii http://www.ode.ausaid.gov.au/current_work/documents/cse-ode-civilsociety.pdf

4 World Vision, 'Final CoH Synthesis Report of CoH for HIV evaluations conducted in six WV Area Development Programmes (ADPs) in Kenya, Lesotho and Ethiopia.' Feb 2009.

THE IMPORTANCE OF FAITH COMMUNITIES

Faith leaders' widespread influence empowers them to distribute accurate information on development issues such as HIV and influence their communities to be compassionate. In this way they inspire their communities to meet the needs of the vulnerable and realise their community development goals. However, if faith leaders have inadequate knowledge and insight, they can inadvertently spread misinformation and stigmatise people in their communities. In the latter case, faith leaders could actually curtail development goals.

'Faith plays a vital role in development. Faith groups are ... a source of compassion, generosity and succour to many in the developing world.'

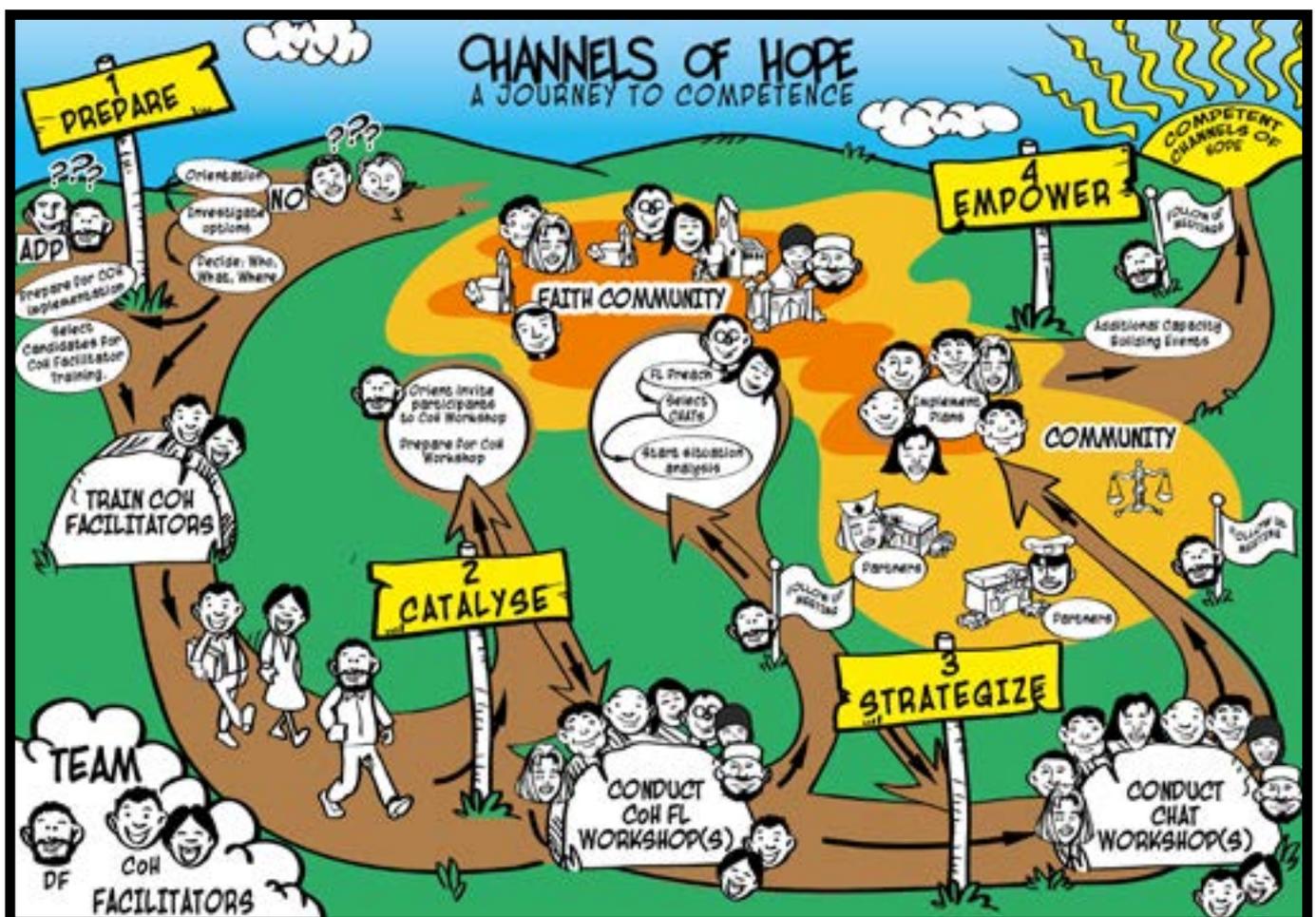
– The Right Honorable Andrew Mitchell,
'Faith groups: New partnership on aid',
UK Department for International Development,
27 June 2012

With this reality in mind, World Vision embarked on a journey to transform, equip and empower these powerful individuals (and the organisations they serve) to constructively participate in achieving development goals to the benefit of their communities.

WHAT IS CHANNELS OF HOPE?

Channels of Hope (CoH) lies at the very heart of World Vision's (WV) mission – to meet the needs of the world's vulnerable children through an integrated approach: World Vision is child-focused, community-based and Christian. As such, the organisation is committed to working with Christian churches and other faith communities as essential community partners to collaborate in its community-owned programmes.

CoH is a catalyst that transforms and motivates faith leaders and their congregations to respond to tough development issues that affect their communities. The CoH process directly addresses faith leaders' perceptions about especially volatile or taboo community issues.



Basic framework and implementation process of Channels of Hope



Phase 1 – Prepare

The CoH process begins with a seven- to eight-day training session of CoH facilitators. These trainee facilitators could be carefully selected WV staff members, technical experts from local community-based organisations (CBOs) or local faith leaders. The training includes rigorous written and practical assessments, which help facilitators to fully understand both the content and the methodology of the CoH workshops.



Phase 2 – Catalyse

The WV community development facilitator (DF) and the recently-trained facilitators then invite faith leaders and their spouses to attend a life-changing three-day workshop. They specifically target senior faith leaders because of their considerable influence in their communities. These faith leaders act as ‘door openers’ for further engagement – at the congregational level as well as the community level.

The ensuing CoH workshops provide faith leaders with a safe space to examine their own attitudes and beliefs in light of their sacred texts and sound scientific information. Faith leaders need time and space to unpack important ethical and theological issues. These are not traditionally part of other information and education sessions in the community. Stirred from within and motivated by their faith, faith leaders are moved to act to honour, uphold and restore the dignity and value of every human being and to help ensure that even the most vulnerable will experience fullness of life. The faith leaders walk away from the workshops with new insight and a faith-founded vision for the issues at hand. This empowers them to start transforming the thinking of others in their communities. They will do that by sharing accurate, factual information and by becoming advocates for further engagement, personally and through their congregations, to address the critical issues raised during the CoH workshops.



Phase 3 – Strategise

This phase of CoH guides and empowers the local congregations to act. The catalysed faith leaders select a small group of leaders from their congregations to form Congregation or Community Hope Action Teams (CHAT). They will work alongside the faith leaders on the focus issue. The members of the CHAT attend a three-to four-day CHAT workshop during which the CHATs develop their own congregational strategies and action plans according to their size, vision and needs.



Phase 4 – Empower

Although the CHATs formulate their own plans, the CoH process intentionally guides congregations to engage with other faith communities, congregations, local entities, stakeholders and organisations to play a relevant role within the community systems and structures. This process exposes and links them to other capacity building efforts that may strengthen their own congregational response.

Where communities already take steps to address challenges that CoH focuses on, CoH offers additional resources, information and direction to complement existing community efforts. In communities where there is no organised response to these issues, CoH motivates and empowers the local leadership to organise such responses.

In this way the CoH process assists congregations along their journey to competently address the numerous issues that the CoH curricula expose them to; the CoH process enables congregations to bring **hope** to the families and children of their congregations and the community.

There are currently five CoH curricula:

- CoH for HIV and AIDS (CoH HIV)
- CoH for Gender (CoH G)
- CoH for Maternal, Newborn and Child Health (CoH MNCH)
- CoH for Maternal, Newborn and Child Health+ (CoH MNCH+)
- CoH for Child Protection (CoH CP).

CoH has already brought about powerful, observable change – in individuals, families and communities – partnering with faith communities throughout the world.⁵ CoH HIV alone has trained more than 3,200 facilitators across

⁵ See programme reviews quoted further in this doc, 'WV Operations Research re CoH HIV,' by Jane Chege; 'Evaluation of the CoH MNCH Project in Lupane District, Zimbabwe,' Dr. Lerato Nare, 2013.

55 countries. Since the model's inception in 2004, more than 380,000 participants (of whom over 85,000 were senior faith leaders) attended the 17,300 CoH workshops worldwide.⁶

CHANNELS OF HOPE FOR HIV AND AIDS

This programme is the best-established of all four CoH curricula. The methodology equips and prepares participants to respond to HIV and AIDS in a comprehensive manner. It challenges participants' existing beliefs regarding HIV and AIDS, reduces stigma and discrimination surrounding these topics, and creates compassion for people affected. It also provides correct factual information on HIV and AIDS and delivers knowledge on how to deal with people infected and affected by the pandemic. Since its inception,⁷ the partners working with CoH HIV continuously utilise feedback, programme reviews and research to refine the methodology and develop and expand the programme.^{8, 9, 10}

The brunt of stigma

HIV carries significant stigma across many nations and many faiths. Some communities and groups, most notably religious groups, believe that HIV is punishment from God for sexual sin. Some associate the disease with prostitution or homosexuality, both of which are highly stigmatised. Many know little about the disease and fear contracting it themselves.

'Community members called me a prostitute, and some of my close relations rejected me.'

– HIV-infected Mercy from Malawi

As a result, people (including those in faith communities) approach their neighbours living with HIV with caution, fear or even hatred. In turn, people living with HIV hide their status. The stigma of HIV is so strong that even leaders hesitate to discuss prevention and treatment.

Thirty-one year-old Mercy from Malawi was diagnosed with HIV in 2010. A year later, in August 2011, Mercy took a bold step; she informed her community about her status. The immediate backlash was born out of stigma. 'When I publicly announced that I was living with HIV, people started to dissociate themselves from me. Community members called me a prostitute, and some of my close relations rejected me. When I decided to go to church for solace, it was even worse. Church members regarded me as a woman of loose morals. People did not want to share a pew with me or even shake my hand,' explains Mercy, a widow with two children.

Thirty-two year-old Irma from Georgia also bravely shared her HIV status and experienced the power of stigma. 'I still vividly remember the anger of a woman from church when she found out that I was living with HIV,' says Irma. 'She couldn't bear shaking my hand; instead, she stepped back and she would not let me join other believers in the pool for our spiritual bathing.'

'I remember after the [CoH] training,' says Pastor Ruth Mutuku from Kenya, 'I went to a certain church and asked to talk about HIV and AIDS. The Pastor looked at me with surprise, and told me, "I am looking for people who will help me cast out the devil. Now, you want to bring it inside my church!"' This pastor, like many church leaders, saw HIV as a curse. Ruth's story, like countless others, illustrates the powerful stigma that HIV and AIDS carries and the very real impact of ignorant or misguided faith leaders and communities on people living with HIV (PLHIV).

One of the most significant differences between the CoH methodology and other programmes is that PLHIV participate in the workshops. Participating contributes to their overall well-being and helps them to overcome the stigma they direct at themselves. It also renews their hope for living positive and productive lives.¹¹ A Kenyan participant living with HIV reflected on the workshop and said, 'I've overcome my self-stigma. Instead of being on the receiving end of stigma, I deal with it [in such a way that] I actually transform [other] people.'

⁶ WV HIV programmes monitoring system (CHARMS) data sets 2007–2012 and CoH global monitoring data 2005–2013.

⁷ CoH was developed by CABSAs (Christian AIDS Bureau for Southern Africa), as 'Churches, Channels of Hope', to respond specifically to the devastating impact of HIV and AIDS. In 2004 World Vision signed a licence agreement with CABSAs to utilise, adapt and implement the programme globally. WV shortened the name to 'Channels of Hope' because our focus is not only on Christian churches. We also work in mixed faith contexts.

⁸ Final CoH Synthesis Report of CoH for HIV evaluations conducted in six WV Area Development Programmes (ADPs) in Kenya, Lesotho and Ethiopia, February 2009.

⁹ Jane Chege, 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.

¹⁰ Elisabeth Le Roux, MEER Channels of Hope Project Evaluation: Russian Federation, Romania and Armenia with inputs from Bosnia and Herzegovina, Lebanon, Georgia and Afghanistan,' September 2011.

¹¹ 'Final CoH Synthesis Report of CoH for HIV evaluations conducted in six WV Area Development Programmes (ADPs) in Kenya, Lesotho and Ethiopia' Feb 2009.

The numbers behind Channels of Hope

A number of model evaluations and an operations research (OR) project show that the CoH model (HIV curriculum) effectively reduces the stigma that HIV carries. In 2005, World Vision International designed a longitudinal OR project to assess the effectiveness and impact of its three core HIV programme models (WV's Hope Initiative focused on three core models: CoH; Community Care Coalitions caring for orphans and most vulnerable children; and value-based HIV life skills for children).

This OR was implemented in two World Vision Area Development Programmes (ADPs) in Uganda and Zambia. The study relied on an experimental design of pre-intervention and post-intervention measures in randomly selected sites to gather diagnostic information and to test the study hypotheses. It consisted of a diagnostic phase that relied on secondary data and qualitative interviews and four cross-sectional surveys. These were conducted at annual and bi-annual intervals in July and August 2005, December 2006, and July and August 2007 and 2009. There were 12 clusters in each ADP assigned randomly to the two study arms: six to the intervention and six to the control or comparison arm. WV introduced and implemented the three core programming models in the intervention arm after collecting the diagnostic phase and baseline survey data and withheld these interventions in the control or comparison arm for 14 months. However, due to ethical considerations, after the first follow-up survey, WV introduced and implemented the interventions in the control or comparison arm. This affected the impact analysis because the third and fourth observations did not have true control sites: therefore, the comparison is on varying periods of receiving the interventions.

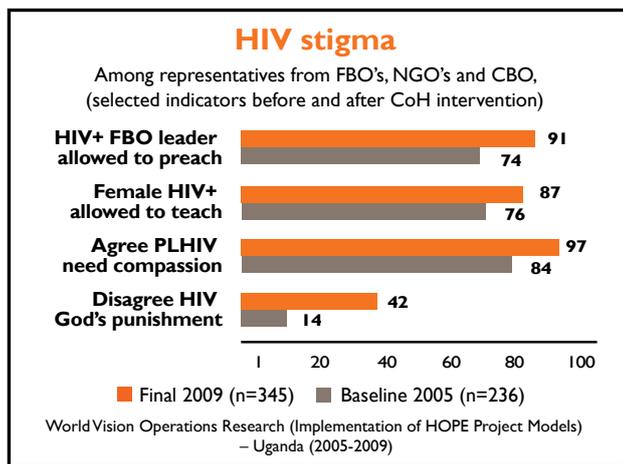


Figure 1

The results indicated that the CoH HIV intervention was effective in significantly increasing knowledge about HIV. It also reduced HIV stigma among children, adults and especially faith leaders in Uganda. Furthermore, it highlighted that the implementation of CoH in a community contributed greatly to these transformations.

Figure 1 portrays how stigma reduced during this period among representatives from faith-based, non-governmental, and community-based organisations in Uganda.

The data further indicates that, in communities where CoH was introduced, the number of interviewees who did not believe HIV is a punishment from God was three times higher than in areas where CoH was not implemented.

The following findings were directly related to the CoH model.^{12, 13}

The OR study surveyed three groups: children from random households, adults from random households, and local faith leaders. The baseline surveys, conducted between July and August 2005, assessed participants' attitudes towards PLHIV (persons living with HIV). They had to agree or disagree with statements about how they would interact with PLHIV. In the months following this preliminary survey, WV introduced CoH HIV to the ADPs. The survey was again administered in November and December 2006 in the intervention and control sites (14 months after the baseline). Directly thereafter WV also introduced CoH into the control sites.

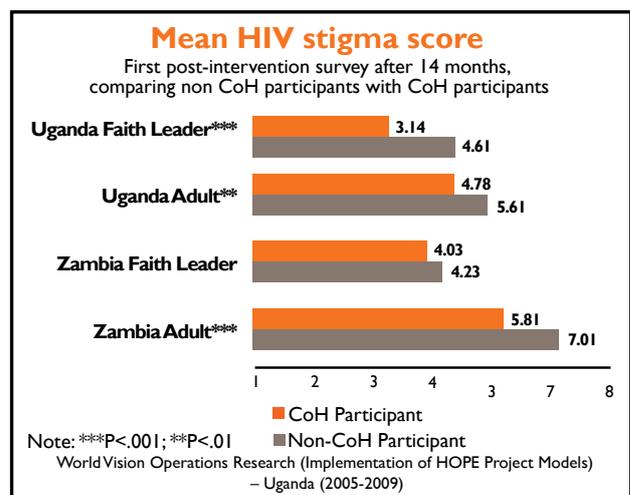


Figure 2

12 Jane 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.

13 Jane Chege and the World Vision Uganda and World Vision Zambia Core HIV Models Project Implementation Team, July 2012, 'The effectiveness and impact of the Channels of Hope methodology in enhancing HIV response at the community level'.

At baseline, 86 per cent of faith leaders believed that HIV is a punishment from God. In the CoH intervention sites, only 58 per cent held this belief. Before CoH was introduced to communities, 26 per cent of faith leaders would not allow a faith leader living with HIV to preach. After the implementation of CoH, that percentage was down to just 9 per cent.

Eight stigma indicators (including the four outlined in Figure 1) were combined into one mean HIV stigma score, shown in Figure 2. The mean HIV stigma score of those who were exposed to CoH was compared to the score of those from control areas. In both Uganda and Zambia, the CoH sites had lower stigma scores and increased acceptance of PLHIV.

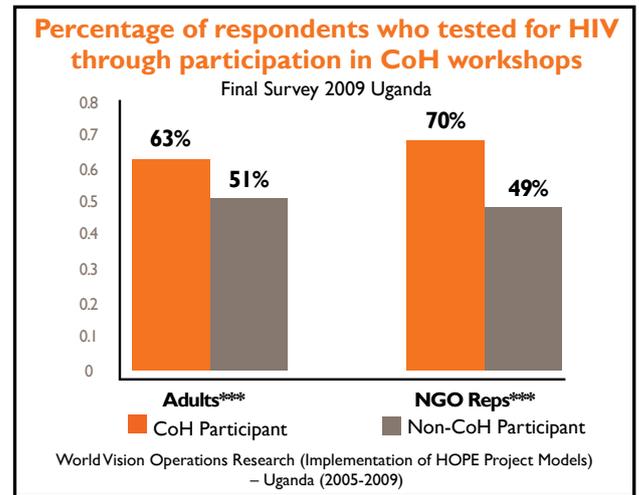


Figure 3

This reduced stigma expressed itself in very practical ways. For example, the same research showed that a person from a CoH area was more likely to access voluntary counselling and testing for HIV (see Figure 3).

In Zambia, the percentage of faith leaders in CoH areas who participated in care for orphans and vulnerable children (OVC) and PLHIV was higher than in areas where faith leaders had not taken part in a CoH workshop (see Figure 4).

Perhaps the most encouraging participation outcome was that a CoH area resident was 2.5 times more likely to participate in a support group for people affected by HIV.

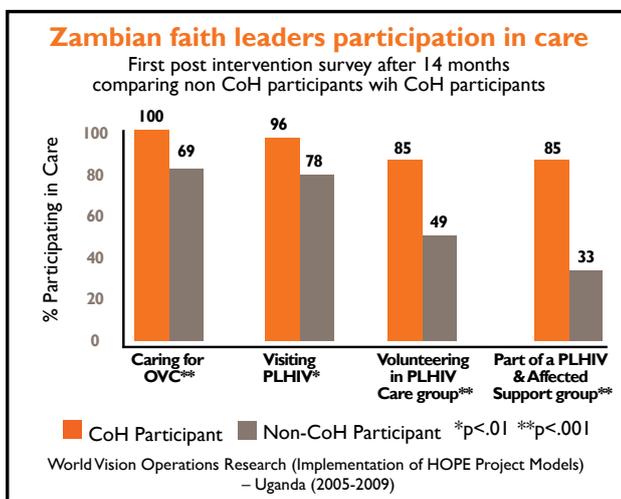


Figure 4

CoH changes attitudes in a significant way. It reduces stigma and opens up hearts and minds to consider participating in the care of PLHIV – and receiving care themselves.

These shifts in attitude and behaviour are noteworthy; however they are not the only positive results CoH achieved.

The research results also demonstrate that the CoH programme effectively increases knowledge about HIV. Ugandan adults and representatives of NGOs all demonstrated a robust increase in knowledge about HIV. Results of the final survey in Uganda indicated that those who participated in CoH had a significantly higher mean knowledge score (6.47) than those who had not participated (5.33) (see Figure 5).

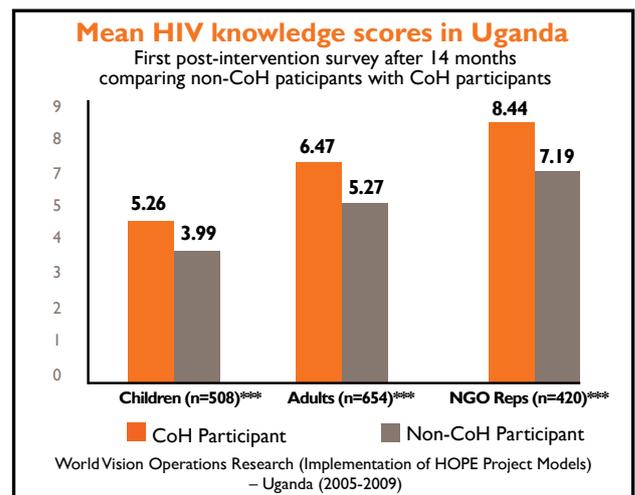


Figure 5

This data confirms that CoH effectively reduces stigma, spreads accurate knowledge, and improves the lives of PLHIV.

MANIFESTATIONS OF TRANSFORMATION

Educating Armenia's children about HIV

Father Ghevond from Armenia is an example of the radical change of heart that can stem from CoH. Before his participation in CoH, he harshly judged people living with HIV. He claimed that these people deserved the disease because of their sins. Father Ghevond also believed that society would be better off if all people living with HIV were quarantined on an island. When he signed up for CoH, he had no idea that the programme would turn his judgment into acceptance and his fear into compassion.



Father Ghevond uses charts and paintings to explain certain topics related to sexual education.
©2010 Armenuhi Sahakyan/WorldVision

The CoH workshops extensively sensitised Father Ghevond about HIV: how the disease is transmitted, why it is stigmatised, what action can be taken to bring compassion and love to people living with HIV, community members, and more. The experience shook his view of the world and he became a passionate advocate for those living with HIV. He even became accredited as a CoH facilitator and has since led sessions hosting almost 10,000 children and some of the toughest police officers.

Astghik Avaryan is a 14-year-old student of Father Ghevond. Astghik and her friends feel obliged to pass on their new knowledge to their parents, relatives and peers. 'People have quite wrong information about HIV and AIDS and modes of transmission,' she explains. 'We are lucky that Father Ghevond spends time with us because parallel to sex education he refers to related stories from the Bible which changes our perception and attitudes.'

Armenia has its own unique issues and barriers. Father Ghevond therefore adapted the CoH training to apply specifically to Armenians. 'I try to bring parallels to the lives of Armenians so that teenagers can understand that HIV and AIDS is becoming a critical issue for a country where many men earn their living through seasonal migration to countries with high HIV prevalence.'

'We were running away from people with HIV. Now we go [out] to find them.'

– Kenyan faith leader after having attended a CoH HIV workshop

CoH inspired Father Ghevond to strategically use his training. 'I also sensitise school teachers, parents and health providers through [the] CoH methodology and [I] hope that our meetings with teachers [will] help them to run their classes more effectively,' he says. 'Through the involvement

of school teachers we can reach more children.' Father Ghevond is but one example of a faith leader who received new vision from CoH and redirected his influence for the good of the community.

More details about Father Ghevond (and Sheikh Hassan in Kenya) can be found in this video,¹⁴ which demonstrates how CoH offers a new vision of hope to communities of different faiths.

A church's calling in Indonesia

Merauke district has one of the highest HIV infection and AIDS rates in all of Indonesia. Rev Ruben Rewasan, a pastor who served as the secretary of the Protestant Church in Papua in Merauke, was trained as a CoH facilitator in 2009. The information he gained forever changed his perspective on the role of the church in social issues.

Before CoH, Rev Ruben's church only discussed doctrines and traditions. 'But now,' he explains, 'we discuss how our church will respond to the increasing rates of child and mother mortality, HIV and AIDS issues, and children who left school.' These attitude shifts have had a very practical effect on Rev Ruben's church. 'We now see our church's calling more clearly, particularly [how to] address the social issues our congregation faces. We now allocate almost 40 per cent of our budget to respond to social issues. It was only about 10 per cent in the past.'

'In our church, we have now included CoH information about reproductive health in the pre-marital courses. All pastors in the synod¹⁵ have joined the CoH workshops and they are [now] more confident to share about HIV and AIDS with their congregations. Our congregation has initiated care groups to provide support to people living with HIV and AIDS.'

¹⁴ https://www.youtube.com/watch?v=74iA-04_YHU&feature=youtu.be

¹⁵ The Protestant Synod of Merauke consists of 32 congregations in the Merauke District of Indonesia. The Synod is about 350 square kilometres and serves about 10,000 people.

HIV ministry in El Salvador

Elim Church in El Salvador partnered with World Vision to make HIV testing and counselling available to the church's 100,000 congregants. The World Vision El Salvador National Office equipped three church leaders to train CoH workshop facilitators. As a result, in 2009, the Elim Church trained a group of professionals and volunteers from the church to administer voluntary HIV testing and counselling. Ever since, the church continues to provide this testing option.

Furthermore, Elim Church launched a youth-focused radio programme two years ago. The programme is called Hope HIV and two church-owned radio stations broadcast the programme internationally. The church is also training a team of leaders from Santa Ana, in western El Salvador, hoping to spread HIV awareness and compassion throughout that half of the country.

Elim Church's partnership with WV sets it apart from other churches trying to engage with the issue of HIV. 'Elim Church is a role model for their commitment and vision. I can confidently say that it is El Salvador's only Evangelical church that has a ministry for HIV that is well-structured and impactful,' says Katia Maldonado, the WV Communications Officer for the Latin America and Caribbean region.

There is no doubt that CoH for HIV has incredible, positive effects on communities wherever the programme is implemented.

CHANNELS OF HOPE FOR GENDER

During the training for CoH HIV, faith leaders pointed out that gender imbalances have an impact on the transmission, treatment and care for those infected with HIV. In response, WV created CoH for Gender (CoH G), an innovative approach to exploring gender identities, norms and values from a faith perspective. The goal

of the CoH G curriculum is to dispel cultural gender biases and contribute to the transformation of households' perspectives on gender identity and relationships. The curriculum challenges faith leaders to acknowledge and act upon gender injustices in their communities. Like the CoH model, the Gender curriculum engages faith leaders, who in turn engage their local communities, to bring about change.

Gender imbalances rob many children worldwide from a full life. Girls are perceived as less valuable than boys, and they are treated accordingly. Since its inception, CoH G has brought about change in gender attitudes in the hearts and minds of many faith leaders.¹⁶

MANIFESTATIONS OF TRANSFORMATION

Valuing daughters in the Democratic Republic of the Congo

Gender imbalances rob children worldwide from a full life. Girls are perceived as less valuable than boys, and they are treated accordingly.

God. I changed my son's name [from "Consolation"] to affirm that I value all my children equally. All of them are a consolation to us.'

Pastor Israel Mwanabute from the Democratic Republic of the Congo says 'I had six daughters before I had a son and at birth, I named him "Consolation" – in my culture girls are not valued as much as boys. [Once] I attended a [CoH G] workshop, my view changed, and I recognised that all children are a gift from

While Pastor Mwanabute's attitude changed to value all people, regardless of their gender, his initial attitude is common in many regions worldwide.

Pastor Evelio Chávez from the Church of God, El Salvador, reiterates this dilemma that faces society today: 'Family disintegration and delinquency seriously affect countries, undermining households and particularly affecting children.

¹⁶ World Vision, 'Solomon Islands: Community Vision 4 Change, Project Summary,' World Vision, 'Channels of Hope, World Vision Solomon Islands, 2012.'

CoH Gender is a tool that God uses to bring families together and to promote peace and respect, especially with regards to women and children who have historically been disregarded.'

Reducing gender violence in the Solomon Islands

Gender inequality is a critical issue across Pacific Island countries. In the Solomon Islands, 97 per cent of the population is Christian; however, 64 per cent of women experience physical or sexual violence inflicted by an intimate partner. Girls are also subject to violence.

Additionally, many in the Solomons argue that the Bible gives men the right to treat their wives however they want, and that women should be submissive. CoH G was implemented in the Solomons against this background. The curriculum aims to transform these beliefs into a different scriptural perspective: God intended women and men to relate as equals.



Sister Doreen © World Vision

Sister Doreen is one of many leaders who took the CoH G training and put it to work in her community. She leads the Christian Care Centre in the Solomon Islands, which cooperates with CoH to provide short-term safe houses for women and children fleeing from domestic violence. 'Having a safe home allows women and children to tell their stories when they're ready. A girl shared how the welt on her back was from being struck with an iron rod, and the bruises on her stomach were from being kicked with boots. Some suffer sexual abuse for a long time, so you can imagine the trauma they've been through,' says Sister Doreen.

Beyond the workshops and other learning events, CoH G challenges faith leaders themselves to personify healthy gender relationships.



Fred, Solomon Islands © World Vision

One such a leader in the Solomon Islands is Fred Sikine, the eldest son of a tribal chief. Fred will naturally inherit his father's title and position when the chief dies. However, Fred's father had long pronounced that Fred would never become chief because of his wild lifestyle; he was constantly in trouble with the law for violent behaviour towards his wife and fellow community members. Then, in November 2011, Fred attended his first CoH G workshop.

On the first day of the workshop, Fred was intent on proving to fellow Solomon Islanders that CoH G was a Western concept bent on upsetting the Solomon Islands' cultures. By the end of the workshop, however, he had developed a fresh perspective. He was a transformed man. 'Channels of Hope for Gender has not only changed my understanding of how men and women ought to relate;

it has changed my entire lifestyle,' says Fred. 'Having noticed the change in my life, my father called me and said, "I have observed the way you treat your wife and children, and your respect for people in the community. When I go to be with my forefathers, you will sit as chief after me. I am convinced that the life that you are living will set a great example to young and old in this community.'" The CoH G curriculum and methodology has convinced Fred that one does not have to be well-educated or highly eloquent to be a gender advocate. For Fred, simply embodying the message of CoH G in his own life is the best way to lead his community to change.

Breaking the silence in Kenya

Pastor Judith Wanjiru Njuguna thanks CoH for changing her day-to-day life with her husband. Before she was trained, Pastor Judith believed that as a good wife and servant of God, she was meant to quietly tolerate her husband's abuse. On top of his abusive episodes, Pastor Judith's husband frequently left without explanation, leaving her to pay rent, school fees and bills. 'I struggled trying to make ends meet while feeding him, clothing him and [hiding] the shame from neighbours,' confides Pastor Judith. She firmly believed the cultural notion that a woman's job is to obediently support her husband, regardless.

Before participating in CoH G, Pastor Judith was a silent prisoner of shame. In the workshops, she learnt the importance of speaking out about gender-based abuse. 'I thank God for the training. One thing I have learnt is that the reason why there is a lot of gender violence, is because people don't come out and share. This is true. I have been a victim. I have suffered psychological and spiritual abuse, but stayed silent in the name of trying to protect my marriage and be a servant of God,' explains Pastor Judith. 'Now I know that I don't have to be abused as a wife and a woman, fearing the consequences. I have a role to play to put things in order as God intended marriage to be.'

The CoH G training empowered her to educate other women on the need to share their challenges, and not to suffer in silent shame. 'I have been teaching the order of God in marriage as that is what we were taught [by CoH G],' enthuses Pastor Judith. In her own marriage she has instilled a new balance of responsibilities and respect. 'My husband is now responsible. He runs his own business and provides for the family. Though there are challenges, things are much better than they were before.'

COH FOR MATERNAL, NEWBORN AND CHILD HEALTH

The CoH HIV curriculum proved very successful, and WV-field staff saw the potential for the CoH model to strengthen local health programming. Thus WV developed CoH for Maternal, Newborn and Child Health (CoH MNCH) based on the established CoH model.

Like CoH HIV, the new CoH MNCH works to overcome stigma; many faith leaders and communities are uncomfortable discussing children born out of wedlock, unwed pregnant teenagers and other issues related to pregnancy. This curriculum also increases faith leaders' accountability for maternal health. 'Before this workshop, I always waited for the church to do something. But now I realise I, [myself], am the church, and I need to go out and be this change for the good of our mothers and children,' said a pastor after taking part in the pilot CoH MNCH in Zimbabwe.

As mentioned before, CoH engages faith leaders because they have considerable influence in their communities. Unfortunately, they sometimes use that influence to spread misinformation, creating social barriers that prevent people from visiting clinics, receiving vaccinations and using birth spacing methods. Faith leaders' misguided influence can also encourage child marriage and the poor treatment of women and girls, and discourage the involvement of men in MNCH. Like the other CoH curricula, a large part of the CoH MNCH training process replaces misinformation and stigma with truth and acceptance.

CoH MNCH has strong, positive effects in countries where children and women are traditionally not valued as highly as men.¹⁷ The curriculum teaches about birth spacing and the importance of good nutrition for children and pregnant women. It encourages greater involvement of men at all levels (for example, in family planning, HIV testing, and health visits of mother and child). It also celebrates all children – including the ones born out of wedlock, which is very often a major issue in faith communities.

MANIFESTATIONS OF TRANSFORMATION

Celebrating change in Zimbabwe

The CoH model (MNCH curriculum) has reshaped the culture regarding pregnancy in the Lupane area of Zimbabwe. Religion strongly influences the district; an average village in Lupane has five churches. Fifty-two church leaders in the area have participated in CoH MNCH workshops. Two years after CoH MNCH was implemented in the region, WV conducted a descriptive, qualitative study to determine the effects of the partnership between CoH and these churches.

Focus group discussions gathered experiences of and opinions about the CoH model and MNCH curriculum from eight different



CHAT Workshop in Lupane, Zimbabwe © World Vision

¹⁷ Lerato Nare, 'Evaluation of the CoH MNCH Project in Lupane District, Zimbabwe, September 2013' September 2013.

categories of respondents: sensitised faith leaders and their spouses, CHAT representatives who participated in CoH MNCH workshops, faith leaders who did not participate in CoH MNCH workshops, young mothers (aged 25 and below), older mothers (aged 26 and above), spouses of mothers from the faith communities, health workers (health staff from local hospitals) and community health workers and traditional birth attendants.

The collective responses from these eight categories gave WV a good indication of how effective CoH was in the Lupane District. Certain themes and notable changes were evident across the various categories.¹⁸ Since the implementation of CoH MNCH in Zimbabwe, the following changes have been noted:

- The community has experienced less stigma surrounding issues like family planning, teen pregnancy, and birth spacing.
- There has been a visible increase in healthy MNCH behaviours – parents register pregnancies at clinics, families practice family planning, children are taken for immunisations, and congregations collect money to ensure mothers have funds to visit clinics and to deliver in health facilities.
- Men now play a more active role in MNCH – for example, they accompany their wives to the clinics, help with household chores when their wives are pregnant, and hold babies in public.
- Women now register early for antenatal services.
- Mothers have learned to breastfeed newborns exclusively and not to feed their children traditional herbs.
- Every year, children born out of wedlock are increasingly treated equally to children born in wedlock.

The focus group discussions clearly indicated that partnership with local churches is crucial to the success of MNCH. One respondent says, 'There has been tremendous change on the ground. The church has enormous influence on the local population and since they now advocate for adoption of MNCH services, congregants respond very positively.' CoH has helped shift people's perspectives about how the church should relate to health. 'A year ago, going to health centres was viewed as a serious lack of faith by church people. Now that the church talks about MNCH, most people take responsibility and health situations have improved,' says another respondent.

CoH also inspires cooperation among churches. In one village in the Lupane district, churches are starting to form interdenominational groups to reach out to the wider community. This change is particularly exciting as denominational loyalties are very strong here. Volunteers from different denominations now visit the homes of pregnant and lactating mothers and encourage them to visit health centres. The volunteers also educate these mothers to properly care for their newborns and children. 'We celebrate these developments in the programme and we will continue to facilitate more of these activities,' says Pastor Sekhono Moyo.

Embracing medicine and culture to enhance MNCH in Kenya



Rukia, Mombasa, Kenya © World Vision/Christo Greyling

CoH MNCH has been successfully adapted for various Christian and Muslim contexts. In September 2013, in Mombasa (Kenya), CoH launched the pilot programme for MNCH in Muslim contexts. Rukia Noordin Imam was invited to join the pilot workshop. As a health professional from the Supreme Council of Kenyan Muslims, Rukia was interested in the curriculum's content, but sceptical of WV's motives. 'I didn't want to go to this workshop; people have so many questions about World Vision, like "You are a Christian organisation! You are coming here to convert the Muslims." But I got the courage to go,' says Rukia.

The workshop impressed and moved her. 'World Vision's team are serious people. They are doing things perfectly. This is perfection. I have attended around 20 workshops, but this is the first one in which I have shed tears. It has really touched me.' The cultural content of the curriculum resonated with Rukia. 'In our society, in my culture, people choose a husband for you. They choose a career for you. My grandmother chose a husband and career for me. This workshop has really touched me. Now reproductive health is not only a career for me; it has become my passion. It's my commitment. Now it's my calling. Thank you.'

¹⁸ Lerato Nare, 'Evaluation of the CoH MNCH Project in Lupane District, Zimbabwe, September 2013.'

Sheikh Hassan Omari, a Kenyan Muslim leader who has participated in both the CoH HIV and CoH MNCH curricula, is deeply grateful and happy with the changes he sees in his community as a result of the CoH model. 'CoH comprises medical methodologies, religious methodologies, and cultural methodologies. The doctors gain more understanding of the role of religion in society, and religious leaders learn about medicine,' says Hassan.

He also points out how CoH MNCH helps to shift cultural expectations of parents, especially men. 'In the community, [the belief is that] it is the woman's job to care for a child when the child is small. Once the child is big, then it becomes the father's child. After CoH, men are sensitised and know that they have a role to play in the child's well-being.' Hassan's community is not unique in this way; though MNCH provides invaluable resources and education to women, the content also affects men strongly.

A father figure's prayer in Kenya

In Kenya, a pastor describes what he learned from CoH MNCH. 'I am challenged towards consciousness of pregnant ladies, unborn children, and newborn and small children ... Out of the training, I resolved to be a support to the girls in my world who may be rejected for being pregnant before marriage ... Where applicable [I will also] be a father figure to, as many as God shall make possible, children ... [whose] biological fathers abandoned [them].' He led a workshop with an original prayer:

For the pregnant single ladies we have condemned, the rejection we may have caused, Forgive us Lord!

For the children born out of wedlock we may have stigmatised, rejected and even their lives destroyed, Forgive us Lord!

For the many we have hurt unknowingly in the name of serving you, Forgive us Oh Lord!

COH FOR MATERNAL, NEWBORN AND CHILD HEALTH+

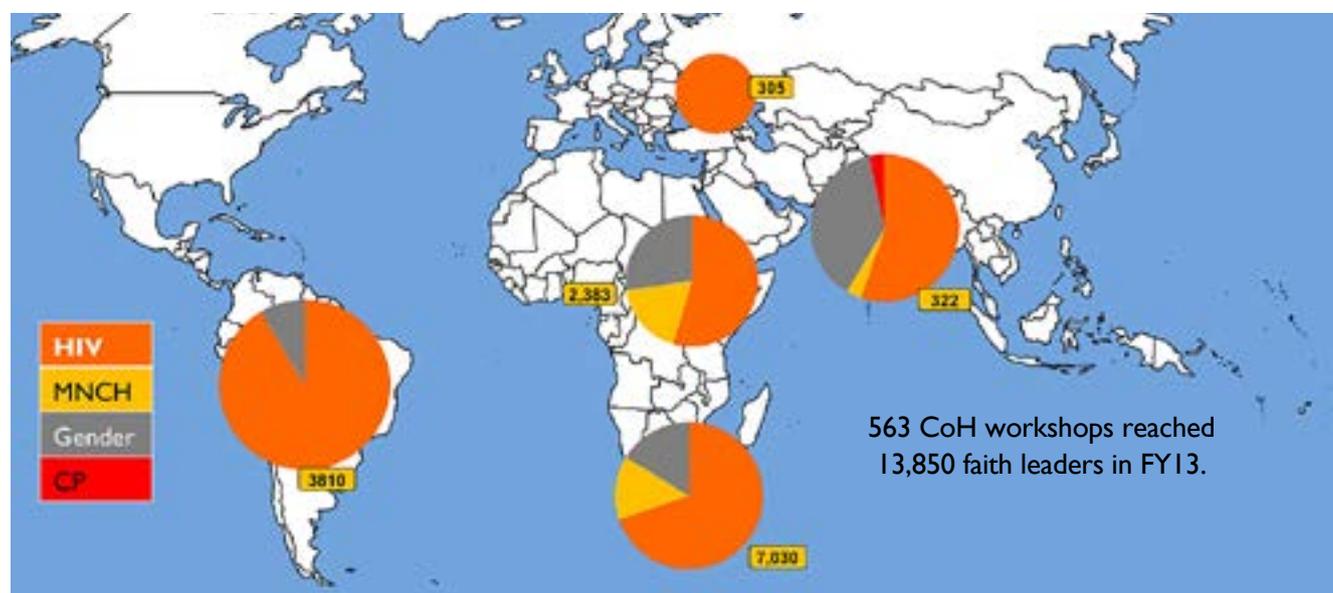
This curriculum is based on the CoH MNCH curriculum, but includes information on HIV, TB, malaria and WASH (Water, Sanitation and Hygiene). Any of these topics can be included depending on the context. At the time of publishing, this curriculum was still being developed. Should you be interested in more information and the development progress of this curriculum, contact the CoH team via email at channels_of_hope@wvi.org.

UNITING DIVERSE RELIGIOUS COMMUNITIES

Faith communities are essential in enhancing the outcomes of CoH, but the methodology is not exclusive to one faith. This adaptability allows WVI to partner with diverse religious groups and faith communities and to help build bridges of cooperation amongst these groups to address and overcome tough development issues.

FISCAL YEAR 2013 FOOTPRINT OF COH

Number of participants by CoH model



Partnering with the Catholic Church in Latin America

Every year, WV meets with leaders of the Catholic Church at the headquarters of the Regional Conference of Catholic Bishops for Latin America (CELAM) in Bogota, Colombia. These meetings have helped to create a consistent partnership between WV and CELAM. This culminated in the adaptation of CoH HIV for a Latin American Catholic context.¹⁹

WV tested the methodology among Catholic leaders in several of its national offices throughout Latin America. The sensitisation workshops with the Catholic leaders – a critical step in the implementation of CoH – were very well received. The positive responses of bishops and priests further encouraged the implementation of CoH HIV in the region.

In 2012, WV and CELAM signed an historic Agreement of Partnership.²⁰ The document expresses the ‘will for brotherly collaboration between [World Vision and CELAM]’ in the fight against HIV and AIDS through the CoH model. WV and CELAM intend to expand this partnership to include the support of all 14 National Conferences of Catholic Bishops in Latin America. The Agreement of Partnership represents the growing partnership and mutual respect that CoH has helped nurture between the Catholic Church and WV.

Connecting with Muslim communities in Kenya

Sheikh Hassan Omari – the Muslim leader who watched his community transform through the MNCH methodology – has lost family members and close friends to AIDS. He saw the toll of the illness on his community. ‘If you go into the rural areas, you will see children dying, literally dying,’ says Hassan.

In the Muslim faith, like in the Christian faith, HIV is highly stigmatised. Many believe it is a punishment for sexual sin. Before CoH, Hassan could not talk about such a taboo subject in his faith community. At first, his desire to educate himself on the issue was unusual and distasteful to other Muslim faith leaders. The Muslim community was also hesitant to become involved with a Christian organisation such as WV.



Sheikh Hassan during CoH Training of Facilitators in Nairobi, Kenya © World Vision/Logy Murray

‘There has been a lot of criticism. But as soon as I started engaging with World Vision, I realised that World Vision tries to help you ... in your own religion. They work to serve humanity, especially the children. That is the best thing I have seen, and I have been an advocate for it in the area. Now, more Muslims are welcoming World Vision in the area,’ says Sheikh Hassan.

Hassam took part in one of the first CoH HIV workshops for other-faith leaders, and the experience strongly affected him. ‘CoH made me look at HIV-positive people and see that they are human beings,’ says Hassan. Following his sensitisation and training, Hassan wanted to educate others about the many ways HIV can be spread. He became an advocate for HIV awareness and compassion. He spoke on a national radio programme about HIV and AIDS from a Muslim perspective. As a result, many Muslims living with HIV have disclosed their status and come forward to receive support. Muslim women also reach out to those who live with HIV.

More details about Sheikh Hassan (and Father Ghevond in Armenia) can be found in this video,²¹ which demonstrates how CoH offers a new vision of hope to both Christian and Muslim communities.

From prejudice to friendship in Serbia

Milos Trisic, a Serbian Orthodox priest, completed the CoH HIV training in 2010 together with representatives of other traditional churches and religious communities in Bosnia and Herzegovina. As a former refugee from the Bosnia and Herzegovina civil war, Trisic was not used to working with people of different faiths. ‘One of the consequences of war in Bosnia and Herzegovina is that the country was divided into two entities ... During my childhood I did not have the chance to talk to people who were not Orthodox,’ explains Trisic.

¹⁹ ‘Systematisation of the implementation process of Channels of Hope in Latin America and the Caribbean,’ 2012.

²⁰ ‘Agreement with Catholic Church to extend HIV programming.’

²¹ https://www.youtube.com/watch?v=74iA-04_YHU&feature=youtu.be

‘As a result of my prejudices that stem from the war, I was very vigilant and suspicious regarding the possible cooperation and joint stance to solve this big social problem.

‘Through [the CoH] project, however, I became close with and befriended representatives of other religions and my hard stance of the beginning changed completely ... From our cooperation, a great friendship grew between myself and the World Vision staff, representatives of the Islamic community, the Roman Catholic Church, and Jewish communities.’

Churches unite in Zambia

In Zambia, Pastor Morgan Chilulu of Christian Family Church celebrates the unity that CoH has brought to his community. ‘World Vision brought us together and taught us about HIV and AIDS. Thank God this time came. Now 30 churches are speaking the same language ... We work together without any quarrel,’ says Mr Chilulu. ‘All the churches have become one. There is no Pentecostal. There is no Evangelical. There is no Seventh-day Adventist. Thirty churches have come together.’

THE WIDER COMMUNITY EFFECT OF CHANNELS OF HOPE

WV believes that to achieve the best possible transformation in an area the cooperation of faith communities is crucial. However, WV has also presented the CoH methodology without faith-specific content to groups with no faith affiliation with resounding positive effect.

‘Although I am not a church-goer, I have found that this teaching makes a lot of sense.’

– Traditional chief from Lesotho

The Australian Federal Police asked WV to train local police officers on gender issues after they witnessed the success of CoH G amongst Solomon Islands faith leaders.²² Assistant Commissioner Juanita Matanga emphatically endorsed CoH G as a community mobilisation tool against gender-based violence. The success of CoH G in the Solomon Islands is further documented in this video.²³ CoH set out to target faith leaders, but affected the entire community.

After completing a CoH G workshop,²⁴ a traditional chief in Lesotho said, ‘Although I am not a church-goer, I have found this teaching to make a lot of sense.’ Teachers, police officers, social workers, health workers, and other community members with no faith affiliation also attended the workshop.

SUMMARY OF KEY LEARNINGS: CHANNELS OF HOPE^{25, 26, 27}

Strengths

- Receives almost universally positive opinions and appraisals from those who completed the programme
- Uses influence of faith communities, the most stable and powerful agents of change in society
- Strengthens existing church and FBO partnerships and helps create new partnerships
- Multi-faceted approach reduces stigma, increases HIV knowledge and brings about inter faith mobilisation
- Is adaptable to multiple cultures and faiths; facilitators trained in one curriculum can learn other curricula easily
- Brings people from different denominations and faiths together; creates peace building side effects
- Reveals common values amongst people and faith groups
- Evokes instant excitement and inspires the target group to act
- Creates lasting structures in the communities.

²² World Vision Solomon Islands, ‘LEAP Mid-Year Programme Management Report: Honiara Area Programme FY12, October-March’, p14.

²³ https://www.youtube.com/watch?v=28QNk_2pr_4

²⁴ Di Kilsby, IVDA GenderWise, ‘Channels of Hope for Gender: Using a participatory process for examining the religious origins and values beneath cultural beliefs on gender roles and relations’, June 2012.

²⁵ ‘Final CoH Synthesis Report of CoH for HIV evaluations conducted in six WV Area Development Programmes (ADPs) in Kenya, Lesotho and Ethiopia,’ Feb 2009

²⁶ Jane Chege 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.

²⁷ Elisabet Le Roux, MEER Channels of Hope Project Evaluation: Russian Federation, Romania and Armenia with inputs from Bosnia and Herzegovina, Lebanon, Georgia and Afghanistan,’ September 2011.

Possible improvements

- Follow through with the full CoH process, which includes CoH workshops for congregational community response teams, in addition to faith leaders' workshops, to reach optimal action and impact.
- Find ways to involve the highest-level faith and community leaders in the leadership workshops, or train them as facilitators (they tend to delegate the workshops to lower-level leaders).
- Develop ways to expand the scope of CoH as it still does not meet the scale of need.
- The global success of CoH in helping local faith leaders engage with tough development issues is a cause for celebration. Faith leaders around the world have embraced the transformation that WV's innovative partnerships with local faith and secular communities has brought. As each of the five CoH curricula continues to expand and positively affect communities throughout the world, WV is more aware than ever of the importance of these local partnerships; cherishing existing partnerships and establishing new partnerships in the interest of a growing world-wide need to collaborate to successfully and sustainably address development issues.

Sheikh Hassan Omari from Kenya captures the impact of the CoH methodology. 'CoH is in my blood,' he says. 'There is a great future for CoH. I will be working with CoH until I go to my Lord.'

JOIN HANDS WITH US

Become a collaborative implementer of CoH

CoH is not solely a WV initiative. WV implements CoH HIV under a licence agreement with the Christian AIDS Bureau of Southern Africa (CABSA). A number of other organisations also collaborate as partners. WV developed the three new CoH curricula on MNCH, Gender and Child Protection, but this does not mean that these tools are exclusive to WV. Children around the world should experience fullness of life. Therefore WV shares these curricula with other agencies or organisations that want to implement them. However, since the issues addressed in these curricula are very sensitive, the materials are not freely available for download and use. Instead, WV seeks to help agencies build their capacity and have trained facilitators who will be able to take the curricula further. Organisations that become co-implementers of CoH also become partners in the process to enhance the CoH content and approaches.

Build the evidence on the role of local faith communities in development

This document cites a great deal of anecdotal evidence that CoH is changing lives and communities. However, there is a dire need for scientific evidence, which will contribute greatly to demonstrate the important role faith-based organisations and local faith communities play in development. WV invites academics and research institutions to collaborate to build this evidence base.

The following academic institutions already participate in a CoH academic working group:

- Interfaith Health Program at Emory Rollins School of Public Health builds on the enduring strategic strengths and assets of faith structures, <http://www.interfaithhealth.emory.edu>
- The Knowledge Centre Religion and Development (Kenniscentrum Religie en Ontwikkeling, KCRD) provides knowledge concerning the relations between religion and development, <http://www.religion-and-development.nl/about>
- International Religious Health Assets Programme (IRHAP), an international collaborative network working on the interface of religion and public health, <http://www.irhap.uct.ac.za>

Should you be interested to join the working group or need more information, please visit the CoH website <http://www.wvi.org/churchandinterfaith> or contact the CoH team via email at channels_of_hope@wvi.org. World Vision looks forward to hearing from you and collaborating with you!

About World Vision

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Motivated by our faith in Jesus Christ, World Vision serves alongside the poor and oppressed as a demonstration of God's unconditional love for all people. World Vision serves all people regardless of religion, race, ethnicity or gender.

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