

PROGRAMMING GUIDANCE: DOCUMENT STATUS		
Title	Channels of Hope User Guide	
Date	October 2025	
Purpose	Model Design and Implementation Guidance: Provides the framework that guides the CoH process of engagement.	
When Used	When designing and implementing the CoH Project Model.	
Primary User/s	Implementers (e.g., Development Facilitators, Technical leads, F&D leads, Operations Leaders, CoH Facilitators)	
Translations Available	English	
Note	Whenever World Vision (WV) is referred, it can also be the host organisation.	

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To be equipped and certified as a Channels of Hope Facilitator, contact channels.of-hope@wvi.org.

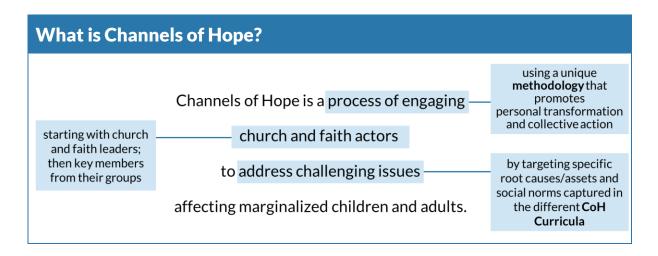
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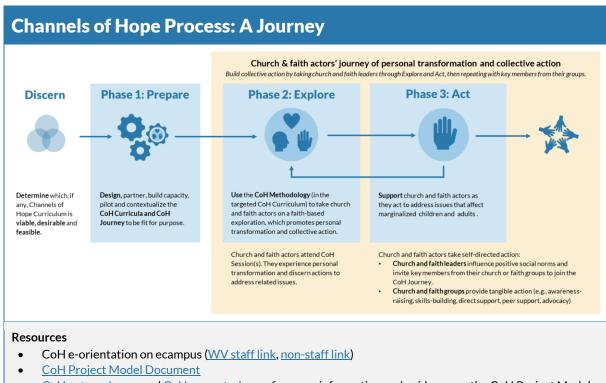
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Version Control History

YEAR	DETAILS
2013	This document was called the 'CoH Field Guide,' originally drafted based on LEAP 1.0 and before the global World Vision Partnership had a cohesive strategy (Our Promise) or commonly-used monitoring platform and standardized indicators.
2015	The language was simplified.
2024	This Guide was renamed and updated to align with current World Vision standards and processes and all CoH evidence and project evaluations to date. It is framed more around key questions and best practices to be less prescriptive than past versions.
2025	This Guide was updated based on more in-depth learning from implementers to be even more adaptable, less prescriptive, and more community-led:
	 'Catalyse' and 'Strategize' (previously phases 2 and 3) has been combined into the 'Explore' phase. Rationale: to create flexibility for implementers to tailor the CoH Curriculum for different types of participants.
	 'Empower/Sustain' (previously phase 4) has been renamed 'Act'. Rationale: to emphasise participant self-determined action.
	 The formation of 'CHATs' (Congregational / Community Hope Action Team) has been de-emphasized in favour of allowing groups to naturally form when church and faith leaders and groups join the CoH Journey and take action. Rationale: to honour the diverse ways that church and faith actors might engage throughout the CoH Journey and; to avoid imposing WV-led initiatives and actions.
	 The term 'CoH Workshop' has been replaced with 'CoH Sessions'. Rationale: to honour that CoH is more than a one-time event (period of discussion or debate) but an ongoing process of personal transformation and collective action. To acknowledge the shared power and experience between WV and church and faith actors and; to give flexibility for the CoH Curriculum to be experienced over time, especially for contexts that require several engagements, and for topics that benefit from reflection and application.
	'CoH Gender' has been renamed 'CoH Restore'. Rationale: 'Gender' is an uncommon concept that can drive confusion. The goals and evidence of CoH Restore remain the same as CoH Gender. See details and rationale of updates here: https://wvi.box.com/v/CoH-G-2025-Updates .

CoH At-A-Glance





- <u>CoH external page</u> and <u>CoH wvcentral page</u> for more information and evidence on the CoH Project Model
- Consider asking for additional orientation on the CoH Project Model from F&D RO or GC level.

Channels of Hope Curricula

COH METHODOLOGY

The evidence-based, scaffolded approach where participants engage in a transformative faith-based exploration targeting specific root causes/assets and social norms.

CoH Methodology is captured in various CoH Curricula.

The CoH Methodology is designed to:



Move the heart by creating a safe space to engage the Bible/Christian teaching (or participants' own religious texts) and discuss challenging issues



Inform the head by providing technical information in concise and appropriate ways



Equip the hands to actively and effectively address child well-being

The CoH Methodology promotes personal transformation (in knowledge, attitudes, and practices, motivation, theology) and collective action.











- Outcomes
 Contribute to decreasing violence against children (various forms)
 - Strengthened collaboration between formal child protection systems and faith community structures to prevent and respond to
- violence against children Religious institutions as child-safe organizations

- Outcomes
 Improved and equal status between women & girls, men
- and boys Equal participation and access to resources for women and girls, men and
- violence between men and women, girls and boys Strengthened support for violence victim/survivors within Protection, Health or Education Systems

Outcomes Contribute to improved health outcomes for pregnant and breastfeeding women and children under age 5, including improved:

- Health-seeking behavior
 Adoption of healthy timing and
- spacing of pregnancies
- Nutrition outcomes
- Exclusive breastfeeding for infants under 6 months
- · Collaboration between formal health systems and faith community structures

- Outcomes

 Contribute to improved health outcomes for people living with
- Reduce stigma and encourage support for people impacted by
- Increase care-seeking behaviour, voluntary testing and prevention behaviour

Outcomes Contribute to improved health outcomes associated with Ebola

Resources

Addendum I: CoH Curricula

Principles for Sustainability and Impact





CoH should be co-designed, coowned and co-delivered with church and faith partners.



Adaptive management

The implementation plan should be regularly assessed and adjusted throughout the process.



World Vision's role

The church and faith community is the hero - WV does not own or dictate the church and faith groups' actions.

CoH Implementation Process: Summary

Discern

Determine which, if any, Channels of Hope Curriculum is viable, desirable and feasible.



Partnering: This should be co-owned with key church and faith partners. If CoH is selected independently of church and faith partners, then begin developing relationships with potential church and faith partners in Phase 1: Prepare. See Partnering Knowledge Hub and Church and Faith Partnership Page for guidance.

KEY QUESTION

FACTORS TO CONSIDER

1 Viability

Which CoH Curriculum, if any, can address priority root causes/assets and contribute to outcomes?

- FACTORS TO CONSIDER
- The national strategic objectives, based on the landscape and pathway of change
- The programme's intended outcomes, root causes and assets of child well-being (including deep spiritual and socio-cultural root causes, social norms, and barriers to behaviour change)
- The project's **potential** to fit into and contribute to the broader programme, systems, outcomes, and sustainability areas

2 Desirability

Does the CoH Curriculum align with the local community and global, national and local church and faith actors' goals?

- The interests and goals of the local community
- The interests, goals, and potential of global, national, and local church and faith actors and partners to invest into common goals related to CoH

3 Feasibility

Are adequate resources available?

- The number of target church and faith leaders
- The activities, capacity, and budget required to engage church and faith groups (including leaders and their key members) through the CoH process of engagement (the CoH Journey)

Phase 1: Prepare

Design, partner, build capacity, pilot and contextualize the CoH Journey to be fit for purpose.

- 1.1 Orient relevant staff on the purpose and scope of the implementation.
- 1.2 Orient and consult key stakeholders on CoH.
- 1.3 Co-create key pieces of the implementation with stakeholders.
- 1.4 Draft the full implementation plan.
- <u>1.5</u> Designate roles and responsibilities between partners and staff.
- <u>1.6</u> Embed Key Performance Indicators (KPI), competencies, and tasks in job roles and workplans and liaise with volunteer partners to meet capacity needs.
- 1.7 Include CoH essential indicators within M&E plans.
- <u>1.8</u> Build capacity of staff and partners to support the full implementation (especially CoH Facilitators via ToFs).
- <u>1.9</u> Pilot and contextualize the CoH Curriculum for the Explore phase.
- 1.10 Anticipate the support for participants in the Act phase.

Church & faith actors' journey of personal transformation and collective action

Build collective action by taking church and faith leaders through Explore and Act, then repeating with key members from their groups.

Phase 2: Explore

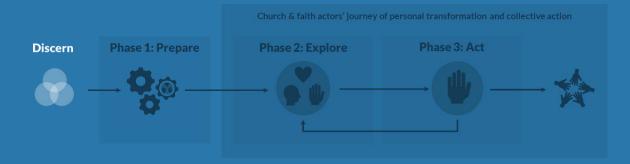
Use the targeted CoH Curriculum to take participants on a faithbased exploration, which promotes personal transformation and collective action.

- 2.1 2.2 Plan the CoH Session(s) and adjust the implementation plan accordingly.
- Coordinate logistics for the CoH session(s).
- 2.3 Conduct the CoH session(s).
- 2.4 Assess the quality of the CoH session(s).

Phase 3: Act

Support participants as they act to address issues that affect marginalized children and adults.

- Plan follow-up engagements and adjust the implementation plan accordingly.
- 3.2 Conduct follow-up engagements.
- <u>3.3</u> Assess the support needed.
- 3.4 Support participants accordingly.
- 3.5 Continue follow-up and support (3.2-3.4) until transition milestones are achieved.
- 3.6 Monitor how child well-being changes over time in the broader community.

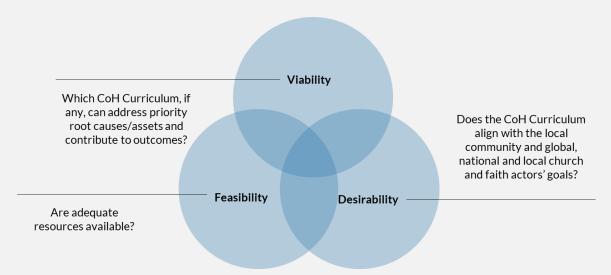


Discern

Determine which, if any, Channels of Hope Curriculum is viable, desirable and feasible.



Partnering: This should be co-owned with key church and faith partners. If CoH is selected independently of church and faith partners, then begin developing relationships with potential church and faith partners in Phase 1: Prepare. See Partnering Knowledge Hub and Church and Faith Partnership Page for guidance.



1 Viability: Which CoH Curriculum, if any, can address priority root causes/assets and contribute to outcomes?

STRATEGY AND PROGRAMMING		
What are the intended outcomes? What is the landscape (including spiritual and faith landscape)? What local, contextual root causes are priority and need to be addressed?	When conducting a root cause analysis: Understand root causes of behaviour, including spiritual and cultural social norms and barriers to behaviour change (e.g., Barrier Analysis) Categorise root causes into three groups: Individual drivers (such as knowledge, attitudes and skills) Social drivers (such as norms and cultural values)	

Which CoH Curriculum can help address the root causes/assets and contribute to outcomes?

What is the pathway of change?

- Structural drivers (such as access to resources, services and supportive policies)
- Prioritise which drivers are most important and which drivers can be influenced by church and faith leaders based on their capacity.

Resources

- Spiritual Landscape Assessment Tool
- WV Strategy Toolkit
- Addendum I: CoH Curricula
- <u>UNICEF Behavioural Drivers Model</u>
- Social Norms Exploration (SNET) tool and video
- Social Behaviour Change and Social Norms Training Courses:
 - o <u>Introduction to SBC online course</u>
 - o Shifting Social Norms Online course
 - Short Video series on defining, shifting and measuring social norms

PROGRAMME FIT

How might CoH fit within the broader programme where it will be implemented?

How might CoH work with, or strengthen, the relevant system? (Health System, Education System, Child Protection, etc.)

How might CoH enable and leverage outcomes and sustainability? (e.g., partnerships, transformed relationships, advocacy, resilience, and local ownership)

Additional notes

- CoH is an enabling model, and thus can be implemented in a broader programme.
- Involve relevant technical experts who have skills in delivering the interventions which will address your priority root causes.

2 Desirability: Does the CoH Curriculum align with the local community and global, national and local church and faith actors' goals?

COMMUNITY PARTNERSHIP

What are the local community's development goals?

How does the CoH Curriculum align with the local community's goals?

Which community actors have the greatest influence on the intended outcomes?

Best practice

 Assure there is clear benefit and align common goals where possible.

CHURCH AND FAITH PARTNERSHIP

Who are the existing national church and faith partners?

What are the interests and goals of global, national and local church and faith actors and partners?

What is the potential of church and faith actors and partners to invest in common goals related to CoH?

How will church and faith actors and partners be engaged?

Best practice

- Assure there is clear benefit and align common goals where possible.
- Engage both church and faith actors and partners who are more closely aligned (advocates) and those who are less aligned (critics) to the project's goals for child well-being.
- Identify allies and potential blockers to your goal, determine
 their interests and align the programme goals with these
 interests. This will help you in communicating the
 programme to potential partners, and in overcoming
 resistance.

Resources

- Partnering Knowledge Hub
- Church and Faith Partnership Page
- <u>UNICEF Everyone Wants to Belong power mapping guidance</u>

3 Feasibility: Are adequate resources available?

TOTAL CHURCH AND FAITH LEADERS

How many church and faith leaders exist in the target area?

Best practice

- Where there are challenges identifying women church and faith leaders, consider other women ministry leaders (e.g. children's ministers) or engage spouses of the target faith leaders.
- In contexts where faith leaders have multiple wives (e.g., Muslim), be sensitive to those dynamics and avoid causing marital problems in the family (e.g., by allowing them to bring all wives or none).

Additional notes

- Spouses of faith leaders and women ministry leaders should be considered because:
 - Spouses of faith leaders often hold influence due to their social role.
 - o It's helpful for both marriages and ministry leadership teams when the men and women are transformed together.

Resources

- Stakeholder and Potential Partner Mapping process
- Faith Community Mapping

TARGET CHURCH AND FAITH LEADERS

Which church and faith leaders should we target?

Best practice

- Select church and faith leaders:
 - Who represent the diversity of church and faith groups in the area (e.g. denominations and traditions, like Catholic, Protestant, Orthodox, etc.);
 - Whose interest and goals align well with the project goals;
 - Who may benefit and/or have interest in having their skills built in the technical area; and

- Who hold and influence the knowledge, attitudes and practices in their faith communities (consider the size of their congregation, social media influence, etc.)
- Consider various levels of church and faith leaders beyond the senior level (e.g., Religious Ministry Directors, Lay Leaders, etc.)
- Intentionally target women to create gender balance because it is predominantly a male-dominated space.

Additional notes

- Sometimes faith leaders of small groups are very effective, and leaders of megachurches are too busy to engage, and vice versa.
- Promote a gender balance because transformation is essential for both men and women.
- Consider the tipping point which is defined as a point in a social system where a small quantitative change can trigger rapid and nonlinear changes. There are different theories showing that <u>10-40% is</u> <u>the 'tipping point' for social change</u>.

SCOPE THE IMPLEMENTATION

What activities, capacity and budget are required for the Prepare phase?

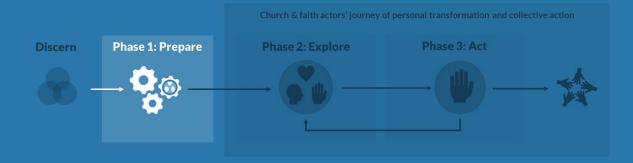
What activities, capacity and budget are required to take church and faith leaders and their key members through the Explore and Act phase?

Best practice

• Anticipate 5-10 key church and faith group members for every participating church and faith leader.

Resources

- CoH Scoping Tool
- Strategy Costing Guidelines CoH tab



Phase 1: Prepare

Design, partner, build capacity, pilot and contextualize the CoH Journey to be fit for purpose.

1.1 Orient relevant staff on the purpose and scope of the implementation.

RELEVANT STAFF		
Which staff are relevant to the implementation?	 Best practice Include the following staff as part of CoH implementation: Development Facilitators; Technical leads related to the programme; F&D Focal Points; and Local Partnering Staff. Share ownership of the implementation with the relevant technical sector(s). 	
STAFF ORIENTATION		
How will staff be oriented on implementation?	Best practice Ensure staff understand the purpose and scope of the CoH implementation. Resources Phase: Discern CoH Scoping Tool	

1.2 Orient and consult key stakeholders on CoH.

RELEVANT STAKEHOLDERS		
Which local church or faith actors should be oriented? Which local government and non-government partners/experts working on similar issues should be consulted?	 Best practice Work through the national-level church and faith group governing bodies, like denominations and councils. Orient the most key/influential church and faith leaders, not necessarily all targeted church and faith leaders. Be sensitive to the church or faith hierarchies and gender norms. Consider including local experts, leaders of NGOs, CBOs and/or community influencers who are part of the corresponding formal/informal system (health, education, justice, social welfare, child protection – and other protection systems like for domestic violence, etc.). 	

How will key stakeholders be oriented on CoH? Best practice Consider using standard CoH orientation materials (accessible from the CoH wycentral page) as a starting point and tailor based on context. If a minister's fraternal or interfaith network exists in the target area, consider asking one of their key leaders if you can share during

one of their ongoing meetings.

1.3 Co-create key pieces of the implementation with stakeholders.

RELEVANT STAKEHOLDERS		
Which key stakeholders should be consulted to input on the implementation?	Consider the following stakeholders: Local, key church and faith leaders that were oriented; Local government and non-government partners/experts working on similar issues; and CoH Facilitators (staff and non-staff).	
COH CURRICULUM		
How will stakeholder input be incorporated in the CoH Curriculum?	 Best practice Collaborate with stakeholders to tailor the CoH Curriculum to address local/contextual root causes, influence relevant social norms, and address drivers of behaviour. Refer to existing (or conduct new) root cause analyses, such as the Social Norms Exploration Tool, Barrier Analysis, Problem Tree, or other approaches like the various ADAPT Analysis Design and Planning Tools. 	
SCHEDULE		
When will the local CoH Sessions happen?	Best practice Collaborate with stakeholders to anticipate activities so that: The times are suitable for the faith community (e.g., outside of holy seasons, harvest or planting times, etc.); Facilitators are available to conduct sessions; and The workload is distributed among multiple facilitators. This will help facilitators create schedules in the Explore phase. (e.g., if 52 workshops are needed, do not rely on the same facilitator for all workshops).	
TRANSITION MILESTONES		
What milestones or circumstances would initiate scaling up and doing more?	 Best practice Ensure the planned transitions are gradual with clear milestones. Determine milestones or circumstances together with partners. Explore all forms of transition, such as: Including additional participants; 	

What milestones or circumstances would initiate a project ending?

- o Incorporating a new CoH Curriculum for the same participants;
- o Scaling up to a new project area; and
- Moving on and ending the project.
- Consider the following potential milestones or circumstances that should initiate a transition in the implementation:
 - Participants are self-sustaining their actions to address child well-being issues;
 - o Participants are not responding or engaging in CoH; or
 - A significant change in context that affects CoH or prevents CoH from being a priority (such as emergency or conflict).

Resources

• Local Partnering in Practice - Section 9.3 and 9.4

1.4 Draft the full implementation plan.

Resources

• CoH Scoping Tool

- 1.5 Designate roles and responsibilities between partners and staff.
- 1.6 Embed Key Performance Indicators (KPI), competencies, and tasks in job roles and workplans and liaise with volunteer partners to meet capacity needs.
- 1.7 Include CoH essential indicators within M&E plans.

Resources

- CoH Logframe
- CoH Design Implementation Quality Assurance Tool (DIQA)

1.8 Build capacity of staff and partners to support the full implementation (especially CoH Facilitators via ToFs).

FACILITATION		
Who will facilitate CoH sessions with participants in the Explore phase? What capacity building is required?	 Resources CoH Scoping Tool Complete this form to request support to train staff and partners as CoH Facilitators. 	
How will their capacity be built?		
FOLLOW UP AND SUPPORT		

Who will follow up and support participants in the Act phase?

What capacity building is required?

How will their capacity be built?

Best practice

• Capacity building should be self-paced and self-led.

Resources

- Phase: Discern Viability Resources
- Addendum II: Possible participant actions and how to support

ADAPTIVE MANAGEMENT

Who will manage the overall quality of the implementation using adaptive management?

What capacity building is required?

How will their capacity be built?

Best practice

• Capacity building should be self-paced and self-led.

Resources

For an example training on adaptive management, see this <u>Kaya e-course</u>

CHURCH AND FAITH PARTNERSHIPS

Who will develop church and faith partnerships?

What capacity building is required?

How will their capacity be built?

Best practice

• Capacity building should be self-paced and self-led.

Resources

<u>Phase: Discern - Desirability</u> - Resources

1.9 Pilot and contextualize the CoH Curriculum for the Explore phase.

CONTEXTUALIZATION PROCESS

How will the CoH
Curriculum be adapted for local context?

What factors should shape and influence the CoH Curriculum?

Best practice

- Conduct pilot sessions with church and faith leaders to test. Start with a small, safe, trusted group, whose leaders are supportive of the project.
- In the pilot sessions, observe:
 - What content is most impactful on changing attitudes, beliefs, practices, and social norms;
 - What content motivates responses to the associated root causes/assets and outcomes;
 - What content needs adaptation to be culturally appropriate or sensitive (e.g., words, language, examples, references); and
 - What root causes from the root cause analysis (including social norms and drivers) are validated or needs to be amended.

Additional notes

• Some projects might need more pilot sessions in different contexts to determine the best methodologies and approach to sharing.

Resources

- <u>CoH Contextualization and Adaptation Guidelines</u>
- CoH Local Session Logistics
- Corresponding CoH Facilitator Toolkit

COH CURRICULUM CONTEXTUALIZATION

Which CoH Curriculum content is most relevant and impactful in the local context to help address the root causes and achieve outcomes?

Which CoH Curriculum content need to be contextualized?

Best practice

- Involve the relevant technical sector(s) in the piloting and contextualization so that the CoH Curriculum addresses the relevant local root causes.
- Select and adapt content from the CoH Curriculum based on the pilot session observations.
- Translate key documents.
- Include the specific contextual issue in:
 - Statistics
 - Personal Testimony
 - Harmful Practices or Healthy Behaviours
- Create or alter Agree/Disagree statements and Tough Stuff statements.
- Reformat materials based on the planned delivery method (e.g., changing flip charts to a PowerPoint).

1.10 Anticipate the support for participants in the Act phase.

ANTICIPATED SUPPORT

How will you provide support that will nudge participants to address the project's root causes and contribute to the project's outcomes?

Best practice

• Use adaptive management.

Resources

Addendum II: Possible participant actions and how to support

Church and faith actors' journey of personal transformation and collective action

Build collective action by taking church and faith leaders through Explore and Act, then repeating with key members from their groups.

CHURCH AND FAITH ACTORS

1. Church and faith leaders

- Start with church and faith leaders because they are key community influencers and influence each other as peers.
- After the Explore phase, church and faith leaders should select members of their church or faith group to join the CoH Journey.



2. Key members from participating church and faith leaders' group

- Estimate 5-10 members per leader.
- Begin the Explore phase with church and faith group members within 6 months of engaging with their church and faith leader.



ADAPTIVE MANAGEMENT

If church or faith leaders do not invite members of their church or faith group:

- Continue to encourage church and faith leaders to select members of their church or faith group or to link with formal actors or groups as appropriate.
- Consider engaging local formal and non-formal groups who can also participate in the CoH Journey.
- Identify disparate volunteers from church or faith groups who may be able to backfill local community needs, like local child welfare committee members.



Phase 2: Explore

Use the targeted CoH Curriculum to take participants on a faith-based exploration, which promotes personal transformation and collective action.

2.1 Plan the CoH Session(s) and adjust the implementation plan accordingly.

PARTICIPANTS

How many participants will be in this cohort?

Will participants have to be engaged in smaller groups?

Best practice

- A minimum of 30 participants promotes an economy of scale (best return on investment); a maximum of 60 participants helps manage group activities and discussions.
- If there are more than 60 participants in the cohort:
 - Divide participants into smaller groups (ideally 30-60 participants per group).
 - Group participants by location to keep the CoH Session(s) accessible.

CONTENT

Which content from the CoH Curriculum will be facilitated with the participants?

Best practice

- Consider the knowledge, attitudes, practices, theology and motivation of this specific cohort of participants.
- Tailor the content around the intended outcomes, root causes, context, and intended personal transformation.
- Assume there will always be participants that will benefit from starting with foundational topics. (This ensures we Do No Harm.)
- Do not skip core content outlined in the corresponding CoH Curriculum.
- Ensure the heart, head, and hands are addressed across the CoH Session(s).

Additional notes

- All CoH Curricula include a wide variety of issues to address. Some
 may not be related to the specific country or community where the
 CoH will be implemented. There may also be issues which have not
 yet been included in the CoH Curricula. These are in constant
 revision. Send your requests and suggestions to the Channels of
 Hope team: channels_of_hope@wvi.org.
- Any given implementation cannot accommodate all the related issues (e.g., for example, all the types of maternal newborn child health issues, or child protection issues, or equality and dignity-

	related issues). Prioritise the issues to address based on local prevalence and statistics.
FORMAT	
How will the content be delivered?	 Best practice Prioritise face-to-face interaction where possible (e.g. holding the sessions at a conference venue). Consider how to keep costs low: Look for no/low-cost venues (e.g. community hall, church, mosque, temple, etc.). When hosting at a conference venue with participants staying overnight, spouses can share rooms to save budget.
DOSE AND DURATION	
How will the content be dosed?	 Best practice It is recommended to dose the content in numerous, separate sessions (i.e., CoH Sessions) rather than all at once (i.e. hold one session per week, once every two weeks, or once a month). This allows participants to absorb and process the concepts. To further increase impact, deliver one module at a time in separate sessions. Consider that content delivered consecutively with participants staying at the same venue often ensures full engagement. Consider that content delivered across several daily, weekly or monthly CoH Sessions keep costs low and do not interfere with participants' daily livelihoods.
SCHEDULE	
What dates and times are suitable for the participants and CoH Facilitators?	 Best practice Consult senior leaders from the local church and faith groups to ensure the schedule is suitable and that they support their leaders and key members to attend. Select times are suitable for the faith community (e.g., outside of holy seasons, harvest or planting times, etc.)/ Co-create and confirm the schedule with the participants during the first CoH Session. Ensure a balanced, certified CoH Facilitation team is available for the sessions.
	Resources • CoH Scoping Tool - Activities & Capacity tab

2.2 Coordinate logistics for the CoH session(s).

Resources

• <u>CoH Local Session Logistics</u>

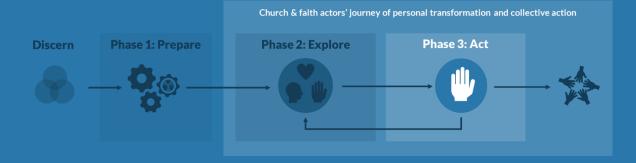
2.3 Conduct the CoH session(s).

Resources

- Corresponding CoH Facilitator Toolkit
- CoH Adult Learning Tips

2.4 Assess the quality of the CoH session(s).

PARTICIPANT FEEDBACK		
What was the participant feedback?	Resources • Participant Evaluation Form	
OBJECTIVES		
To what extent were objectives met?	Best practice Assess based on the CoH Curriculum objectives: Participants have the knowledge, attitudes, practices, theology, and motivation to directly address the local child well-being issues, measured by the corresponding Pre/Post Workshop Questionnaire. Participants have action plans (written or not) for themselves, their church or faith group, and their wider congregation/faith community for how they will address the related issues. Participants have general agreement (written or verbal) for their next steps in the Act phase, including if, when, and how to maintain their motivation and sustained engagement. Resources Addendum II: Possible participant actions and how to support	
QUALITY STANDARDS	Addendum II: Possible participant actions and now to support	
To what extent were the quality standards met?	Best practice Assess the quality after the last CoH Session as a facilitation team. Resources CoH Local Session Logistics – Workshop Quality Standards	
ADAPTIVE MANAGEMENT		
If applicable, what can be done to further support the participants' journey of personal transformation and collective action?	Best practice Consider the following potential actions based on the assessment: Repeat CoH Sessions; Add refresher CoH Sessions; and/or Improve the CoH Session quality.	
How can the CoH Sessions be improved next time in content, process, and/or facilitation?		



Phase 3: Act

Support participants as they act to address issues that affect marginalized children and adults.

3.1 Plan follow-up engagements and adjust the implementation plan accordingly.

TIMING	
When will participants be followed up with?	Best practice Follow up with the participants using their preferred frequency. Aim to follow-up: Within 1-3 months after the CoH Session(s); Every 6-12 months; and When there are new CoH implementation staff. Additional notes Participants are also encouraged to maintain peer support, independent of WV, and may organize and conduct their own follow-up meetings as well.
METHOD	
How will participants be followed up?	 Follow up with the participants using their preferred method. Follow up can done through: A formal meeting (consider using the Semi-Annual Follow Up Meeting Guide) Individual follow-ups or check-ins (via phone, email, WhatsApp, etc.) Use follow-up engagements to: Maintain relationships with participants; Maintain momentum and sustained action (e.g., refine and share progress on action plan); Assess the support that participants need and desire; Provide the support; Reflect on the CoH Journey; and Monitor, assess, and document the collective action. Hold follow-up engagements in a no-cost venue (e.g. outside, at a church or religious hall, empty school hall). Resources Semi-Annual Follow Up Meeting Guide and Outcome Survey Tool
STAFFING	

Who will be responsible for coordinating follow up and support?

Resources

<u>CoH Scoping Tool</u> – Activities & Capacity tab

3.2 Conduct follow-up engagements.

3.3 Assess the support needed.

PERSONAL ASSESSMENT

Where are participants in their knowledge, attitudes, practices, theology and motivation?

Resources

• Corresponding CoH pre/post workshop questionnaire

COLLECTIVE ACTION ASSESSMENT

How many participants are still active?

What action plans emerged from the participants?

What are the commonalities amongst the plans?

How have participants progressed or refined their plans?

How have participants contributed to changed social norms?

Best practice

- Assess the integrity of child well-being messaging;
 - This does not need to be formal or evaluative.
 - Simply get a sense of how the messaging has maintained or changed.
- Action plans are not WV-owned. Promote and deliberately acknowledge that the participants drive and own their plans.
- Do not impose specific initiatives or instrumentalize the participants to adhere to a specific plan.
- The participants' activities are not static; they change over time. Allow room for flexibility, ownership, changing of plans, etc.

SUPPORT ASSESSMENT

What kind of support do participants need and desire from WV?

Who/which staff or partners can provide participants with each type of support?

Best practice

- World Vision's role is to promote peer support amongst the
 participants to sustain and scale their capacity, action and impact to
 address child well-being issues.
- Respond flexibly, both with staff time and budget, depending on the preferred method, frequency, and support that participants request.
- Consider using Semi-Annual Follow Up Meetings to provide the support.

Resources

• Addendum II: Possible participant actions and how to support

How (through what methods) will support be provided?

3.4 Support participants accordingly.

3.5 Continue follow-up and support (3.2-3.4) until transition milestones are achieved.

ADAPTIVE MANAGEMENT

How much time and budget is left in the implementation plan?

Is the implementation on track for reaching milestones for sustainability within the existing timeline and budget?

Are the milestones still appropriate?

What more is needed to reach milestones?

Best practice

- Follow up and support the participants until the initiative has reached planned milestones.
- Consider accessing more funding to achieve outcomes.

Resources

• <u>Phase 1: Prepare - 1.3</u>

3.6 Monitor how child well-being changes over time in the broader community.

Best practices

- Consider participants and their communities' behaviour change for specific norms (e.g., shifts in agreement such for the following statements:
 - o Prevalence: "Most people in my community do..."
 - o Approval: "Most people in my community expect me to do..."
 - Sanctions: "If someone in my community did not do..., people would criticise or say negative things about them.")

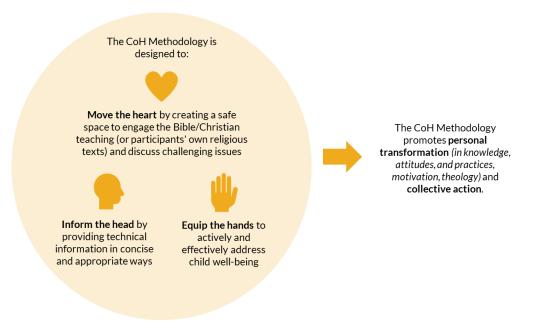
Resources

- CoH Intermediate Outcome Indicator 1: Proportion of Channels of Hope Direct Participants who took action to promote positive social norms for child well-being (https://wvi.box.com/v/CoH-Social-Norms-Tool)
- CoH Intermediate Outcome Indicator 2: Proportion of Channels of Hope Direct Participant Groups
 who took actions that directly support child well-being (https://wvi.box.com/v/CHATs-Outcome-Survey)
- <u>CoH Log frame</u> (for essential output indicators and menu of possible outcome indicators across CoH Curricula)

Addendum I: CoH Curricula

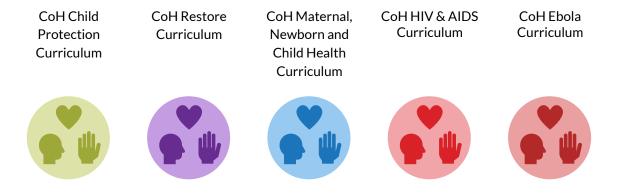
CoH Methodology

The evidence-based, scaffolded approach where participants engage in a transformative faith-based exploration targeting specific root causes/assets and social norms.



CoH Curricula

The CoH Curricula is the CoH Methodology applied to address target issues and root causes. Each CoH Curriculum has its own unique set of tools:



During the CoH Journey, the CoH Curricula is primarily used during the Explore phase; however, it can also be used flexibly during Prepare and Act phases to respond to the context.

CoH Child Protection

The CoH Child Protection curriculum equips faith communities to safeguard children through awareness, prevention, and action. It begins by helping participants recognize personal attitudes and knowledge gaps, then builds



technical understanding of child protection issues and local realities. The program emphasizes comprehensive prevention strategies, including positive discipline and community engagement. Central to its approach are biblical (for Christians) and faith-based responses providing ethical principles, addressing tough theological questions, and promoting justice. Finally, participants develop tailored plans to protect children and promote their well-being.

COH CHILD PROTECTION OUTCOMES

- Contribute to decreasing violence against children (various forms)
- Strengthened collaboration between formal child protection systems and faith community structures to prevent and respond to violence against children
- Religious institutions as child-safe organizations

EXAMPLES OF ROOT CAUSES	EXAMPLES OF ASSETS LEVERAGED
 Social norms that drive violence against children, influenced by religion and culture Religious teachings that: undervalue children and resist child rights drive or affirm violence against children (e.g., child marriage, FGM/C) impede reporting and referral of violence against children Distrust of formal government systems and actors due to the perception that they promote immoral practices or break-up families Religious institutions not safe for children 	 Religious teachings that: prevent violence: peace and non-violence, inherent dignity and value of every child compel response to violence against children (e.g., justice) Regular gatherings within faith communities offer frequent opportunities to share key messages and mobilise community action Faith communities desire to uphold laws and policies Church and faith leaders provide parent/caregiver support Faith-based children's groups can provide positive social supports and affirming messages Practices and protocols to ensure that children are safe in religious institutions

CoH Restore Curriculum

CoH Restore is designed to engage church and faith actors to promote personal transformation and collective action towards human equality and peaceful relationships. It aims to address negative norms, roles and power dynamics between men and women, girls and boys.



The CoH Restore Curriculum takes participants on a faith-based exploration as they reflect on relationships, dignity and equality. It begins by building a safe space for honest dialogue, then explores how society and faith shape our views. At its heart is a spiritual arc – how God created humans to be in harmonious relationships, the brokenness caused by sin and the hope of restoration (for Christians, through Jesus). Along the way, participants explore the topics of violence and inequality and are equipped to with knowledge and skills to act for healing and justice in their communities.

COH RESTORE OUTCOMES

- Improved and equal status between women and girls, men and boys
- Equal participation and access to resources for women and girls, men and boys
- Reduced tolerance of violence between men and women, girls and boys
- Strengthened support for victims/survivors of violence from within Protection, Health, or Education Systems

CoH Maternal Newborn Child Health Curriculum

Channels of Hope for Maternal Newborn Child Health (MNCH) empowers faith communities to improve health outcomes for pregnant and breastfeeding women and children under five. The program aims to strengthen health-seeking behaviors, promote healthy timing and spacing of pregnancies,



improve nutrition, and encourage exclusive breastfeeding for infants under six months. It fosters collaboration between formal health systems and faith structures, leveraging the influence of trusted faith leaders to challenge harmful norms and promote life-affirming practices. Through guided learning, participants explore technical knowledge, real-life challenges, and biblical (for Christians) and faith-based principles—that inspire action. The approach equips communities to partner with local health actors, assess their own competency, and develop tailored plans that ensure mothers and children thrive.

COH MATERNAL NEWBORN CHILD HEALTH OUTCOMES

Contribute to improved health outcomes for pregnant and breastfeeding women and children under age 5, including improved:

- Health-seeking behavior
- Adoption of healthy timing and spacing of pregnancies
- Nutrition outcomes
- Exclusive breastfeeding for infants under 6 months
- Collaboration between formal health systems and faith community structures

EXAMPLES OF ROOT CAUSES

- Social norms that hurt health outcomes
- Religious and cultural teachings that:
 - Undermine health-seeking behavior (e.g. placing divine will or prayer in opposition to medical care)
 - Effect women's and children's access to preventive care, treatment and health/nutrition services
 - Drive non-evidence-based medicine that negatively effect health (e.g., witch doctors, myths, etc.)
 - Drive high birth rates (e.g., polygamy, having many children is a blessing)
 - Drive food and breastfeeding taboos, and taboos around sexuality and reproductive health (misinformation)
 - Undermine government institutions, which can weaken public health systems and messages
- Distrust of formal government systems due to perception that they promote "immoral practices" (e.g., abortion)

EXAMPLES OF ASSETS LEVERAGED

- Faith leaders can challenge harmful practices from a place of moral and social authority
- Religious teachings that:
 - Promote health, health seekingbehaviour, healthy spacing of pregnancies, good nutrition outcomes (e.g., wisdom, sanctity and protection of life, healing)
 - Promote human equality and equal access to power
- Faith leaders are trusted influencers who can model, promote, and support positive health behaviours
- Regular gatherings within faith communities offer frequent opportunities to share key messages and mobilise community action

CoH HIV & AIDS

CoH HIV & AIDS works to improve health outcomes for people living with HIV, reduce stigma, and increase care-seeking behaviors such as testing, treatment, and prevention. While barriers like stigma, harmful interpretations of the Bible



(for Christians) and other faith texts, (for people of other religions) and taboos around sexuality often prevent access to services, faith communities offer powerful solutions. Faith leaders can model positive behaviors, challenge misconceptions, and use their moral authority to promote compassion and accurate information. Regular gatherings and volunteer networks create opportunities to share life-saving messages and provide support. By leveraging these assets, the initiative transforms faith communities into active partners in ending stigma and ensuring access to HIV care.

COH HIV & AIDS OUTCOMES

- Contribute to improved health outcomes for people living with HIV
- Reduce stigma and encourage support for people impacted by HIV
- Increase care-seeking behaviour, voluntary testing and prevention behaviour

EXAMPLES OF ROOT CAUSES

Faith texts and/or religious tradition can be used to undermine health-seeking behaviours (e.g., pitting prayer and divine

- will against seeking medical attention, vaccine uptake, etc.)
- Stigma and lack of knowledge about HIV prevention, services and support within the faith community (can lead to members not accessing available services, prevention of mother to child transmission and broader prevention approaches)
- Faith practices, taboos, and/or non evidence-based traditional medicine ('witch doctors') can be harmful health
- Lack of resources/training, willingness or tools to people living with or impacted by HIV
- Taboo topics such as sexuality and/or sexual and reproductive health/family planning can lead to lack of information, misconceptions and unwillingness to seek needed support
- Lack of pastoral care and counseling for PLWHIV
- Barriers to quality HIV services
- Lack of awareness of PMTCT (preventing mother to child transmission)

EXAMPLES OF ASSETS LEVERAGED

- Faith leaders are key influencers and can model, support, break stigma and promote care-seeking behaviours for people living with or impacted by HIV
- Faith communities can reinforce positive faith norms and/or combat broader cultural norms from a place of moral and social authority
- Faith communities mobilize volunteers and networks to respond in a range of ways to support
- Faith communities meet regularly, often in stakeholder groups, providing great opportunity to share key messages, mobilize volunteers to support people living with or impacted by HIV

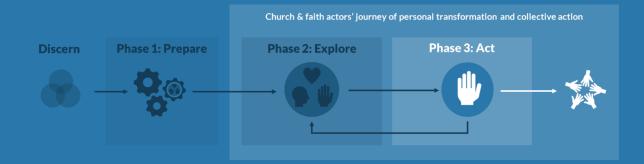
CoH Ebola

CoH Ebola is about strengthening community resilience by ensuring faith leaders actively promote accurate health information and life-saving behaviours. Church and faith leaders can build trust and reduce fear, enabling



communities to seek care early and follow prevention measures. It equips church and faith leaders to model acceptance of safe burial practices and encourage adherence to health guidelines, helping to stop transmission. Through their networks and moral authority, faith communities mobilize volunteers to provide practical and emotional support, reducing stigma and isolation for affected families. These efforts aim to curb the spread of Ebola and create stronger, more confident communities that trust health systems and respond effectively to future outbreaks.

COH EBOLA OUTCOMES			
Contribute to improved health outcomes associated with Ebola			
EXAMPLES OF ROOT CAUSES EXAMPLES OF ASSETS LEVERAGED			
 Religious or faith beliefs that drive or maintain: Mis- and dis-information about Ebola Poor hand washing and hygiene Un-safe burials Vaccine hesitancy 	 Faith leaders are key influencers and can model, support, break stigma and promote care-seeking behaviours for people with Ebola Faith communities can reinforce positive faith norms and/or combat broader cultural norms from a place of moral and social authority Faith communities mobilize volunteers and networks to respond in a range of ways to support Faith communities meet regularly, often in stakeholder groups, providing great opportunity to share key messages, mobilize volunteers to support people impacted by Ebola 		



Addendum II: Possible participant actions and how to support

Peer support, encouragement and motivation

Possible participant actions	 Invite their church or faith group members to join the CoH Journey Attend follow-up engagements Organize peer support groups Share action plans with their broader church or faith group for buy-in, coownership, support, and sustainability
How to support	 Organize follow-up engagements to facilitate peer support, such as: Semi-Annual Follow Up Meetings; WhatsApp; Virtual meetings; Etc. Celebrate successes and how challenges were overcome Share challenges and brainstorm solutions Encourage participants to continue seeking their own unique and essential role/calling Encourage participants to continue refining and acting on their action plans, independent of WV

Social and behaviour change influence

Possible	How participants can influence	
participant	Raise awareness about the issues affecting marginalized children and adults	
actions	Address harmful norms and behaviours	
	Correct misperceptions around harmful norms and behaviours (e.g., belief that	
	they are required by scripture)	
	Model positive norms and behaviours	
	Highlight positive norms and behaviours in the local community	
	Emphasize the positive benefits of positive norms and behaviour	
	Emphasize the alignment between religious values and child well-being goals	
	Through what methods participants can influence	
	Preaching, teaching, talking or role modelling	

Engaging with community events and local media
 Highlighting positive assets and behaviours in the local community.
 Facilitating community dialogues or debates with diverse community members
 Note: While participants may select some portions of the CoH Curriculum to recreate with their communities, it is recommended that participants do not try to facilitate the full CoH Curriculum unless they are trained as CoH Facilitators. This is to Do No Harm and ensure impact and integrity of messaging.

How to support

• Encourage participating church and faith leaders to promote social and behaviour change toward protective behaviours

Connection and collaboration

Possible participant actions

How participants can collaborate

- Exchange experiences
- Build networks
- Partner to work on a specific action or goal
- Partner to identify policy or service issues

Who participants can collaborate with

- Other participant church or faith leaders and groups;
- Other church or faith leaders with mutual interests;
- Relevant formal systems and government partners/entities:
 - o Health
 - Education
 - Child protection (e.g., Child Welfare Committee, local child protection officers, government officials)
- Relevant local groups
- Relevant organizations
- Relevant projects
- Relevant initiatives

How to support

- Facilitate collaboration with entities that share similar interests and goal(s) or can provide help
- Encourage participants to engage with the formal system, rather than set up parallel systems
- Protect church or faith groups from being instrumentalized or coopted by the formal system

Advocacy

Possible participant actions

- Advocate for direct support to marginalized children and adults
- Advocate for services and facilities that will support marginalized children and adults

	Engage with and support advocacy efforts, including local initiatives or national and global campaigns
How to support	Connect participants with local and national advocacy efforts

Direct support

Possible participant actions	 Possible actions for child protection Possible actions for dignity and equality (see page 36) Possible actions for newborn child health Possible ideas from Ending Violence Against Children Impact Study Provide direct support to vulnerable children (e.g., home visits; basic needs) Provide relevant capacity building to community members (e.g., train teachers in child protection or referral processes)
How to support	 Encourage and promote participants, especially faith and church group members, to take direct action Guide participants to align their actions with the corresponding social norms in the community Connect participants with relevant, existing local capacity building opportunities Directly provide refresher training related to the CoH Curriculum to: Encourage the participants' sustained action; Maintain the knowledge, attitudes, practices, and motivation; or Maintain protective child well-being messaging. Prioritize capacity building related to the CoH Curriculum, based on the participants' needs/desires/interests. For example: CoH Child Protection: positive parenting training. CoH MNCH: family planning; or adolescents sexual and reproductive health. CoH Restore: survivor-centered approach; couples' counseling. Consider introducing a new CoH Curriculum

Addendum III: Resources

Discern

COH GUIDANCE DOCUMENTS	PURPOSE	PRIMARY USER
CoH e- orientation on ecampus	Provides an overview of the model, including why it exists, where/how it fits in strategy, its methodology, process and outcomes, key costs, and quality assurance overview. For non-World Vision staff to take the Channels of Hope e-Orientation: fill out this registration form.	Anyone interested in learning about the CoH Model
CoH Project Model	Includes the evidence base and many of the DMEAL pieces like logframe, indicators and other design aspects.	National-level leaders and operations staff
CoH User Guide (this document)	Provides the framework that guides the CoH process of engagement.	Implementers
CoH Budget Guidelines	Provides key items to consider when budgeting for implementation.	Decision makers and implementers
CoH Design Implementation and Quality Assurance Tool	Outlines the model's quality standards and markers, including essential indicators, staffing needs, competencies, budgeting, and activities across the model's design and implementation.	Decision makers, implementers and DMEAL staff
CoH log frame and all DME tools	Provides suggested indicators and measurement tools to measure the contribution and quality of implementation.	DMEAL staff

Phase 1: Prepare

COH GUIDANCE DOCUMENTS	PURPOSE	PRIMARY USER
CoH ToF Logistics Checklist	Provides logistics guidance to organize CoH ToF events.	CoH Master Trainers and Training Teams

CoH Master Trainer ToF Toolkit	Includes everything to conduct CoH ToFs and certify new CoH Facilitators, including the ToF Tools and Facilitator Toolkit. Each CoH Curriculum has its own Master Trainer Toolkit, including unique assessment tools. These are not open-source. Email channels.of-hope@wvi.org for access.	CoH Master Trainers and training teams
CoH Contextualization and Adaptation Guidelines	Provides overview guidance for how to adapt/apply/contextualize the Channels of Hope Project Model for various contexts.	National-level operations staff

Phase 2: Explore

COH GUIDANCE DOCUMENTS	PURPOSE	PRIMARY USER
CoH Local Session Logistics	Provides guidance to prepare logistics for taking participants through the Explore Phase, including details on the CoH Facilitation team, target audience, venues, delivery methods, supplies, materials, and minimum standards.	CoH Facilitators and Admin Support
CoH Facilitator Toolkit	Holds the guidance and tools (Facilitator Manual, Personal Workbook, Reference Index, Other Tools including Adult Learning & Facilitation Tips) to promote participants' personal transformation. Each CoH Curriculum has its own toolkit, with a Facilitator Manual and accompanying tools. These are not open-source. Email channels.of hope@wvi.org for access.	CoH Facilitators

Phase 3: Act

COH GUIDANCE DOCUMENTS	PURPOSE	PRIMARY USER
Semi-Annual Follow Up Meeting Guide	Provides guidance on the Semi-Annual Follow-Up Meetings, which can be used for participants to inspire each other by sharing their successes, learnings, challenges, for participants identify/request any further support they desire; and for WV to assess and monitor sustained change and action.	Local Focal Point(s)

CHAT Annual	Captures key monitoring data	DMEAL staff
Outcome Survey		

Addendum IV: Glossary

WV terms

Core project model

Core project models are sets of evidence-based practices for improving child well-being. They are made up of processes and interventions that have been found to work across a variety of contexts to design and implement programmes that are cost-effective and deliver sustainable results.

Within the set of Core Project Models are 'Enabling' Core Project Models, which are integrated interventions or approaches that leverage local platforms to foster sustainable social norm change, local ownership, and amplify community voices within broader systems.

Faith landscaping

Faith landscaping goes beyond spiritual landscaping; it includes both a broad mapping (who is there) and understanding: both the religious actors and their organizational structures; how various faith groups relate to each other; how the local faith actors interplay to the national faith actors; and how faith and religion influences child well-being outcomes. It will provide insights on which faith actors to prioritize developing partnerships/relationships with. It also demands that the term "faith leader" be defined based on local context To glean this information: consult the country (or programme's) most recent Spiritual Landscape Assessment (see SLA tool here) results. And consider using the Stakeholder and Potential Partner Mapping process (tool here) or Faith Community Mapping tool here.

Faith landscaping should include:

- How many total church and faith leaders (as defined based on local context) exist.
- The nature the church and faith leaders' influence, diversity, and role(s).
- The church and faith leaders' ability to influence the root causes/assets.
- The religious organizational structures that exist.
- How various faith groups relate to each other.
- How the local faith actors interplay to the national faith actors.

The faith landscape is constantly changing. It should be assessed within 12 months of beginning project implementation. If this is the first time mapping the faith community, it might take several months.

Church or faith group

Any local faith community or group, including local churches, parachurch organizations, Christian groups, Christian FBO's, non-Christian FBO's, mosques, and more.

Church	or	faith
leader		

"Faith leader" is defined differently by context, but generally means an individual within a particular faith group who has recognised formal or informal leadership authority, and decision-making power, in a group that meets regularly (formally or informally) and adhere to the same faith/spiritual values, beliefs, identity and/or tradition such as pastors, priests, bishops, elders, imams, lay leaders, children's ministers, religious teachers, etc.)

CoH terms

CoH Model	Also known as the CoH Enabling Core Project Model. The set of evidence-based processes and interventions that are documented and considered to be CoH and have been found to work across a variety of contexts. This is captured in the CoH Project Model Document . The CoH Model can be applied to several distinct target outcomes and root causes using the different CoH Curricula.
CoH Journey	The process of engagement over time with faith communities using the CoH Methodology to promote personal transformation and collective action. The CoH Journey can last for months or years. It is made up of 3 phases – Prepare, Explore, and Act.
CoH Methodology	The evidence-based, scaffolded approach where participants engage in a transformative faith-based exploration targeting specific root causes/assets and social norms. It's made tangible in the CoH Curricula.
CoH Curricula	The CoH Methodology applied to address target issues and root causes. See Addendum I: CoH Curricula. Each CoH Curriculum is captured in its Facilitator Toolkit.
CoH Session	The engagements with church and faith actors during the Explore phase, when they attend an in-person or virtual delivery of the CoH Curriculum. The number of CoH Session(s) are influenced by the planned dose and duration of the CoH Curriculum.
Catalyse	Catalyse means to bring about, inspire (Miriam Webster Dictionary). In CoH, it historically means to "build sustain and scale the capacity, action and impact of faith actors." Historic Glossary regarding "catalyse": Before the year 2013, CoH used the term "mobilize" for this Phase; however, that term was perceived as paternalistic and condescending to the church/faith groups who were often already very active in child well-being efforts. Therefore, the term 'catalyse' is used instead, to recognize churches and faith groups are often already active; and CoH comes alongside to increase their motivation, equip them with knowledge, attitudes, and practices, so that their response is more effective.