

# FAITH COMMUNITY IMPACT ON HUNGER AND NUTRITION







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# EXECUTIVE SUMMARY

In 2025, in partnership with the World Council of Churches (WCC), Caritas Internationalis, and a range of national and local faith partners, World Vision convened 93 Faith-Based Nutrition Dialogues across 20 countries, engaging 7,697 participants. Participants included faith leaders, women, youth, traditional authorities, and community members. Women comprised approximately 55% and young people under 18 represented around 41%. The dialogues spanned diverse geographic contexts, including fragile, conflict-affected, climate-vulnerable, and underserved areas in Africa, Asia, and Latin America.

These dialogues formed part of the wider Nutrition Dialogues (ND) initiative, a global process designed to gather community perspectives on hunger and malnutrition and channel those insights into policy and practice. This report synthesises the perspectives shared through these faith-focused dialogues, situating them within the broader ND ecosystem and global nutrition discourse.

Across regions and faith traditions, ND participants consistently described hunger and malnutrition not only as technical and economic challenges, but as moral and spiritual problems. Participants framed inadequate nutrition as a failure to uphold collective responsibility to children, mothers, and other vulnerable groups. Christian, Muslim, Buddhist, Indigenous, and interfaith participants drew on their respective traditions to articulate shared ethical commitments to care, dignity, justice, and the protection of life. While these perspectives varied by context, the moral framing of hunger emerged as a common thread shaping how communities understand both the causes of malnutrition and their responsibility to address it.

Participants identified a converging set of drivers contributing to poor nutrition outcomes. Immediate barriers to diverse and nutritious

diets included economic hardship, rising food prices, unemployment, and income insecurity. Participants also described climate-related shocks (e.g. droughts, floods, erratic rainfall, and declining agricultural productivity) as compounding food insecurity and undermining traditional food systems. They also highlighted the importance of social and cultural norms, particularly those affecting maternal diets, breastfeeding practices, intra-household food allocation, and health-seeking behaviour, which continue to place women and children at heightened risk of malnutrition.

Within this context, participants described the multiple roles that faith actors currently play in their communities. They consistently recognised faith institutions not only for their presence in remote, fragile, and underserved settings, but also for their active delivery of food and nutrition-related support. Across the dialogues, participants described faith actors as:



trusted community anchors, shaping norms and behaviours through teaching, counselling, and pastoral engagement;



frontline providers and first responders, delivering food assistance, operating feeding programmes and community kitchens, mobilising volunteers, supporting home gardens, and sustaining informal nutrition support systems during crises; and



emerging systems actors, increasingly seeking engagement with government services, nutrition coordination platforms, and local authorities to strengthen accountability and address systemic gaps in food security and child wellbeing.

Simultaneously, participants were clear about the limitations that faith actors face. These include gaps in technical nutrition knowledge, the absence of simple monitoring tools, reliance on volunteer-driven resources, and weak or informal referral pathways to health and social protection services. A consistent theme across dialogues was the gap between the reach, trust, and service delivery roles of faith communities and their formal recognition within nutrition systems. Participants noted that while faith leaders often identify vulnerable households early and provide immediate support, their contributions are rarely integrated into official planning, reporting, or coordination mechanisms, limiting both their visibility and their potential impact.

The synthesis of dialogue findings points to a significant opportunity. Participants expressed strong interest in strengthening collaboration with governments, civil society, and development partners, provided that such engagement respects local contexts, builds capacity, and remains grounded in community realities. Based on their perspectives, this report identifies six priority areas for strengthening faith engagement in nutrition outcomes:

- 1** Supporting local faith-based platforms for coordinated action
- 2** Co-developing faith-sensitive nutrition messaging that integrates religious teachings with public health guidance
- 3** Introducing simple, culturally appropriate monitoring tools
- 4** Formalising referral pathways between faith institutions and public services
- 5** Including faith actors in sub-national and national nutrition coordination mechanisms
- 6** Equipping faith networks to engage in advocacy on food security, climate resilience, and social protection



Taken together, the dialogues underscore the fact that faith communities are not peripheral contributors to nutrition outcomes. They are central, delivery-oriented actors, already providing food and nutrition support at scale in contexts where formal systems are weakest. With structured support, intentional collaboration, and meaningful inclusion in national nutrition ecosystems, faith actors can further strengthen service delivery, reshape social norms, and influence policy in ways that accelerate progress towards SDG 2: Zero Hunger. Faith actors can also reinforce broader efforts to elevate community voice and social accountability in nutrition and food security.

The high-level findings from these dialogues were presented at a joint event in Rome, convened by World Vision International (WVI), the World Council of Churches (WCC), and Caritas Internationalis. The event was held in the context of the Jubilee Year and alongside meetings of the Committee on World Food Security (CFS). It brought together senior representatives from the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO), and the UN Special Rapporteur on the Right to Food, all of whom acknowledged the critical role of faith actors in advancing food security and nutrition outcomes.

# INTRODUCTION

Hunger and malnutrition remain among the most persistent moral and humanitarian challenges of our time. Despite advances in global knowledge and resources, progress towards **SDG 2:**

**Zero Hunger** has stalled or reversed in many contexts. Conflict, climate instability, economic shocks, and widening inequalities continue to undermine food security and nutritional wellbeing, particularly for children, women, and vulnerable households. Increasingly, these pressures also intersect, creating protracted conditions of vulnerability that challenge conventional, short-term responses.

In response to these challenges, the **Nutrition Dialogues (ND)** were established as a global listening initiative designed to centre community perspectives on hunger and malnutrition and to strengthen the connection between lived experience, policy, and practice. Rather than functioning as data collection or evaluation exercises, the dialogues create structured spaces for reflection, storytelling, and collective sense-making. This approach recognises that sustainable nutrition solutions require not only technical expertise, but also a deeper understanding of how people experience hunger, navigate real-world constraints, and exercise agency within their social and cultural contexts.

As part of this global initiative, **Faith-Based Nutrition Dialogues** were convened to explore how faith communities understand hunger and malnutrition; how faith shapes decisions related to food, caregiving, and wellbeing; and how religious networks mobilise action in contexts of scarcity, crisis, and uncertainty. Faith communities are deeply embedded in social life across many settings, often accompanying households across the life course and during

moments of crisis. Yet their perspectives and lived realities are underrepresented in formal nutrition analyses, policy frameworks, and system-level planning processes.

In 2025, in partnership with the **World Council of Churches (WCC)**, **Caritas Internationalis**, and national and local faith partners, **World Vision** convened **93 Faith-Based Nutrition Dialogues across 20 countries**. Participants included pastors, imams, monks, nuns, catechists, traditional religious leaders, women's fellowship members, youth leaders, and community elders, reflecting the diversity of faith traditions and community leadership structures across contexts.

The dialogues were intentionally designed as **listening and reflection spaces**, rather than programme planning or advocacy forums. They focused on narratives, experiences, and locally grounded priorities, allowing participants to articulate how their communities understand and address hunger and malnutrition. Dialogue feedback forms were used to capture perspectives in a consistent manner, ensuring traceability while respecting the non-extractive, participatory ethos of the process.

This report synthesises insights emerging from these faith-focused dialogues to strengthen understanding of community-level realities and to inform more responsive, inclusive, and context-sensitive nutrition systems. By foregrounding dialogue-based evidence, the report seeks to complement technical analyses with perspectives that illuminate the social, moral, and relational dimensions of hunger and malnutrition, as well as to support more grounded engagement between communities, policymakers, and development partners.



# METHODS FOR THE DIALOGUES

## Methods for Faith-Based Nutrition Dialogues

The Nutrition Dialogues are a global initiative of World Vision International in partnership with the 4SD Foundation, designed to facilitate inclusive, community-based discussions on hunger and malnutrition. The initiative places deliberate emphasis on lived experience, locally defined priorities, and the voices of those most affected by food insecurity, including women, children, and other populations at heightened risk.

Faith-Based Nutrition Dialogues form a dedicated stream within this initiative and are open to faith actors and institutions who wish to contribute by convening facilitated dialogues within religious and community spaces. These dialogues are fully aligned with the broader Nutrition Dialogues framework and apply its Principles of Engagement, which prioritise inclusivity, respect for diverse perspectives, and systematic documentation of outcomes to inform actionable, locally grounded solutions.

The methods are designed to offer flexibility to Convenors, allowing them to adapt the dialogue process to local religious, cultural, and

community contexts while maintaining the core objective of fostering meaningful, inclusive, and respectful exchange. Guidance is provided to Convenors in the form of written materials and interactive webinars that support consistent application of the methodology across countries and faith traditions.

Convenors use a standardised feedback form to document their reflection on the dialogues they organise. The feedback form invites Convenors to reflect on the food and nutrition challenges experienced by participants and their communities, to identify locally grounded actions they believe should be taken to reduce risks associated with these challenges, and to note any significant areas of agreement or divergence of views expressed during the dialogue.

Faith-Based Nutrition Dialogues are announced through the Nutrition Dialogues portal (<https://nutritiondialogues.org/>), and completed feedback forms are uploaded shortly after each dialogue has taken place. In line with the initiative's commitment to transparency and shared learning, feedback forms are publicly available on the portal.



## Stakeholder Dialogues within Faith-Based Nutrition Dialogues

Within the Faith-Based Nutrition Dialogues, Stakeholder Dialogues bring together a diverse range of participants connected through faith communities. There is particular emphasis on the inclusion of women (including mothers and caregivers of different ages), children and young people, fathers, farmers, healthcare workers, educators, traditional authorities, civil society actors, and faith leaders, as well as representatives of faith-affiliated service providers. Convenors are encouraged to include groups that may not typically participate in formal consultation processes, such as Indigenous communities, people from diverse ethnic and religious backgrounds, and people with special needs.

Each dialogue follows a structured three-phase format:



**Opening session:** The Convenor introduces the dialogue by presenting relevant local nutrition challenges and framing the discussion within both community realities and broader nutrition and social justice concerns.



**Discussion groups:** Participants break into smaller, facilitated groups to encourage inclusive participation and open exchange. Facilitators guide discussions using predefined themes and open-ended questions, while a designated Record Keeper documents key insights, areas of consensus, and differing perspectives.



**Consolidation session:** Participants reconvene to share and synthesise the outcomes of the group discussions. The Convenor summarises the key messages and proposed actions, linking them to wider community, national, and/or global nutrition priorities.

Key questions for faith communities include:

- 1 How do faith and spirituality influence nutrition outcomes in your community?
- 2 What role can faith actors play in addressing barriers or promoting positive outcomes?
- 3 How does your faith inform your engagement with nutrition issues?
- 4 What opportunities exist for collaboration with government and other actors?

## Data Analysis Method

Convenors of the Faith-Based Nutrition Dialogues received guidance on how to document and submit feedback from their dialogues by completing standardised feedback forms through the Nutrition Dialogues portal. All feedback forms uploaded to the portal by October 2025 were included in the analysis.

The analytical framework for this synthesis is adapted from the UNICEF Conceptual Framework on Maternal and Child Nutrition,<sup>1</sup> and was applied to the Faith-Based Nutrition Dialogues dataset. The analysis focused on the following key elements:



**Factors placing individuals and communities at risk of food insecurity and malnutrition**, including social, economic, cultural, and faith-related influences.



**Triggers for increased hunger, food insecurity, and heightened risk of malnutrition**, such as shocks, stresses, or other events.



**Urgent actions** identified by participants as critical for preventing or overcoming malnutrition.



**Implications for the design and implementation of nutrition actions**, particularly those leveraging the role of faith actors and faith-based institutions.

<sup>1</sup> UNICEF Conceptual Framework on Maternal and Child Nutrition





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Each feedback form was assigned a unique identifier (FF) to enable linkage across multiple analytical dimensions. These included dialogue type (Faith-Based Stakeholder Dialogue); participant characteristics (stakeholder group, age, and gender where reported); dialogue location (country and district); setting, where available (urban, peri-urban, rural, remote-rural); and administrative level (community, district, provincial, national, and multi-country). Data from the feedback forms were coded and entered into a structured spreadsheet, then systematically reviewed to identify recurring patterns and emerging themes.

Relevant quotes from the feedback forms were clustered under each thematic area and used to ground the synthesis in participants' lived experiences. Together, these narratives help illustrate how faith actors and communities understand nutrition challenges, moral responsibility, and opportunities for collective action.

The analysis explored themes across different administrative levels, with particular attention to community-level dialogues, reflecting the localised and embedded nature of faith institutions. The analysis also examined patterns, gaps, and opportunities to inform faith-sensitive recommendations for nutrition programming, advocacy, and systems strengthening.

The dataset provides a robust and credible foundation for understanding how faith actors and faith communities perceive nutrition challenges, the actions they prioritise, and the role they can play in advancing locally grounded and morally informed responses to hunger and malnutrition.

While Faith-Based Nutrition Dialogues follow the same standardised methodology, principles of engagement, and analytical framework as non-faith Nutrition Dialogues, the faith-based stream differs methodologically in three keyways. First, dialogues are convened primarily within faith spaces and networks, resulting in greater representation of faith leaders, faith-affiliated service providers, and caregivers whose experiences and priorities are shaped by religious life. Second, discussions are explicitly framed through moral and spiritual lenses, leading participants to articulate nutrition challenges and solutions not only in social and economic terms, but also in relation to values such as responsibility, dignity, justice, and care for the vulnerable, dimensions that are less prominent in non-faith dialogues. Third, proposed actions place stronger emphasis on leveraging the comparative advantages of faith actors, including trusted community presence, moral authority, and sustained engagement beyond project cycles. As a result, the analysis captures value-driven motivations and faith-specific forms of agency that complement, rather than replicate, findings from non-faith Nutrition Dialogues.

# GLOBAL SYNTHESIS

## Participants in the Nutrition Dialogues

This synthesis is based on analysis of feedback from 93 Faith-Based Nutrition Dialogues conducted across 20 countries. The dialogues were convened through faith communities and religious institutions, engaging religious leaders, congregations, and faith-affiliated stakeholders to reflect hunger, malnutrition, and community-driven responses grounded in lived experience. Participants included faith leaders, women, youth, traditional authorities, and community members, with women comprising approximately 55% of participants and young people under 18 representing around 41%.

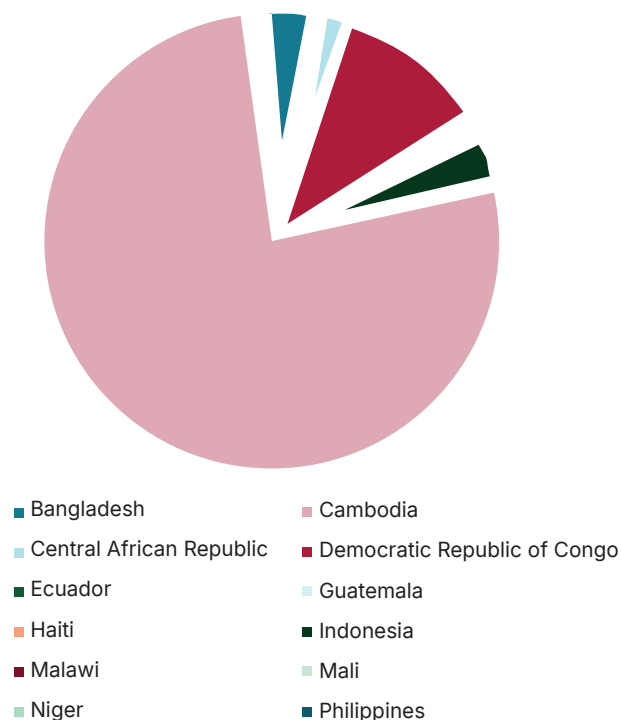
In total, the Faith-Based Nutrition Dialogues engaged 7,697 participants. Participation was highly concentrated in a few countries. Rwanda accounted for 77% of all participants (5,960) across 21 dialogues, reflecting the scale and depth of engagement through faith networks. The Democratic Republic of Congo represented 11% of participants (814) across 29 dialogues, highlighting sustained dialogue in complex and fragile settings. Niger contributed 3% of participants (264) and Bangladesh 3% (208), while the Central African Republic accounted for 2% (132).

The remaining 4% of participants (319) were distributed across 14 countries, including Indonesia, Cambodia, Malawi, Mali, Philippines, Thailand, Timor-Leste, Zambia, Ecuador, Guatemala, Haiti, Venezuela, Somalia, and South Sudan, providing representation from a wide range of geographic and vulnerability contexts.

In terms of dialogue distribution, 36% of all Faith-Based Nutrition Dialogues (29) were conducted in the Democratic Republic of Congo, while 26% (21 dialogues) took place in Rwanda. Countries such as Central African Republic and Niger each accounted for 8% of dialogues (6 each). The remaining 30% of dialogues (24) were conducted across the other

participating countries, typically through smaller, targeted convenings embedded within local faith structures.

Total Participants by Country



The dialogues were predominantly conducted at the local and community level, reflecting the embedded nature of faith institutions within communities and their role as trusted and accessible platforms for collective reflection. Participants represented a diverse range of faith-linked and community stakeholders, including religious leaders, women, children and young people, caregivers, farmers, and community volunteers, as well as faith-affiliated actors engaged in health, education, humanitarian response, and social protection.

Collectively, the Faith-Based Nutrition Dialogues demonstrate the scale, reach, and legitimacy of faith-based platforms in convening inclusive discussions on nutrition. They illustrate how faith actors function not only as moral authorities, but also as community connectors capable of amplifying lived experience, shaping social



norms, and contributing to locally grounded, culturally resonant solutions to hunger and malnutrition across diverse contexts.

## Methodological Limitations and Sample Considerations

The following outlines key methodological limitations of the dataset related to sample composition, participant profiles, and country coverage. These limitations should be considered when interpreting the findings and assessing the scope and applicability of the conclusions drawn.

1

### Uneven country representation and qualitative scope:

Participation was uneven across countries, with a small number of contexts accounting for a large proportion of dialogues and participants. As a result, the synthesis is qualitative in nature and is not intended to provide statistically representative or comparable country-level findings. Instead, it identifies recurring themes, shared experiences, and patterns of meaning emerging across faith-convened dialogues, with findings more strongly shaped by contexts where engagement was most extensive.

2

### Faith-convened participant profile:

Participants were drawn primarily from faith communities and faith-affiliated networks. These included clergy and religious leaders, lay faith leaders, representatives of faith-based organisations, faith-affiliated service providers, and congregants, alongside caregivers, women, children and young people, farmers, and community volunteers connected to religious institutions.

3

### Gender and age composition:

Participation was predominantly drawn from women and children and young people, reflecting the central role of caregivers and younger community members within faith and

community spaces. Adult men were less consistently represented across dialogues. This composition shaped the perspectives captured, with greater emphasis on caregiving roles, household food practices, and child nutrition experiences, while comparatively fewer insights were generated from adult male perspectives.

4

### Variation in technical knowledge:

Some dialogues included participants with prior engagement in nutrition programming, service delivery, advocacy, or coordination mechanisms, as reflected in references to government systems and multi-stakeholder platforms. Other dialogues involved primarily community members and congregants with more limited exposure to formal nutrition governance structures. Technical awareness therefore varied across dialogues and contexts.





# SYNTHESIS

## 1. Hunger and Malnutrition as Moral and Lived Human Realities

Across regions and faith traditions, hunger and malnutrition were consistently framed as moral and ethical concerns, rather than solely as technical or economic problems. Participants described inadequate nutrition as a collective failure to uphold responsibilities to children, mothers, and other vulnerable members of the community. This framing drew on Christian, Muslim, Buddhist, Indigenous, and interfaith teachings that emphasise care, dignity, compassion, justice, and the protection of life.

Beyond ethical principles, hunger was described as a deeply emotional human experience. Parents described the shame, distress, and moral anguish they feel when unable to provide adequate food for their children, even when circumstances were beyond their control. This emotional burden was reported to strain family relationships, undermine parental confidence, and shape how caregivers relate to children. For children, hunger was associated with fatigue, difficulty concentrating in school, social withdrawal, and behavioural challenges observed by both teachers and faith leaders.

Hunger also carried spiritual meaning. Some participants described food insecurity as a test of faith or a moment of doubt, while others interpreted it as a call to solidarity, generosity, and collective responsibility. These spiritual interpretations shaped whether communities internalised hunger as an individual failing or mobilised around shared solutions. Participants emphasised that while moral commitment generates sustained motivation for action, it cannot replace access to resources, knowledge, and functioning services.

*“Allowing a child to go hungry is not only a social failure but a moral one. Feeding children is part of our responsibility before God.”* Rwanda, Faith-Based SD, FF

*“When parents cannot feed their children, it affects their dignity and their sense of worth as caregivers.”* Bangladesh, Faith-Based SD, FF

*“Hunger creates shame in families, even when poverty is the cause. People suffer quietly.”* Haiti, Faith-Based SD, FF

*“Some see hunger as a test of faith, others as a call to act together and support one another.”* Indonesia, Faith-Based SD, FF



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## 2. Structural and Systemic Drivers of Malnutrition

Participants overwhelmingly described malnutrition as being the outcome of interconnected structural pressures, rather than having a single cause. Poverty and economic insecurity were identified as the most immediate contributors to malnutrition, with rising food prices, unstable incomes, unemployment, and seasonal shortages forcing households to prioritise quantity over nutritional quality. Many families rely on inexpensive staples, while nutrient-rich foods are sold to meet other urgent needs such as school fees, medical costs, or debt repayment.

Environmental stressors were widely reported as compounding these challenges. Communities described prolonged droughts, floods, erratic rainfall, soil degradation, and declining agricultural yields as undermining their livelihoods and traditional food systems. These climate shocks triggered cascading effects, including displacement, loss of livestock, reduced dietary diversity, and increased dependence on assistance. In several contexts, environmental disruption was interpreted through distinct cultural or spiritual lenses, shaping understandings of vulnerability, responsibility, and resilience.

Social and cultural norms further influenced nutrition outcomes, particularly practices related to maternal diets, breastfeeding, intra-household food allocation, and care-seeking behaviour. Participants emphasised that a range of economic, environmental, and social pressures interact and reinforce one another, limiting household choices and making isolated interventions insufficient.

*“Even when food is available, families choose what fills the stomach, not what is nutritious.”* Cambodia, Faith-Based SD, FF

*“Climate shocks have destroyed our harvests, and without income, families have very limited food choices.”* Niger, Faith-Based SD, FF

*“Parents sell eggs or milk to pay school fees, even though children need those foods.”* Timor-Leste, Faith-Based SD, FF

*“Customs and hardship combine, making it very hard to change how families eat.”* Central African Republic, Faith-Based SD, FF

## 3. Gender Power Relations as a Central Determinant of Nutrition

Gender dynamics emerged as one of the most decisive determinants of maternal and child nutrition. Women and girls were described as facing heightened nutritional risk due to practices such as eating last or least, restricting diets during pregnancy or breastfeeding, and having limited authority over food purchases and healthcare decisions. These patterns persisted in households experiencing severe food scarcity.

Decision-making power within households strongly influenced care-seeking behaviour. In several contexts, women were reported to require permission from spouses or elders to seek medical care for themselves or their children, resulting in delays in addressing early signs of malnutrition. Traditional beliefs and spiritual explanations were also described as shaping feeding practices and responses to illness.

Faith leaders reflected critically on their role within these dynamics. While some acknowledged that patriarchal interpretations

have reinforced inequality, many highlighted theological principles that affirm the dignity of women, shared responsibility within families, and the obligation to protect the vulnerable. Several expressed readiness to engage in sensitive, faith-informed dialogue to promote gender-equitable caregiving and decision-making.

*“Women know what children need, but they are not always allowed to decide.”*

Democratic Republic of Congo, Faith-Based SD, FF

*“Mothers often eat last, especially when food is scarce.”*

Somalia, Faith-Based SD, FF

*“Some beliefs restrict what pregnant women are allowed to eat.”*

Mali, Faith-Based SD, FF

*“We must speak clearly about shared responsibility between men and women.”*

Malawi, Faith-Based SD, FF

#### 4. Faith Institutions and Leaders as Community Anchors and Norm Shapers

Participants consistently described faith institutions as trusted and enduring structures within community life. Churches, mosques, temples, and other religious spaces are often the first place families turn during hunger, crisis, or displacement. Their continuity and relational depth enable faith leaders to identify vulnerability early and provide culturally grounded support.

Faith leaders were also recognised as powerful shapers of social norms. Their teachings influence caregiving practices, breastfeeding, hygiene, disease prevention, gender roles, and household priorities. Participants shared examples of sermons and pastoral counselling that led to rapid behaviour change, particularly when guidance was framed as a moral obligation rather than as optional advice.

At the same time, participants were clear about the limits of faith-led responses. Informal support systems—such as food sharing, community kitchens, pooled resources, and psychosocial care—are largely volunteer-driven and become increasingly strained as needs grow. Faith leaders described fatigue, emotional burden, and frustration at responding to the problem of persistent hunger without sufficient support or coordination.

*“When families are hungry, they come to the church first because they trust us.”*

Haiti, Faith-Based SD, FF

*“People listen carefully to faith leaders when it comes to family and childcare.”*

Zambia, Faith-Based SD, FF

*“Our support is consistent, but we have very limited resources.”*

South Sudan, Faith-Based SD, FF

*“Faith leaders often see problems early because people speak to us openly.”*

Guatemala, Faith-Based SD, FF



## 5. Gaps Between Faith Actors and Formal Nutrition Systems

Despite their extensive community presence, faith actors often operate at the margins of formal health and nutrition systems. Participants often reported limited access to technical nutrition knowledge, particularly regarding infant and young child feeding, dietary diversity, hygiene practices, and growth monitoring. Many faith leaders expressed concern about giving incorrect advice and requested training adapted to faith contexts.

Participants also highlighted weak coordination with health, agriculture, and social protection services. Referral pathways are informal and dependent on personal relationships, with little feedback on whether families were received or supported. The absence of simple monitoring and documentation tools means that faith-led contributions remain largely invisible within official systems.

This disconnect results in fragmented care. Faith actors identify and support vulnerable households, yet formal systems often lack structured mechanisms to engage with these trusted networks. Participants described frustration at being excluded from planning processes despite their frontline insights.

*“We want to help, but we are not trained in nutrition and fear giving wrong advice.”* Zambia, Faith-Based SD, FF

*“We refer families to clinics, but we do not know if they are received or supported.”* Somalia, Faith-Based SD, FF

*“Our work is not documented, so authorities do not see what we contribute.”* Ecuador, Faith-Based SD, FF

*“We are rarely invited to planning meetings, even though we see the problems first.”* Cambodia, Faith-Based SD, FF

## 6. Convergence of Faith Narratives into a Global Ethical Framework

Beyond national and regional contexts, the Faith-Based Nutrition Dialogues revealed a remarkable convergence in how hunger and malnutrition are understood and addressed across faith traditions. Despite differences in doctrine and practice, Christian, Muslim, Buddhist, Hindu, and Indigenous leaders articulated a shared moral purpose rooted in compassion, justice, human dignity, and the sacred responsibility to protect the most vulnerable members of society.

Participants consistently emphasised that hunger represents a violation of both social and spiritual order. Food insecurity was not framed merely as a failure of development or service delivery, but as a collective ethical breakdown that demands shared responsibility and action. Across dialogues, faith actors stressed that providing adequate nourishment, care, and protection for every child is a moral obligation that transcends religious boundaries.

This convergence of values creates significant potential for collective action. Faith actors described opportunities for strengthened interfaith collaboration, coherent values-based public engagement, and coordinated advocacy

for more just, equitable, and resilient food systems. Because faith communities are deeply embedded in social life and trusted across diverse contexts, this shared ethical grounding enables mobilisation at scale while remaining locally rooted.

Taken together, this convergence positions faith actors not as passive observers of hunger and malnutrition, but as powerful moral agents capable of shaping social norms, influencing public discourse, and contributing meaningfully to systems-level change grounded in shared ethical conviction.

*“Our faith traditions may differ, but we agree that allowing children to suffer from hunger is morally unacceptable.”*  
Interfaith Dialogue, Global, FF

*“Protecting children is a responsibility given to all of us, regardless of religion.”*  
Rwanda, Faith-Based SD, FF

*“Hunger breaks the moral fabric of the community, not just the body.”*  
Bangladesh, Faith-Based SD, FF

*“When we speak together across faiths, our message about dignity and justice becomes stronger.”* Philippines, Faith-Based SD, FF



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# CASE STUDIES: CONTEXTUAL REALITIES AND FAITH ACTOR CONTRIBUTIONS

The following case studies draw on insights from dialogues conducted across diverse cultural, economic, and political environments. They provide a textured understanding of how faith actors navigate hunger and malnutrition on the ground, illustrating both the unique value they bring and the systemic constraints they face. Across vastly different contexts, faith actors are irreplaceable anchors of resilience, social cohesion, and moral clarity in communities confronting complex, overlapping vulnerabilities.

## Bangladesh: Reframing Harmful Norms Through Faith Leadership

In Bangladesh, Faith-Based Nutrition Dialogues highlighted the persistence of harmful norms shaping maternal and child nutrition, including delayed breastfeeding initiation, discarding colostrum, dietary restrictions during pregnancy, and early introduction of non-breastmilk foods. Participants emphasised that these practices persist despite the availability of health services, reinforced by intergenerational beliefs, gender norms, and limited space to question tradition.

Faith leaders were widely recognised as trusted sources of guidance on family and caregiving practices. Participants reflected on how Qur'anic and Biblical teachings related to child protection and stewardship of the body could be used to reinforce evidence-based nutrition practices through sermons, women's groups, youth ministries, and premarital counselling.

*“Families listen to religious leaders on how to care for children more than anyone else.”* Bangladesh, Faith-Based SD, FF

*“We need guidance so that our teachings support health and do not reinforce harmful traditions.”* Bangladesh, Faith-Based SD, FF



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## Philippines: Compassionate Response and the Limits of Short-Term Feeding

In the Philippines, dialogues underscored the compassion driving faith-based responses to hunger, particularly in disaster-prone contexts. Churches were described as immediate responders during typhoons and floods, providing food, shelter, and psychosocial support to affected families.

At the same time, participants were clear that feeding programmes alone do not address the root causes of malnutrition. The absence of nutritional expertise, growth monitoring, and formal coordination with health services was identified as a major constraint to sustained impact.

*“When disaster strikes, people come to the church first because they trust us.”*  
Philippines, Faith-Based SD, FF



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*“We feed children during emergencies, but when the programme ends, the problem remains.”* Philippines, Faith-Based SD, FF



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## Rwanda: Nutrition as an Ethical Commitment to Social Cohesion

In Rwanda, Faith-Based Nutrition Dialogues framed malnutrition as a moral issue linked to social cohesion, dignity, and national values. Participants emphasised that the existence of child malnutrition contradicts shared commitments to our collective responsibilities.

Faith leaders openly challenged harmful household practices such as women eating last or delaying medical care, arguing that these norms contradict religious teachings on justice and care for the vulnerable. Dialogues highlighted strong alignment between faith engagement and national anti-stunting priorities.

*“Allowing children to suffer from malnutrition is a failure of our shared responsibility”* Rwanda, Faith-Based SD, FF

*“Faith leaders must speak clearly about nutrition because our words influence daily decisions.”* Rwanda, Faith-Based SD, FF

## Guatemala: Dignity, Identity, and Faith-Informed Transformation

In Guatemala, participants described food insecurity as both a nutritional and cultural crisis, linked to poverty, Indigenous identity, and loss of ancestral food systems. Hunger was framed as an erosion of dignity and of



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connection to land, seeds, and traditional knowledge.

Faith leaders emphasised the need to move beyond charity towards approaches that restore dignity, empower women, and challenge postpartum dietary restrictions that are detrimental to maternal nutrition.

*“It is not enough to give people food; dignity must come with it.”* Guatemala, Faith-Based SD, FF

*“Some traditions weaken women after childbirth, even when food is available.”* Guatemala, Faith-Based SD, FF

## Democratic Republic of the Congo (DRC): Faith Resilience in Fragile Contexts

In the DRC, dialogues reflected extreme fragility driven by conflict, displacement, and weak service systems. Participants consistently described faith institutions as the most stable and trusted structures supporting families who are facing hunger and malnutrition.

Faith leaders reported frequent encounters with malnourished children during pastoral visits, yet emphasised their lack of access to tools, training, and formal referral pathways. Their role as first responders is critical but increasingly overstretched.

*“People flee to us first, before the government or NGOs.”* DRC, Faith-Based SD, FF

*“We see malnutrition every day, but we lack the tools to respond properly.”* DRC, Faith-Based SD, FF



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## Indonesia: Theological Framing and Community Solidarity

In Indonesia, dialogues highlighted how spiritual meaning-making shapes nutrition-related behaviours. Participants described hunger not only as deprivation but also through theological interpretations that influence how communities respond.



In addition, they identified opportunities to align religious teachings on balance, stewardship, and communal responsibility with public health guidance, particularly through sermons, fasting practices, and communal meals.

*“Hunger is a reality that allows us to encounter God directly.”* Indonesia, Faith-Based SD, FF

*“Faith can guide people to care for their bodies and for one another.”* Indonesia, Faith-Based SD, FF

## Thailand (Bangkok): Faith Actors as Emerging Policy Influencers

In Bangkok, dialogues reflected the growing engagement of faith leaders in systems-level discussions of nutrition. Participants linked undernutrition, overnutrition, and micronutrient deficiencies to food systems, climate change, and inequality.

Faith leaders expressed readiness to engage in policy advocacy, particularly around school feeding, food regulation, and social protection, while acknowledging the need for coordination and technical support.

*“Nutrition is not only a family issue; it is a policy issue.”* Thailand, Faith-Based SD, FF

*“Faith communities can support government efforts if we are included.”* Thailand, Faith-Based SD, FF





# IMPLICATIONS FOR POLICY AND SYSTEMS

The insights from the dialogues illuminate not only the lived realities of families facing hunger but also the unique assets, gaps, and opportunities found within faith communities worldwide. These findings raise a set of critical strategic questions for policymakers, program designers, and advocates seeking to build equitable, resilient, and culturally grounded nutrition systems.

## How can national nutrition systems formally recognise and integrate faith actors as essential partners?

Faith communities are already performing roles that are typically assigned to public systems: screening malnourished children, providing psychosocial support, distributing food, mediating family dynamics, and influencing behaviour. Yet they remain largely invisible in official national strategies.

Key policy considerations include:

- 1 Should faith actors be included in district and national coordination platforms (e.g. SUN networks, nutrition councils)?
- 2 What minimum training and referral tools should faith leaders receive to strengthen early detection of malnutrition?
- 3 How can governments leverage the reach of faith institutions without burdening them with unfunded mandates?
- 4 What accountability and feedback loops are needed to ensure that referrals made by faith actors are recognised and followed up?

This question calls for a deliberate shift from ad-hoc collaboration to structured integration within formal systems.

## What models can strengthen faith-community referral pathways and feedback systems with health and nutrition services?

The dialogues revealed fragmented referral systems and inconsistent follow-up. Faith actors identify at-risk children early, but health systems often lack mechanisms to document, track, and respond to their referrals.

Key program design questions include:

- 1 Could simplified screening tools be used by faith volunteers (e.g. MUAC tapes, checklists)?
- 2 How can bi-directional feedback loops between health centers and faith actors be institutionalised?
- 3 Can faith leaders routinely participate in community health worker (CHW) case conferences?
- 4 How can confidentiality, accuracy, and ethical safeguards be ensured?

Strengthening referral ecosystems is essential for early detection, continuity of care, and reduced child mortality.

## How can behaviour change strategies harness the unique moral authority of faith leaders?

Social norms around breastfeeding, maternal diet, food distribution, hygiene, and care-seeking are shaped more by cultural and spiritual beliefs than by public health messaging.

Program design questions include:

- 1 What frameworks best support faith leaders to incorporate nutrition-sensitive messages into sermons, mosque

khutbahs, marriage counselling, and community teaching?

2

How can theological resources (Christian, Muslim, Hindu, Buddhist, Indigenous) be developed to support accurate, culturally resonant messaging?

3

How can we evaluate the behavioural impact of faith-led communication strategies?

### How can gender-transformative nutrition interventions be co-designed with faith leaders?

Gender inequality is one of the most consistent drivers of malnutrition. Faith leaders expressed readiness to promote shared caregiving,

challenge harmful norms, and reframe gender roles by drawing from scripture and tradition.

Key design questions:

1

What training do faith leaders need to promote safe, equitable, and empowering gender norms?

2

How can faith teachings be mobilised to support women's nutrition during pregnancy and early motherhood?

3

How can men's groups within churches and mosques be mobilised to promote positive masculinity and shared responsibilities in childcare?

4

What safeguards are necessary to ensure messaging does not reinforce patriarchal interpretations of scripture?



## How can faith-led social protection mechanisms be strengthened and linked to national systems?

Congregations already act as informal safety nets, but these are under-resourced and increasingly overwhelmed.

Strategic considerations include:

- 1 How can congregational support systems (e.g. food banks, emergency funds, meal programs) complement government social protection schemes?
- 2 Can faith actors be linked systematically to cash transfer programs, school feeding programs, or emergency early warning systems?
- 3 What models of partnership ensure equity, accountability, and sustainability?

## What capacity-building models best prepare faith leaders for frontline nutrition roles?

Across all dialogues, faith actors expressed the need for simple, accessible, context-sensitive training.

Key considerations:

- 1 What essential competencies should be included in nutrition curricula for faith leaders?
- 2 Which learning platforms (e.g. workshops, small group training, peer exchanges, mobile learning) are most effective?
- 3 How can training be adapted for conflict-affected, remote, or low-literacy contexts?
- 4 How can training avoid over-professionalising or over-burdening faith actors?

## How can faith-led advocacy contribute to systemic reform of food and nutrition systems?

Faith actors demonstrated growing appetite for advocacy, especially as hunger increasingly intersects with injustice, climate stress, and governance failures.

Key questions include:

- 1 What advocacy priorities can faith networks champion at local, national, and global levels?
- 2 How can the Jubilee Year serve as a moment for mobilising public, prophetic, and people-centered advocacy?
- 3 What training and support structures do faith leaders need to engage effectively in policy processes?
- 4 How do we ensure advocacy remains inclusive, non-partisan, and rooted in community voices?

## How can interfaith collaboration amplify nutrition outcomes?

The dialogues revealed a powerful convergence of values across traditions.

Key program design questions include:

- 1 Which thematic areas (maternal nutrition, stunting reduction, school feeding, environmental stewardship) are most suitable for effective interfaith action?
- 2 What governance models can support sustained collaboration across denominations and religions?



# RECOMMENDATIONS

Drawing on the common themes and concrete actions proposed during the dialogues, the following recommendations outline short- and medium-term opportunities for faith engagement to strengthen nutrition outcomes. They are organised across five strategic areas: systems integration, capacity building, resilience, advocacy, and accountability.

## 1. Systems Integration and Partnership

**Formally recognise faith-based organisations as partners within national nutrition and health systems.**

Participants and faith leaders repeatedly recommended that faith-based organisations (FBOs) be formally recognised within national and sub-national nutrition and health systems. Across dialogues, faith actors described performing frontline roles—early identification of malnutrition, psychosocial support, food assistance, mediation of family dynamics, and influence over care practices—yet remaining largely invisible within official strategies and coordination structures.

Participants specifically called for inclusion of FBOs in existing coordination platforms, including:

- SUN (Scaling Up Nutrition) multi-stakeholder platforms,
- national and district nutrition councils, and
- social protection and food security committees.

They emphasised that participation in these forums would enable faith actors to share community-level insights, improve coordination with public services, and contribute to joint planning and accountability. Formal recognition was seen as critical to strengthening trust between communities and institutions, particularly in fragile and underserved settings.



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**Establish clear and accountable referral pathways between faith actors and health services.**

A recurring recommendation from participants was the need for structured and reliable referral systems linking faith actors with formal health and nutrition services. Faith leaders described identifying at-risk children and families early, but expressed frustration that their informal referrals were inconsistently acknowledged and rarely followed up.

Participants recommended institutionalised referral pathways that include:

- basic guidance for faith actors on early identification of malnutrition,
- simple referral tools agreed with local health services, and
- designated focal persons within health facilities (e.g. nutrition or maternal and child health staff) responsible for receiving and following up on referrals.

They stressed the importance of **two-way communication**, with health services confirming that referrals were received and acted upon, and faith actors flagging non-attendance or emerging risks. These mechanisms were viewed as essential to reducing treatment delays, improving continuity of care, and preventing children from falling through gaps between community support and formal services.

Participants called for **interfaith platforms** that enable:

- coordinated engagement with government and nutrition stakeholders,
- joint participation in policy dialogue and coordination mechanisms (including SUN platforms where relevant), and
- coherent public messaging on hunger and malnutrition grounded in shared ethical commitments.

Participants viewed such platforms as a means of enhancing legitimacy, amplifying community voices, and engaging more effectively with national and sub-national systems, while also respecting theological diversity and organisational autonomy.

## 2. Capacity Building and Behaviour Change

### **Institutionalise faith-endorsed nutrition guidance within religious leadership formation systems.**

Participants consistently identified harmful nutrition practices—such as restrictive maternal diets, rejection of colostrum, unequal food distribution, and delayed care-seeking—as being shaped by deeply rooted cultural norms and spiritual interpretations.

Participants stressed that behaviour change through faith leaders **cannot rely on ad hoc messaging or individual initiative**. Sustained impact, they noted, requires nutrition guidance to be formally embedded within faith institutions and leadership formation systems.

Participants therefore recommended that **governments, faith-based organisations, and development partners invest in co-developing faith-approved nutrition guidance** and integrating it into **faith-owned training systems**, including seminaries, madrasas, and interfaith training institutions. They emphasised that these institutions can serve as sustainable entry



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points for building consistent capacity across generations of faith leaders—provided that nutrition content is formally incorporated into curricula, continuing formation, and leadership development processes.

Participants noted that when nutrition guidance is:

- endorsed by recognised faith authorities,
- embedded in formal religious training and continuing formation, and
- delivered through trusted faith education structures,

faith leaders are better able to consistently and confidently reinforce protective nutrition behaviours through sermons, khutbahs, marriage counselling, pastoral care, youth engagement, and community teaching.

### **Ensure training content is ethical, bounded, and gender-transformative.**

Participants recommended that faith-endorsed nutrition guidance and training should, at a minimum, cover:

- maternal, infant, and young child nutrition basics;
- recognition of nutrition danger signs and appropriate referral protocols;
- gender-sensitive, dignity-affirming communication; and
- safeguarding principles to protect children and vulnerable communities.

They emphasised that training must respect the pastoral role of faith leaders, clearly define boundaries between spiritual guidance and clinical care, and avoid medicalising the responsibilities of clergy. Thus, they identified **training-of-trainers approaches within faith institutions** as a practical way to scale capacity while preserving theological integrity and institutional ownership.

## **3. Social Protection and Community Resilience**

### **Strengthen and link faith-led social protection mechanisms to formal systems.**

According to participants, faith communities function as de facto safety nets for vulnerable households, providing emergency food support, shelter, school fee assistance, and crisis mediation. However, these mechanisms were often under-resourced and disconnected from formal social protection systems.

Participants recommended mapping existing faith-led support mechanisms and linking them, where appropriate, to government social protection programmes such as cash transfers, food assistance, school feeding, and early warning systems. They also identified faith institutions as potential information or enrolment points in remote, fragile, or conflict-affected settings—provided that roles are clearly defined and appropriately supported.

## **4. Advocacy and Policy Engagement**

### **Enable faith-led advocacy rooted in lived experience and shared ethical commitments.**

Participants expressed growing readiness to engage in advocacy as a moral responsibility, particularly as hunger increasingly intersects with injustice, climate stress, and governance failures. They emphasised that advocacy should remain non-partisan, inclusive, and grounded in community voices.



Participants recommended support for faith leaders and interfaith platforms to engage in policy dialogue at local and national levels, particularly on issues such as food access, service quality, climate impacts, and social protection. They viewed coordinated advocacy as a means of moving away from charity-based responses and towards structural change.

## 5. Monitoring, Learning, and Accountability

### Establish simple, learning-oriented tracking and feedback loops.

Across dialogues, participants emphasised that accountability and learning are as important as service provision. Faith leaders described regularly hearing community concerns about nutrition, health, WASH, education, and social protection, but noted that these insights are rarely captured or incorporated into formal decision-making.

Participants therefore recommended **simple, non-clinical, learning-oriented tracking approaches** that strengthen accountability without turning faith actors into data collectors or health providers. They identified several priority tools, including:

- basic attendance or participation records for faith-led nutrition or feeding activities;
- simple weight or growth checks linked to referral, not diagnosis;
- referral logs tracking whether families were directed to services and whether follow-up occurred; and
- basic registers for community-based feeding or support programmes.

Participants stressed that these tools should be light-touch, voluntary, and clearly linked to learning and coordination, rather than to performance monitoring or compliance.

### Share accountability across community and formal systems.

Participants emphasised that responsibility for accountability must be shared:

- **Faith leaders and FBOs** contribute community-level insights, flag emerging risks, and document referrals and engagement in simple formats.
- **Municipal or district health authorities** provide light-touch supervision, clarify referral pathways, and guide ethical use of information.
- **Civil society organisations and partners** synthesise insights into short, accessible briefs for local authorities and coordination platforms.

They described these feedback loops as essential to closing the gap between community experience and formal systems, as they would enable adaptive responses, rather than one-way reporting.



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# CONCLUSION

Conducted across diverse contexts, from conflict-affected regions to rural villages and urban settlements, the dialogues have revealed a profound and transformative truth: rather than being peripheral actors in the nutrition landscape, faith communities are central pillars of resilience, trust, social cohesion, and community mobilisation. They sit closest to the realities of everyday life, where hunger is not merely a statistic but a lived experience, a spiritual burden, and a moral injustice that wounds the dignity of families and whole communities.

These dialogues have illuminated a truth that traditional systems often overlook: nutrition challenges are deeply human, relational, social, and moral. They are shaped by norms passed down through families, beliefs about feeding practices, gender dynamics, and power structures that determine who eats last and least. They are also shaped by climate pressures, economic shocks, and systemic failures that leave families vulnerable. And in all these dynamics, faith actors are uniquely present—guiding, supporting, mediating, teaching, comforting, and mobilising.

The reflections captured in this report show that faith leaders are already carrying out many essential functions of public health and social protection. They are informally screening malnourished children, counselling caregivers, supporting pregnant women, advocating for equitable services, mediating conflicts, and activating communities during crises. These contributions—though largely undocumented and under-recognised—demonstrate their irreplaceable value as partners in advancing nutrition and child wellbeing.

Yet the dialogues also highlight systemic gaps: faith actors remain under-integrated into national systems, under-supported in their roles, and overlooked in formal policy frameworks. Their potential remains largely untapped not because of lack of commitment or capacity, but because enabling structures have not yet been built around them.

This report calls for a paradigm shift from episodic collaboration to deep, sustained, institutionalised partnerships between faith networks, governments, civil society, and multilateral actors.

The insights from the dialogues point to an unambiguous conclusion: faith actors are indispensable to achieving SDG2 and transforming nutrition outcomes at scale. They provide moral legitimacy, relational power, and social infrastructure that no institution can replicate. They mobilise millions, shape norms at household level, and bridge the gap between communities and formal systems.

But realising this potential requires intentional action. It requires governments to open formal spaces for engagement; donors to invest in faith-led structures; health systems to develop partnerships grounded in respect and shared responsibility; and INGOs to embed faith engagement within long-term strategies. It requires a recognition that faith is not an add-on or soft asset, but a structural determinant of wellbeing and a driver of sustainable change.

This report stands as both a testimony and a roadmap. It is a testimony of what faith leaders have already done and a roadmap for what they can do with the right support, partnerships, and institutional frameworks.

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