

CHANNELS OF HOPE

Igniting a movement to transform communities



WHY CHANNELS OF HOPE?

Recent research recognises the unique, critical role of the church and other faith-based groups in development work.¹ Accordingly, there is growing interest amongst governments and secular groups to work with faith communities. Organisations such as the United Nations Children’s Fund (UNICEF), the United Nations High Commissioner for Refugees,² the European Union,³ the Australian Agency for International Development (AusAID)⁴ and the United Kingdom Department for International Development⁵ all openly work with faith-based groups on development issues.

Faith leaders are uniquely placed to protect the rights and meet the needs of the most vulnerable in their communities. They have profoundly deep, trusted relationships and links with their communities and often dictate which behaviours are prescribed or prohibited.⁶ With their widespread influence they can motivate changes in thinking, foster dialogue, set priorities for their communities, ensure increasing competency in their congregations to meet community needs and mobilise their congregations to do so. Especially in fragile contexts, they have a further reach than non-governmental organisations and even governments.



Hassan takes part in the CoH MNCH pilot workshop in Kenya, September 2013.
Credit: World Vision

beliefs, myths and misinformation about critical social issues. In these cases they can actually be barriers to development.

CoH directly addresses faith leaders’ misconceptions about especially volatile or taboo community issues, thereby empowering faith leaders to transform their thinking and the thinking of others in their communities. Transformed thinking leads to transformed action to meet, or better meet, the needs of the most vulnerable in their communities, who might otherwise be condemned or ignored.

‘Long before there was a UNICEF, faith communities were among the greatest advocates for the world’s neediest children, providing guidance, aid and comfort to millions of disadvantaged families...’

‘Today, faith communities continue to be an indispensable partner in UNICEF’s work to advance children’s rights and enhance their well-being. Such partnerships are especially important in our renewed focus on reaching the poorest, most vulnerable and hardest to reach children and families.’¹

World Vision’s commitment is to meet the needs of the most vulnerable around the globe, especially children. Its strategic focus as an organisation includes helping provide children with good health, education, love, protection and a place for children’s voices to be heard. With the large number of trusted religious leaders in areas where World Vision works, especially in remote areas where government presence is limited, faith leaders can be especially helpful partners for World Vision in achieving its child development goals.

Committed as World Vision is to meeting the needs of the world’s vulnerable children, and as a Christian organisation committed to working with Christian churches and other faith groups, Channels of Hope (CoH) hits the ‘sweet spot’ of the organisation’s very identity.

Faith leaders are not automatically equipped to further the cause of the most vulnerable in their communities. Faith leaders can promote gender inequity, stigma, discrimination, gender-based violence, poor health-seeking behaviour, child marriage, harmful traditional practices, and more – when they hold to mistaken

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

² UNHCR, *High Commissioner’s Dialogue on Faith and Protection*, December 2012, available at <http://www.unhcr.org/50aa5b879.pdf>.

³ World Vision, *Choose School Project to Help Keep Romanian Children in School*, 2010.

<http://wvi.org/romania/article/%E2%80%98choose-school%E2%80%99-project-help-keep-romanian-children-school>.

⁴ AusAID, *Working Beyond Government: Evaluation of AusAID’s Engagement With Civil Society In Developing Countries*, 2012, p viii.

http://www.ode.usaid.gov.au/current_work/documents/cse-ode-civilsociety.pdf.

⁵ UK Department for International Development, *Faith groups: New partnership on aid*, 27 June 2012.

⁶ For example, 74 per cent of people in Africa identify religious leaders as the group they trust most. BBC Press Office, ‘World Service/Gallup International Poll Reveals Who Runs Your World’, 15 September 2005. www.bbc.co.uk/pressoffice/pressreleases/stories/2005/09_september/15_world.shtml.

Further, more than 80 per cent of the global population (about 5,800,000,000 individuals) identify with a religious group. Pew Research Center’s Forum on Religion & Public Life, *The Global Religious Landscape: A Report on the Size and Distribution of the World’s Major Religious Groups as of 2010*, December 2012.

<http://www.pewforum.org/global-religious-landscape-exec.aspx>.

WHAT DOES COH DO?

CoH is more than just workshops or education. It is life transformation. It is designed to move the heart, inform the mind and motivate a sustained and effective response to significant issues. CoH does not seek to proselytise or change people's doctrine, but rather to equip faith leaders to better understand and apply their sacred texts to key social issues and encourage other faith leaders to do the same.

The focus of CoH is on partnering with local faith leaders, their congregations and communities to empower them to meet community needs on a sustainable basis.

CoH mobilises (where necessary) and builds on the existing competencies of community leaders, especially faith leaders and their congregations, to respond to some of the most difficult issues affecting their communities, including HIV and AIDS; maternal, newborn and child health (MNCH); gender equality; and child protection.

Faith leaders who have been part of CoH workshops become more active participants in their communities, committed to identifying and supporting the most vulnerable. They mobilise their own congregations when needed and, with World Vision's input, improve their church's competency to meet community needs. They seek to strengthen existing community health systems or initiate the formation of community coordinating bodies where they do not already exist. Local faith-based groups are also encouraged to work with other faith communities, local entities, coordinating bodies, stakeholders and organisations that play a relevant role within the community. Through this process they are exposed to additional capacity-building efforts that may strengthen their own responses.

Materials developed for CoH are not only effective for faith leaders but have also been used successfully (without the faith-specific content) with various groups, such as teachers, community leaders and youth.

COH CURRICULA

World Vision's CoH curricula start with workshops to help local faith leaders use their own scriptures to confront common misunderstandings, cultural norms and questions about potent social issues.

Prior to their participation in CoH, most faith leaders likely will have a mixture of positive and negative attitudes towards people affected by the social issues that CoH addresses. By reading what their own scriptures say, faith leaders are empowered to reinforce their currently held positive attitudes and follow them up with appropriate action. They are also challenged with the truth to change their existing negative views. During the workshops, faith leaders learn to identify with those who are vulnerable. By reinforcing their scriptural understanding and identification with the vulnerable, faith leaders are motivated to improve existing responses and start new compassionate, sustainable responses that help their congregations not only reach out to those who are affected, but become increasingly competent in dealing with the social issues that most affect their communities.

STORIES OF HOPE

Sheikh Hassan Omari, Kenya

'Channels of Hope (CoH) is in my blood,' says Sheikh Hassan Omari, who is a Muslim faith leader in Kenya. Hassan, a member of the Supreme Council of Kenya Muslims, has taken part in two CoH multifaith leadership workshops, reporting that his life has been changed by both.

Hassan's life was most changed, he says, by the HIV workshop. He had lost family members and close friends to AIDS and had not been able to talk about the taboo subject in his faith community.

After the CoH HIV workshop, Hassan took up the quest to fight HIV and AIDS. His quest was considered distasteful to other Muslim faith leaders – at least at first. As in Christian groups, among Muslims AIDS can be a highly stigmatised disease, often believed to be a punishment for sexual sin.

As a result of Hassan's efforts, however, many HIV-positive Muslims have disclosed their status and come forward to receive support. Many Muslim women are reaching out to care for people infected and affected by HIV.

The CoH maternal, newborn and child health (MNCH) workshop also had profound impact on Hassan's life. After the workshop, he committed his life to ensuring that mothers and children receive the care they need and urging men to take responsibility for their children and local faith communities to reach out to those in need.

While other Muslims initially thought Hassan's work with a Christian organisation such as World Vision was unwise, Hassan reports that they have since seen that World Vision's concern is to help children, no matter through which faith community. Many have embraced Hassan's work.



Pastor Rajnish Jacob of India sent a team of other pastors and leaders to a three-day CoH workshop. When they returned and shared their learnings with him, he was taken aback. Credit: World Vision

STORIES OF HOPE

Rajinesh Jacob, India

Pastor Rajinesh Jacob is the pastor of an Assemblies of God church in India. He was invited to take part in a Channels of Hope workshop. After the three days of the workshop, a strong interest grew in him to learn more about HIV and AIDS and people living with it. He was taken to visit people infected with and affected by HIV.

‘I was shaken by the fact that I and the church had totally ignored the call of God to serve communities such as this. I became restless and troubled,’ the pastor says.

Before this, Pastor Rajinesh viewed people living with HIV and AIDS as living under God’s curse. ‘I had always believed that they are suffering because of their adultery and sinful life, and to minister to a sex worker was one of the most undesirable things,’ he explains.

After coming back from the CoH workshop, Pastor Rajinesh immediately began to respond to the need of the community he once thought was cursed by God, giving birth to a whole new ministry. He started working with his church and partnering with World Vision to care for people in Bhojpura, a village of Rajnut community, which traditionally has a number of sex workers.

His church now helps people with school tuition, recreational activities, health, hygiene and counselling.

World Vision has CoH curricula in the following four areas.

- 1. HIV and AIDS:** Through partnering with CoH, local faith leaders and their congregations work to break down the stigma surrounding HIV and AIDS and support sustainable, comprehensive community responses to children and adults who are affected. The programme’s focus is on preventing the spread of HIV, with a very strong focus on the elimination of vertical transmission, and care and advocacy for people who are living with or affected by HIV and AIDS.
- 2. Gender:** The Gender curriculum is an innovative approach to exploring gender from multiple perspectives with a view towards transforming systems, beliefs, norms and behaviours that tend to have a negative impact on male and female relationships domestically and publicly. The goal of the curriculum is for participants to see God’s perspective of men and women as equals and to treat each other accordingly. The new understanding and respect fostered by the Gender curriculum empowers both women and men to celebrate who they are, moves people towards healthier relationships with those of the other gender, and reduces gender-based violence.
- 3. MNCH:** This curriculum is a powerful methodology that serves to change behaviour and strengthen health systems. It addresses social and religious barriers towards the goal of improving health-seeking behaviours, reproductive health, and religious beliefs that affect health (for example, views on divine will regarding illness and religious stigma towards various health practices and reproductive health). The process transforms participants to celebrate mothers and each child as a gift from God, even those born out of wedlock.
- 4. Child Protection:** The Child Protection curriculum aims to provide faith leaders and their congregations with a vision for child protection as part of their culture and ministry by challenging enduring cultural and religious beliefs that negatively affect children, eradicating harmful traditional practices that harm children⁷ and strengthening the local child protection system. Through this, participants are self-motivated to reduce the risk to children and, further, to understand and address areas and times where children are still at risk.

The ideal is not to have separate CoH programmes that tackle issues on their own, but rather to link CoH to community development priorities and future programmes.

FAITH COMMUNITIES AS ADVOCATES

All CoH curricula work to mobilise faith leaders and their congregations as advocates on the most pressing issues raised within CoH workshops. During the CoH workshops faith leaders are reminded of the faith principles that call for justice, and they identify community needs and the skill sets required to respond competently to the issues their communities face. Based on personal transformation and knowledge gained from CoH workshops, faith leaders and their congregations engage in advocacy within their communities to redress wrongs. World Vision also provides advocacy training to those who demonstrate the passion to be a voice for those affected by key issues in their communities.

⁷ Negative cultural and religious beliefs are often prejudiced against children who are disabled, female or of ethnic minorities. Harmful traditional practices include female genital mutilation, child marriage, preference for boy children, infanticide and child labour.

The following are the key advocacy issues raised by CoH.

CoH HIV	CoH MNCH	CoH Gender	CoH Child Protection
Make high-quality services for the prevention of mother to child transmission (PMTCT) accessible for all mothers.	Minimise distance to health clinics to a reasonable distance.	Stand up against gender injustice and gender-based violence.	Engage in advocacy opportunities raised through various Child Protection Advocacy programmes.
Make anti-retroviral drugs and treatments for sexually transmitted illnesses available for children, women and men.	Promote quality services in health clinics (PMTCT, stock outs, well-trained nurses and doctors, proper procedures and treatment, etc.).	Promote the creation and enforcement of laws that protect the rights and privileges of women and men, boys and girls.	Advocate for all child rights (e.g., birth registration, preventing child marriage and child exploitation).
Eliminate policies and practices that encourage or maintain stigma and discrimination.	Advocate for justice issues such as child equality (gender preference) and protection and care of pregnant and lactating mothers (including by their husbands).	Foster peacebuilding within families.	Uphold the equality, dignity, inherent value and infinite worth of children (gender preference, child labourers, disabled, etc.).

FAITH AND COH

Faith communities are often distinguished by what divides them. CoH has a unique role in bringing faith groups together to respond to issues of common concern.

CoH began by building understanding and partnership amongst diverse Christian faith communities, from Catholic and Protestant to Orthodox and Evangelical groups. World Vision also partnered with Muslim scholars to develop materials for Muslim faith leaders in the CoH HIV and CoH MNCH curricula, using key passages from the Qur'an to demonstrate the Islamic community's stance on these issues. Since then, it has become possible for Christian and Muslim CoH facilitators to work together during workshops in their communities, leading participants to an increased understanding of core issues while building bridges and creating opportunities for joint action for the betterment of their communities. A partnership amongst World Vision, Islamic Relief International and a cross-section of Muslim leaders will soon produce complete CoH Gender and CoH Child Protection curricula for Muslim use.

'Even us, the community members, the Catholics, Muslims, Pentecostals and others, are now one. We work together and love for each other has increased.'

– A community member in Uganda, regarding Channels of Hope in the community

RESULTS OF COH

CoH HIV and AIDS: Studies consistently demonstrate the universally positive influence of CoH HIV workshops on faith leaders, their congregations and other participants.⁸ Those sensitised by CoH workshops demonstrate significantly greater knowledge about HIV and AIDS, as well as more sustained positive attitudes and behaviour towards people affected by HIV. And the workshops result in greater numbers of leaders implementing HIV-related activities for their communities. Some faith communities used mostly their own resources to respond to HIV needs in their communities. In one study, between 55 per cent and 84 per cent of funding to meet community HIV needs came from individual congregation members.⁹ At least one driving force behind all this was the change in preaching by faith leaders, which was dramatically transformed in some cases, from proclaiming the condemnation of those infected by HIV to preaching concern and compassion for them.

CoH Gender:¹⁰ In contexts where CoH Gender was implemented, deep-seated attitudes were changed. Results included the understanding that the husband's role is to love his wife, not 'discipline his wife' by beating her, and that men and women are equal before God. Men and women reconciled, asking each other for forgiveness, and people acknowledged that gender-based violence is a problem that needs to be addressed.

8 J. Chege, *World Vision's operations research project on HIV models in Kenya and Uganda, 2005-2009. CoH programme review studies: Three country review – Africa, 2009; Seven-country review - Middle-East and Eastern Europe*, September 2011.

9 J. Chege and the World Vision Uganda and World Vision Zambia Core HIV Models Project Implementation Team, *The effectiveness and impact of the CoH methodology in enhancing HIV responses at the community level*, July 2012.

10 World Vision Solomon Islands and Channels of Hope. *Solomon Islands: Community Vision 4 Change, Project Summary*, 2012.

STORIES OF HOPE

Family of transformation in Honduras

Carmen Arriaga Hernandez and her husband, Francisco Rodriguez Perez, live in Honduras with their six children. Francisco, 42, used to suffer from what he describes as mental poverty: chauvinism, infidelity, alcoholism and using household income to pay for his addictions. Francisco was unpredictable. Often, Carmen would lock Francisco out of the house in fear for her children's safety.

Francisco started to get involved with local church programmes and was exposed to new ideas. The CoH Gender training transformed Francisco into a new man. World Vision's integration of faith into gender issues opened Francisco's eyes to a fresh perspective on gender. 'Now there is no longer any chauvinism,' he says. 'It's the church that has changed us and showed us that men and women are worth exactly the same in the eyes of the Lord and that we have exactly the same rights.'

Carmen also attended CoH workshops, and has blossomed into a confident community leader. 'It's been a transformation that is incredible and every day I thank God because this has totally changed every step I take,' says Carmen. These days, Carmen often gets out of the house and into the community, working with local women. Francisco is frequently left to prepare dinner for his children – something he would never have dreamed of doing before the CoH Gender training. Together, Francisco and Carmen offer advice and guidance to more than 65 families in the community. 'I have to say that it's really a great experience to be able to be trained and then talk to others by telling them our story, by providing testimony and telling people things can change,' says Carmen. 'There's nothing more beautiful than teaching others what you have learned.'

CoH MNCH: External evaluations less than two years after the implementation of CoH MNCH in Zimbabwe show very promising results. Baseline data indicated that this area had low antenatal and perinatal clinic attendance amongst congregation members, and had very low immunisation coverage due to some religious sects that believed participation in vaccinations and clinic attendance were signs of lack of faith in the power of God to heal. The evaluation showed that pastors and church elders are now willing to take on more delicate issues in their sermons with respect to MNCH, such as acceptance of children born out of wedlock and the need for birth spacing. The congregations now accept children in such situations and celebrate their births. There is now 75 per cent support amongst men in the churches for new mothers and newborn babies. Religious sects who were not participating in MNCH have changed their attitudes. As a result, antenatal and perinatal clinic participation by congregation members has reportedly increased significantly.¹¹

CoH Child Protection: CoH Child Protection is in the early stages of implementation but the pilot showed promising results.¹² Participants in the pilot:

- experienced a shift in their thinking about children, from feeling that children were a nuisance to valuing them as gifts from God
- wanted to be better parents
- sought forgiveness for abuses they had perpetrated.

Implementation and studies continue.



Francisco Rodriguez is a man transformed. Now he and his wife volunteer in WV's Channels of Hope programme. Credit: Laura Reinhardt/World Vision

RESEARCH NEEDS

There is a growing need to demonstrate the role and impact of faith in development. World Vision's operations research study on CoH's HIV and AIDS programmes demonstrated the positive effect of CoH. However, more rigorous research data on the role of faith in development is needed. World Vision therefore invites academic partners, other agencies, community organisations and faith communities to join forces with us to evaluate the impact of CoH on development and child well-being outcomes.

¹¹ L. Nare, *Evaluation report of the CoH MNCH project in Lupane ADP, Zimbabwe*, September 2013.

¹² World Vision, *CoH CP Development & Pilot Project Annual Report, Kpanda Kemoh Sogbini Area Development Programme in Sierra Leone*, September 2012.



Rukia with fellow workshop participants during the pilot CoH MNCH workshop in Kenya, September 2013.
Credit: World Vision

JOIN HANDS WITH US

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

Please join us! Become a channel of hope!

Related videos to watch

By AusAID: CoH Gender results in the Solomon Islands:

<http://www.youtube.com/watch?v=dESBQnHfqZA>

CoH HIV mobilising Christian and Muslim faith leaders to respond to HIV and AIDS: http://youtu.be/74iA-04_YHU

CONTACT INFORMATION

For more information on Channels of Hope or to see how you can get involved, please see wvi.org contact channels_of_hope@wvi.org.

STORIES OF HOPE

Rukia Noordin Imam, Kenya

On 10–12 September 2013, the pilot of the CoH MNCH for Muslim contexts was held in Mombasa, Kenya. Rukia Noordin Imam was invited to join the pilot workshop as a Muslim health professional working in sexual and reproductive health.

During the closing ceremony Rukia confessed that she was interested in the programme's content, but sceptical of World Vision's motives. 'I didn't want to come to this workshop; but I got the courage to come,' says Rukia. 'I have attended around 20 workshops on MNCH or SRH [sexual and reproductive health], but this is the first one in which I have shed tears. It really touched me.'

The cultural content of the programme resonated with Rukia. 'In our society, in my culture, people choose a husband for you. They choose a career for you. It even happened to me. This workshop has really touched me. Now reproductive health is not only a career for me, it became my passion; its my commitment. Now it's my calling. Thank you.'

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities world-wide to reach their full potential by tackling the causes of poverty and injustice.

World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

INTERNATIONAL OFFICES

World Vision International
Executive Office
Waterview House
1 Roundwood Avenue
Stockley Park
Uxbridge, Middlesex
UB11 1FG, UK

World Vision Brussels & EU
Representation ivzw
18, Square de Meeûs
1st floor, Box 2
B- 1050 Brussels, Belgium
+32.2.230.1621

World Vision International
Liaison Office
7-9 Chemin de Balxert
Case Postale 545
CH-1219 Châtelaine
Switzerland
+41.22.798.4183

World Vision International
United Nations Liaison Office
919, 2nd Avenue, 2nd Floor
New York, NY 10017, USA
+1.212.355.1779

www.wvi.org

Cover image: *World Vision HIV specialist and community development facilitator, Lucy Atim, talks quietly with 12-year-old orphan in Uganda.*
Credit: Nigel Marsh/World Vision