

## What is CoH for MNCH?

Channels of Hope for Maternal Newborn and Child Health (CoH MNCH) is a programme methodology that catalyses faith communities and individuals to act on their God-given responsibility to honour, uphold and restore the dignity and value of every human being, to help ensure that even the most vulnerable experience fullness of life. Once catalysed, congregations work with World Vision to meaningfully engage with sustainable, community-based MNCH interventions and advocacy.

This carefully designed programme relies on scripture-based guiding principles, interactive activities, and scientific information and messages. These help actively deconstruct religious and social barriers to health and equitable gender relations, and equip faith communities to respond compassionately and practically to the serious MNCH issues in their midst – both inside and outside their congregations.

## Why CoH for MNCH?

Faith leaders are amongst the most influential members in a community. They wield considerable influence over culture and what actions are prescribed or prohibited in their communities. With proper information and insight, faith leaders can be powerful change agents who play a significant role as part of a multidisciplinary team to support and improve the health of mothers and children. Their beliefs, values, role modelling and weekly messages can inspire entire communities to care for and love one another and deconstruct barriers to good health in their communities.



Assina takes her baby, Arsena, for a regular check up at the health centre where Arsena was born in Mozambique.

**Photo:** Antonio Matimbe/World Vision

*“The programme addresses the most difficult development and justice issues in a theologically compelling way, and motivates faith communities to implement sustained and effective MNCH responses.”*

Unfortunately, faith leaders and faith communities often lack necessary skills and information to engage in a helpful way on health issues. In fact, they can be drivers of wrong information, creating barriers that prohibit people from visiting clinics, receiving vaccinations, and using birth spacing methods. Their influence can also promote early marriage, encourage harmful traditional practices, promote treating women and girls inequitably, discourage the involvement of men in MNCH, and reinforce or create stigma toward various groups (including such people as those living with HIV, unwed mothers and illegitimate children).

CoH was originally used to equip faith leaders to overcome their silence and judgement related to HIV and AIDS, and to help others do the same. After successfully catalysing hundreds of thousands of faith leaders, World Vision field staff and partners saw the potential to use CoH for strengthening local health programming, and pastors began requesting the methodology be adapted to include other health issues. Thus, CoH MNCH was developed.

## CoH MNCH programme content

Based on a participative community needs assessment, the major issues addressed in the programme are: lack of male involvement with MNCH; lack of knowledge (including such things as health-seeking behaviours, how the sex of a baby is determined and how vaccines work); traditions that harm health; lack of support for pregnant and lactating mothers, especially just after birth; Biblical values with health implications; stigma issues that contribute to poor MNCH; weak marriages and family structure; and lack of protection for children (discipline and parenting). The material has been updated to include Health, WASH, Nutrition, HTSP, TB, Malaria, Ebola, Zika, Chikungunya and Dengue Fever. The methodology is easily adaptable to various emerging epidemics.

## Outcomes

- Faith communities become actively involved and help improve MNCH in the community, especially for the most vulnerable; examples have included congregations forming mothers' clubs to care for pregnant and lactating mothers, sending congregation members to be trained as community health workers, engagement with Ministry of Health activities and engagement with nutrition programmes
- Mothers, newborns and children under age 5 are well nourished; protected from infection, disease and injury; and increasingly access essential health services, including child immunisation (in some cases changes of pastoral views on immunisation led to significant increases in child immunisation rates)
- Increased male involvement as it relates to MNCH
- Decreased stigma toward unwed mothers, illegitimate children and birth spacing methods

## Advocacy

CoH MNCH is a significant platform to engage faith communities on advocacy issues affecting MNCH. Key advocacy issues, which faith leaders are sensitised to address, include: access to high quality, well-stocked health clinics; justice issues regarding equality and protection of children (gender preference); and care for pregnant and lactating mothers.

## Use in other groups

The CoH MNCH programme has been successfully adapted to fit various ecumenical Christian and Muslim contexts. It also has been used effectively with various non-faith groups including teachers, community leaders and youth. In these cases, the curriculum can be used without the faith-specific content.