

PRACTICING



FAITH

FOUR STORIES FROM ETHIOPIA

ENGAGING FAITH LEADERS FOR BETTER MATERNAL HEALTH

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practicing faith

ENGAGING FAITH LEADERS FOR MATERNAL HEALTH





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“If we leaders change, the people will follow.”

Those are the words of Tefesse Berhane, a Protestant religious leader in Ethiopia's Guraghe Zone. Berhane's words capture the central message of this book: faith leaders — and communities — have the power to spur far-reaching changes in people's attitudes and behavior. And those changes can bring extraordinary improvements in health and well-being.

The need for change is great. Recent decades have seen improvements on many fronts — on reducing poverty and providing safe drinking water, for example. But when it comes to improving the lives and health of women, change is far too slow in coming.

In Ethiopia — as in many parts of the developing world — women still risk their lives to bring children into the world. Every minute of every day, at least one woman dies from complications related to pregnancy or childbirth — that is some 287,000 every year.

The inequities are stark: A woman in Ethiopia faces a 1 in 50 chance of dying in childbirth; for a woman in Norway, that risk is only about 1 in 15,000. And, for every mother who dies while giving birth, another 20 or 30 survive but sustain life-changing injuries — notably obstetric fistula. Women who suffer from fistula become incontinent, and are often shunned by their communities.

Stunningly, most of these deaths and injuries are completely preventable.

Why, then, do they persist? Women suffer and die because they lack access to prenatal care and skilled birth attendants: only half of women in developing countries receive recommended health care during pregnancy. And they suffer and die because they cannot prevent pregnancies that are unwanted or dangerous.

Sometimes, adequate health services are lacking. Perhaps just as often, services are available, but deep-seated, culturally inscribed beliefs and practices keep women from getting the care they need. Husbands insist that their wives give birth at home, rather than at the health center. Scripture is interpreted in a way that discourages family planning. Harmful traditional practices such as female genital cutting, sometimes referred to as 'female circumcision', multiply the dangers of pregnancy and childbirth.

That is where faith leaders come in. Faith leaders possess an unparalleled capacity to shape beliefs and practices. And, in every country on Earth, religious communities are deeply involved in efforts to improve the human condition. In Ethiopia,

faith leaders have played a pivotal role in successful responses to health challenges such as HIV/AIDS, and their efforts have helped the Ethiopian government reduce child mortality by half over the last decade.

Today, Ethiopian faith leaders are working with World Vision, government health workers and other partners to improve women's lives and health. In the pages that follow, we will hear the stories of those leaders and of the people whose lives have been touched by their work:

- A new life tells the story of Tsehay Gebreigzabiher, whose life was transformed by a faith-based program to help women affected by fistula.
- In a faithful person, we meet Asmare Moges Endalew, an Orthodox priest who is leading an effort to make sure women give birth in health facilities, rather than at home.
- A model family profiles Aberra Golo, an Evangelical minister, and his wife Shitaye, who together are working to reduce cultural and religious barriers to the use of family planning.
- A messenger tells the story of Ali Hussein, a Muslim religious leader who is empowering women and girls so that they, along with their families, can make better decisions about their health and well-being.

Ethiopia is a complex country, rich in cultural, ethnic and religious communities. And this book — with its magnificent photographs and first-person storytelling — celebrates that diversity. But it also captures a shared vision of a better world for girls and women.

Mahatma Gandhi once urged us to “Be the change you wish to see in the world.” In Ethiopia, faith leaders and communities are “being the change.” And the people are following.



Margaret Schuler

National Director

World Vision Ethiopia



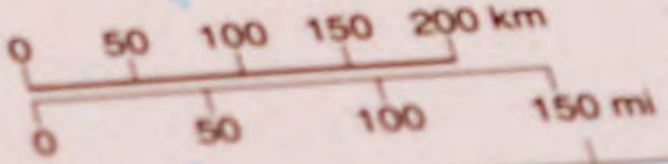
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The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



- International boundary
- Provincial boundary
- National capital
- Provincial capital
- Town
- Road
- Railway
- Airport





I was 17 when I got married and 18 when my husband left. It's not that we weren't happy. We were. But my husband wanted to take me to go and live near his family. He told my parents. And because neither of my sisters lived here at that time, they refused. 'When you got married, you agreed to live here with us,' they said. 'You can't change your mind now. We are old and there is no one else here to take care of us. Without Tsehay, our lives will be very difficult.' When it became clear that neither side was going to give in, he left. At the time I was expecting our first child.

"This is my life," says Tsehay Gebre Egziabiher, 40. "Living with a fistula, I am always leaking urine, so I have to wash my clothes several times a day. I used to feel so ashamed. I never allowed anyone to see me doing my laundry."





In the beginning I didn't even know I was pregnant. The people at the health center told me. The pregnancy was easy. I went for check ups and everything was fine.

One day I was pounding grain - I remember it was a Friday - when I suddenly started leaking. I called my mother over to see. She told me it was normal at the beginning of labor and that I shouldn't be afraid.

My labor started the next day. The older women from the area were here in the house with me. They put kibeh (butter) on my head, they made coffee, they warmed the room and they waited. I was in pain. I remember that. It was serious pain. But for the women around me this was normal. 'No problem,' they said. 'She will give birth by this evening or tomorrow morning. It just needs time.'

In my visits to the health center no one had ever told me that I should go there to deliver or that there was anything to fear in giving birth at home. Every woman I knew had given birth at home and all of them had been fine. It never even occurred to me that my case might be any different.

On Wednesday afternoon, my mother's sister arrived from far away, expecting to see me with a baby. I was still in labor. She told the women to take me to the health center right away. They called the men from their farms, stretched cloth between two plough poles and carried me by 'traditional ambulance' to the health center. By the time we arrived three hours later I was unconscious.

Tsehay also washes her plastic bedcover and sheets daily. "Things get old very quickly when they are always soaked in urine," she says.

When I woke up almost a week later I was in the hospital in Mekelle. I learned that the baby had died while I was in labor and I had a double fistula. I was leaking both feces and urine. The hospital staff referred me to the Hamlin hospital in Addis Ababa to have the fistulas repaired, but I couldn't bear the thought of traveling all that way, especially with this problem, in a bus. I just didn't have the energy. So I went home. It was the beginning of a really difficult time. I had lost everything: my husband, my child, and my health.

Tsehay's mother died last year. She continues to care for her father Gebre Egziabiher Gebre Georgis, 80. "Neither of us can do hard work like plowing," says Tsehay, "so we rent out most of our land for share cropping. What we get from that is not enough for us to live on, but with the aid we get from the government [15 kg wheat per person per month], we manage."





I stayed home for a year. My family was good to me. So was most of the community. But I didn't want to see anyone, and I didn't want anyone to see me leaking or smell me. What I really wanted was to die. I kept begging God to take me. I believed this was His curse, that He had punished me because I had not been giving money to the church. Surely He knew I didn't have enough to give, so I kept complaining to Him: Why couldn't you have just let me die instead? That would have been much better than having to suffer all of this.



DR. FEKADE AYENACHEW

Medical Director, Hamlin Fistula Hospital, Addis Ababa

By definition, a fistula is an abnormal passageway — essentially a hole — between two body cavities. It could be anywhere in the body, but at the Hamlin Hospital, when we talk about fistula, we are specifically referring to obstetric fistula: a hole between a woman's vagina and the bladder or the rectum, or — in the case of a double fistula — both. As a result, feces and/or urine leak through her vagina.

Though the potential causes of fistula are many, at this hospital more than 95 percent of our patients have a fistula because of injuries sustained during childbirth.

A small pelvis — the result of early pregnancy and/or stunting due to poor nutrition and heavy physical labor — or the malpositioning of the baby inside the mother's uterus, results in obstructed labor. Every time the uterus contracts, it pushes the fetus against the bone of the pelvis. The blood supply to that area is cut off. The piece of tissue that was compressed — perhaps for many hours or for many days — dies and it drops out, taking with it some of her bladder or rectal wall.

What remains is more than just a simple hole. The extent of tissue loss defines the extent of the injury, which can also include damage to the nerves and blood vessels that supply the lower limbs. So, in addition to leaking urine and/or feces, some fistula patients also have problems standing and walking. Infections are also very common.

Being bedridden following infection and/or injury, most end up with what we call 'secondary damage': they may lose their muscle bulk, their joints may become fixed, and they have problems with sexual intercourse and fertility. Secondary damage also includes social and psychological harm: a woman with fistula is usually abandoned by her husband and marginalized by her family and her community. So it is a very complex problem. It starts with labor, but results in a wide-ranging set of problems.

The latest estimates (USAID 2014) show that there are approximately 3,500 new fistula cases in Ethiopia every year — down from 9,000 in 2011.

Fistula is not peculiar to Ethiopia. In a country with such a large population and high rates of maternal death, you expect to see a large number of fistula cases. The World Health Organization estimates that for every maternal death, between 20 and 30 other mothers survive with

chronic morbidities — the most common of which is fistula.

The story is the same in all of sub-Saharan Africa, the Indian subcontinent and some South American countries. This is a problem that clearly manifests a country's level of maternal care. It will be with us until that care is optimal.

Wherever you are in the world, five to ten percent of all deliveries will end up in difficult labor. This is a given. What makes all the difference is whether or not a mother delivers in the presence of skilled medical personnel who are trained to recognize and address the early signs of abnormal labor.

There are many reasons women in Ethiopia are still not getting these services. The government, NGOs, local health extension workers and staff here at the Hamelin Hospital are working to change this. We are training medical personnel and working to link all health centers and clinics to hospitals that can provide comprehensive emergency obstetric care (including cesarean section, vaginal assisted delivery, blood transfusions, and the treatment of eclampsia and pre-eclampsia). We are also raising awareness among women of the importance of getting antenatal care and delivering at a health facility.

These interventions are having an impact. The number of fistula cases we see at Hamelin is growing smaller by the day. The change is particularly noticeable in urban areas, where the problems associated with safe delivery are easier to address. It is in the remote rural areas that the biggest challenges remain.

In my years as a doctor I have repaired more than 2,100 fistulas. I feel that this is one of the best jobs a person could have. The women I operate on are the worst hit in every way — economically, psychologically, socially — but I know I can help them. I can give them back their lives. And in helping them, I am also helping their families, their children and their communities. That's what keeps me moving forward.

World Vision supports Hamlin Hospital's fistula prevention, care and treatment activities. These include efforts to raise awareness about fistula, engage the media and strengthen service provision. World Vision also provides financial support to train health care providers in fistula prevention and corrective surgery (both in Ethiopia and abroad), and provides scholarships for eight students each year at Hamlin's Midwifery College.





After that year at home I went to Addis Ababa and had my first operation at Hamlin Hospital. They fixed one of the (rectal-vaginal) fistulas. Several months later I went back for another operation and then another. Both times they tried to fix the other one (urinary-vaginal), but there was no change. I was just 21. It was really hard to think that I might never be cured.

For the next 17 years, my life went on as before. I was just here. I didn't attend any community activities or social events. I went to church sometimes, but it was rare. First, I would go and see how many people were there. If there were many, I would return home. If there were only a few, I would go up and kiss the outside wall of the church, say a prayer and leave.

Tsehay and her sisters have a coffee ceremony together three or four times a day. "I guess that makes us addicts," says her older sister, Dinknesh, with a smile.





Tsehay's older sisters, Dinknesh (right) and Alem (second from right) along with various friends and neighbors come to the house every day. "Of course, we come for the coffee," says Dinknesh, "but most of all we want to make sure she isn't lonely."

Then, just over a year ago, everything changed. The staff at the health center told me about a place that helps fistula patients, called Healing Hands of Joy. When they told me about it, I thought I was being sent there for medical treatment. When I arrived at the center in Mekelle, I learned that it was something entirely different.

There were nine other women. All of them had also been affected by fistula and some were cured, others were not. We lived at the center together for a month. During that time the staff gave us many different trainings. In literacy they taught us to write our names. The training in income-generating activities taught us poultry rearing, animal fattening and bee keeping; they also gave us loans to start our own businesses and taught us how to run them. There was counseling that helped us to change and to motivate ourselves, as well as spiritual counseling.

The spiritual counseling helped me to forgive and forget. I learned to stop complaining to God, but rather to pray and tell him my thoughts and my problems and then leave the challenges to him. Deacon Tesfaye helped me to know that I am not cursed. I am blessed.

During the month I spent there my physical condition remained the same, but my attitude changed completely. I learned that I needed to be hopeful. I started to treat myself well and to think positively. I became confident that I can create change in my life.



“So far, the priests around here haven’t said anything to us about safe motherhood,” says another of Tsehay’s neighbors, Mitslal Gebre Medhin. “They may care for their wives, but when it comes to this issue, they are not yet taking care of the rest of us.”

TESFAY HADERA

Dean, St. Frumentius Orthodox Theological College and Spiritual Counselor at Healing Hands of Joy, Mekelle

At first when the women come to Healing Hands of Joy they are depressed. They consider themselves cursed. They believe they have sinned and that God doesn’t love them — why else would He have cursed them with a fistula?

One can understand their despair. As fistula patients, most have been outcast from their communities. After the fistula they were simply living in a closed room. Even their husbands, families and friends stayed away from them. This lack of love damages their lives.

I have my own approach with these women. I laugh with them and I take things easy. I trust that with the power of God, everything will be easy to solve. The first and most important thing I teach them is about the unconditional love of God. God has equal love for everyone in the world. Therefore you are also beloved ones.

I also teach them about the power of faith. Through faith nothing is difficult. God’s power is always there. He can do whatever we ask. Just look at the miraculous activities of Jesus. In His ministry He healed many people. He asked them ‘Do you want to be healed?’ and they said yes, and then He said ‘Stand up. Take your bed and go.’ These were great miracles — and these miraculous activities are still happening in this world.

The other thing I talk with them about is hope. I tell them our Savior and Lord Jesus Christ did not leave His followers, his disciples without hope at any time. When He ascended into heaven, He left them in Jerusalem, but He told them ‘Wait and you will receive the power of the Holy Spirit from Heaven.’ Ten days later they did. And they became very powerful and very hopeful. I tell these women the Holy Spirit is with you always. His power and hope are with you. Go and continue your work in your community.

Sometimes I say to them ‘You are the most beloved ones,’ and I remind them of the story of the woman whose blood flowed for 12 years and of how Jesus cured her: ‘So, if God wants to change our lives, he can,’ I tell them. ‘Your past is history. You are starting a new life.’ And their faces light up. I ask them what they feel hearing that and they say ‘When you teach us we feel at ease, we feel happy. We are the strongest ones. We have passed the hard times and we are coming to a new life.’

At the end of the month they always tell me that the best thing they received was the spiritual counseling. Why?

‘Because,’ they say, ‘it is like I have come from a dark room

into the light.’ That’s what I love about this work. Medical doctors can heal the body, but as a religious leader and spiritual counselor, I can help to heal the mind.

We need to train all priests and religious leaders to do this. Most Orthodox priests are already out in their communities doing psychosocial work with, for example, people living with HIV/AIDS or tuberculosis, and with problems like divorce and addiction. They are also working in their communities to reduce harmful traditional practices like female genital cutting and early marriage. Some are also counseling women with fistula. But in order to do a good job and to pass on the right messages they need training on these issues and on how to be an effective counselor.

At the Theological College we have trained more than 450 priests so far. There is a book produced by the Orthodox Church — we call it the Bible for Development. It addresses every psychosocial issue community members might face. Every priest has access to it, but those who are trained to use it are most effective in their service to the community.

In the future there is a plan to train every Orthodox priest in the country, so that they clearly understand the problems in their communities and have the skills — especially the counseling skills — they need to address them. This includes my issue: fistula. It is in the Bible for Development now, but the entry is small. I am working on expanding it for next year’s edition. Then, with training, the priests will be able to join us in working to put an end to fistula. Not only will they work to prevent it by sending mothers to the health facility to deliver; they will also be able to help us to identify existing cases in their communities. Priests are ideally suited to this, for if a woman doesn’t go to church, her spiritual father will visit her at home. And if he is trained, he will be able to recognize the signs — and if he asks about her symptoms, she will not lie to him. Then he can explain to her that this is not a curse, it happens to some women during childbirth, and it can be healed. He can advise her to seek help at the health center — and because she trusts him, she will go.

World Vision provides technical and financial support to Healing Hands of Joy’s (HHOJ) Tigray-based fistula prevention, rehabilitation and social reintegration program. This includes providing Channels of Hope training (see page 156) in Maternal Newborn and Child Health for HHOJ staff and faith leaders in Tigray and supporting the training of Safe Motherhood Ambassadors.



Tsehay prepares and eats lunch with her sisters Alem (in purple) and Dinknesh (in green) and her neighbor, Melat Hagos (in white). "Before she went to Healing Hands of Joy Tsehay didn't socialize with anyone," says Melat. "She didn't drink coffee or eat with us. She didn't talk. She just sat and stared at us with a blank look on her face. Now, thanks to God, all of that has changed."

At Healing Hands of Joy we also learned a lot about health, especially the health of pregnant mothers and newborn babies. They asked that each of us return to serve the women in our communities as Safe Motherhood Ambassadors.

“When I was young I didn’t go to school because there wasn’t a school in this area,” says Tsehay. “When I was a teenager, there was a literacy campaign and I could have taken classes, but I was out all day watching my family’s goats. At Healing Hands of Joy we learned to write our names, but I haven’t practiced much, and so I have forgotten. Fortunately, my niece, Helen, is 13 and in the seventh grade. She helps me to fill in the information on the list of mothers I have seen as a Safe Motherhood Ambassador.”





As a Safe Motherhood Ambassador, Tsehay goes to visit pregnant women in her community and those who have recently delivered two or three days a week. "If I was fully cured, I could work better than I can now. Because of this fistula, I can't go to areas that are far away. It limits me."



When I go house-to-house visiting pregnant mothers, I share my story with them. And because we know one another, they listen. I tell them that they can protect themselves from fistula and other health problems by getting antenatal care and going to the health center when they deliver. And then I follow up to make sure they do it.

Because we live in the same community, my follow up is continuous. We meet each other on the road, at church, when they go to fetch water and in community gatherings.

I also talk with their husbands. This is important, because after I talk with the wife, I know she will decide to go to the health center. But her husband may still stop her. So I try to change his attitude by explaining that this is for the good of his wife and their children. He will usually listen and accept what I have to say.

Since I started doing this work, I have counseled 24 mothers in my community. All of them have given birth at the health center or the hospital.



Name: Letechial Yemane

Age: 37

Village: K/Lehil

I have six children. The youngest is three and the oldest is eighteen. All of them were born at home. I did get antenatal care for my last child. That was the first time I had ever done that. While I was at the health center, the people advised me that I should also come there to deliver, but I didn't. From the beginning I haven't faced even a single problem with any of my pregnancies, so I felt confident delivering at home.

Now I am eight months pregnant. Throughout this pregnancy Tsehay has been coming to see me and checking up on me. She has shared her life story with me and she has made me understand that just because I had six safe deliveries at home doesn't mean I won't face any problems with this one. I have thought about it a lot, and I have decided not to take a risk. I am going to deliver this one at the health center.

Today Tsehay shares a pictures-only book with Letechial. Developed by Healing Hands of Joy, it features the stories of two women and clearly illustrates the benefits of giving birth at a health facility. "I can't read," says Tsehay, "neither can most of the women I visit. This book makes it easy to teach them and it helps them to change their minds about delivering at home."



Name: Mitslal Gebremedhin

Age: 38

Village: A/Alem

This is my eighth child. She was born 36 days ago. This was the first time I ever went for antenatal care or delivered at a health facility. Tsehay helped me a lot. She accompanied me to the health post while I was pregnant. She also told me about her sufferings and that she didn't want me to ever have to feel that kind of pain. She made me realize that even though I had not had any problems with the other seven, this one could be different.

I was pleasantly surprised. The delivery was less painful and more comfortable than giving birth at home, and they treated me very well.

This is the right time to be giving birth at the health centre because now everything is accessible. The road is there. The ambulance is there. Just a couple of years ago, if a pregnant woman went to go to the health center to deliver, people had to carry her there on a 'traditional ambulance' (a stretcher). It was a long walk. She might even give birth on the way, so it was better to stay at home.



When she gets home Tsehay cooks dinner for her father. "Sometimes the women ask me why I'm doing this work. They think maybe I am getting something from Healing Hands of Joy. I explain that I am a volunteer. I am sharing my life experience so that others don't have to go through the same things as me. The only benefit I hope to receive is to one day be cured."





I am 40 years old now. The hope I found at Healing Hands of Joy is still alive inside of me. Once again I am a part of my family and my community; I am helping others; and I am living a new life.

Even so, it is still not easy living with a fistula. And for a long time I have wondered if I would have to live the rest of my life with it.

But now I have hope for better days. They say that I may be able to have another operation at the Hamlin hospital. Instead of leaking down my legs, my urine would empty into a plastic bag at my waist. This means I will be fixed. But most of all it means there is still a chance for my dream to come true: more than anything I want to have a child - before it's too late.

As evening falls, Tsehay takes down the last of the day's laundry and folds her bedsheets to bring them in for the night.





I confess: I am the one responsible for the deaths of children and mothers in this community.



I knew nothing about health issues. I didn't even know what the scriptures said about these issues, but still I insisted that women deliver at home, not at the health facility. It was my belief that Jesus' mother, Mary, would intercede to help a woman give birth only if she delivered at home. And because they trusted me, people listened. Then, when mothers or children died, in my ignorance, I consoled their families, saying, 'This is God's will. It is not something anyone could have prevented.'

"I became a priest to gain knowledge and to serve my community," says Asmare Moges, Orthodox priest at Chewsa Michael Orthodox Church in Kesmender village. Asmare has been a priest for 26 years. In addition, he is head of the monastery attached to the church and a recognized authority and educator for other priests on religious knowledge and ceremonies. For the last 14 years he has also served his community as a leader in the kebele (local government) administration.

About a year ago, I was given the opportunity to open my mind. I was called with other faith leaders to take part in a training organized by World Vision and the woreda Health Office. The health workers who led the training showed us the numbers. We saw that when women gave birth at home there were many more deaths than if they delivered at the health center. They made us see that women and children were dying as a result of what we were telling them, and that their deaths were entirely preventable.



There are 35 priests at this church. Every week, the priests, health extension workers and other officials take turns talking to the congregation about important matters including maternal health. "The church is the only place where we can get almost everyone in the community together in one place and they have time to listen," says vice head of the woreda (district) health office, Fekadu Chekol.

FEKADU CHEKOL

Vice Head, Banja Woreda Health Office

A lot of women have died. A lot of babies have died. We know how to solve this problem: mothers need to receive antenatal care and deliver in the presence of skilled medical personnel. What has been less clear is how to get that to happen.

We started with the basics. Several years ago most pregnant women mentioned lack of money as one of the main barriers to accessing health services. So, two years ago the government made health services free for all pregnant mothers and newborns — checkups, delivery, vaccinations — everything is free. At the same time they addressed the other main obstacle: transportation. Each woreda now has an ambulance — also free for pregnant women and newborns — making it easier for many women to get to a health facility to deliver.

However, even with these measures in place, pregnant women were not using the health services in big numbers. It became clear that our main problem was an awareness problem. Traditional beliefs — that Mary would only help at home; that if a woman left the house during labor or after giving birth, especially during the rainy season, ice would rain due to God's rage — were keeping women at home.

Experience was also a limiting factor. Women would say 'I have given birth at home so many times now and everything was fine. Why should this time be any different?'

Privacy was another big issue. 'When I go to the health facility I lose my privacy,' they would say. Many men, including some of the religious leaders, prevented their wives from delivering at a health facility for this reason.

Women also preferred to give birth at home because of all the ceremonies that take place there around the birth — the coffee ceremony, the prayers, the warm environment, the visitors that come.

So we developed a new plan. We called the kebele leaders together and trained them. We thought if we could raise their awareness — give them the knowledge they needed — they would be able to use their platform to educate the people in their kebeles. The training went well, but it didn't yield the level of results we had hoped to see.

The woreda staff talked about what we should do. Previously, working with World Vision, we had engaged faith leaders in mobilizing people for sanitation, hygiene and

immunizations — all of which the community now accept without hesitation. So when the woreda, in collaboration with World Vision's Child Health Now campaign (see page 156), called together 72 religious leaders for three days of training in maternal, newborn and child health, it was the next natural extension of that idea.

The training had three major components. The first focused on the benefits of antenatal care and skilled delivery, the second on newborn care and immunizations and the third on family planning. It included many religious scholars and high level Woreda leaders. On certain issues, especially family planning, the debate was huge, but in the end they came to consensus. They agreed that if a family has too many children they cannot support them, educate them and feed them, and the whole family suffers. Second, it is not right to make a mother give birth again and again until the end of her life. She can't do that. She will die — and we will be accountable.

The training happened just six months ago, so we don't yet know what level of change will come from it, but based on their past successes, we expect good results. Of course, they will be better in some kebeles than in others. In Kesa Chewsa kebele, for example, people are generally very fast to adopt change compared to many other kebeles — not only in health, but also in agriculture, peace, good governance and other areas. I think this is due, at least in part, to having faith leaders who are also kebele leaders. The people are more open to them because they are leaders in both sectors.

Our target is to have 'home delivery free' kebeles. We still have a long way to go. This year in our woreda 58 per cent of all births happened in a health facility. We will continue to use every opportunity and every strategy we can think of to address the issues. I am confident that, given time, we will reach 100 percent skilled delivery in each and every one of this woreda's 26 kebeles.

World Vision is working to strengthen the health system at woreda level by providing refresher training for the health extension workers, nurses and woreda health staff, conducting formative research on the causes of low levels of skilled delivery coverage in three regions, a baseline on the availability of maternal, newborn and child health services, and a readiness assessment of health facilities in 48 woredas in six regions.



"We are still waiting for you to come to the health center to deliver," says Fekadu. "We have a long way to go to reach 100 percent."



Asmare's insistence that women deliver at home nearly resulted in the death of his own wife. "The wife of a priest is a model for other women," he says. "She had to give birth at home." Fortunately, there were no problems during the deliveries of their first five children.

But a sixth was stillborn at the health center following a difficult labor that started at home. "My wife was going to die," he says. "They rushed her by ambulance to the hospital. The treatment she received saved her life, and opened my mind to the value of health services."

After the training we came back and taught the other priests in our church what we had learned and we challenged them on the issues in the same way we had been challenged. We also brought what we had learned to the community. In the Orthodox Church, everyone is under the care and guidance of a priest. Each priest is responsible for the spiritual nurturing of as many as 60, 70 or even 100 people. These are his 'spiritual children.' He meets with them regularly to teach them. He hears their confessions, and conducts their christenings, weddings and funerals. He visits them when they are sick, in trouble, or in need of comfort. And when women are pregnant he checks on them and gives them advice and support.



Asmare visits expectant mother Ayanesh Berhanu and her husband Aderaw Sewagegn. Priests meet with their 'spiritual children' on a regular basis, both individually (especially if the person is sick or elderly) and as a group. Such visits have always been a time to teach about spiritual matters, but now they are also a time to teach about physical matters. "Before, the priests in our church did not consider it important to talk to their spiritual children about things like immunizations or safe delivery," says Asmare. "Now we understand that these are matters that should concern all of us."



Though she appreciates Asmare's visits, Ayanesh Berhanu doesn't need anyone to convince her to get medical care during her pregnancy and delivery. Her first baby was in the breech position, and was stillborn, so she knows the dangers first hand. "This is my third pregnancy," she says. "I have had four checkups with Fentaye and when the time for delivery comes, I will go to the health center to deliver, just like I did with the last one."

FENTAYE YENEW

Health Extension Worker, Kesa Chewsa Kebele

When I started as a health extension worker here eight years ago, people were not using latrines or washing their hands regularly, children were not immunized, women did not receive antenatal care and almost all mothers gave birth at home. And though I was born and raised in this community, it has been very difficult to convince people to change these practices. They had an especially hard time with the idea of building and using a latrine, but in time they have come to accept it.

Now we are taking on another challenge: getting women to give birth at a health facility. This has been part of the government's health extension package from the start, but now the government is giving it more attention — and anything the government pushes, matters. So now we are also giving this issue more attention.

The government is saying that no mother should give birth at home. They have a slogan: 'No woman should die while giving life.' But a good number of women are still not convinced. As with all of the work we've done so far, the key to changing this is awareness. We must make them aware of the benefits of giving birth at a health facility — because if they are not convinced, if they don't believe these services are important for them, they won't use them.

So, whether I see them at the health post or when I visit their homes, I explain that if a mother is bleeding to death, health workers can stop the bleeding, and if there are complications that impact the baby, health workers can save the lives of both mother and child. I counter their happy stories of women giving birth at home with stories of women who lost their lives because they refused to go to the health center — people that they or their neighbors and relatives will know.

The culture and beliefs behind all of this have been in existence for a long time. That makes this a situation where our religious leaders can play a really important role. If

every faith leader is trained and he fully accepts this new approach to delivery, he will instruct his 'spiritual children' to deliver at the health facility. If he takes this seriously they will listen to him; they will give priority to following what he says and this practice will change.

But from what I have seen, few faith leaders and priests are actually taking this on. There are exceptions, like Kes (priest) Asmare and Kes Tarekegn. They work hard at this because they are in leadership positions in both the kebele and the church. They are helping to mobilize mothers and educate other faith leaders. But most of the priests are still not 100 percent convinced that they should be instructing and supervising their 'spiritual children' in these matters.

If all of them were committed it would be easier to bring about the changes we need to make. However, just training them by repeating all of the messages that everyone is already saying is not enough. To have a real impact, the trainings must be followed by planning sessions. And when they return home, the faith leaders should be held accountable for following up on their activities and reporting their progress. Change won't happen overnight, but it will come if all of us — the health extension workers, government officials and faith leaders — work together.

World Vision supports the broad goals of the health extension program by working closely with almost 3000 HEWs working under the organization's 70 Area Program sites and providing them with refresher trainings that enable them to better deliver all aspects of the Health Extension Package.

World Vision supports the broad goals of the health extension program by working closely with almost 3000 HEWs working under the organization's 70 Area Program sites. By providing these front line health workers with refresher trainings, helping to strengthen the referral system, and supplying health posts with a variety of equipment, including safe delivery kits, World Vision makes it possible for HEWs to deliver better quality maternal and child health services.





This relationship provides priests with a chance to pass on all kinds of health messages. In the past, we have talked about the importance of sanitation, hygiene and immunization. Now we have a chance to tell mothers that they should go to the health facility to deliver. To do that we must also clean out the old ideas that are keeping them away. We make sure they know it is not a sin to go to the health center. We explain that Mary can help them there just as much as she can at home and that God does not just come to people directly, he is also at work through our doctors and nurses.

Priests have many responsibilities, such as conducting ceremonies for their 'spiritual children,' like this christening. Priests, government leaders, non-government organizations (NGOs), health workers and community members have worked together to find effective ways to encourage women to deliver at the health center. And though some communities have suggested imposing fines on or having priests refuse to perform important religious ceremonies for those who do not comply, Asmare is not in favor of such extreme measures. "Rather than punishing people when they fail," he says, "we should be supporting them in taking positive action."

MULUNESH AMSALU

Nurse and Midwife, Kesa Health Center, Kesa Chewsa Kebele

I started working as a primary healthcare worker and midwife 15 years ago. At that time women did not come to the health center to give birth and — I can't believe it now — but we didn't consider that important.

Even just two years ago, healthy mothers were not coming here to give birth. We only received the complicated cases, where they had gotten into trouble as their labor progressed. Many had heavy bleeding or a baby in breech position. There were a lot of cases like this. And, if those mothers ended up dying, people would talk. They would spread the message that if you delivered at the health center, you were more likely to die. Of course, that made people afraid to come.

Last year things began to change: 66 women came to the health center for delivery. So far this year — which includes data from just the last three months — 130 mothers have given birth here.

Why this change? I would say the main reason is increased awareness. Various groups have received training — including the religious leaders. Before these trainings, when I would be given time at the end of the church service to talk to the congregation about family planning or delivery at the health center, the religious leaders would challenge me. They would say, 'These things are against the Bible.' But now, many more of them are convinced; they are no longer working against us, they are on our side.

Now they are passing on messages and mobilizing the people. If we tell a woman 'You should not give birth at home,' she won't listen to us. But if her spiritual father says 'You must deliver at the health center...', she will come.

Another reason for this change is the commitment we health workers have to awareness education and to convincing mothers to deliver at a health facility. Now, when a pregnant woman comes for antenatal care, she also receives counseling. We convince her to come to the health center for delivery and we also convince her husband. We didn't do this before.

Our awareness education events also help. We do a pregnant women's conference every month at the health center and in the villages where we do outreach work. We call the pregnant women and their husbands together and talk to them about the benefits of giving birth at a health institution. We also invite the religious leaders to talk with them. Before the end of the event, we ask them to sign a

pledge that they will come to the health center for delivery. This is bringing good results.

We have also been working to ensure that women have transportation to the health center. The lack of transportation has been a key reason women give for delivering at home. Thanks to the government, each woreda now has an ambulance. It is really useful if there is a road near the woman's house — and if the ambulance is not busy helping someone in another kebele. But these things are uncertain. That's why we have given priority to formally organizing a 'traditional ambulance' (stretcher) in each village. People have always done this, but it was informal. We have used local government-supported structures to assign five to ten men, along with two to three leaders — to manage it. Then if labor comes at night or there is some sort of emergency, the leaders are responsible for mobilizing the men to collect the woman and bring her here. But this is really a last resort.

We prefer for women — especially those who are coming from remote areas — to come and stay here at the health center before they give birth. We have constructed rooms where they can stay for up to 15 days before giving birth. And after giving birth mother and child stay here for 24 hours to make sure they are safe.

Other changes we have made at the health center over the last year are designed to make women feel more comfortable coming here to give birth. Mothers value the cultural ceremonies that happen at the time of birth, like the coffee ceremony that happens during delivery and sharing porridge with family, friends and neighbors after the baby is born. These are huge things for them. Before they only happened at home, but last year we started doing them at the health center, too. Now, after giving birth in the delivery room mother and baby are taken to the waiting room. There, she and the others who have come to celebrate with her are served coffee and porridge. This makes them interested in coming here.

Today, far fewer women are saying 'no', and many more are saying 'I agree.'

World Vision provides capacity building training on basic emergency obstetric and newborn care and respectful maternal care for health workers. They also provide basic emergency obstetric supplies, essential drugs and medical equipment to Maternal, Newborn and Child Health (MNCH) units in more than 200 health centers in Ethiopia, including Kesa Health Center.





These days the education women receive from priests is one of the biggest factors motivating them to deliver at the health center. The local government officials tell people the same thing, but they don't always listen. However, because people place such a high value on their religion and because they trust their religious leaders, if a priest says to a woman, 'You must deliver at the health center,' she will definitely do so.



TAREKEGN BOGALE YAYES

Priest and Chairman of Kesa Chewsa Kebele

The Government has a slogan: 'No woman should die while giving life.' But previously a lot of mothers were dying. We weren't aware of their numbers, but we thought we knew what was killing them. It was a disease we called serca: 'stolen by death.' Its symptoms were that a woman who had given birth would not think and act properly, and if things were really bad she would become unconscious. We knew that she was about to be stolen by death. So we would tie the pillar of the house with ropes and we would grab a lot of metal things from the house and bang on them to make as much noise as we could. Sometimes people would even fire a gun into the air. We thought the noise might wake her. If she still didn't respond, we would take her to the health facility.

During the maternal health training we received from World Vision and the woreda, we asked them about this. The health workers explained that what we were seeing was not a disease. Nor was it anything supernatural, as some believed. It was happening because the woman had lost a lot of blood during delivery.

Now we are all more aware of this problem. We know how many mothers are dying and we understand why. We also understand that getting women to deliver at a health facility is the only way to stop it, and the only way to get

them to do this is through education. The health extension workers have been going house-to-house for years educating people. The kebele leaders have now been trained and so too have the religious leaders. Now all of us are working together to educate the community, so change is happening fast.

For this kind of work there is a big advantage in being both a priest and a leader in the kebele. When new trainings come, I am asked to attend them, so I have access to a lot of information that others do not. And because I am both a priest and a leader in the local government, people respect me and they listen to what I say.

In most other kebeles, the leaders are not also priests. The people may resist the advice the administration gives because they perceive the government and the church to be opposed to one another. But here in Kesa Chewsa, with two of us who are priests and also cabinet members, the messages are easily disseminated and accepted, so change comes quickly.

World Vision has provided capacity building trainings on maternal, newborn and child health to 700 kebele leaders in 70 woredas (districts). As a result of these trainings, the leaders better understand the magnitude of the problems in their kebeles and can more effectively mobilize their communities for change.



Speaking on behalf of all of the priests here, I say this: We are willing and we are committed to this. Every day my previous ignorance motivates me to do more. I can't believe that all of this was happening around me and I didn't take action to change it. If, now that I am aware, those things were to continue to happen, I would not be able to live with my conscience. God never forsakes his children. He always provides a faithful person to serve. I am working to be that person.

After a ceremony in the church, the priests come together to eat and drink. They also meet once a week so that those who have participated in the various trainings can share what they have learned with the other priests. "I have thought about this a lot," says Asmare. "Now when I talk with other priests about it I remind them that in the Gospel of John, Jesus asked Peter to keep his sheep. We priests are now the keepers of Jesus' sheep, and these women and children are part of our flock. So if a woman dies while she is giving birth, and the priest could have done something to prevent it, he is responsible. He lost one of Jesus' sheep."





My wife, Shitaye, and I already had three children when I decided that I wanted to go back to school. I knew that if we kept having a baby every other year, it would be impossible.

Aberra Golo, an Evangelical Minister at Gwangwa Kale Hiwot Church, prepares his message for Sunday worship. Forced to drop out of school in the ninth grade, Aberra decided to return to school in 2008 at the age of 40. He then went on to pursue a diploma in Bible studies and has since become a minister in his local church.



Shitaye Adane prepares coffee and roast corn for the family's breakfast. When Shitaye was just 15, she told her parents about the young man who kept trying to talk to her when she was on the way to school — and who had just proposed to her. "My father was a church leader," she says. "He told me there was no way I could marry Aberra because our family was Protestant and his family was Orthodox. But Aberra was determined. He followed me to church and converted." They married when Shitaye was 17.



But like most people, I was very skeptical about family planning. The government had been educating people about its benefits for a long time, but we didn't want to listen. We thought it was against our faith. In the Bible, in Genesis 1:28, God says, "Be fruitful and multiply and fill the earth and subdue it..." So, even though I had never heard any clear teachings against family planning coming from the church, like everyone else, I assumed that to use it would be to go against the word of God.



I searched the Scriptures for verses that speak out clearly on the issue of family planning, but I couldn't find any...

"I haven't had any training on family planning," says Aberra, "but I would like to get some, because I've seen the difference effective training can make. About a year ago my church and the kebele (local administration) asked me to attend World Vision's training on Positive Parenting (see page 156). Now, if my children do something wrong, rather than shouting at them or beating them, we talk and I help them understand the right thing to do. Since I started using this approach, I have seen big changes in their behavior. They are more cooperative and responsive. They are also kinder and more caring with other children. My family is my priority. It feels good to know that what I am doing is having a positive effect on my family and that it will one day benefit our grandchildren and their children."



Over the years I had been observing the people around us. I saw that those who were educated and using family planning had more time between pregnancies. I saw that they had fewer children and that they could easily afford to feed them and give them everything they needed. I saw that their children and their wives were strong and healthy.

I brought all of my observations to Shitaye. I told her about my idea. I told her what I had learned from studying the scriptures and from watching others in our community. I also told her that I could see her getting weaker with the birth of every child. I told her I wanted us to use family planning. She listened and she agreed.

Shitaye attends a meeting of the Gwangwa Women's League. The monthly meeting "...provides a good opportunity to make women aware of the various issues that affect them, including family planning," says health extension worker Alemtehay Tamirat, who leads today's discussion. Although women are typically the focus of family planning efforts, and are overwhelmingly responsible for using it, it is often their husbands who make decisions about it — usually without any discussion on the matter. By involving men in counseling and information sessions and offering community leaders like Aberra as a model of shared decision making, more women will have a say in this important matter.

ALEMTSEHAY TAMIRAT

Health Extension Worker, Gwangwa Badiya Health Post, Abaya Woreda, Oromiya

Previously family planning services were very challenged by people's beliefs. There was a perception that if you used family planning it was opposing God's word, which says 'multiply and fill the earth.' So those who wanted to use it came secretly, hiding themselves, or they didn't come at all. In addition, many women believed that taking it was having a negative effect on their health — they were spreading lots of rumors and negative messages, so coverage was low.

Family planning can be used to delay pregnancies in young women, and prevent them in older women. Both of these groups face a greater risk of health problems and death from giving birth. It can also be used to limit family size, but here most women are using it to space their pregnancies. This has a great benefit for both mothers and children: when the children just keep coming one after the other the health of the mother and her children suffers.

Family planning also impacts children's health. This woreda has been known for its high levels of malnutrition. Of course, many factors that contribute to malnutrition, such as drought and a poor understanding of the principles of a good diet, but it is also very common when a household has many children. The food that is served is not enough for everyone, and the young children in particular do not get enough. So, as we explain to the women, the lack of family planning service utilization has a direct link with the prevalence of malnutrition in our community.

Family planning gets at the root causes of malnutrition, which start at conception. If the mother is not getting enough food and the fetus doesn't get sufficient nutrition during the pregnancy, the baby will be underweight when it is born. If the mother is still not getting enough food — or if she gets pregnant again very soon — her breasts will not produce enough milk for the baby. And in poor families like these, where there are not sufficient resources to provide good food, the baby lacks both nutritious breast milk and nutritious food.

This kind of chronic malnutrition results in stunting (below average height for age) and has long term effects on the child's mental and physical development. And if that child is a girl, when she grows up and gets pregnant she will be smaller in size because her bones and muscles did not grow very well. Then, when she gives birth, there is a much greater chance of complications from obstructed labor — including fistula.

But it doesn't end there. The impact of stunting is felt from one generation to the next, and even at the national level: a nation with high rates of stunting is a less productive nation.

As a health extension worker it is my job to show people what the problems are and to help them understand why they are occurring. For example, I show them the growth monitoring chart that we use for all of the children. It shows how many children are malnourished in this area. I talk with them about how this is related to the number of children per household and I explain how, in other villages the problem is not as great because people are using family planning. This has had a big impact on people's thinking.

Another way we are bringing change is by working through the 'women's development army.' Every woman in the village is part of a '1:5' group — five neighbors who are led by a sixth 'model' woman, also their neighbor, whom we educate and she in turn educates them in sanitation, hygiene and a variety of health-related matters, including nutrition and family planning.

In meetings I often work with one of these 'model' women — someone who gave birth to three or four children and then started using family planning. She will talk about her own case, and how, because she has been using family planning, she is healthy, she can care for all of her children, she can feed them, and she also has time to do some income-generating activities that help support the family. Her testimony can change a lot.

We also get our message out in public meetings and gathering places — including the churches. If we talk with them in advance, most of the religious leaders will give us the opportunity to share messages with their congregation. Some are even more involved: when we go from house-to-house in the community, those leaders come with us. They help us to educate and convince the community. Sometimes they even pass on these messages when we are not there.

These days more and more women are knocking on the health post door and saying 'give me family planning.' I am glad. I consider this one of our biggest successes.

World Vision has trained 300 health extension workers nationwide on the Healthy Timing and Spacing of Pregnancy (HTSP) model. The organization also provides HEWs with training in nutrition, nutrition promotion and the treatment and management of malnutrition.





We have been using family planning on and off for almost eight years now. Over that time, I have come to understand that using family planning has nothing to do with going

against the word of God. It is about being responsible for my wife and children. I must take good care of all of them. If I don't, my conscience will not set me free.



We have clearly seen the benefits: I finished high school and Bible school. And because she wasn't pregnant at that time or caring for a baby, Shitaye was able to manage the house and the children and help me with the farming.

Shitaye uses food from the family's farm to prepare the family's lunch. "I've had a lot of nutrition training from the health extension workers," says Shitaye. "I try to follow it by serving different types of food for breakfast, lunch and dinner, but we are the lucky ones. We can feed our family for the whole year with what we grow on our farm." With five children of their own and four other children — a niece, a nephew and two orphans — who live with them — they are indeed fortunate to have enough food to feed them all. Many of their neighbors — who may have as many as 11, 12 or even 13 children of their own — are not so lucky.





But, for me, the best example of the benefits of family planning is my youngest daughter. Jitoo is our fifth child. She was born three years ago, after a five-year gap that was the result of family planning. Because she is our only young child, we can give her better care. And she has advantages our older children didn't have: she is still breastfeeding because no one is going to come along and grab the breast away from her; we can afford to provide her with better food, so she is strong and healthy; and when she is old enough, we will have the resources to send her to a private school and eventually educate her as far as she wants to go.

Traditionally, a mother with many children was respected and her family was considered rich, so women started giving birth early and didn't cease until menopause. No matter the number of children a family had, they believed that somehow there would be enough for all of them to eat. Though Shitaye, too, grew up with such beliefs, she now sees things differently. "Family planning is important not only for women and children, but also for families," she says. "As women, if we use it we will have enough time and strength to care for our children, and those children will be healthy and we will be able to give them nutritious food, and send them to school." But it can also help families achieve more. "When we started using family planning, Aberra and I developed a plan: we decided that one day we would bring the conveniences of living in town to our home. This includes piping water into our compound and building a shop so that we are relying on more than just farming for our income. All of this relies on being able to plan when, and if, we will have more children."



Five of Shitaye's neighbors are members of the Development Army group she leads. Once a week they meet at Shitaye's house to discuss sanitation and hygiene, immunizations, safe delivery, nutrition, family planning and many other health-related topics. 'Model' women, like Shitaye, receive training on these issues from the health extension workers and then pass on what they have learned to

group members. Then, the women in the group translate their learning into action, whether it is building a latrine, setting up a hand washing station outside that latrine or going to the health center to deliver. Shitaye and other group leaders report back to the health extension workers, who provide training and follow up to all of these '1:5' groups in the area.





In the same way that I learned from watching others, there are people who are now influenced by observing my family and me. We have a good reputation here. The local government has appointed us a model family.

“Our 1:5 group was organized just over a year ago,” says Shitaye. “By that time two of our members had already decided to use family planning, and two others were too old to need it. That left just one for me to convince. Belaynesh had given birth to two children in two years. When she joined the group the oldest was two years old. He was very small and not very active. She had stopped breast-feeding him because she got pregnant, so he was not breastfed long enough. Her younger child, a daughter, was far healthier and more active. When I talked to Belaynesh, she recognized the problem and soon after went to the health extension worker to get family planning. A year later, her daughter is still nursing and the differences between the two children remain. The youngest is physically very strong. She can stand up far more quickly than her brother and is still much more active.”



I had given birth to six children before I started using family planning. There was a new baby every two years. The deliveries were fine, and I was going to carry on having more, but then the health extension workers (HEWs) called the women together for training.

At that time I had no idea that you could limit the number of children you had. In church we had learned that children are the gift of God. It was just natural to us to have more all the time.

Before the meeting, my husband and I had always thought of having more children as an advantage. But the HEWs talked about how, because they have many children, people can't afford to feed and care for them very well. Nor can they afford to send all of them to school or buy all of them pens and exercise books. They also explained that having one child after another was affecting our health.

I know that every time I gave birth I lost a lot of blood, and because I was always breastfeeding I was getting thinner and weaker all the time. That concerned me. Today I am using family planning to space out the births, and I am happy with it.

- Aberash Kefyalew, group member

I studied to grade nine before I got married and quit school. I learned about family planning in school. Because my husband is also educated, he supported me in using family planning. He was not against me.

After we got married I gave birth to our first child and then I started using family planning. Five years later I gave birth to my second child, and five years after that I gave birth to my third. When this baby is almost five I will add one more child and that will be the end of it.

I really see the benefits. My children are healthy and I am strong - not like the mothers who have given birth to children one after the other. They are thin, their babies are thin. Neither is strong.

Even though family planning has been so good for me and my family, I am reluctant to tell other women about my experience, except in this group. I am quite young. I am worried that those who are older than me may not listen. But whenever I see my younger sister and our younger relatives I always share these things with them. Now all of us are using, and benefitting from, family planning.

- Tadelech Bekele, group member





As Christians we strive to be models in everything we do, but in our church none of the leaders has yet spoken directly about family planning - including me.

Recently some visitors from World Vision came to my house. They asked me how, as a church leader and someone who has used family planning for a long time, I might also become a model in this regard for my congregation.

Shitaye and Aberra and the younger children leave for church. The older children will follow later.



"I am grateful that the government has brought us these teachings about family planning," says Shitaye. "If the church leaders are trained so they can add their voices to the government's message, change will happen fast." World Vision's For Every Child campaign (see page 156) trains faith leaders in a variety of topics, including Positive Parenting, child protection and gender. The Channels of Hope (see page 156) curriculum on family planning is currently being developed. "When it is ready, we need it," says local campaign head Ethiopia Berihun. "Challenging people through the Scriptures they believe — whether it is the Bible or the Quran — is very effective." In the meantime, she and the other trainers have developed their own response to the family planning issue: "People always tell us that we must not interfere because children are a gift from God," she says "We respond: 'If God gives you a gift, you should care for it. All children need to be healthy, clothed, fed, educated and loved — and to do that, you have to plan.'"

In our church we focus not just on people's spiritual lives but also on their total development as human beings. But we do not simply educate them about what we hear from others, we are always guided by the Bible. So, whether it is saving money or HIV prevention or how to care for their children, we use the Scriptures to help them understand the issue and why it is important for them. This makes it easy for everyone to understand and to accept.





Right now, when it comes to family planning, I do not have the knowledge I need to talk about it confidently from an informational or a Biblical perspective. I am concerned that if I stand up in the church, or even if I go into the community, and I start trying to educate people about family planning without making clear reference to the Scriptures, even the young people will say, 'Is he just going to tell us all of the same things the government is already saying? Is he trying to divert the work of God?'

So if I am going to do this properly, I need training. And not just me. To bring about real change we must involve all of the church leaders. Many of them still don't know why family planning is important or the benefits it brings.

Even so, God is calling me to stand up and say something. So I will stand up today and take the first step by sharing my family's experience with family planning. I will tell them about the benefits Shitaye and I have seen. And I will encourage them to join me so that they also benefit, and so that we in the house of God may together become models for the rest of our community.

"God says, 'If you live in me you will be light and salt for the people,'" says Shitaye. "I am so glad that this message is coming out from our home." Others in the crowded church were also happy that Aberra raised the issue of family planning. "I didn't know what to expect," he says, "but afterwards one of the government employees in the church came up to me. He told me, 'It is very good what you said. Please continue.' And one of the church leaders who was sitting beside me asked, 'Why did you make it so short? Why didn't you take more time and make things clear for the people?' I will be happy to talk more in the future, but first I need to know more — and not only me — to make the change happen all of the church leaders must be involved."







We never meant any harm to our wives and daughters.
It was just that we lacked awareness.

Ali Hussein feeds the family's cow while his wife of 13 years, Shitu Dinder, milks it. When not working on his farm, Ali spends much of his time volunteering in his community. In addition to serving as the kebele's public affairs delegate, Islamic Affairs Administrator, and treasurer of the five mosques in town as well as his local iddir (indigenous social insurance savings group), Ali leads a group of 30 community health volunteers. He is also a husband and father of three — roles that take more of his time and attention than they used to. Asked how he finds so much time to devote to volunteering while still supporting his family, Ali says "I have found that if you do good for others, your life is easier and you are more productive with the time you have. I have never lost anything by doing all of this. I have only benefitted."

Until a couple of years ago, I didn't give any thought to the way I treated women, including my wife. I would see her working all of the time, taking care of the children, doing all the household tasks, even carrying heavy burdens, while I just sat there. And though, at some level, I sensed that maybe this wasn't right, I ignored that feeling. We men have something in our hearts that makes us think we are superior to women.

Perhaps this is the same thing that makes us resist change. But you have to understand: we are not trying to be difficult. It is ignorance. You have to work hard to open our eyes, but once you do, we will adapt and change.



"Now, I am very sensitive to the work that women are doing," says Ali. "Even outside my family, if I see a pregnant woman carrying a heavy load, I worry that she or her child might be hurt. I tell her she must stop. I also talk with her husband. I ask him why he allows this, and I talk to him about the possible consequences. We no longer keep silent. We ask and we follow up. We encourage them to continue developing their awareness by asking, 'Are you doing the right thing?'"

For me, it was a World Vision training that opened my eyes. There, in the presence of leaders from the government and the various faiths, the facilitator confronted us. He asked why, if women are human beings like us, we forced them to do all of the work at home, especially when our religious teachings make it clear that this is not Allah's intention. The Quran, for example, teaches that Allah gives a man credit for supporting his wife and family. But for us, this was only theory. Nobody was practicing it. The training awakened us. We said to one another, 'If our religion supports this, why aren't we doing it?' That's how the changes began.



When the first trainings started here almost three years ago as part of World Vision's For Every Child campaign, Ali was selected by his mosque to take part. Through the trainings he has learned about interreligious understanding, child protection, gender and harmful traditional practices. These days he passes on what he has learned through his roles as educator and mobilizer in his community. "These issues are important for everyone," he says, "I share them with everyone I meet, whatever their faith."

Like most men, Ali used to come and go as he pleased, leaving me to do everything at home and look after the children. We quarreled a lot, and I was always the one who started it: 'Why don't you pay attention to me?' I would ask. 'Why don't you help me?' There were even times when I said, 'Who needs this marriage?' It was difficult to live in this house - for us, and for our children. There was no peace.

After Ali started attending the trainings, this changed, and our relationship also changed. Now we share the work. That means I get more time to rest. But most of all it means I am no longer working alone: we share whatever needs to be done and we have fun doing it.

Working together, we are also increasing our income. Our farming is better because we do it together; I can work selling salt in the market because I know Ali is taking care of everything at home, so we are earning more money; and now that we are doing the gardening together, we are growing more food so we don't have to buy as much at the market.

Now I am happy, Ali is happy, and our children are happy. Everything is improving.
- Shitu Dinder, Ali's wife

Ali starts preparations for lunch while his wife and mother look on. While it has been difficult for men to change, in many cases it has been equally difficult for women to set aside their cultural conditioning to allow men to help at home. "They were ashamed to allow their husbands to share their responsibilities," says Ali, "especially in the kitchen. When their husbands would enter the kitchen they would look around outside to make sure the neighbors weren't watching."





TAFESSE BERHANE

Leader, Full Gospel Church, Agena Town and Chairman of the Faith Based Forum

When World Vision came to us a couple of years ago with the idea of setting up a forum with a representative from each of the five faiths in this area, we welcomed the idea. We saw it as a chance to solve our problems. There had been some interreligious conflict here; some faith groups seemed to consider themselves more privileged than others. There were incidents in which places of worship were burned and bodies that had been buried were dug up. And when the leaders from the different faiths passed one another on the street, we only showed one another our backs.

World Vision started by giving us training. The first was on interreligious understanding. They called together 50 woreda-level leaders from the government and from all of the faiths. Over three days we came to understand that we had hurt one another and that we needed to change: we needed to strengthen our spirit of acceptance and respect.

During that training I was one of five leaders — one from each faith — elected to head a Faith Based Forum, along with two government representatives. As the leaders of that forum, we were tasked with ensuring that the training we had just received was passed on to the faith leaders below us who work at the grassroots level. We called them together and trained them. Then they took what they had learned to their people.

It was the start of many trainings put on by World Vision along with the faith leaders. We learned about child well-being, child protection, gender equality, positive parenting, marital relations and harmful traditional practices. These trainings opened our minds. We saw that religious understanding was not the only 'gap' in our community. There were others, and through the Faith Based Forum, we could stand together to address them.

We have improved the way children are brought up, we have addressed child labor and learned about conflict resolution. But our biggest successes are related to issues of gender. Together we have fought the superiority of men and we have helped to make life better for our women and girls.

Husbands are now helping their wives at home. Their level of devotion varies, but they are now taking part.

More girls are going to school than ever before. When we started working together two-and-a-half years ago, girls made up just 33 percent of the school population. The Forum leaders met with the education bureau to discuss the problem. Together, we agreed that there must be equal

numbers of girls and boys in school, and then we worked intensively with other religious leaders, the government and our congregations to achieve this target. Today nearly half of the children in school are girls.

We have stopped forced marriage. Girls were being given in marriage without their consent. In some cases, men were coming from Addis Ababa. They looked at the girls, chose the one they wanted and then went to her parents to ask for her. We said this should not happen. Those entering into marriage should know each other and there must be willingness on both sides. The government stepped in to enforce this with penalties. Now it is no longer happening.

One of the biggest changes we have achieved is almost putting an end to female circumcision in our area. Before we started working on this, 99 percent of all girls were cut. Now, 99 percent are not, and we hope it will not be long before we achieve 100 percent.

This issue is a good example of how, when all of us work together, the change is bigger and it comes faster. For years, the government has educated people about this harmful traditional practice, and urged them stop. But most people at the grassroots level didn't accept these messages until the Forum got involved. People trust their religious leaders; when they speak, people listen. And when the leaders of all of the different faiths spoke with one voice, telling their followers that it is unacceptable for members of their faith groups to practice it, change happened.

Meanwhile, the government took the lead from the other side: they gathered together the women who were doing the circumcising, not only from our area, but also from neighboring areas, so people couldn't take their daughters there to have it done. They made them aware of the harmful effects of what they were doing and the penalties they, and the girl's parents, would face if they continued.

We will not stop. World Vision has supported us for almost three years now, but even if they leave tomorrow, our work will continue. A teacher and a student are together until knowledge and skill are achieved. After that, there is no need of a teacher. The student will continue practicing on his own.

Between 2010-2014, World Vision and its partners have provided Channels of Hope trainings for HIV and for Gender (see page 156) to more than 20,000 faith, government and community leaders in four regions of Ethiopia. From 2015 -2017, as the Channels of Hope curriculum on Maternal Newborn and Child Health is rolled out, 6000 additional faith leaders will be trained.



In Ethiopia, when it comes to gender-specific jobs, making injera is perhaps the most extreme example there is of 'women's work.' "I started doing it a few years ago, after the gender training," says Tafesse. "One of my neighbors who is from a different faith saw me. Now he does it too. And recently another neighbor joined us. Seeing this kind of change makes me really happy."

The trainings also opened our eyes to the value of our daughters. Previously, unless they were modern or educated, parents only sent their sons to school. When it came to their daughters they said, 'What difference will a girl make?'





It was the husbands who made the decision not to send the girls to school. Their wives didn't feel they could challenge it, and they didn't want to. With so much work to do at home, and without any help from their husbands, they relied on their daughters to share the burden.

The government and World Vision started working together to change this almost ten years ago. There has been steady progress, but with the trainings, the involvement of the faith leaders and the help men are now providing at home, the pace of change has increased.

Now we see that there is great value in sending our girls to school. If they know how to read and write, they can, for example, help their parents use a mobile phone or read papers and letters for them. At home, a girl who is educated will do everything in a clean, hygienic way, and she will make sure her parents do the same. When girls go to school they also learn about health and maternal issues. So, when their time comes, they practice that. There's no question.

Ali sees off his two youngest children and a friend of theirs as they leave for school. "Just a few years ago, any girl who was going to school might be forced to stop her education and get married," says Ali. "The family would negotiate without her knowledge or consent and send her away with someone she didn't even know. They would force her, saying 'You will obey.' Today, this is no longer the case. As with our other problems, it was awareness that brought the change. There was training, the government took initiatives to stop the practice, and the religious leaders took part in condemning it. After that, the community stopped encouraging this practice and joined them. Now they look down upon anyone who practices it and will openly criticize them."

SISTER FRANCESCA ROMA

Nurse, St. Gabriel Clinic, Getche village, Agena woreda and member of the Faith Based Forum

When it comes to safeguarding the health and well-being of women and girls, our major enemy is illiteracy. If a girl goes to school, when she grows up she will be able to take good care of her own health, and the health of her children and her entire household. She will know about sanitation and hygiene, which has a big impact on the family's health. She will be able to use a calendar to help her with family planning so that she can space her pregnancies; she will know the date of her last menstruation so that she can figure out when she became pregnant and know when she is likely to deliver; she will get antenatal care and deliver at a health facility; and after giving birth she will be able to identify her own or her baby's problems and come to the clinic for help. An educated woman is also an empowered woman. She is not afraid to discuss issues with her husband, and try to bring him around to her point of view. She values herself. She does not believe she is simply a tool for her husband to use.

Education also has a big impact on reducing harmful traditional practices like female genital cutting, which people here also refer to as female circumcision, although it is much more extensive than that term implies. In this clinic, I have not had even one woman deliver who is not cut. Before working here, I worked in Gedeo. The ethnic group there does not practice female genital mutilation. I remember women — even young women — giving birth to a three kg

baby with ease. But here in Guraghe, in part because the women have all been cut, it is difficult for them to give birth, even to a smaller baby. And if the cutting happened when they were older, like an older teen, the scarring really reduces the elasticity of the tissue. It becomes very hard, so it is more difficult for the baby to come out. Labor can be long and risky for both mother and child. This makes it even more dangerous for those women who are still delivering at home. I have found that here in the clinic, every time I deliver a baby, I have to do an episiotomy (a surgical incision to enlarge the vaginal opening). This comes with its own risks: it can increase bleeding and infection, and it causes a buildup of more scar tissue with the birth of every child.

With all of the changes that have come about over the past few years I expect to see a change in this new generation of girls when it is their time to deliver.

There is still much work to do. But participating in the Faith Based Forum has helped a lot. We are few in number, but because we are working together we can educate many more people, which is the best way to bring about these changes.

World Vision supports 18 Faith Based Forums (see page 156) in three regions of Ethiopia: Oromiya, Amhara and SNNPR. Of the 18, six are actively engaged in child well-being activities through World Vision's For Every Child Campaign (see page 156). By the end of 2015 this model will be active in each of World Vision's 70 Area Program sites.



Sister Francesca examines Amina Akmel, 29, who is due to give birth to her third child in just under a month and reports feeling some pain. Despite having both a clinic and a health post near her home, Amina decided to travel 30 km to be here today: "I prefer it here," she says, "the facility is better and they do a better check up." However, Amina doesn't know whether she will try to come so far from home when the time to deliver approaches. "My first child was born in a hospital in Addis Ababa," she says, "but the second was born at home. It was an accident. I had just gone to the clinic and was on my way home when labor started. It was late and I was far from the road so I couldn't get transport. There was nothing to do but call the TBA (traditional birth attendant) and deliver at home."



Until a few years ago, we also subjected our daughters to harmful traditional practices like female circumcision.

It would happen when a girl was between the ages of 10 and 14. Her parents would choose a day and call the local woman who was experienced with a razor blade. They would also call their neighbors and relatives to come. There would be food and a ceremony to celebrate the event, because it was considered a good thing for her. If she was not circumcised people would think her shameless; not a polite, decent girl, but a 'wild' girl who talks too much, is too loud and can't control herself, and nobody would want to marry her.

I remember only one circumcision: my younger sister's. We had just come home from school when they caught her and took her inside the house with my mother and the other women. I didn't see what happened; I was outside with the men. Now I know that one woman covers the girl's eyes and others hold her legs. The cutting happens in an instant, but the effects last throughout her life. Even for me: every time I think of it I can still remember how she screamed.

Ali attends a meeting of community health volunteers. In this role, Ali leads a group of 30 community health volunteers and is himself a volunteer elected by his community to educate them about a variety of health issues, including harmful traditional practices like female circumcision. "These are traditional cultural practices," says Ali. "Almost everyone, regardless of their religion, used to practice them. That's what makes them so difficult to change."



Ali visits his neighbors Rahimush Wujira and her husband Abdu Kader in his role as a community health volunteer. Rahimush is pregnant with their third child. "Since Ali started visiting us we've changed a lot," she says. "Now we work together at home, we care for

our children together, and grow a garden for better nutrition. While I am pregnant Ali makes sure I eat well and get antenatal care. He talks with us about delivering at the health center. Before Ali started coming here, we knew very little about all of these things."



Both the Bible and the Quran talk about circumcising the male, but make no mention of it for women. Still, many Muslims believed that if a woman was not circumcised, she was unclean and thus not acceptable before Allah. People just assumed that if we were circumcising males, and both men and women are human beings, so you do one, and you also do the other.

In the training we learned that there is no religious basis at all for female circumcision. Like the messages we had received in the other trainings, we took this one to the people and we educated them. Without religious objections to block people's minds, the door was opened for health workers to talk with them about the harm this practice does to the health of women and girls. Then people said, 'Oh, this is not supported by the Quran and it is having a bad effect on our health, so why should we do it?'

Once a week Ali meets with all of the members of the 25 households for which he is responsible. This usually includes the men, but not if, like today, they are busy with the harvest or other seasonal work. "We talk about everything from hygiene and sanitation to nutrition and food preparation to maternal health, early marriage and harmful traditional practices [HTPs]. I also make sure to include the children in these sessions so that when we talk about HTPs, they are informed and empowered and will not allow these things to be done to them. I also make sure they know that if they hear about it happening to any of their friends or are afraid it might happen to them, they should tell me and I will help them. The change has been tremendous."



After the meeting Ali's 'beneficiaries', including Senait Bogale (above), crowd around. They have some things they want to say about Ali. Ali moves to the back of the crowd and looks through his sheaf of papers. When asked if he is happy about what they said, Ali shrugs. "It feels good to earn people's respect and love, but you can't count on that as the reward for your service. If you do, you will be discouraged and you might give up your work when it doesn't come. But if you look for your reward to come from above, you will continue to pursue your work and it will bring you great satisfaction. That's the driving force for me."

Let me tell you about Ali...

He educates parents to send all of their children to school and he counsels the children to attend. If a child drops out, he works to identify the root cause and solve the problem. He insists that every child must be fed fruit and vegetables. He uses his own money to support the poor and he motivates everyone to work hard. He mobilizes us and organizes us. He doesn't discriminate. He loves and serves everyone - Muslims and Christians, men and women - equally.

Ali also discusses issues with our husbands. He talks to them about family planning, about female circumcision, about pregnant women going for checkups, and many other things. Ali convinces them. He breaks their rage. My husband has been influenced by Ali's teachings. Now he supports me in my household work, so I'm happy.

Ali has also supported us by bringing more development to our area. It is largely because of his efforts that we now have electricity and a water point. If we had more Alis in this village, we would already have been transformed.

- Senait Bogale, Ali's neighbor



All that I have learned in these trainings has changed me and it has changed this community. It is like a bottle of perfume on which the cap was stuck. It took time and effort to open it, but when we did something wonderful was released.

When the Muslim delegate to the Faith Based Forum is unable to attend a meeting, Ali stands in for him. Having been trained alongside the committee members he regularly works hand in hand with them to bring change to their community. "Of course, we could all do this work separately," says chairman of the Faith Based Forum, Tafesse Berhane (second from right), "but this is much more effective. The culture of each of our faiths is different. For example, in some religious groups the leaders are placed on a high pedestal. They are considered too respected to help their wives or take care of their children. Coming together in the Forum allows us to share our experiences. We can encourage each other and influence each other. And if we leaders change, the people will follow."

partnering with faith leaders

The primary role that faith leaders play is to provide purpose and moral direction to the communities they serve. Through change in an attitude or belief of one faith leader, the lives of thousands within a community can be transformed.

Combined with an evidence-base and a message by experts (e.g. health professionals), the approach of engaging faith leaders to promote an idea has yielded significant results — even to seemingly intractable problems. Faith leaders have been engaged in addressing the stigma and discrimination surrounding HIV and AIDS; have helped to ensure that children are immunized; and have played a key role in reducing levels of female genital mutilation (FGM). Because this methodology has been so effective, strategic engagement of faith leaders is now an essential part of World Vision's two premier campaigns for child well-being: the **Child Health Now** and **For Every Child** Campaigns (see below).

The results of such interventions reach far beyond the direct impacts on the lives of children. These interventions often have secondary positive results that include peace building between faith groups and stronger personal relationships between faith leaders within a community. The scope for use of this approach cannot be underestimated.

As highlighted in this book, the following are some of the key models WV uses when working with Faith Leaders in Ethiopia:

Channels of Hope

Faith leaders are uniquely placed to protect the rights and meet the needs of the most vulnerable in their

The Child Health Now campaign is a global advocacy campaign that is calling on governments and supporters to play their part in putting an end to the more than six million deaths of children under five each year by ensuring they have access to nutritious food, clean water, and life-saving health services.

The For Every Child campaign is dedicated to ensuring that the children we serve have the resources they need to thrive. The campaign is focused on five strategic, interconnected areas: child protection; health; economic development; water, sanitation, and hygiene and spiritual wellbeing.

communities. They have profoundly deep, trusting relationships with their communities and often dictate which behaviors are prescribed or prohibited. But faith leaders are not automatically equipped to further the cause of the most vulnerable. Faith leaders can sometimes promote gender inequity, stigma, discrimination, gender-based violence, poor health-seeking behavior, child marriage, harmful traditional practices, and more — when they hold mistaken beliefs, myths and misinformation about critical social issues.

Channels of Hope (CoH) directly addresses faith leaders' misconceptions about volatile or taboo community issues, providing them with information and scientific knowledge they need and separately addressing the faith aspects. Faith leaders are thereby empowered to transform their thinking and the thinking of others in their communities. Transformed thinking leads to transformed action to better meet the needs of the most vulnerable, who might otherwise be condemned or ignored.

CoH does not seek to proselytize or change people's doctrine, but rather equips faith leaders to better understand and apply their sacred texts to key social issues and encourages other faith leaders to do the same.

World Vision has CoH curricula in the following four areas:

- **Maternal, Newborn and Child Health:** This curriculum serves to change behavior and strengthen health systems. In addition to touching on danger signs for mothers before and after birth and newborns, the curriculum addresses social and religious barriers and beliefs that contribute to poor maternal and newborn health — including views on divine will regarding illness and religious stigma towards family planning — and work against the goal of improving health-seeking behaviors and reproductive health.
- **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 program focuses on preventing the spread of HIV, as well as care and advocacy for people who are living with or affected by HIV and AIDS.

- **Gender:** This curriculum explores gender from multiple perspectives with a view towards transforming harmful systems, beliefs, norms and behaviors. The goal is for participants to see God's perspective of men and women as equals and to treat each other accordingly. The understanding and respect fostered by the Gender curriculum moves men and women toward healthier relationships, and reduces gender-based violence.
- **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 children and strengthening local child protection systems.

Faith-Based Forums

In many parts of the world, tensions between faith groups fuel conflict and undermine child well-being. To address this issue, World Vision facilitates the organization of Faith-Based Forums (FBFs), which bring together an elected leader from each of the local faith groups to work alongside several key government figures on agendas for change in their communities.

Though World Vision is the catalyst for setting up these forums, and is responsible for providing trainings, forum members are at the center of the process, setting the agenda for change in their communities, requesting trainings and deciding which community members would benefit from attending them and then working with those community members to replicate the trainings at grassroots level to bring the trainings to the ground.

Not only is the model sustainable — trainings require no handout and little investment. Though initially set up with the aim of fostering peace, understanding and reconciliation between faiths, faith based forums have also proven successful in improving gender issues, family relations and reducing disaster risks. They have also proved successful in uniting communities around a sacred cause — the well-being of children.

Faith based forums have provided critical support to World Vision's For Every Child Campaign by laying the groundwork for the project to address children of different religious groups, building the trust between faith groups that enables the smooth implementation of campaign activities and training their followers on child well-being, child-protection, positive parenting, etc. Faith based forums also work alongside the Government to advocate for child protection, and organize community based care groups to support the most vulnerable children in their communities.

Celebrating Families and Positive Parenting

The spiritual nurture of children is an important expression of World Vision's Christian identity, witness and our commitment to a holistic approach to transformational development. But children are not raised in isolation; they are connected to families, neighborhoods or villages, and communities of faith. World Vision works to connect to these circles of love and care. That is the mission of two World Vision initiatives: Celebrating Families and Positive Parenting.

Celebrating Families and Positive Parenting are trainings that equip parents, teachers, caregivers, faith leaders and frontline staff to create safe and loving environments for children's well-being and nurture. Celebrating Families workshops aim to provide participants with tools for supporting their families, including alternatives to harsh and punitive parenting strategies. Parents explore a variety of modules, including their hopes and dreams for their families and memorable experiences from their own childhoods. They also learn strategies that will enable parents to approach their children with the love, warmth and respect they deserve. Positive Parenting workshops help parents support the health, education, protection and nurture of their children.

Both workshops are developed hand-in-hand with parents from communities that are representative of the diverse contexts in which World Vision works. Both workshops have been piloted and tested in various contexts and among families from a wide range of faith traditions.

about World Vision



Our vision: for every child life in all its fullness, our prayer for every heart, the will to make it so.

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. Motivated by our faith in Jesus Christ, we serve alongside the poor and oppressed as a demonstration of God's unconditional love for all people. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

World Vision provides emergency assistance to children and families affected by natural disasters and civil conflict, works with communities to develop long-term solutions to alleviate poverty, and advocates for justice on behalf of the poor. World Vision serves millions of people in nearly 100 countries around the world.

Our passion is for the world's poorest children. The ability of these children to reach their God-given potential depends on the physical, social, and spiritual strength of their families and communities. To help secure a better future for each child, we focus on lasting, community-based transformation. We partner with individuals and communities, empowering them to develop sustainable access to clean water; food supplies, healthcare, education, and economic opportunities.

For more than 60 years, World Vision has served as a bridge between those who have resources and those who need them, changing lives on both sides. We are responsible to both sides. We carefully monitor and review programs and costs, use donations and grants for their intended purposes, and look for ways to leverage the funds entrusted to us.

World Vision offers its donor partners a number of powerful ways to impact the lives of children around the world and help break the cycle of poverty. In addition, we continually strive to keep our overhead rate low. In fiscal year 2012, 85 percent of World Vision's total operating expenses were used for programs that benefit children, families, and communities in need.

Ninety percent of World Vision's nearly 44,000 staff members come from the region or area where they work — including some of the most difficult places in the world. World Vision's local presence and community partnerships enable us to create sustainable and effective solutions to chronic poverty. Grass-roots participation in and ownership of programs have proven to be the most effective ways to tackle the underlying causes of poverty.



World Vision Ethiopia
AMCE-Bole Road
PO Box 3330
Addis Ababa, ETHIOPIA

Phone: +251-11-6293348
www.wvi.org

World Vision, Inc.
PO Box 9716
Federal Way, WA 98063
USA

Phone: +1-253-815-1000
www.worldvision.org

“If we leaders change, the people will follow.”

—Tafesse Berhane, Protestant Minister

Faith leaders have the power to spur far-reaching changes in people’s attitudes and behavior. Those changes can bring extraordinary improvements in health and well-being, especially for women.

Change is urgently needed. In Ethiopia, as in many parts of the developing world, women still risk their lives to bring children into the world. Many die or suffer life-changing injuries—though those deaths and injuries are almost entirely preventable.

Today, that situation is changing. Thanks to Ethiopian faith leaders who are working with World Vision, the government and other partners, the lives and health of women are changing for the better. This book features the stories of some of these courageous leaders and the people whose lives have been touched by their work.