World Vision

Health & Nutrition Technical Brief

Channels of Hope (CoH) for Health and Nutrition

THE ISSUES

In Our Promise, Channels of Hope (CoH) is an enabling core project model, meaning that when implemented alongside other interventions, it can help achieve diverse outcomes across several child well-being objectives.

CoH addresses deeply entrenched, long-lasting beliefs, convictions and culture that may contribute to harmful attitudes, norms, values and practices that hinder child and community development outcomes. Though laws may be in place to bar such harmful practices, laws do not change attitudes or socio-religious beliefs. However, faith leaders have considerable influence over culture and the behaviours encouraged or prohibited in their communities. Unfortunately, however, due to a lack of relevant skills and information, faith leaders and faith communities in many cases can create barriers to or fail to promote child well-being.

Currently, five separate CoH curricula/programs have been developed; focusing on harmful norms and beliefs related to:

- HIV
- Maternal, Newborn and Child Health (MNCH)
- Ebola
- Gender
- Child protection

WHAT IS THE CHANNELS OF HOPE PROJECT MODEL?

Channels of Hope is a workshop methodology and a multiple year process of engagement. The CoH workshop is usually 2-4 days long and is grounded in guiding principles from participants' religious texts. It is designed to 'move the heart' by creating a safe space to discuss and debate challenging or taboo issues, 'inform the mind' by providing technical information in concise and appropriate ways and builds on the existing competencies of faith leaders to motivate a sustained and effective response to significant issues.

The full CoH process of engagement usually lasts 2-3 years and works to ultimately mobilize faith groups to take direct, collective action to support child well-being; promoting sustained dialogue and relationships across and between faith communities and other community actors. The CoH process is structured into four phases of activity: 'prepare', 'catalyse', 'strategize' and 'empower'. Through the CoH process, faith groups are exposed to additional capacity-building opportunities that may strengthen their own responses, and they often work together with formal community actors for social change in the prevention, advocacy, and care of the most vulnerable children and people.

CoH can be used wherever a faith community is present and where deeply entrenched, long-lasting beliefs, convictions and culture may contribute to harmful attitudes, norms, values and practices that hinder child and community development

Of the five CoH curricula that have been developed, the first three (HIV, MNCH and Ebola) have typically been used in the health sector

ALIGNMENT TO OUR PROMISE AND THE SDGS

CoH contributes to the following Child Well Being Objectives (CWBOs):

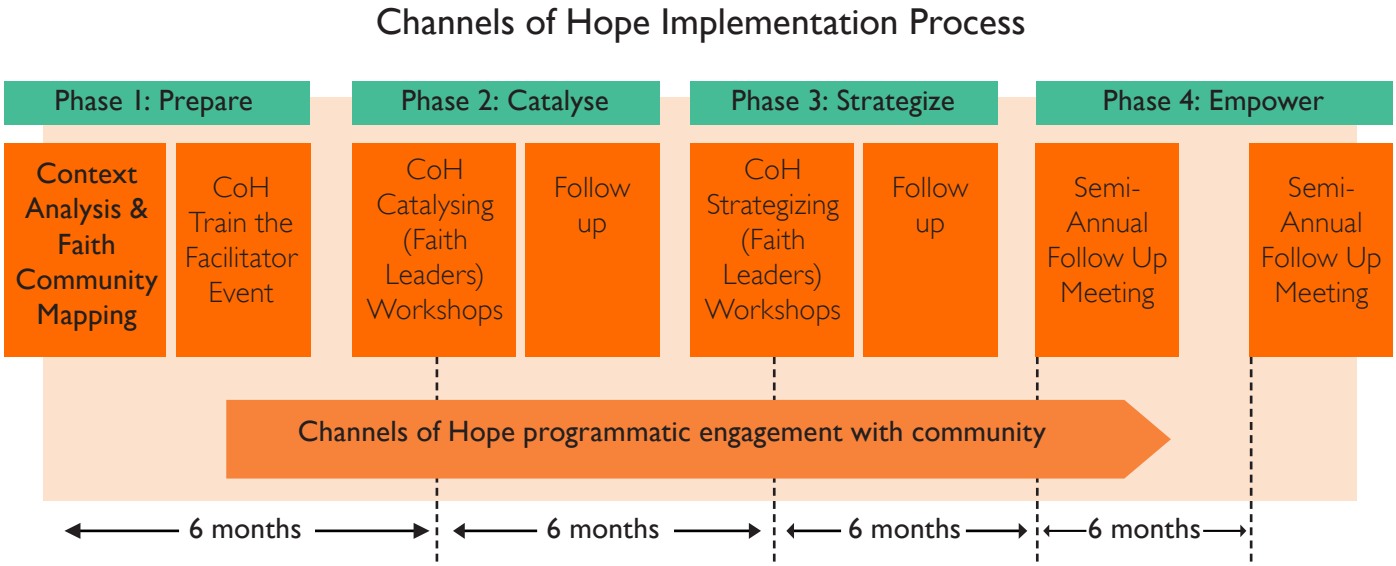
- CWBO # 6: Increase in children protected from infection and disease;
- CWBO # 3: Increase in boys and girls protected from violence;
- CWBO # 7: Increase in primary student who can read;
- CWBO # 5: Increase in children are well-nourished;
- CWBO # 2: Increase in children who have positive and peaceful relationships with family and community;
- CWBO # 1: Children report increased awareness of God's love

CoH contributes to the following SGDs:

- SDG #3 (ensure healthy lives and promote well-being for all) by promoting desired nutrition and health behaviours (e.g., exclusive breastfeeding and prompt care seeking));
- SDG #4 (ensure inclusive and equitable quality education);
- SDG #5 (achieve gender equality and empower all women and girls) by ensuring that all girls and boys have access to quality early childhood development and by promoting messages that eliminate harmful practices in children (e.g. early and forced marriage, female genital mutilation, etc.)
- SGD # 16 (Peace, Justice and Strong Institutions);

CORE COMPONENTS OF THE COH PROJECT MODEL

The Channels of Hope process is structured into four phases of activity as described in this graphic



Phase 1 - Prepare: This overall design of the project and understanding of the context includes mapping the local faith community stakeholders; assessing where their child well-being interests lie; building capacity of those who will lead the CoH process; and training those who will facilitate the CoH workshops.

Phase 2 - Catalyse: 'CoH Catalysing (faith leader) Workshops' equip faith leaders and their spouses with knowledge and inspire them with a vision of how they are uniquely called to respond to local child well-being issues.

Phase 3 -Strategize: The 'catalysed' faith leaders bring their new knowledge back to their communities and identify members of the community to be part of a Congregational/Community Hope Action Team (CHAT). At a 'CoH CHAT Strategizing Workshop', members develop action plans to actively support local child well-being.

Phase 4 - Empower: Faith communities then implement their action plans. Semi-annual meetings provide an opportunity for additional capacity building, deepening connections with local partners, celebrating successes, overcoming challenges, and monitoring progress against goals

WHAT IS NEW IN THE HNSA UPDATE OF THE MODEL?

The new HNSA has expanded its focus from traditional maternal, newborn and child health and nutrition issues, into a broader, more holistic range of issues aimed at ensuring comprehensive child health and development.

With this updated focus of the new HNSA, health sector programs may be more likely to implement not only CoH for HIV, MNCH and/or Ebola, but also the more cross-cutting CoH for Child Protection and Gender curricula as well.

GOALS, OUTCOMES AND EXPECTED IMPACT

CoH is an enabling project model with different curricula and as such there is a menu of potential goal indicators across CWB Objectives in the CoH Log frame.

Main Goal: Build the capacity of faith leaders to contribute to CWB Objectives.

CoH has a dual theory of change: 1-Transform individual faith leaders to positively influence various sociocultural norms/values/beliefs and practices that lie at the root of several child well-being issues; and 2-Mobilize faith groups to take direct, collective action to support child well-being.

THE EVIDENCE BASE

CoH, in its various forms, has built, and continues to build, a strong evidence bases around the effectiveness of the methodology. The model has documented changes in workshop participants' stated beliefs about topics; increases their chances of seeking care, support or assistance personally; and increases the likelihood of them engaging in actions that contribute to child well-being (for example visiting children impacted by HIV, speaking out against an unhelpful behaviour or advocating for changes in child well-being.)

This is a link to repository of the 35 academic, evidence-of-impact studies and evaluations

https://www.wvcentral.org/cc/Pages/evidence.aspx. Some of the studies explore programme quality and implementation fidelity. Several of the studies are qualitative, given that the evidence-base for all Faith & Development (F&D) work globally is still emerging.

The 2020 evidence brief for Channels of Hope can also be found at the above link. This evidence briefs identified CoH as one of the core project models and rated 100% for integration and an overall moderate rating. Recommendations for scale up was Field test type B.

IMPLEMENTATION AND SCALE

FY 18-20	CoH HIV	CoH MNCH	CoH Gender	CoH CP	CoH Ebola
# Countries	• Republic of Congo – Democratic • Dominican Republic • Eswatini • Malawi • Mali • Mongolia • Mozambique • Myanmar • Philippines • Senegal • Sierra Leone • South Africa • Tanzania • Uganda • Zambia • Zimbabwe	• Burundi • Chad • Congo - Democratic Republic of • Dominican Republic • Eswatini • Ethiopia • Ghana • Kenya • Malawi • Mali • Myanmar • Nepal • Niger • Sierra Leone • South Africa • Sri Lanka • Tanzania • Uganda • Zambia • Zimbabwe	• Burundi • Ethiopia • Kenya • Malawi • Mali • Niger • Rwanda • Senegal • Tanzania • Uganda • Zambia • Zimbabwe	• Cambodia • Caucasus • Chad • Colombia • Congo - Democratic Republic of • Dominican Republic • Ecuador • Eswatini • Ethiopia • Ghana • Guatemala • Honduras • India • Indonesia • Kenya • Lebanon • Lesotho • Malawi • Mali • Mauritania • Mongolia • Mozambique • Myanmar • Nicaragua • Niger • Rwanda • Senegal • Sierra Leone • South Africa • Sri Lanka • Tanzania • Uganda • Zambia • Zimbabwe	• Senegal • Sierra Leone • Zambia

RESULTS, KEY ACHIEVEMENTS, SUCCESSES

All results of the 35 academic, evidence-of-impact studies and evaluations available here. https://www.wvcentral.org/cc/Pages/evidence.aspx

Some of the many examples of the positive results of CoH include:

- CoH-HIV, in a multi-country study, was shown to increase voluntary HIV testing.
- CoH-MNCH in Zimbabwe has increased mothers seeking prenatal care.
- CoH-Ebola in Sierra Leone was noted to have increased the participation of Faith leaders in the Ebola response. Evidence has shown that when the faith leaders got involved, something to say here?
- CoH-Gender in Zimbabwe, as part of the Improving

Girls' Access Through Transforming Education (I-GATE) education project, has contributed to an increase in girl's education in the project area. In time, we expect to also connect this to improved reading outcomes.

- CoH-Child Protection and MNCH contribute to improved birth registration, which can strengthen systems of protection and access to services.
- CoH-Gender and Child Protection equip faith communities to prevent, advocate against, and care for children and families impacted by violence.
- CoH in general promotes caregiver knowledge and actions that improve relationships with children, including positive discipline and awareness of the challenges facing children.
- CoH-Child Protection contributes to faith communities becoming safe spaces for children as well as promoting family relationships.

INNOVATIONS/TECHNOLOGY

The CoH methodology has been adapted and innovated widely, from coupling CoH Gender with marriage counselling interventions; to equipping CHATs (mobilized through CoH Child Protection) to support Psychological First Aid, to using CoH MNCH in partnership with governments to equip community health workers with basic knowledge.

Due to the COVID quarantine restrictions, the CoH Child Protection workshop methodology is being explored as a possible virtual adaptation. Much is to be learned from this innovation.

LINKS TO KEY DOCUMENTS

See the CoH wvcentral project model page here and the external-facing CoH page here https://www.wvi.org/faith-and-development/channels-hope

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

We believe a world without violence against children is possible, and World Vision's global campaign It takes a world to end violence against children is igniting movements of people committed to making this happen. No one person, group or organisation can solve this problem alone, it will take the world to end violence against children.