



Youth from Christ in Jerusalem Church perform traditional Tswana dancing and singing in Khauhelo ADP in Botshabelo, South Africa.

Faith-based advocacy for maternal, new-born and child health and nutrition

Recognising the gaps in healthcare for children is the first step to resolving them. It becomes particularly important in communities or geographic regions facing inequity of services, where the poorest or most marginalised children are missing out on health opportunities that policies aim to provide. Fostering responsibility and knowledge for improvements to maternal and child health within affected communities is part of the Child Health Now advocacy approach.

Partnerships with faith-based community organisations are proving to be effective towards this goal, as religious leaders take up the challenge to share messages and accountabilities within their congregation for every child within their reach. As a result, communities are taking action locally and campaigning nationally, inspired by the teachings of their faith.

In the past, World Vision has built strong and supportive bridges with churches and other faith-based institutions under the banner of “Channels of Hope”. The Channels of Hope programme has focused attention, compassion and social justice on people living with HIV and AIDS, particularly children, in congregations across Africa, Asia and Latin America. It has been based – successfully – on the conviction that these community-based faith institutions are called by God to demonstrate unconditional care for the suffering and marginalised, and to speak up for justice on behalf of the poor, the excluded and the voiceless.

Because Channels of Hope has been specifically developed and presented within the context of faith communities, it is an ideal model for World Vision to apply to their faith-based partnerships on maternal and child health. World Vision acts as facilitator and connector on child health issues, while individual congregations and faith-based bodies provide the impetus and influence to bring change.

Based on this, and the successes and lessons of Channels of Hope in HIV and AIDS,¹ World Vision has now developed a new Channels of Hope model for maternal, newborn and child health. As a programme tool, it breaks down traditional barriers to healthcare, such as the reduced participation of men, stigma towards adolescent or unmarried mothers, and inadequate support for children with disabilities or health conditions including HIV. But it is also reaping rewards as an advocacy approach, enabling communities to look beyond their immediate actions and seek fairer systems for all.

The following Child Health Now case studies from Indonesia and South Africa show that there is will from religious leaders and their followers to play a part in child health improvements, called by their beliefs, their compassion and their culture. Indonesia will soon introduce the Channels of Hope MNCH² to pastors in Jakarta, focusing the priorities and relationships of existing church partnerships into a single powerful movement.

Channels of Hope: the basics

- Catalyses faith communities and individuals to act on their God-given responsibility to honour, uphold and restore the dignity and value of every human being
- Faith communities desire, advocate for and monitor their own positive change
- Combines scripture-based guiding principles, scientific research and interactive problem solving
- Sees religious leaders lead by example
- Networks national and international experiences to remind congregations of God’s love for all children
- Allows existing, highly effective faith networks to connect on social justice for mobilisation power

¹ http://www.wvi.org/sites/default/files/wvi_hope_iac_05COH-flr_0708_lores_0.pdf

² <http://www.wvi.org/sites/default/files/CoH%20MCH.pdf>

“The organisation’s relationships with churches, faith-based organisations and people’s organisations at the national and local level can assist in creating awareness and disseminating information on MNCH and building trust in the community especially the religious leaders.”

WV Indonesia
Child Health Now strategy



Indonesia: Faith-based networks a key advantage

WV Indonesia recognised in their initial Child Health Now strategy the advantages of their organisation’s existing church and other faith-based relationships. At first, the CHN team worked closely with the church relations unit to ensure that MNCH was towards the top of the agenda for discussion with church leaders and other Christian organisations. WorldVision was not yet known as an under-five health advocate in these circles, and some work needed to be done to position the organisation’s child health and nutrition expertise as it grew.

An opportunity to do so came in 2011 with a coordinated series of ‘Train the Trainer’ for church leaders on the Convention of Child Rights. Internally, planning for these events was shared between CHN, Church Relations and the related ADPs. Other Christian agencies such as Compassion and Viva Network also partnered on coordination. Together they provided orientation on maternal and child health and nutrition to 90 church leaders from 20 out of Indonesia’s 33 provinces. The Train the Trainer investment presumes that the curriculum will be repeated regularly to others at local level, expanding the reach of this orientation still further. The church leaders confirmed their intention to spread maternal and child health messages to congregations and communities in their ministry areas. Importantly, many also expressed interest in realigning their churches’ community programming to support maternal and child health and nutrition to a greater degree.

Also in 2012, World Vision Indonesia held a meeting of more than 50 Catholic and Protestant church leaders in East Nusa Tenggara Province, to introduce the Child Health Now campaign and its goals for strengthened nutrition for all Indonesia’s children. These leaders helped the CHN team to evaluate the collaborative work that had taken place on children’s health between 2010 and 2012. Together they developed another workplan specific to the Child Health Now campaign to cover the time period 2013-2015. By working together under the Child Health Now banner in this province, they began to create a public and aligned message that the church supported actions to improve maternal and child health and nutrition.

In October 2012, Child Health Now presented the state of under-five health and nutrition in Indonesia as a keynote speech to the 4-14 Windows Conference for South and East Asia held in Jakarta. With more than 200 participants present including youth and international delegates, this was an opportunity to share messages still further. It also connected with the core themes of the 4-14 Window movement, encouraging Christians to refocus their own attitudes and behaviours to uphold health opportunities for mothers and children.

A similar meeting was held in West Kalimantan Province in January 2013, where World Vision Indonesia introduced the campaign within the context of Indonesia’s Human Development Index, then facilitated a discussion on the role of churches and Christian NGOs to address Indonesia’s health and nutrition challenges. The results of this discussion formed part of the agenda for the subsequent government Provincial Workshop on Human Development Index.

Maternal and child health calls from the Indonesian church community have also been heard internationally. In preparation for the March 2013 consultation on the Post-2015 Development Agenda, World Vision Indonesia brought church umbrella groups together for consultation, then supported two CSO representatives to attend the event and present their vision.

In Sikka District, the CHN team with support from Church Engagement Unit completed an assessment on the role and capacity of churches to improve maternal and child health and nutrition. The assessment found that a recent increase in teenage pregnancies could and should become a priority for churches in this district. Avoiding pregnancy, coping with the stigma of an early pregnancy and learning to care about health during pregnancy and the early stages of motherhood, were all areas where support was lacking for young girls at risk. Now World Vision Indonesia and Sikka Diocese are developing a youth module and investing in strengthening the capacities and reach of the Church Youth Facilitators, in an agreed partnership till 2015.

WorldVision Indonesia continues to build the capacity of church leaders in this regard, and to identify and encourage discussion opportunities between the church, NGOs and the government. As these church networks begin to shift their focus, prayers and actions to inclusive and fair health and nutrition policies, the Christian child health lobby in Indonesia is growing in scale and influence. Popular mobilisation moments through the Child Health Now campaign represent opportunities to test and measure the extent of this support. In November 2012 for World Vision’s Global Week of Action, then again for the Survive 5 campaign in May 2013 and the Close the Gap calls on health inequity in September 2013, the office translated global materials to share with churches across Indonesia and received a strong response.

In September 2013 World Vision Indonesia will engage with pastors in Jakarta to formally introduce Channels of Hope on maternal and child health. Once established there, it is hoped that ADPs across Indonesia will adopt the model to create influence and change in their partner communities.

South Africa: Aligning church relationships with child-centred advocacy

World Vision South Africa's church networks have been pivotal over the last ten years to reduction of stigma associated with HIV and AIDS in programme areas, using the Channels of Hope approach. Previous successes in this regard have led to a national level agreement on working with vulnerable children and youth with the Methodist Church of Southern Africa, in place for the past two years. WV South Africa also has a fundraising relationship with churches, including to the 2011-2012 Horn of Africa food appeal. With these networks already well established the office has been successful in introducing maternal and child health as a new priority for congregations under the Child Health Now banner.

One innovative way the church has found to influence directly on health is the Child to Child Health Approach. Children and young people often see gaps and inequities that adults do not, particularly the small scale or individual challenges that may be keeping children from their healthcare and nutrition rights. Through church connections, the Child to Child approach empowers children to raise and resolve issues directly with other children, while still being able to ask for help if they need it. The project is delivered by local World Vision partners Children's Movement and K.I.D.S Ministry. Once established, it is the children who "own" the project and its resources and meet together regularly with church children's or youth coordinators to compare their experiences. This helps the church to play an active role in monitoring maternal and child health at the micro level, particularly for the children in Sunday school or youth activities, and their friends in the broader community.

Opportunities also arose for collaboration when World Vision South Africa promoted the Child Health Now campaign at the MDG summit in Cape Town, 2012. As well as exhibiting materials branded with CHN messages, World Vision South Africa increased its visibility on the topic by joining panel discussions on child health issues. As a result the Child Health Now Team was invited to exhibit some of its materials at the Christian Aids Bureau of South Africa (CABSA)'s Annual General Meeting in Johannesburg.

*"I did not know that the Bible had so many advocacy messages."
Acts Aota, pastor – Grace Chapel, South Africa*

World Vision originally implemented the Channels of Hope for HIV and AIDS in South Africa under licence and close partnership with CABSA. The two organisations remain significant and collaborative partners for other church-based approaches. CABSA plays an active role in building the capacity of church leaders to engage on issues involving maternal and child health, meaning another opportunity for partnership and joint efforts on this strategic goal. Through the South African Council of Churches (SACC), World Vision partnered with the Catholic Parliamentary Liaison Office (CPLO) on capacity building. Together they identified 20 community and religious leaders to be trained in engaging with Parliament as champions for maternal and child health from the Christian perspective. Participants learned the details of public health policy and how to identify opportunities for collaboration with Parliament and other decision makers in monitoring the Department of Health's commitments. Armed with these new skills and knowledge, the leaders are already engaging local and provincial government during planning sessions and when policies and bylaws are formulated, in five out of the six provinces where World Vision South Africa is working.

A strength for South Africa's Child Health Now campaign lies in its ability to mobilise the public to show their support for more equitable health services, particularly for women and young children. Again, this has been made possible through leveraging strong and mutually important links with church bodies, using the marketing and public relations expertise of the office to find and connect faith-based supporters. The office has a database of church contacts which includes emails, skype addresses, mobile phone and facebook networks. This makes it simpler to reach out to multiple church committees to promote joint mobilisation, and the response rate is high.

Mobilisation in action: Survive 5 Day

For the recent May 5 Survive 5 mobilisation, the head office of the Methodist Church of Southern Africa sent Child Health Now materials and instructions directly to all congregations across the country using their own channels. The Survive 5 materials focused not only on the need for change, but also the paths and possibilities. Provided by the global wing of Child Health Now, they included stories from Uganda, India and Albania where community members had monitored local health service quality and successfully lobbied local governments to improve them.

Other church institutions to use the resources or take part in the mobilisation included Kingdom Global Christian Church, Grace Chapel South Africa, the United Congregational Church of Southern Africa, the Church of the Nazarene and the Anglican Church. World Vision South Africa also distributed church resources directly, through 18 pastors forums established in their Area Development Programmes. Two Christian television networks—One Gospel TV and Dumisa TV—also joined the Survive 5 mobilisation for Child Health Now (see box, left), while World Vision South Africa teams gave interviews with Transworld Radio during prime time, promoted through the Alliance of Christian Community Radio Stations and put out press releases to mainstream media.

In total 500 churches, and an estimated 500,000 congregation members, spent Sunday May 5 campaigning for Child Health Now. Up to five million may have received the messages promoted through mass media. To maintain momentum since that time, the office has recorded television promotions with six different children praying for the Survive 5 themes and encouraging all South Africans to join them.

"I met the One Gospel TV team exhibiting in the Christian Business Expo one weekend in the Sandton Convention Centre in 2012. I spoke to them about our work and listened to them share and we exchanged business cards. I then sent an email proposing a meeting and a discussion on partnership. I went to introduce them to our communications and marketing managers at the time. Our discussion was very fruitful. It was like they were already waiting for us. We signed a memorandum of understanding and they started to broadcast free of charge our Horn of Africa local fundraising campaign. When Survive 5 started we went to them again and requested further help. This time, One Gospel TV had another sister TV station Dumisa (which means give praise to God), which was also very enthusiastic about Survive 5 Day, which they publicised, put up their own press release and started to work with us. We now have more than six public service announcements running on Dumisa about the work WVSA is doing and also about the Child Health Now campaign.

This campaign has truly been blessed, and we are very grateful that it went so well."

*Stanley Maphosa,
Advocacy and External Engagements Advisor, World
Vision South Africa*

Channels of Hope beyond World Vision: a sustainable outcome for South Africa

World Vision South Africa's model and materials for Channels of Hope focus on gender, child protection and maternal and child health as a combined strategy to bring Jesus' clear vision for children to life. Church networks continue to inspire pastors to do more, beyond the initial reach made possible through World Vision's community base. Examples include:

- **Life Orientation in schools and grant schemes:** Using pamphlets provided by World Vision, pastors in Umvoti ADP have mobilised themselves to take child protection messages into schools as well as to government grant sites. In schools the pastors gain permission from the principals to take a lesson called Life Orientation; at grant payment sites, to chat directly with the recipients, mainly women. With this outreach work, the pastors estimate they engage with around 10000 people a month on priority protection issues for children.
- **Inspiring through training:** In August 2013, pastors from Khauhelo, Mangung and Thabanchu were invited to the Provincial Premier's Office to explore options for expansion to all pastors in the province, supported at pilot phase by World Vision. The Premier's Office became interested after a key member of staff, also a pastor, attended training for Channels of Hope for Gender.
- **Proactive adoption of the model:** Pastors in Secunda in Mpumalanga (where World Vision South Africa is not working at all) are organising themselves to receive World Vision's Channels of Hope for Gender training in November 2013. They found out about it through World Vision's website, which has a page and downloadable materials dedicated to advocacy through the church:
<http://www.worldvision.co.za/you-and-world-vision/for-your-church/>

What can we learn from these experiences?

1. Opportunities constantly arise for faith-based advocacy partnerships

These opportunities may be event-based – for instance, presentations and actions at faith gatherings – or ongoing. Often World Vision is already participating. Proactive approaches – outside and inside World Vision – have helped CHN teams to identify and act on these opportunities. In particular, a systematic collaboration with the Christian Commitments team is needed, whether as part of the CHN management committee or in separate regular meetings.

2. Faith-based structures and networks are highly advantageous to Child Health Now campaigning

Child Health Now campaigns are only just starting to learn how to connect national policy with local priorities, aided by the scale up of Citizen Voice and Action as a local advocacy approach. In this regard we can not only learn from, but also capitalise on, the strong and interdependent networks between faith congregations and their structural, organisational and advisory bodies. Channels of Hope offers the opportunity to build national faith partnerships with key churches that connect information and action directly with grassroots community activists. In exchange, Child Health Now can offer expertise, policy relationships and clear goals within these existing networks, contributing to transformative faith-based movements.

3. Faith-based programming fits naturally with advocacy

While the Channels of Hope model is usually considered an intervention methodology, its aim to change behaviours, remove barriers and increase protection of children is shared with advocacy. This makes it an ideal intersection point for integrated health and nutrition work, because congregations are often keen to use their joint strength of conviction to influence others. The voices of local faith leaders can also be amplified regionally and nationally by linking Channels of Hope at local level with the Child Health Now campaign and its stakeholders across multiple levels.

4. World Vision's calls for change are trusted

Previous success indicates that World Vision can be confident campaigning with faith-based organisations for social justice, inclusion and child protection in any sector of its work. Many years of collaboration with churches have positioned World Vision in most countries as a trusted, informed and ethically aligned partner. The original Channels of Hope was the most controversial, addressing common and fundamental moral judgments on people living with HIV and AIDS in order to create protection and rights for all children. The new models which focus on MNCH and on gender follow the same, well-proven path to faith-led change.

5. Providing information kits helps to raise the right message across multiple audiences

The experience of both offices in dissemination and repurposing of globalised resources for mobilisation indicates that partners are willing and grateful to receive information from World Vision, rather than needing to collect it themselves. Creating information kits for a Christian audience helps to standardise the message and share accurate facts and figures on the state of children's health and nutrition as well as the root causes behind it. As well as translating or contextualising global kits for this purpose, offices will benefit from creating their own resources.

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advocacy in action