

## Channels of Hope Level of Evidence Brief

### Brief Explanation of Methodology:

'Channels of Hope' (CoH) is World Vision's signature programme for catalyzing faith leaders and their communities to transform children's lives in the world's hardest places. It was first developed over a decade ago by the Christian AIDS Bureau for Southern Africa as a compassionate Christian response to the devastating effect of HIV & AIDS. Since then CoH has evolved to address other difficult and often taboo issues that affect the rights and wellbeing of children and has been used in over 50 developing countries.

Channels of Hope is both a methodology and a mobilization process. The methodology begins with an interactive, facilitated process to create a safe space for faith leaders and faith communities to learn, share and debate. It reaches to the root causes and deepest convictions that impact attitudes, norms, values and practices toward the most vulnerable children and people. The process is grounded in guiding principles from participants' Holy Scriptures. CoH is designed to thus move the heart, inform the mind and motivate a sustained and effective response to significant issues by equipping faith leaders to apply their sacred texts to key social issues and encourage other faith leaders to do the same.

The CoH process is focused on partnering with local faith leaders, their congregations and communities to empower them to meet community needs on a sustainable basis. The process is structured in four phases of activity:

1. Prepare (developing materials, mapping potential stakeholders and identifying recruitment criteria);
2. Catalyse (activity focused around an interactive three-day workshop on specific issues for faith leaders and their spouses, which draws upon both technical knowledge and relevant religious teachings);
3. Strategise (supporting faith leaders to form groups within their congregations, Congregational/Community Hope Action Teams (CHATs), who develop plans to address the workshop focus issues in collaboration with the wider community); and
4. Empower (activities encouraging reflection upon progress and wider influence on the enabling environment).

The follow up process of mobilization increases the likelihood that faith communities will engage in actions that contribute to child well-being (for example visiting children impacted by HIV, speaking out against harmful practices and providing alternatives such as positive discipline, or advocating for gender equality). Through this process, they are exposed to additional capacity-building efforts that may strengthen their own responses.

Currently there are five CoH programmes:

- CoH for HIV & AIDS
- CoH for Gender (with an additional, simpler version designed for 8 to 15 year olds)
- CoH for Ebola.
- CoH for Maternal and Newborn Child Health (MNCH)
- CoH for Child Protection

### Model Application:

During 2016, the use of CoH in its various forms was reported in 50 countries where World Vision operates. Since 2005, 430,000 participants have attended 19,000 CoH workshops.

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### Impacts demonstrated and key learnings (positive and negative)

Channels of Hope, in its various forms, has and continues to build, a strong evidence base around the effectiveness of the methodology and process. A range of evaluations and research projects have contributed to the CoH evidence base.

#### CoH HIV

After a series of evaluations and qualitative studies of CoH-HIV, a multi-country, longitudinal operational research study in 2009 showed that:<sup>123</sup>

- At baseline in 2005, 86% of faith leaders believed HIV was a punishment from God. After CoH intervention in 2009, only 58% held this belief afterwards in the intervention areas.
- Before CoH was introduced to communities, 26% of faith leaders would not allow a fellow faith leader living with HIV to preach. After the implementation of CoH, that percentage reduced to just 9%
- A CoH area resident was 2.5 times more likely to participate in a support group for people affected by HIV.
- A Sponsorship Research study looked at the sustainability of CHATs in a CoH-HIV project in Masaka Kaswa, Uganda after completion of the project. It found more than half of the CHATs surveyed continued to be active on a regular basis more than five years after the life of the project.
- The study found evidence of improvements in overall wellbeing, transformed relationships, stigma reduction and emergence of hope.
- The usage of scripture in CoH was identified as a key strength and benefit for faith leaders.
- Findings affirmed that faith leaders have the trust and influence of communities and many were influencing health-seeking behavior in communities.
- Pastors and churches have been key instigators of change following participation in CoH. CoH is often a significant part of a broader process of transformation for faith leaders and their congregants, in some cases narrated as part of a life-long process of transformation.

#### CoH Gender

Evaluations and Case Studies on implementation of CoH-Gender, which was launched in its current form in 2011, are showing how the model and in particular the curriculum, are influencing changes in attitudes, perceptions, norms and value systems concerning socio-economic relations between males and females. The following are cited:

- Increased recognition of women's rights, openness to discussion about gender-based violence and commitment to change<sup>4</sup>, with the following impacts reported:
  - The percentage of men who believe a woman can accuse her husband of rape rose from 70% to 83%

<sup>1</sup> J. Chege, World Vision's operations research project on HIV models in Kenya and Uganda, 2005-2009. CoH programme review studies: Three country review – Africa, 2009; Seven country review - Middle-East and Eastern Europe, September 2011.

<sup>2</sup> Chege, J. (2009). World Vision's operations research project on HIV models in Uganda and Zambia.

<sup>3</sup> LeRoux, L. (2011). CoH programme Seven country review - Middle-East and Eastern Europe. World Vision and University of Capetown.

<sup>4</sup> World Vision Solomon Islands and Channels of Hope. Solomon Islands: Community Vision 4 Change, Project Summary, 2012

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- The percentage of women who believe that women should not make decisions fell from 34% to 4%
- The percentage of men who believe the Bible says that ‘man is boss’ fell from 83% to 66%
- Men and women now talked openly about community perceptions of gender based violence (GBV), the role of the church and experiences of gender inequality and domestic violence. At the same time, it bears noting that findings indicate women and men hear messages on GBV and gender inequality in church differently, with 63% of women but only 34% of men believing that pastors tell them to never use violence.
- Changes in traditional roles, demonstrating “*more cooperation and shared responsibilities between men and women in the household.*”<sup>5</sup>

*‘Many people when hearing about gender think men will be undermined, ...disrespected But when you look at your family, see your spouse with a heavy workload, tired, you don’t see love in the family... When my spouse was ill, my children and I suffered (because I would not cook a meal or take care of the house). Then I heard about (shared) gender roles and possibilities, that everybody needs to work for betterment of life in family... necessitated to come together, work together.’*

Male interviewee – Chitundu Area Development Programme, Malawi
- A Case Study<sup>6</sup> report by Dr Lisa Le Roux and Dr Jill Olivier illustrates how quickly CoHG can be scaled up. They found that “*CoH-Gender in its current form has been initiated more recently in Uganda – with two pilot sites (Ngogwe and Nabiswera) launched in 2014. Then it expanded.... By 2015 there were 17 Area Development Programs (ADPs) doing CoH-Gender. Of these 17, a third did not implement further than year 1 [but] currently, of the 54 ADPs in Uganda, 22 are running CoHG in 2016.*”

The process of implementing CoH-Gender encountered challenges out of which valuable lessons learnt in the quest to maximize the impact of faith and faith actors in the development and humanitarian affairs settings. The following are noted:

- Where religion and culture were noted as encouraging negative gender messaging, it was observed that faith actors’ personal change, i.e. change of theological views, was a crucial factor contributing to broader community changes regarding attitudes and perceptions about female-male relationships and power dynamics<sup>7</sup>.
- CoH has been a catalyst to unifying faith actors of diverse theological traditions together with their communities to act on issues of common concern<sup>8</sup>.
- Where religion is regarded as an integral part of society, CoH promotes an application of faith that is perceived as relevant to addressing key developmental issues.
- In contexts where religion has been viewed as separate from issues of social concern, faith leaders are increasingly engaging CoH issues as part of their vocation.
- The adaptation of CoH to different faiths has been critical in challenging any perceptions of exclusivity and in promoting positive relationships between faith groups

<sup>5</sup> Wilson, E and Bartelink, B. *Evaluation of Church Partnerships in Gender and Development Project (covering 4 countries)*, September 2014.

<sup>6</sup> *Uganda Case Study, August 2016 (Le Roux and Olivier)*

<sup>7</sup> *CoH-G Evaluation, 2014 (Wilson and Bartelink) and CoH-G Case Study, 2016 (Le Roux and Olivier)*

<sup>8</sup> *CoH-G Evaluation, 2014 (Wilson and Bartelink)*

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### CoH Ebola

The CoH methodology was adapted to engage faith leaders in addressing the spread of the Ebola virus in West Africa. A Lancet article<sup>9</sup> highlighted the important role of the faith community in combatting the disease, and referred to CoH-Ebola as a mobilising mechanism. The article further concludes that Health messages, crucial in public health approaches to infectious disease, are more readily accepted if developed with communities through two-way communication and respect for community expertise, which in many contexts is concentrated prominently in religious institutions. Therefore, religious leaders, including modern and traditional, and Muslim and Christian alike, had to be involved. The Ebola response required preparedness, strengthening of health and community systems and development of meaningful partnerships, and faith communities were part of the solution.

An article published in the *Review of Faith and International Affairs* in 2016<sup>10</sup> highlighted how faith leaders have the trust and influence with communities. FBO's and faith communities provide readily available assets, they deliver a diverse package of services and they contributed important elements to an effective Ebola response.

One of the unique areas of learning for CoH Ebola was in building cross-faith partnerships. Ware and Clarke<sup>11</sup> discuss the dynamics of cross-faith partnerships in a range of development contexts, from India, Cambodia and Myanmar, to Melanesia, Bosnia, Ethiopia and Afghanistan, demonstrating how far FBOs extend their activities beyond their own faith communities and how far NGOs partner with religious actors. Cross-faith partnerships can contribute to social cohesion and challenge sectarian or ethnic tension in the relevant communities. Based on the work in CoH Ebola, World Vision's Christo Greyling contributed a chapter to this book.

### CoH MNCH

CoH MNCH launched in 2013, and initial evaluations suggest findings in line with those mentioned for the other CoH models. In Siaya County, Kenya, one of the first communities where it was implemented, the following changes were identified within two years:

- Faith leaders, Male Champions, Youth and other community members, and Community Health Assistants/Volunteers were all mobilised to provide accurate messaging about family planning methods, and address myths and misconceptions.
- Demand for family planning increased, women made informed demands for the contraception of their choice, and more men were using condoms and supporting their wives' use of contraception

<sup>9</sup> Marshall, K. & Smith, S. (2015). *Religion and ebola: Learning from experience*. *The Lancet* 386(10005). doi: [http://dx.doi.org/10.1016/S0140-6736\(15\)61082-0](http://dx.doi.org/10.1016/S0140-6736(15)61082-0)

<sup>10</sup>Greyling, C. et al. 2016. "Lessons from the faith -driven response to the West Africa Ebola epidemic." *The Review of Faith and International Affairs* 14(3).

<sup>11</sup>Ware, A. and M. Clarke. 2016. *Development Across Faith Boundaries*. *Routledge Research in religion and development*.

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- Religious leaders began providing CycleBeads and provided information on health timing and spacing of pregnancy. Traditional churches began to encourage congregants to seek MNCH and family planning services.

In 2014, Erin Wilson (Groningen) and Brenda Bartelink (Oikos) conducted an evaluation to 1) provide direct and immediate feedback to World Vision International on its CoH MNCH and HIV&AIDS programmes for strengthening and improvement of these programmes, 2) to generate insights regarding the significance for religion and spirituality in addressing widespread societal problems and encouraging attitudinal and behavioural change. Some key findings from this evaluation were:

- Use of scripture in CoH is a key strength and benefit for faith leaders.
- Interviewees identify pastors and churches as key instigators of change following participation in CoH.
- Emphasis by interviewees on the importance of the spiritual dimension of social transformation at both the individual and community levels, suggesting this should be taken seriously by organisations seeking to support social transformation in these communities.
- Although not identified as necessarily leading to a single moment of transformation for interviewees, CoH is often a significant part of a broader process of transformation, in some cases narrated as part of a life-long process of transformation.
- Language is significant – organisations must be careful to use language that is contextually appropriate and sensitive to the worldviews and needs of the community in which they are working, avoiding secular development terminology which overuses jargon and could be perceived as a Western imposition, whilst at the same time being careful not to use religious language and approaches too extensively.
- Both secular and religious approaches to development can contain normative moral value judgements that sometimes cohere and sometimes conflict; organisations and practitioners need to be critically self-aware and reflective in regard to the presence and impact of these embedded moral norms and the influence of moral values.

### CoH CP

Child Protection is the newest addition to the Channels of Hope suite of programmes. A case study led by Scotland's Queen Margaret University<sup>12</sup> (Sept 2015) found that participants in the CoH CP pilot workshops (January 2014) expressed personal transformation related to protection of children and its relationship to their religious ministry. The key child protection issues identified by participants included child marriage, non-school attendance, child labour (including forced labour), harsh physical punishment and sexual abuse. In spite of significant breakdown in implementation (due to staff turnover, floods, etc.), sensitization was translated into action by many participants, though the form of this action varied widely.



<sup>12</sup> Kachale, B., Eyber, C. & Ager, A. (2015). *Learning from the implementation of Channels of Hope Child Protection in Malawi. Institute for Global Health and Development. Queen Margaret University, Edinburgh.*

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There were several examples of isolated religious leaders adopting innovative strategies<sup>13</sup> to highlight and follow-up on child protection issues in their communities. Those with more established church structures and/or those with more confident understanding of workshop material implemented more concerted activities. Few congregations established a formal CHAT structure. Although this in part reflected the lack of formal support for the formation of CHATs, in many cases it signaled the appropriate accommodation of CHAT functions within existing congregational or community structures.

Given the design of the study and the partial implementation of the CoH CP model it is difficult to conclude impact on the wider enabling environment for child protection in the two communities. However, with the simultaneous roll-out of the Community Voice and Action (CVA) programme for grassroots advocacy in the communities, a number of developments in establishing a more protective environment could be identified. These included stronger links with government structures and village authorities and the broader connection of religious leaders with other parties interested in promoting CP such as teachers.

### Future Research Opportunities

A number of research studies are now underway including:

- CoH-CP multi-site longitudinal research study in partnership with Queen Margaret University and Columbia University (in Phase I – baseline conducted in one country, Senegal. Remaining country selection is underway).
- CoH-MNCH longitudinal study on the impact of CoH on the healthy timing and spacing of pregnancies in Ghana and Kenya with the Templeton Foundation .
- CoH-Gender process evaluation investigating the implementation of CoH Gender and how it is perceived in communities, in partnership with Stellenbosch University and University of Cape Town, due for completion in 2017.

### General CoH Challenges to Address in Future Implementation

Improve quality of implementation of the CoH Approach: a common finding in all evaluations and reviews is that implementation fidelity is an issue. When the guidance for the CoH process has been applied, stronger results were seen. A quality assurance framework has been finalized in recent months and should be applied in all regions in the next year.

Improve pre and post workshop questionnaires to be more scientific: all CoH curricula have their own pre and post-test to assess attitude change, framed around the content area. Currently, the child protection and MNCH versions have social desirability bias. As part of ongoing impact research, these are under revision to become more scientifically based.

<sup>13</sup> The picture at right depicts one of the strategies adopted by pastor. Here youth from different satellite churches, who had attended a five day youth retreat, gathered to run a Sunday service.