Faith-Based and Community Engagement Impact Stories

PART I

USAID
FROM THE AMERICAN PEOPLE

Acknowledgments

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Cover Photo: Tanya Martineau/Food for the Hungry

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Letter from the Director

February 2019

Dear Partners, Colleagues, and Friends:

Since its inception in 1961, the United States Agency for International Development (USAID) has worked closely with faith-based, faith-inspired and local community organizations to increase the impact of foreign assistance. Community groups and people of faith are indispensable partners in our efforts to lift communities out of poverty and help nations move toward self-reliance.

USAID's Center for Faith and Opportunity Initiatives (CFOI) has commissioned this compendium of stories to illustrate the Agency's commitment to working with faith-based and community groups to end extreme poverty and promote democratic and resilient societies.

These successful partnerships have yielded invaluable returns, such as reaching more than 400,000 beneficiaries with food transfers in Ethiopia, preventing the spread of Ebola by providing safe and dignified burials for more than 2,000 people in Sierra Leone, and providing medical care, legal and socio-economic support to thousands of victims of gender-based violence in the Democratic Republic of the Congo.

Our faith-based and local community partners daily lift lives and build communities by delivering goods and services for others in need. They combat extreme hunger, provide life-saving healthcare, educate girls and boys, build resilient and democratic societies, and promote religious freedom. Your support is vital as we strive together toward the day when foreign aid is no longer necessary.

Sincerely,

Kirsten Evans
Director
Center for Faith and Opportunity Initiative

Acronyms

ADRA	Adventist Development and Relief Agency
AKF	Aga Khan Foundation
CAR	Central African Republic
CASM	Mennonite Social Action Committee
CBL	Cultural Burial Liaisons
CBNP	Community Based Nutrition Protocol
CBO	Community Based Organization
CCIH	Christian Connections for International Health
CHW	Community Health Worker
CIPP	Central African Republic Interfaith Peacebuilding Partnership
CSO	Civil Society Organization
DIRC	District Inter-Religious Committees
DRC	Democratic Republic of the Congo
EVD	Ebola Virus Disease
FBA	Farmer Business Associations
FBO	Faith-Based Organization
FH	Food for the Hungry
FP	Family Planning
GAPP	Gender in Agriculture from Policy to Practice
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HTSP	Healthy Timing and Spacing of Pregnancy
ICG	Integrated Care Group
ICR	Rural Savings and Loan Cooperatives (Instituciones de Crédito Rural)
ISP	Institutional Strengthening Plans
IUD	Intra-Uterine Device
LWR	Lutheran World Relief
MAD	Minimum Acceptable Diet
MDD	Minimum Dietary Diversity
MOH	Ministry of Health
NGO	Non-Governmental Organization
NIRC	National Inter-Religious Committee
NMCP	National Malaria Control Program
NPC	National Peace Council of Sri Lanka
NRM	Natural Resource Management
ODF	Open Defecation Free
PCRC	Plateforme des Confessions Religieuses de Centrafrique
PIRCOM	Programa Inter-Religiosa contra a Malaria
PMI	U.S. President's Malaria Initiative
PRH	USAID's Office of Population and Reproductive Health
RH	Reproductive Health
RMM	Municipal Women's Networks
SGBV	Sexual and Gender Based Violence
SP	Samaritan's Purse
STI	Sexually Transmitted Infection
TRC	Truth and Reconciliation Committee
UNHRC	United Nations Human Rights Council
UPMB	Uganda Protestant Medical Bureau
USG	United States Government
VSL/VSLA	Village Savings and Loans Associations
WASH	Water, Sanitation, and Hygiene
WHI	World Hope International
WR	World Relief
WVI	World Vision International

Introduction

Around the world, religious leaders and faith communities are significantly contributing to sustainable development, the promotion and protection of human rights, and conflict mitigation. Although religion can generate conflict, the power of faith can also contribute to stable communities and support countries on their Journey to Self-Reliance.

For more than five decades, the U.S. Agency for International Development (USAID) has partnered with faith-based and local community organizations to work toward U.S. diplomatic and development goals. USAID recognizes that religious leaders and faith-based communities provide a unique perspective through which to understand and address development challenges. Their deep commitment to their communities—made manifest through direct services, volunteer training, resource mobilization, advocacy, and interreligious dialogue—provides a basis for the social cohesion necessary for sustainable development impact.

According to the Hudson Institute, faith-based entities in the United States contribute billions of dollars every year in private funding to international development. In a study of faith-based health care in sub-Saharan Africa, former World Bank President James Wolfensohn acknowledged that "half the work in education and health in sub-Saharan Africa is done by the church."[1] In FY 2015 alone, U.S. faith-based organizations (FBOs) listed total revenues from private sources at $5.75 billion,[2] which, combined with their mobilization of volunteers, contributes to the impact of development assistance. The study also found that faith-based providers play an important role in fragile states with weak healthcare systems, stating that "thousands of faith-based, community-based and non-governmental organizations have contributed to the effective implementation of all aspects of HIV/AIDS response."

The U.S. Strategy on Religious Leader and Faith Community Engagement was created in 2013 to establish a "level playing field" of equal opportunities and treatment of religious and community organizations partnering with U.S. Government agencies. USAID's Rule on Participation by Religious Organizations in Agency Programs also guarantees that religious organizations are able to compete fairly for agency funding, and requires that programming decisions be based on program eligibility criteria, without regard to the religious character or affiliation of applicants.

From healthcare to disaster relief, the stories highlighted in this publication demonstrate that faith-based and community leaders and organizations play a vital role in global development. USAID is grateful to those who have generously shared their time and stories.

Impact Stories

Photo by Nir Keidar, Peres Center for Peace and Innovation

Religious and Community Leaders as Partners for Communication, Outreach, and Mobility: *Adventist Development and Relief Agency (ADRA) ASOTRY Project*

ASOTRY beneficiary in Madagascar

Location: Madagascar

Scale: Program designed to reduce food insecurity and vulnerability across four regions of Madagascar

Date: September 2014 – September 2019

Headline Result: 80,335 beneficiaries trained in child health and nutrition

USAID Contribution: $36,999,964

Background

In Madagascar, 83 percent of households are food insecure or vulnerable to food insecurity. More than 90 percent of the population lives on less than $2 per day, and over 50 percent of children are stunted.

Through its experience in Madagascar's context, ADRA identified four underlying causes for food insecurity in the country: 1) poor health and nutrition practices; 2) low levels of productivity; 3) lack of access to food; and 4) vulnerability to natural disasters. These align with the four pillars of food security: utilization, availability, access, and stability.

The response to the problem—ASOTRY, meaning "harvest" in Malagasy—is a five-year innovative food security program designed to reduce food insecurity and vulnerability in 11 districts across Madagascar. ASOTRY aimed to substantially improve malnutrition, agricultural productivity, and household and community resilience through the following components:

1) Improved Health and Nutrition—ADRA focused on improving nutrition for women of reproductive age and children under two, with an emphasis on malnutrition prevention through behavior change, knowledge, and training. ADRA also provides opportunities for income generation and agricultural production, which increases access to financial resources as well as diverse, quality foods.

2) Increased Access to Food for Vulnerable Households—Increased production is key to food availability. To achieve this, ASOTRY increased knowledge, improved technologies and techniques, and promoted crop diversification through an innovative farmer training model. Farmer Business Associations (FBAs) and private sector partnerships helped access more markets and increase food profitability. Lastly, Village Savings and Loan (VSL) groups as well as other income generating activities enabled households to access quality food on the market.

3) Improved Disaster Mitigation—ASOTRY helped build community resilience by investing in infrastructure such as roads, irrigation, and WASH facilities; sustaining natural resources through rehabilitation and reforestation; and increasing community capacity to prevent, mitigate, and respond to disasters through early warning systems.

Faith-Based and Community Initiatives

Throughout Madagascar, religious and community leaders are respected and trusted in their communities. ASOTRY collaborates with these leaders to share announcements with their communities related to maternal and child health; proper hygiene; the benefits of constructing covered latrines; and promoting local contributions to building infrastructure, such as storage facilities. Additionally, faith and community leaders are often "Village Agents," which means they are responsible for training new VSL groups or promoting farmer field schools and FBAs.

ADRA has learned through ASOTRY that influential faith and community leaders have a shared interest in health and wellbeing, which enables them to help support positive behavior change and build understanding among communities.

Results

ASOTRY surpassed or made strong progress toward its key objectives.

In the project's first component, ADRA trained 80,335 people in child health and nutrition, involved 18,220 children under two in growth monitoring and promotion, and provided Care Group home visits to 25,838 households with pregnant and lactating women or children under five.

In the second component, ASOTRY has helped 15,677 farmers improve technologies or management practices, assisted in developing 6,444 hectares under improved technologies or management, and facilitated access to service and input providers for 8,419 farmers.

In the third component, ASOTRY improved the infrastructure of 55 communities, improved or constructed 102.1 km of roads, enabled irrigation and drainage for 2,174 hectares of land, established 130 tree nurseries, and led 4,551 people to use climate information or implement risk reduction actions to improve resilience to climate shocks or transitions.

Conclusion

Partnerships with religious and community leaders were key to ASOTRY's success. ADRA has witnessed the impact these individuals have in improving lives. Engaging religious and community leaders in development and humanitarian assistance leads to effective and sustainable changes in social and community resilience.

A community health worker screening children for malnutrition

Capacity Building with Local Organizations in Kenya: *Aga Khan Foundation (AKF) Yetu Initiative*

Local organizations, including local faith-based organizations, are building their capacity to engage with Kenyan citizens and build local support for their programs.

Background

The goal of Yetu, which means "Ours" in Swahili, was to build the capacity of Kenyan civil society organizations (CSOs) to engage citizens to reach their missions. Yetu built local civic engagement capacity by building alliances between CSOs, foundations, and businesses to mobilize at least $1 million in assets for local development needs, improving organizational capacity of Kenyan CSOs, and improving Kenya's cultural and technological environment for community philanthropy.

This program supported Kenyan CSOs to build and deliver targeted community engagement efforts through awareness-raising materials, fundraising drives, and sustainably building their organization's capacity. A cutting-edge online and mobile philanthropy platform was designed to reduce philanthropic transaction costs and engage a younger, more tech-savvy population in local philanthropy.

Yetu conducted organizational capacity assessments and supported 23 CSOs to develop, implement, and monitor institutional strengthening plans (ISPs) as well as resource mobilization plans. In addition to building these 23 partnerships, Yetu supported an additional 85 CSOs to improve their capacity through courses, boot camps, regional workshops and other trainings provided through the Yetu Initiative.

Yetu partner St. Joseph's CSO "Action for Orphans" campaign beneficiaries from Karatina Town, Nyeri County, Kenya

Location: Kenya

Scale: Effective capacity building with 23 civil society organizations (CSOs), and a community of practice including 393 CSOs as of June 2017

Date: October 2014 – September 2018

Headline Result: As of August 2017, campaigns supported by Yetu raised $390,000 from individuals, corporations, foundations and local government for local development needs.

USAID Contribution: $2.9 million;
Other Funders' Contribution: $3 million

Faith-Based and Community Initiatives

The Yetu Initiative works with a myriad of CSOs, such as the Kenyan Community Development Foundation (KCDF). Also, one of Yetu's core grantees is the Brothers of St. Joseph's, a religious Congregation of Brothers in the Catholic Church based in Mweiga Nyeri Kieni West District, Central Province, Kenya, under the Archdiocese of Nyeri. Through their work with Yetu, Brothers of St. Joseph's strengthened their ability to mobilize local assets in support of their work in the community. The Brothers of St. Joseph's was formed to provide a community-based link to facilitate integrated interventions that would help improve the quality of life for orphaned and vulnerable children.

The Brothers of St. Joseph's was among the top five grantees in 2015 through a competitive call for participation in the Yetu Initiative that attracted over 300 applications. This Initiative's intent is to support longer-term local development needs via community philanthropy. It has established a number of funding partners, including the East Africa Association of Grant Makers, Nation Media, Diamond Trust Bank, Global Giving, Safaricom Foundation, and others.

Results

As of June 2017, 4,716 contributions were made through the yetu.org e-philanthropy platform. As of August 2017, campaigns supported by Yetu raised $390,000 in cash, in-kind donations, and volunteer time from individuals, corporations, foundations and local government for local development needs. Far surpassing the original target of 5 million positive messages on social media, Yetu and its CSOs have garnered 21,868,297 positive messages as of June 2017.

Yetu enabled CSOs to draw on each other's strengths. For example, Omega Foundation and St. Joseph's have engaged their partner CBOs to participate in their community campaigns. A total of 20 CSOs have completed or are halfway through a campaign cycle with support from Yetu, implementing different fundraising strategies with traditional and digital media marketing techniques. They have also established relationships with corporate partners that are willing to continually work with them.

Conclusion

The program continues to build the capacity of CSOs in Kenya, helping grow their fundraising campaigns and training more CSOs. In order to build capacity with faith-based and local CSO partners, it is critical to understand the differences between FBO's governance and systems, which might differ from CSOs. In the case of the Brothers of St. Joseph's, the brotherhood could only make certain decisions in consultation with church leaders, which had to be accounted for in programming. It was also very important to be sensitive to FBO's religious traditions and practices. For instance, when Yetu Initiative team members met with St. Joseph's, they were required to share a meal with the brothers. Finally, in attempting to mobilize community assets for development, it is critical to recognize and build on the trust that FBOs and religious institutions have in many communities.

Local FBOs have great capacity to build a base of committed volunteers with the influence of religious leaders. However, the example of St. Joseph's also shows that FBOs could benefit from more knowledge regarding project management and fundraising. Acquiring this knowledge can help them move past potential barriers and grow their work. Community philanthropy initiatives such as the Yetu Initiative are therefore vital to unlock the potential of CSOs and FBOs working and mobilizing funds for communities.

Family Planning Advocates: *Christian Connections for International Health works with Uganda Protestant Medical Bureau*

Training and openly discussing family planning with religious leaders resulted in a significant increase in their knowledge of contraception and the healthy timing and spacing of pregnancies.

St. Stephen's Hospital in Kampala, Uganda

Location: Uganda

Scale: Engaging 79 community leaders

Date: May – November 2015

Headline Result: Religious leaders increased their knowledge of family planning by 84 percent.

USAID Contribution: $305,111

Background

The maternal mortality rate in Uganda is one of the highest in the world, at an estimated rate of 343 deaths per 100,000 live births. With a high fertility rate and only 23 percent of women using contraception,[3] the Government of Uganda has committed to reduce the unmet need for family planning to 10 percent and to increase the modern contraceptive prevalence rate to 50 percent by the year 2020.[4]

This activity was part of a larger program to advance and support community programs that seek to improve the overall health of communities, especially in relationship to family planning. The activity prepared local leaders, including religious and community leaders, to discuss and promote healthy timing and spacing of pregnancies (HTSP) and to ensure women are receiving access to quality family planning (FP) information and services from faith entities. As part of the project, the Uganda Protestant Medical Bureau (UPMB), with support from CCIH, brought together more than 40 local leaders, and Ugandan government officials in Kampala, Uganda for a two-day meeting on the role of faith leaders in promoting healthy families and family planning. Discussions included the identification of family planning methods available, where to receive them, and support to improve couples' communication around family care and wellbeing.

To equip local leaders to discuss and promote healthy timing and spacing of pregnancies, UPMB then conducted a two-day training for a diverse group of nearly 80 religious leaders, including Catholic, Muslim, Pentecostal and Protestant leaders. The first training was held October 27–28, 2015 in Jinja, with the second occurring November 16–17, 2015 in Mbarara.

The objectives of the training were: 1) to improve the leaders' understanding of reproductive biology and family planning so that they could educate and counsel community members, and refer them to health facilities for FP/RH services; 2) to help leaders explain key HTSP messages and links to family planning; 3) to help leaders identify and clarify rumors about contraception and family planning; 4) to inform leaders about the local availability of family planning methods; 5) to help couples improve communication and shared decision-making; 6) to conduct learning sessions for congregations on HTSP. The course also

included a simulation exercise where the participants practiced sharing information on family planning with congregants.

Faith-Based and Community Initiatives

Religious leaders are some of the most important and respected opinion leaders in Ugandan communities who can help educate their communities about the potential benefits of using HTSP using FP. By virtue of their status and position in society, religious and community leaders can play a critical role in the community to encourage healthy behaviors. Training of these leaders was central to the project and most attendees at the in-person meetings and sessions were from faith-based organizations. By educating local leaders that family planning can protect the health of women and their children through healthy birth spacing, CCIH was able to overcome social barriers to facilitate discussions.

Results

Religious and community leaders improved their knowledge about family planning significantly as a result of the training.[5] The faith leaders scored an average of 57 percent on a test after the training, and only 30.7 percent before the training, an increase of more than 83 percent. One community leader improved his score from 5 percent to 52 percent after receiving the training. Participants also reported that a simulation exercise helping them prepare information on FP with their congregation was very helpful.

Family planning, both hormonal and fertility awareness models, can benefit the health of both mothers and children. Leaders affirmed that family planning programs must stress voluntary and informed decision making. Programs should be culturally appropriate and developed with strong collaboration from local communities, with respect for their beliefs, and support the potential for all community members to live an abundant life.

Conclusion

Faith communities may benefit from having full information about the available methods of family planning and should be free to decide what contraceptive method, if any, may be right for them. When they are in a comfortable environment with their peers, religious leaders are very open to discussing family planning and learning about its potential benefits. Religious and community leaders' knowledge about family planning can be increased through training sessions and realistic simulation exercises.

St. Apollo church in Kampala, Uganda

Interreligious Foundations for Social Cohesion: *The Central African Republic Interfaith Peacebuilding Partnership (CIPP)*

Local faith-based and secular organizations support peacebuilding and reconciliation efforts in the Central African Republic.

Members of a local religious organization plan their context assessment during the CIPP Social Cohesion Community of Practice Launch Workshop

Location: Central African Republic

Scale: Broad reaching program supporting religious and civil society institutions, economic actors, and community members throughout CAR

Date: January 2016 – January 2021

Headline Result: In the first year of activity, CIPP supported 14 local organizations with capacity strengthening.

USAID Contribution: $3.5 million;
Other Funders' Contribution: $6.5 million

Background

The Central African Republic (CAR) continues to experience sustained political instability and intermittent armed conflict. Long-standing economic and political grievances have led to violence along ethno-religious lines. Against this backdrop, the Central African Republic Interfaith Peacebuilding Partnership (CIPP) was formed. The goal of the CIPP project is for Central African institutions to lay the groundwork for sustainable social cohesion in CAR. CIPP has three objectives: 1) capacity strengthening for CAR institutions; 2) generating secure livelihoods; and 3) trauma healing and peace education services.

1) CIPP's capacity strengthening model of partnership engages beneficiaries (Central African civil society, faith-based, and government institutions) to build individuals' skills through training and other learning events. In addition, CIPP provided the institutions with technical and financial resources necessary to promote social cohesion in the communities they serve. 2) The project provides grants to business associations and micro-enterprises while at the same time helping these groups officially register with the government and develop sustainable business plans. CIPP also strengthens the capacity of members of community savings groups through training modules on financial management and offers youth employment and accompaniment as well. 3) The training-of-trainers model for trauma healing enables Central Africans to organize trauma healing groups for communities. CIPP has a peace education workshop methodology and a mobile exhibition, which travels around the country and invites audiences from the community to view photos and listen to stories of peace from their fellow citizens. CIPP's gender-based violence (GBV) module works with well-regarded community members as GBV facilitators for workshops.

Faith-Based and Community Initiatives

CIPP is a consortium of five actors, led by Catholic Relief Services and includes Aegis Trust, Islamic Relief Worldwide, La Plateforme des Confessions Religieuses de Centrafrique (PCRC) and World Vision International. The CIPP consortium was formed to mirror the structure of and work in partnership with the PCRC (the CAR Interreligious Platform—with

representation from the Cardinal/President of the CAR Episcopal Conference, the Pastor/President of the CAR Evangelical Alliance, and the Imam/President of the CAR Islamic Community), the foremost interreligious peacebuilding body in CAR. The PCRC's interreligious structure—with Catholic, Muslim, and Protestant representation—is reflected in CIPP's international partner organizations. The PCRC, while serving as a national actor and prominent voice promoting peace, also benefits from capacity strengthening activities. CIPP is designed so that the PCRC assumes increasingly greater project management responsibilities as its capacity grows.

All three strategic objectives have workshop methodologies that are inclusive of the numerous religious and civil society leaders and organizations in CAR. CIPP has a capacity strengthening process with several different civil society and faith-based organizations, engaging with Muslim, Catholic, Protestant and secular institutions to ensure diverse representation in the project's local partnerships. The activities for trauma healing and peace education include two methodologies that are co-managed by an interreligious team comprised of Protestant, Muslim, and Catholic facilitators. The methodologies depend on mixed participation to achieve their results of helping individual community members heal. In many of CIPP's workshops local community and religious leaders also take part. Since local religious leaders often have strong influences in communities, they can motivate families to participate in CIPP's activities. In addition, CIPP works for the safe return of internally displaced persons and refugees to their homes by restoring broken inter-group relationships within CAR communities.

Results

As of June 30, 2017, CIPP conducted 120 events, trainings, or other activities with 2,011 participants. By the end of 2017, 14 local organizations received a small grant to support their projects. Capacity strengthening activities accompany these small grants, including capacity assessments, trainings, on-site accompaniment, and learning events. 142 individuals representing 17 business associations and 37 micro-enterprises have participated in trainings on business management skills. Nineteen savings groups have been formed, with approximately 335 individuals trained in the first six of nine modules of the methodology. 167 individuals have been trained in peace education. Meanwhile, 19 trauma healing facilitators have been trained and 207 individuals have participated in the trauma healing sessions.

At a higher level, the national profile of the PCRC has risen due to its response to recent violence in the southeast of the country. During this period, religious leaders have mediated between the armed groups, which enabled displaced persons of different religious identities to reach safe havens and humanitarian agencies to access sites to distribute emergency assistance.

Conclusion

CIPP's strength comes from its diversity, ranging across international and national NGOs, spanning faith backgrounds, and capitalizing on the breadth of experience its members bring.

CIPP goes beyond short-term collaboration among religious leaders at the national level. Instead, the five-year commitment made by all CIPP partners speaks to their understanding that to break the cycle of violence, they must all make a long-term investment in contributing to improved social cohesion.

Food Security in Ethiopia: *Food for the Hungry Ethiopia Development Food Aid Program*

Background

The overall goal of the project was to improve the food security status of chronically food insecure households in 9 Woredas (districts) of the Amhara Region of Ethiopia. Program activities included maternal and child health and nutrition, improving access to nutritious foods, improving access to water and sanitation (water schemes, toilets, hygiene behaviors), natural resources management (soil and water conservation, tree planting), improving access to social infrastructure (schools, health posts, veterinary posts), and food distribution. A total of 467,131 chronically food insecure beneficiaries were reached with food transfers, 9,335 people were trained in child health and nutrition, 63,007 pregnant women and mothers of children under two were trained in child and health and nutrition through the care group approach, 16,435 individuals received USG-supported short-term agricultural sector productivity or food security training, and 9,827 people received a training in natural resources management and biodiversity conservation.

Faith-Based and Community Initiatives

Ethiopia has seen progress in the sanitation and hygiene sector during the past ten years, much of it achieved through the Government's Health Extension Program. As part of the project, Food for the Hungry (FH) engaged local religious and community leaders to help sensitize and construct public latrines for the declaration of 'Open Defecation Free' (ODF) zones. For example, Food for the Hungry (FH) worked with Orthodox Church priests to reach out to their congregations on the importance of sanitation and hygiene. This resulted in the building of public toilets and the declaration of ODF zones.

A priest gives opening remarks on the declaration of an ODF zone

Location: Ethiopia

Scale: Improving access to nutritious food for 433,498 beneficiaries

Date: August 2011 – July 2016

Headline Result: A total of 433,498 chronically food insecure beneficiaries were reached with food transfers.

USAID Contribution: $122,769,384

FH contacted the religious leaders in the target communities where ODF interventions were implemented and briefed them about open defecation issues and their consequences. In addition, ODF awareness raising orientation was provided for the traditional and religious leaders, as well as selected community members. These engagements assisted in convincing the leaders to promote and publicize ODF zones and contribute to ensuring total sanitation. People in public places, such as churches, often use surrounding bushes for defecation. Engaging religious and community leaders was critical to facilitate construction of public latrines, which contributed to reducing instances of open defecation.

Furthermore, community leaders were actively involved in ODF celebrations, which helped persuade villagers to adopt and meet the ODF status. Their support was effective in ensuring messages were spread about latrine development and ODF zones.

A Kebele (ward) leader declares an ODF zone with local religious leaders to his right

Results

- A total of 467,131 chronically food insecure beneficiaries were reached with food transfers.
- 9,335 people trained in child health and nutrition.
- 63,007 pregnant women and mothers of children under two were trained in child and health and nutrition through the care group approach.
- 16,435 individuals received USG-supported short term agricultural sector productivity or food security training.
- 9,827 people received a training in natural resources management and biodiversity conservation.

In some of the watersheds where natural resource management (NRM) interventions were implemented, there are signs of vegetation reemergence, improvement of soil moisture, recharging of groundwater (that is now used to harvest groundwater for irrigation in some of the Woredas).

Conclusion

This project used the care group approach where volunteers delivered health and nutrition messages, enabling the project to reach a large part of the community. Multi-media outreach tools—such as mobile cinema, image box, participatory theater, and comic books—helped influence behavior change as well.

Overcoming Sexual and Gender-Based Violence: *IMA World Health USHINDI Project*

Community groups (known as Noyaux Communautaires), which included religious leaders and local faith actors, were engaged as advocates for social and behavioral change related to gender and sexual and gender based violence (SGBV).

Community-based campaign to increase awareness of gender-based violence

Location: Eastern Democratic Republic of the Congo (DRC)

Scale: 10 health zones, 108 health areas, 2.2 million beneficiaries

Date: July 2010 – September 2017

Headline Result: 61 percent of rape survivors received medical care within 72 hours, the critical window for treatment.

USAID Contribution: $20.3 million

Background

The Ushindi program implemented a holistic approach integrating psychosocial, medical, legal and economic activities to support survivors of sexual and gender-based violence (SGBV). The project has served a total of 30,467 SGBV survivors, which exceeds the life of the project goal (24,187 persons served). Approximately 90 percent of survivors served were female, and 68 percent were 18 years or older. Residents of targeted health zones reported experiencing various types of SGBV, with rape emerging as most common (60 percent), followed by emotional/psychological violence (14 percent), physical harassment (11 percent), sexual harassment (4 percent), denied resources/opportunities (3 percent), and unknown/other (7 percent).

The project has assisted 30,033 people with recovery from SGBV through psychosocial support. Confidential one-on-one counseling by community-based lay counselors is the cornerstone of Ushindi's psychosocial services. Legal services were made available to 14,112 survivors. This counseling was provided by lawyers in legal clinics set up at safe houses. 16,193 SGBV survivors and their partners were reached with affordable and appropriate medical services, including post-exposure prophylaxis (PEP) kits for HIV/AIDS, prevention and treatment of sexually transmitted infections, emergency contraception, treatment of fistulas, and treatment of vaginal prolapse. Village savings and loans associations (VSLAs) were set up as a socio-economic initiative aimed at facilitating the re-integration of survivors into the community.

The VSLAs focus on funding income-generating activities that support day-to-day social needs such as nutrition, schooling, and health needs. Additionally, 2.2 million community members and school aged children were reached with outreach and public awareness messages to increase awareness and sensitivity to SGBV issues.

Faith-Based and Community Initiatives

The Ushindi model relies heavily on key faith-based, community leaders (e.g., faith counselors) and Noyaux Communautaires (community core groups) to link SGBV survivors to appropriate support services. By design, community leaders and Noyaux Communautaires are the first point of contact for survivors. They are trained to identify survivors, provide psychosocial support, and refer clients to appropriate medical,

legal, and socio-economic support services. The Noyaux Communautaires play an integral role in educating the community on SGBV prevention and response, women's rights, and family planning through social and behavior change communication. To date, 108 Noyaux, comprising of 6,350 active members have been instrumental in serving as advocates for social and behavioral change related to gender and SGBV.

IMA's implementation model builds on the existing trust, confidence and established networks of local faith-based organizations to provide a comprehensive package of services. By building relationships between established community leaders and the public health system, the model builds durable and sustainable local capacity among health workers and communities to address the needs of survivors.

Results

Among the range of services provided by Ushindi, project participants were most likely to utilize psychosocial services (71.5 percent), followed by medical services (36.5 percent). 10 percent of survivors of SGBV were male, and 32 percent were younger than 18 years of age. Over 90 percent of medical services were sought for rape, and 61 percent of rape survivors received medical care within 72 hours, the critical window for treatment.

Legal services resulted in 3,175 cases taken to court with 502 judgments and 2,782 mediations achieved. Over the life of the project demand for legal services has increased steadily, likely due to the demonstrated success of legal action.

To date, 1,334 VSLAs have been created with support from Ushindi, and 4,100 survivors have enrolled in VSLA groups for socio-economic reintegration support. An additional 45,000 community members have joined the VSLAs, which have proved to be an extremely popular program intervention, reflecting the community demand for improved economic opportunities.

Conclusion

Local community groups can extend the reach of service platforms, change cultural norms and beliefs, and improve sustained impact ofinterventions.

The strength of Ushindi is strongly linked to community participation and ownership. Ushindi's flexible and comprehensive model, which addresses a wide range of survivor needs, among both women and men, helps the project reach more beneficiaries than a project that offers a single intervention. Additional research on the relative contribution of different interventions to the recovery of survivors in a conflict/post-conflict setting would further guide future program activities and resource mobilization.

Map of USHINDI-assisted Health Zones in Eastern DRC

Changing Gender Roles in Food Security: *Lutheran World Relief (LWR) Gender in Agriculture from Policy to Practice (GAPP) Project*

This project has empowered women and men to advocate for women-led activities in agriculture.

Background

The GAPP project aimed to change the mindset and attitudes of men and women about gender equality, strengthen women's capacity to advocate for food security in local public and private spaces in the rural sector, and better position women's demands in policies around rural savings and loan cooperatives (Instituciones de Crédito Rural, ICRs).

The project provided trainings to women's municipal networks on participation, leadership and public administration skills, empowering them to solicit public funding for their members' agricultural enterprises. Men in the targeted communities also participated in masculinity training designed to promote changes in male attitudes towards equitable political and economic participation by women.

Local rural credit institutions were sensitized to issues related to women's equality and encouraged, through the project, to adopt women equitable policies and practices that would increase loan provision to women. The project also provided training and engagement opportunities, such as "knowledge fairs" and forums, to local government officials and civil society members to build their capacity to promote public policies that reduce inequalities between women and men and increase public funding for women-led enterprises.

Project participants Norma Martínez, Juana Confesora Díaz, Teresa Vásquez, and Dunia Martínez, raise honey producing bees in the municipality of Candelaria

Location: Honduras

Scale: 33,712 beneficiaries

Date: October 2013 – September 2016

Headline Result: Nine municipal women's networks raised $68,768.93 in public funds for 170 projects.

USAID Contribution: $833,334;
Other Funders' Contribution: $215,670

Faith-Based and Community Initiatives

Despite the diversity of roles for women in agriculture, women receive lower incomes and experience greater food insecurity because they have less access to productive assets, technology, and agricultural extension and financial services.[6] Women's leadership in the agricultural sector remains limited by wage disparities as well as limitations in political empowerment.

In recent years, the Government of Honduras has helped address the gender gap through several public policies, including the National Equal Opportunity for Women and food and nutrition laws. However, reports suggest the need for stronger implementation mechanisms at the regional and municipal levels.

Results

By the close of the project, 3,176 women (127 percent of target) from nine municipal women's networks (RMMs) participated in trainings and activities designed to strengthen their leadership skills to advocate for more investment in women's agricultural activities. Their self-advocacy resulted in a total of 170 projects across the nine RMMs obtaining public funding for a total investment of $68,768.93 from the nine project municipal governments.

Of the 429 men who participated in masculinity trainings, 74 percent (99 percent of target) indicated support for women's leadership and greater agreement with the idea that men and women should have equal access to social, economic, and political opportunities.

Through women's advocacy initiatives and the support of men in the community, 56 rural savings and loan cooperatives (124 percent of target) increased the number of policies and practices that facilitate women's access to financial services, and 30 ICRs (half of the local ICRs) increased the percentage of their portfolios that go to loans for women. Additionally, following sensitivity training of 636 government officials (235 percent of target), the nine project municipalities adopted laws, policies, and programs aimed at ensuring equal opportunities for women and improving food and nutritional security, which will promote women's equality.

Conclusion

The GAPP Project has proven successful in meeting, and in some instances surpassing, its main goals of achieving political and cultural changes, especially in attitudes towards women's roles in the agricultural sector. The project successfully applied capacity-building approaches that reached the numerous stakeholders who were needed for change to occur; enabled women and men to enact change in the community and advocate for institutional change; encouraged ICRs to change their lending policies and practices to financially benefit more women; and encouraged government officials to enact policy changes and provide funding support to women in the agricultural sector. Involving these four groups of stakeholders at the community and institutional levels and building strong relationships among them were essential to the project's success.

Simply training women on leadership and self-advocacy skills would not have been enough for them to break through the cultural and institutional barriers. They needed advocates in positions of authority. It became evident throughout the project that increasing the number of men who were introduced to RMMs' leadership and who participated in the project's trainings on women's equality increased the number of institutional avenues available to women. The GAPP project experience reinforces the lesson that development practitioners hoping to promote women's equality must engage both women and men and adapt their activities to address gender-specific contexts, constraints, and expectations.

LWR and its partners believe the GAPP project model is ready to be scaled in other contexts. They created the GAPP Toolkit (culturalpractice.com/wp-content/uploads/GAPP-Toolkit.pdf) for practitioners who wish to do just that. The Toolkit details the main components of the approach, provides useful material used during the implementation of GAPP, and offers recommendations derived from the lessons learned during the project.

Project participants, Dilma Rodríguez and Miriam Arriaga, collect eggs from their chicken coops located in the municipality of Tambla

Interreligious Peacebuilding for Communities: *National Peace Council of Sri Lanka's Reconciling Inter-Ethnic and Inter-Religious Differences Project*

This project has supported local communities to address inter-religious tension and heal from a violent past.

Members of a district inter-religious committee in discussion

Location: Sri Lanka

Scale: 610 members of DIRCs in third phase, impacting 13,460 community members

Date: September 2013 – February 2017

Headline Result: 79 percent of the local issues presented to the district inter-religious committees were resolved by the end of the project.

USAID Contribution: $143,960

Background

Sri Lanka has a diverse society with ethnic communities, including the Sinhalese (75 percent), Sri Lanka Tamil (11 percent) and the Muslim community (10 percent). Several years after its 26-year war, Sri Lanka continues to be a divided country. Mistrust between communities continues.

The project aims to promote district level mechanisms to reduce religious and ethnic tensions through strengthened District Inter-religious Committees (DIRCs). DIRCs include leaders from all faiths in the region, as well as civil society, media, youth groups, women's organization leaders, and government officials. Project activities with DIRCs included:

- Training for DIRC members, including on non-violent communication, conflict sensitivity, pluralism and diversity, political analysis, early warning and mediation, media documentation, and referrals
- Establishment of community level communication mechanisms for each DIRC to maintain/update a record of issues
- Establishment of regular functions for DIRCs to mitigate inter-religious tensions and refer cases to relevant authorities for resolution
- Building networks between DIRCs and establishment of a National Level Inter Religious Committee (NIRC)
- Conducting provincial-level Truth Forums and then National Symposiums to share learning and experience from DIRC Truth Forums
- Conducting information dissemination campaigns on the UNHRC Resolution and the Truth and Reconciliation Committee (TRC) mechanisms across 9 districts (including distribution of at least 27,000 communication materials).

Faith-Based and Community Initiatives

The project focused on building the capacity of civil society leaders, including religious leaders of the DIRCs formed across the nine districts. This included building up horizontal and vertical networks between DIRC and other stakeholders to engage in community level conflict prevention. Topics discussed in DIRC

meetings ranged from the influence of religious and ethnic extremists in harming community relationships, and issues pertaining to ethnic and political rights from different perspectives. Religious leaders representing all faiths showed an increased willingness to advocate towards peace and reconciliation and a desire to invite other religious leaders to join.

Results

DIRCs were active in mitigating community-level inter-religious disharmony. Across the three phases of the project, 105 issues were presented in total, of which 52 were taken on by DIRCs for mitigation. Out of those 52, 79 percent were resolved by the end of the project, with some interventions ongoing.

DIRCs also held workshops on transitional justice for local level politicians and other community leaders, publicized their efforts through the media, and shared their experiences at the National Symposiums organized in each phase of the project. In total, 154 DIRC meetings were conducted in the nine districts.

Some challenges during incidents of inter-religious tensions included the loss of some religious leaders from DIRCs, and a disheartened feeling among some members, especially after they received threats of physical harm. The NPC team worked to build support from other DIRCs and build new membership. Buddhist monks from DIRCs acted as a bridge to discourage threats of physical harm.

Conclusion

DIRCs provided a common platform for leaders of all religions in a community to come together, discuss, and share cultural values in order to improve communication between different groups. Their collective purpose of resolving points of tension unified these groups in their role as peace-keepers within their communities.

Celebration of diversity and unity with local religious leaders

In a sign of the National Peace Council's successful work with DIRCs, the government has validated the formation of government-led inter-religious reconciliation committees in all districts of the country. As of June 2017, approval has been granted for the establishment of District-Level Reconciliation Committees in all 25 districts.

Changing People's Practices Towards Malaria: *Programa Inter-Religioso Contra a Malaria*

Faith leaders and lay members are involved members of an inter-religious team that aimsto reduce malaria mortality rates.

Background

Funded since 2007, Programa Inter-Religiosa Contra a Malaria (PIRCOM), co-chaired by The Right Rev. Dinis Sengulane, Anglican Bishop Emeritus of Libombo (President of PIRCOM), and Sheik Aminudine Mohamad, President of the Islamic Council (Vice-President), and in coordination with the Center for Interfaith Action on Global Poverty, is a unique platform for coordination among Christian, Muslim, Hindu, and Baha'i religious leaders at national and local levels, to equip and mobilize community leaders with information to change attitudes and behaviors about malaria prevention and treatment. This project harnesses the powerful influence of religious leaders towards achieving the U.S. President's Malaria Initiative (PMI) and the National Malaria Control Program (NMCP) goals to reduce morbidity and mortality due to malaria in Mozambique, particularly among pregnant women and children under five years through behavior change communication activities, and to impact other key health related attitudes and behaviors.

Bishop Dinis Matsolo (PIRCOM Executive Director) says, "If a doctor talks about how important it is for you to have your home sprayed, of course he will talk about those things in those terms, because it is how he will get his salary. But when a leader of a mosque starts talking about health issues, about malaria, then people are ready to listen. [Religious leaders] have a good audience."

President of the Republic of Mozambique with religious leaders from PIRCOM in 2012 at the African Leaders Malaria Alliance Credit: PIRCOM

Location: Mozambique

Scale: 124,846 beneficiaries reached by home visits; 92,652 people reached by sermons, lectures, and meetings; 3,369,139 people reached by community radio

Date: November 2015 – November 2018

Headline Result: 27,000 religious leaders were trained in the first phase.

USAID Contribution: $1.5 million and mortality from malaria

Current project activities include training of trainers with faith leaders; training of faith leaders and lay activists to serve as community health volunteers; dissemination of key messages related to malaria prevention and treatment through faith leaders and volunteers at district and community level; use of community radio by faith leaders to strengthen community mobilization for prevention and treatment of malaria; leveraging mass media (national television and radio, public meetings, newspapers) for PIRCOM leadership to advocate and disseminate key messages on malaria prevention.

Faith-Based and Community Initiatives

The project works with members to disseminate messages throughout Mozambique about malaria prevention and treatment opportunities. Religious and community leaders also participate in debates on community radio and other media to promote messages about malaria prevention and treatment. Religious leaders and volunteers also collaborate as community health workers, visiting homes to provide preventative care, treatment, and referrals to health posts and projects such as home-based spraying campaigns.

The inclusion of religious leaders as the national co-chairs of PIRCOM has also been beneficial. Their position in national discourse has enabled the project to reach greater visibility and establish connections national decision makers, such as the Ministry of Health.

Results

PIRCOM has improved the use of mosquito nets to protect pregnant women and children under five and increased adherence to malaria testing and treatment. Religious leaders have shown that they can confidently lead their groups on the topic of malaria. Their self-assurance and use of the local language during facilitation allows greater understanding and discussion participation.

In the first phase of the project, 27,000 local religious leaders were trained in 4 provinces using cascade training methods, and reached an estimated 2 million faith community members with malaria control messages.[7] PIRCOM built upon its success in the first phase by expanding outreach through community radio and other forms of media, which enabled the project to reach more than 3.3 million people as of June 2017.

Conclusion

Religious leaders are deeply engaged with their communities, so community members trust their messages about malaria prevention and treatment. Likewise, community health workers are key individuals in the community since they provide primary health care, particularly in rural areas. Additionally, churches are dispersed across the country, including in some of the most remote regions, which enabled the project to reach frequently under-served populations.

PIRCOM trainees outside a church building after training

Working with Local Faith Organizations in Emergencies: *Samaritan's Purse Emergency Response and Economic Recovery for Eastern DRC*

Local community organizations participated in emergency assistance for conflict-affected people by offering their space and volunteers.

Background

Samaritan's Purse (SP) Emergency Response and Economic Recovery program, also known as "USAIDizi", efficiently and rapidly responds to the needs of conflict-affected populations in Eastern Democratic Republic of the Congo (DRC) by improving access to food, enhancing household resilience, and promoting economic recovery. SP DRC met emergency needs, while simultaneously promoting rapid recovery of livelihoods and markets. The project improved food security through increased agricultural production and diversified consumption.

The project utilized a combination of food and non-food item distribution, direct inputs (improved seeds and tools), and agricultural training to help vulnerable households cope with displacement and loss. Trainings covered topics such as improved agricultural techniques, sustainable pest-control practices, and post-harvest crop storage.

Provision of food and non-food items was conducted through a combination of direct distributions and voucher fairs. Items were directly distributed in areas with high levels of insecurity and/or poor infrastructure that resulted in limited market access. Cash-based voucher fairs were utilized in areas with secure, accessible, and integrated markets. Local vendors gathered at voucher fair sites, providing locally preferred produce and non-food items to beneficiaries.

Samaritan's Purse Voucher Fair in Eastern DRC

Location: Democratic Republic of Congo (DRC)

Scale: 287,997 beneficiaries (between August 2014 – June 2017)

Date: August 2014 – September 2018

Headline Result: By the end of the second year, the majority (56.5 percent) of households had improved their diet from poor to acceptable.

USAID Contribution: $22.5 million

Faith-Based and Community Initiatives

SP sought to include numerous community leaders in the project in order to ensure implementation was effective and contextual, and gained community buy-in. SP worked closely with village leadership (village chiefs), health facilities, local authorities, schools, and local faith-based organizations. There were nine churches engaged in the project through the use of church leadership within sub-branches in 157 villages. These local faith-based organizations came from a variety of backgrounds, including Protestant, Catholic, Assembly of God, and Indigenous traditions. They provided the use of their facilities as meeting venues and for indoor beneficiary trainings. They also provided space on church grounds for conducting distributions or voucher fairs. Churches provided safe, adequate, and convenient assembly points for beneficiaries, who were largely members of the local congregations. Even those beneficiaries with no affiliation to the church felt secure and safe at the venues.

Churches further supported the project by sharing project-mobilization messages to beneficiaries via routine church events. Church leaders, alongside other community leaders, assisted project staff in addressing community complaints during various phases of the project. They also acted as a critical and trusted source of local and regional security information, enabling a safe project environment for beneficiaries.

SP established high standards and practices in order to guarantee there was no religious bias in the involvement of local FBOs. SP worked with them alongside other community leaders and opinion leaders in an open and transparent manner. Since project activities were aimed at vulnerable households, beneficiary targeting was based purely on vulnerability criteria.

Results

Year one activities resulted in the number of households with an "acceptable" diet increasing by 40 percent and the number of households with a "poor" diet decreasing by 44 percent. At the end of year two, the majority of households (56.5 percent) had an "acceptable" diet, as compared to 0 percent in the "acceptable" range at project inception.

SP gained understanding of the contextual appropriateness, unintended consequences, and necessary adaptations of selected modalities and activities. For example, SP found that using a voucher-fair modality, when deemed appropriate, carried the additional benefits of a quick response time, protection against voucher fraud, improved quality and more predictable quantity of local commodities, well-organized voucher distribution, and enhanced independence and dignity for beneficiaries.

Conclusion

In locations with secure, accessible, and integrated market systems, a cash-based, voucher-fair modality has been found to be highly efficient for distributing food and non-food items to beneficiary households.

Local faith-based organizations are an integral component of program success. They have high levels of community influence and can use this influence to spread information about distributions and improved agricultural practices. They are also pivotal in providing space for meetings, voucher fairs, and distributions.

It is recommended that prior to initiating a project such as this, strong community ties with local leadership and organizations should be developed and maintained. In SP's case, longevity in the region created a foundation of community trust, facilitating significant local partnerships.

This modality was preferred, as it empowers households, and particularly women, to choose and purchase the items they need most.

Samaritan's Purse Livestock Training and Support in Eastern DRC

Changing the Course of the Ebola Epidemic: *World Hope International Preventing Ebola Through Faith and Cultural Leadership Project*

Local faith and community leaders supported the Ebola prevention campaign and burial practices to prevent the further spread of Ebola, while respecting their faith and cultural backgrounds.

Cultural Liaisons Presentation and Certification at Gbendembu Ngowahun Chiefdom

Location: Sierra Leone

Scale: 365,602 beneficiaries

Date: June 2014 – August 2015

Headline Result: Providing safe and culturally sensitive dignified burials for 2,193 individuals stemmed the tide of new Ebola infections, contributing to reaching "resilient zero."

USAID Contribution: $300,000

Background

The practice of burying loved ones is sacred in Sierra Leone. Many consider burials as farewell ceremonies where traditional heads and family members must be directly involved for the deceased to gain eternal life in the afterlife. During the Ebola outbreak, the act of touching corpses containing the virus, performed as a sign of respect, was a key contributor to the spread of the disease to family and community members.

World Hope International's (WHI) project aimed to prevent the spread of Ebola Virus Disease (EVD) and support safe, dignified burials of all persons who died in the 13 chiefdoms of Bombali District. The work involved leading a team of 188 social mobilizers to engage in mass media radio discussions, and executing Ebola prevention and response messages in line with government strategies.

The social mobilization work led to the design and implementation of the innovative Cultural Burial Liaison initiative. The initiative was co-designed by Paramount Chiefs, Sierra Leone's traditional leaders and cultural societal heads, to ensure the burial practices honored religious tradition.

Cultural Burial Liaisons (CBLs) trained ceremonial burial teams to address the problem of unsafe burials and ensure religious and cultural traditions could be maintained during safe burials. WHI began with community sensitization throughout Bombali District in Sierra Leone, then selected and trained 130 CBLs (one team per chiefdom), to support the District's Burial Management team at the grassroots level.

CBLs were identified by religious and traditional leaders as people who would be able to educate others about safe burial practices. CBLs were also trained to serve as social mobilizers, which involved identifying and reporting cases of sick people, alerting the authorities of deaths, and ensuring no secret and/or unsafe burial took place.

Faith-Based and Community Initiatives

WHI spread Ebola prevention messages using person-to-person outreach at several events. The religious leaders/cultural liaisons were essential for the promotion of information. Faith leaders collaborated to present messages during service, ensuring that all members of their community knew how to keep themselves and their families safe. Through the involvement of traditional heads of cultural societies in the design of a safe burial practice in the era of Ebola, WHI ensured dignified medical burials, with adherence to the Infection Protection Control Standard Operating Procedures for burial, while performing cultural rites without risk of spreading the EVD infection. This approach enhanced confidence within the population that cultural traditions and safety precautions are not in conflict with each other.

Winning the trust and confidence of communities played a central role in the rapid control of an outbreak. The CBLs collaborated with Islamic, Christian and Traditional faith practices, which demonstrated that the particular faith was less central than the role each faith leader played in disseminating life-saving information.

Results

Thirteen Paramount chiefs, 136 section and 958 cultural societal members were engaged in a consultative dialogue which raised their awareness of the importance for safe dignified medical burials within the EVD period. In partnership with 130 CBLs to conduct 330 community engagement Ebola sensitization meetings in all 13 districts, each district was able to hear more about preventing Ebola. There were 403,004 (207,233 males; 195,771 females) attendees at Ebola prevention engagement activities, with some individuals participating more than once. In total, 2,193 people were given cultural and faith sensitive burials with help from the project.

Conclusion

One of the most important lessons learned through this project is that every member of society needs to be involved to help eradicate Ebola. WHI found that voluntary behavior change came from: 1) providing Sierra Leoneans with the opportunity to understand the behaviors that contribute to the spread of Ebola while offering an alternative course of action; 2) giving them responsibilities to fight the disease in their own group and, most importantly; 3) acknowledging the positive impact traditions may have.

Behavior change also came more easily when messages were brought to communities by their own people. Additionally, since the project engaged local leaders, Ebola messages were communicated in every local dialect. Another key takeaway from the project is the critical role religious communities can play in supporting life-saving behaviors.

Working with Local Influencers on Family Planning: *World Vision International Integrated Birth Spacing Project*

Background

The Integrated Birth Spacing Project was a two and a half year project funded by USAID/PRH Flexible Fund, and implemented by World Vision. The project demonstrated how Healthy Timing and Spacing of Pregnancy (HTSP) messages and Family Planning (FP) services can be integrated into maternal and child health projects at the community level, often with the support of faith leaders. The project was focused around three integrated strategies: advocacy, community mobilization; and resource mobilization.

1) Advocacy—World Vision staff worked with community influencers to spread HTSP messages.

2) Community Mobilization—Messages were spread during community gatherings, such as football games, and volunteers assisted at village Health Huts to provide counseling, pills, condoms, and referrals to the Ministry of Health's (MOH) Health Posts. Each Health Hut served approximately 1,000 people per community.

3) Resource Mobilization—Training of health workers in family planning counseling and services was a main focus. MOH staff provided condoms, pills, and intrauterine devices (IUDs) at Health Huts for no extra cost to users while nurses trained village health committees on the benefits of HTSP.

A local Imam encourages his community to practice healthy timing and spacing of pregnancies

Location: Senegal

Scale: 108,000 people in four World Vision areas

Date: January 2010 – June 2012

Headline Result: This model has been rolled out to World Vision's maternal and child health and nutrition programs almost 40 countries.

USAID Contribution: $1.9 million

Faith-Based and Community Initiatives

In the advocacy component of the project, local influencers including imams, village leaders, grandmothers, fathers, and mothers helped advocate for HTSP messaging among their communities. Through this approach the targeted communities learned that the timing and spacing of births could lower mortality, and became strong supporters of HTSP to improve the health of infants, mothers, and families. World Vision also worked with Catholic sisters at three health posts. These sisters counseled clients on the Lactational Amenorrhea Method, the Standard Days Method, and referred clients to health posts for other methods. Faith leaders were critical to this project's success since they can help transform community behaviors.

Results

At the end of the project, 85 percent of facilities offered three or more family planning methods, 100 percent of health huts had no stock outs of family planning supplies, and the contraceptive prevalence rate increased to 9–17 percent (where the national prevalence rate at baseline was 12 percent with just 7 percent in rural areas).[8]

This project led to the development of the Healthy Timing and Spacing of Pregnancies model, which has expanded to global use by World Vision and other NGOs. HTSP/FP is now being integrated in World Vision's maternal and child health and nutrition programs in almost 40 countries.

Conclusion

Building constructive relationships with communities helped World Vision staff to generate a highly positive social environment for HTSP and FP. These strong ties enabled WV to discuss once sensitive issues around FP, openly and engagingly with faith leaders and communities. WV's focus on faith leader involvement has facilitated this supportive environment. Along with a focus on men in communities, these champions were key in the permeation of HTSP message sharing and in sustaining behavioral change.

Specific recommendations include:

1. Involve faith leaders from the design stage of FP programs as this is pivotal for sustained messaging.
2. Use the health rationale as the basis for FP use to time and space pregnancies for improved health for mothers and children since communities value the health of mothers and children.
3. Partner with the MOH to ensure compliance with national standards and integration with national policies.

Celebration of diversity and unity with local religious leaders

Community Leaders as Agents of Change for Child Health: *World Relief "Tangiraneza/ Start Well" Innovation Child Survival Project*

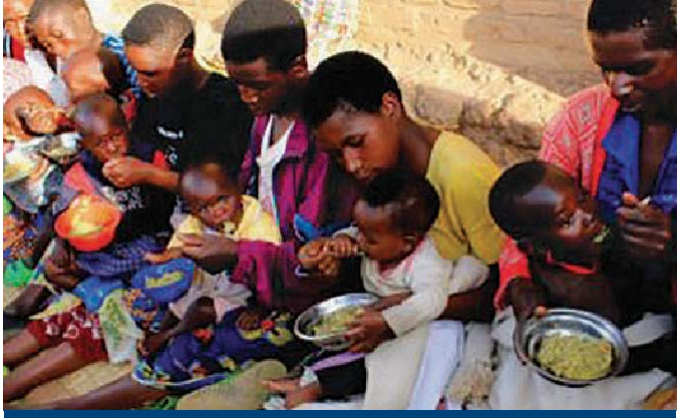
By working with a range of community members, from religious leaders to the heads of women's groups, the Tangiraneza project has engaged people to improve health and hygiene for children in their villages.

Background

The "Tangiraneza/Start Well" project aimed to enhance the capacity of Ministry of Health (MOH) staff and Community Health Workers (CHWs) to implement impactful maternal, newborn, and child health interventions at the community level.

Project activities included: training MOH staff, CHWs, and local leaders in Integrated Care Groups (ICGs) for interventions in nutrition, maternal and newborn care, diarrhea, and pneumonia; monthly meetings of CHWs, religious leaders and community representatives to make action plans, coordinate regular home visits, and improve referrals; monthly home visits and community meetings led by ICG members to teach health/ nutrition interventions and convey Behavior Change messages; mobilization of churches to assist vulnerable households with kitchen gardens and tippy taps (a hand washing device); implementation of supplementary Nutrition Weeks[9] training in the Kaduha catchment area and the Rwandan MOH Community Based Nutrition Protocol (CBNP) in all areas.

There were 536 Integrated Care Groups (ICGs), one in each village; each ICG consisted of 10 members, including three community health workers, the head of the village, a religious leader, three village leaders in charge of social affairs, information and community development, the women's leader, and a representative of the hygiene club. Each member visited 10 homes on a monthly basis to educate on topics including nutrition, newborn care, diarrhea, and pneumonia, and to follow up.



Mothers and fathers feeding their children during a Nutrition Week training in Nyamagabe District, Rwanda

Location: Rwanda

Scale: 330,510 beneficiaries, including 41,314 children under five

Date: October 2011 – September 2015

Headline Result: The Integrated Care Group Model has mobilized religious communities and their leaders to enact health and nutrition changes in their villages.

USAID Contribution: $1.7 million

Faith-Based and Community Initiatives

As an example of the project's engagement with local leaders, 589 religious leaders, from thirteen church denominations, were involved in total, made up of 536 local religious leaders involved in each ICGs, and 53 senior religious leaders operating across the district.

The inclusion of religious leaders in the ICG was emphasized to create and enhance trust between communities and health systems, and to endorse and triangulate health information during their household visits or at church. The role of religious and community representatives in the ICG was to share health

messages with their networks and to help mobilize communities to take steps towards healthy behavior, including building latrines and improving kitchen gardens. Local religious and community leaders were also charged with making plans with their congregations for reinforcing key health messages and implementing three activities or outreaches annually to help the most vulnerable families follow healthy behaviors. For example, during the rollout of messages on hand washing, community members could be challenged to identify and support families for whom building a tippy tap might be out of reach—with the expectation that assistance be based on need regardless of religious affiliation.

Local leaders also participated in the evaluation functions in the project, regularly reporting the uptake of health and nutrition practices in their communities. They participated directly as enumerators during project evaluations, as well as in mobilization and sensitization of community participants in evaluation activities.

Results

Overall, the probability of achieving the Minimum Acceptable Diet (MAD) was 23 percent greater when a child had been involved in Nutrition Weeks. Likewise, Minimum Dietary Diversity (MDD) more than doubled in the intervention area from the beginning to the end.

At the end of the project, a survey measured home visits by ICGs and delivery of health messages by churches. In Kaduha, 60 percent of respondents reported having an ICG member visit in the last month, and 39 percent reported receiving health information from a church, with respondents in Kigeme reporting 38 percent and 29 percent, respectively. With respect to religious groups, the project reported outcomes including an increased number of households reporting CHW, ICG member and church member visits; and that churches were mobilized to assist vulnerable families with kitchen gardens, tippy taps and small livestock.

A pastor in Mushubi Sector said, "As religious leaders, we should encourage self-reliance on available resources to be able to react quickly to certain health priorities."

During focus group discussions, Kigeme and Kaduha Hospital Directors, Nutritionists, and Community Health Supervisors agreed that religious leaders played a critical role since they were trusted by their community and able to understand local needs.

Conclusion

The Care Group model was originated by World Relief in Mozambique. 23 NGOs have expanded in 27 countries. The Care Group model's volunteers reached 10–15 neighboring households, delivering behavior change communication and community-based information systems. Cost is approximately $3–$7 per beneficiary per year, and the cost per disability adjusted life year (DALY) averted is $15–$126.[10] The Care Group model has evolved in Rwanda—community health care initiatives can now be tactically integrated within the health system architecture, beyond achievements of short term project goals and objectives. In Rwanda's complex and evolving environment, health care organizations need to creatively innovate to ensure a resilient and responsive service delivery system that meets the needs and expectations of its people.

A pastor in Mushubi Sector said, "As religious leaders, we should encourage self-reliance on available resources to be able to react quickly to certain health priorities."

Endnotes

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USAID remains committed to collaborate with faith-based and community organizations to help end the need for foreign aid. As these stories illustrate, USAID programs that engage faith-based leaders and organizations lead to impactful, sustainable results. USAID looks forward to expanding and strengthening partnerships with faith-based and local community organizations.

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