Faith for Social and Behavioral Change Communications Literature Review

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# Introduction: Why faith and social and behavior change communications?

The Joint Learning Initiative on Faith and Local Communities (JLI) is working with UNICEF’s Communication for Development Unit in Programme Division and the Civil Society Partnerships Unit in the Division of Communication on a project, titled the “Faith for Social and Behaviour Change Initiative”. The project aims to generate knowledge on the specif\ic roles, caveats, effective strategies, and demonstrated impact of faith-based organizations in social and behaviour change communications. The project will look across sectors including health, development, protection and empowerment of children, especially focusing on the most marginalized, across the life-cycle.

The main research question underlying the project is:

*What are the specific roles, caveats, most effective strategies and demonstrated impact of Faith-Based organizations in social and behavior change related to the health, development, protection and empowerment of children, especially the most marginalized, across their two decades of life (early childhood development and adolescence) and across the development and humanitarian continuum?*

Engaging individuals and communities to influence positive behavioral and social change is central to UNICEF’s goals for children. Understanding how people make decisions about their behaviors, the context in which decisions are made, the influencers for individual and social change is integral to applying solutions to the challenges that UNICEF’s C4D section has committed to address. Religion is one of the most powerful influencers of individual behaviors, social norms, and collective action at community and societal level. As a result of their congregational platforms and often highly respected status in society, religious leaders and organizations are singularly well placed to achieve cost-effective behavioral and attitudinal changes, with significant potential for triggering and sustaining significant improvements across all areas of UNICEF’s work.

Religion has a profound impact on personal and collective values and social norms and as such can be a powerful catalyst for positive action to improve the lives of women and children. Conversely, it can be a source of detrimental influence which perpetuates harmful traditional practices, gender inequity and restricted access or resistance to life saving and health promoting products and services. For the purposes of this review, we broadly understand religion to be the institutions, structures, and systems, faith as the trust and belief in the transcendent and divine, and spirituality as a personal connection with the transcendent. It is also important to focus in on the practices of religion, not the beliefs alone. The everyday practices of people in relation to religion, spirituality, and faith, particularly the material and embodied aspects of that is of interest for this review, i.e., religion is not only about the institutions and experts in those institutions, but the everyday “lived religion” of those practicing their beliefs.

There is a wide diversity of actors related to religion. UNICEF’s existing documentation on the subject states, *“The term ‘religious communities’ broadly refers to both female and male religious actors and to* *systems and structures that institutionalize belief systems within religious traditions at all levels from local to global.” [[1]](#footnote-1)*

Borrowing from the definitions outlined, the following will be considered for the review:

* Local worship communities (e.g., churches, mosques, synagogues, temples, etc.)
* Denominational leadership (e.g., bishops, clerics, ayatollahs, lamas, etc.)
* Scholars [academic institutions], theologians and religious educators
* Mission workers
* Youth faith or inter-faith groups
* Women of faith networks
* Faith-based or faith-inspired organizations [local, national, and international]
* Denominational, ecumenical and intra-religious institutions, umbrella organizations and networks
* Inter-faith institutions

UNICEF defines Communication for Development as *“an evidence-based process that is an integral part of programs and utilizes a mix of communication tools, channels and approaches to facilitate participation and engagement with children, families, communities, networks for positive social and behavior change in both development and humanitarian contexts.”* The values and principles that guide UNICEF’s C4D work derive from its human rights-based approach to programming, particularly the rights to information, communication and participation enshrined in the Convention on the Rights of the Child (Articles 12, 13 and 17).

Social and behavior change communication (SBCC) includes the strategic use of communication to promote positive health and other outcomes, including a purposeful, iterative and usually participatory process of public and private dialogue, debate and negotiation that allows groups of individuals or communities to define their needs, identify their rights, and collaborate to transform the way their social system is organized. UNICEF C4D use a theory of change (TOC) following the Socio-Ecological Model developed by Bronfenbenner in 1979. This analytical framework guides the selection and analysis of approaches that can be specifically identified as social and behavior change communications. It demonstrates the different levels at which SBCC can operate and then the different outcomes to be expected in a valid SBCC intervention.

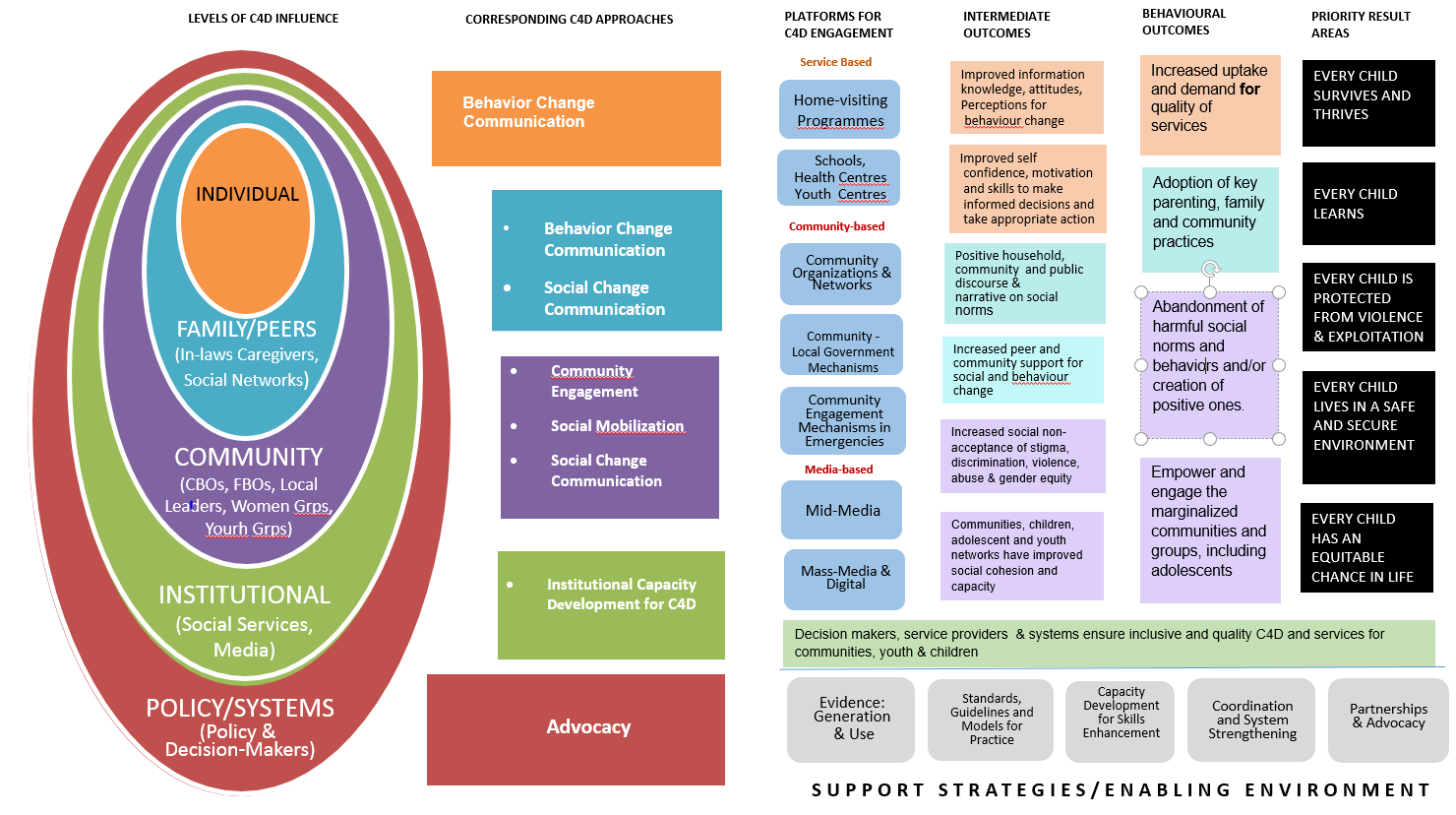


Figure 1: UNICEF Communications for Development Theory of Change

The JLI also developed an initial TOC to describe the ways in which faith-based organizations mobilize communities for change towards achieving development outcomes. This TOC also informs the analysis of evidence from the literature review, but it is through the four main behavioral outcomes as summarized on the right-hand side of the UNICEF C4D TOC. The results from this literature review, combined with results from other research in the Initiative overall, have been used to develop a combined Faith for Social and Behavior Change Communications TOC.

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Figure 2: JLI Faith Group and Community Mobilization Theory of Change

## Methodology

Taking the UNICEF C4D TOC as a guide, the document describes interventions and research results of interest from the literature, following the outcomes, engagement platforms, and enabling environments found. Recognizing that many of the examples have information of interest across these areas, they have been organized for balance and relevance across the sections.

The present review explored available literature with the specific purpose to generate knowledge and to establish a foundation for a research-informed response about how to find complementarity with (effects, strategies and considerations) the enormous potential of working alongside religious leaders, institutions and faith-based organizations in influencing social and behaviour change while applying a C4D approach.

Data was collected while looking at academic and grey literature[[2]](#footnote-2) and also building off the substantial bibliographies the JLI already has on religion and development. Different websites were also consulted to find reports and documents that report on the specific roles, caveats, most effective strategies and demonstrated impact of faith-based organizations in social and behaviour change related to child development.[[3]](#footnote-3) The following documents were consulted:

* Relevant research , reports, and guidelines produced by UNICEF
* Relevant research, reports, and guides produced by JLI
* Peer reviewed journal articles, books and book chapters
* Donor reports/evaluations
* NGO research reports and other communications presenting research such as policy briefs and videos

A total of approximately 1600 possible texts were originally identified though database and internet searches. A first selection of all items was done on title, keywords and some basic inclusion criteria such as the date of publication (in last 10 years), a focus on the Global South, a child focus (therefore excluding any documents that more broadly relate to topics such as HIV or GBV but do not state a specific aspect relating to children, young people, families, or caregivers), and a specific SBCC focus (therefore excluding resources that relate to an intervention on breastfeeding, for example, but do not include a communications element). Handbooks, toolkits and guides have been stored separately and were not part of the literature review but are part of the content review undertaken in this initiative. This first quick scan resulted in the retention of 318 items that were reviewed based on their full abstract and key words in the texts. References and citations in these were checked to identify additional studies of potential relevance to the systematic review. This way of proceeding served as a kind of triangulation and permitted to double check the selection of certain items. Finally, 91 resources were fully summarized and reviewed for the literature review. This first round of the review took place at the beginning of 2018. A second round of the literature review was undertaken in December 2018 to add some additional materials. 39 additional resources were reviewed for this second round.

Limitations of this review include a focus on English language materials alone and a limited time period for the initial review (supplemented by the second review). As will be discussed later in the findings, there was a general lack of information on the evidence of impact of engaging faith for social and behaviour change. Even when taken on a case-by case base, most of the studies do not break down the effects of the specific components of their interventions in their research designs, making it difficult to pinpoint how changes occurred.

# Findings

# Behavioral Outcomes

## Increasing Knowledge and Demand for Services

Religious affiliation affects people’s decision making in relation to uptake of specific services or practices, which can affect children’s wellbeing in relation to health, education, protection and other factors. Faith-Based Organizations (FBOs) and religious leaders can play an important role in facilitating access to such practices and services, for example by raising awareness, lifting the stigma attached to issues like gender-based violence (GBV), and promoting change in practices, beliefs or misconceptions connected to local traditions that can constitute an obstacle to the Sustainable Development Goals.

For instance, the Nigerian National Primary Health Care Development Agency (NPHCDA)’s Polio Eradication Initiative had come to a stall in the first decade of the 2000s, due not only to poor funding and organization, but also to allegations of contamination of the vaccine and to the failure to engage communities, that had led to a negative perception of the initiative.[[4]](#footnote-4) From 2010, the program gradually managed to regain momentum and impact thanks to the engagement of religious leaders and community coalitions. The National Facilitation Team, constituted by the NPHCDA and composed of scientist and traditional leaders, worked under the leadership of the Sultan of Sokoto towards the engagement and education of local imams. Misconceptions about polio vaccination of children were challenged using training material that was provided by the Team and, subsequently, by raising community awareness after prayers and at events like naming and wedding ceremonies. Community coalitions that helped spread the message included Quranic schoolteachers, doctors, polio survivors, and entertainers. The Initiative and the involvement of religious actors were vital to breaking barriers against vaccination. Between 2009 and 2013 the occurrence of polio cases in the most affected regions of northern Nigeria dropped from 322 to 46.[[5]](#footnote-5)

### Council of Champions, Ghana[[6]](#footnote-6)

The Council of Champions (CoC) intervention - part of a broader program that Catholic Relief Services (CRS) and the Ghana Health Service implemented between 2011 and 2015 on child health - was aimed at expanding the demand for services among pregnant women, mothers and infants, in order to reduce the rate of maternal and newborn diseases and deaths. Evidence collected through extensive research was used to design the Social and Behavior Change (SBC) strategy, demonstrating that background evidence must be considered a vital part of the overall intervention. The CoC intervention addressed Maternal, Newborn and Child Health (MNCH) behaviors in village consultations with faith (Islamic and Protestant) leaders, village chiefs and traditional medical practitioners, as well as female leaders. One particular example was the modification, encouraged by the CoC, of a ceremony that was conducted at around the four-month stage of a pregnancy in which the pregnancy was announced to the community. This had discouraged women from seeking ante-natal care (ANC) until after the ceremony took place, whereas good practices for ANC would encourage care at an earlier stage of the pregnancy. An evaluation test conducted after 1,5 years of implementation showed that 24% more women in the intervention area were accessing early ANC, whereas the same indicator had decreased by 21,5% in the control area.[[7]](#footnote-7) However, other factors, e.g. limited availability of services in the control area, might also have contributed to this difference.[[8]](#footnote-8)

Community programs engaging local religious leaders can also help combating the stigma attached to GBV. Increasing knowledge about the implications of GBV on health and wellbeing of women and girls is crucial to creating an environment in which they feel that they can seek support and thus access appropriate services. In the context of conflict and post-conflict areas in South Soudan, Norwegian Church Aid and Daughters of Mary Immaculate- Komboni Sisters collaborated both in the provision of services to GBV survivors and in community conversations and formative activities aimed at breaking the silence around abuses suffered by women and girls.[[9]](#footnote-9)

### Providing spiritual support that affects individual behavior change

Religious leaders are trusted by their communities, to the extent that people look to these figures for spiritual support[[10]](#footnote-10) and guidance. In a study from Tearfund in Northern Iraq, people expressed their trust in their family, God, and the Baba Sheikh (Yezidi spiritual leader). Local religious leaders were found to play an important role in resolving disputes, including those around early marriages and protection of children, as well as in addressing violence against women.[[11]](#footnote-11) The study indicates a high level of trust towards religious figures. The Baba Sheikh and the spiritual council give new instructions that the community follows, resulting in behavior change after the dispute resolutions with these spiritual leaders.

Yezidi religious leaders have also provided spiritual support to women and girls GBV survivors and organized visits to sacred sites as a healing ritual that was part of a process of self-acceptance that also involved accessing support groups and mental health services.[[12]](#footnote-12) In collaboration with Norwegian Church Aid, religious leaders also worked towards the reintegration of GBV survivors and their acceptance by the community, by addressing the stigma associated with GBV.[[13]](#footnote-13) It was the model of the spiritual leaders and their communication with their communities that has helped ease reintegration for GBV survivors.

Increasing knowledge and awareness of issues connected to children’s wellbeing among local religious leaders is extremely important. This can be achieved, for instance, through programs like Christian Aid’s Collective Action for Adolescent Girls, engaging faith leaders to share their opinions and experiences on issues like early marriage and girls’ access to education, as well as increasing their potential to address these issues in the communities, including changing their own behavior and the way they provide spiritual support (e.g. encouraging parents to send their young daughters to school, and backing those suggestions with examples from the Quran).[[14]](#footnote-14)

A report on initiatives organized by various FBOs to fight Female Genital Mutilation (FGM) and early marriage in Ethiopia suggests that religious leaders themselves can also benefit from spiritual support that provides them with the means for change in their own beliefs:

“Then the facilitator took him to the archbishop of the area to help him understand. The archbishop heard about the issue and took time with the priest to convince him about the adverse effects of FGM. The archbishop said, “The hands of the priest are meant to bless believers, not to cut their body parts. Our hands should be holy and clean from bloodshed.” The priest was shocked hearing these words from the archbishop. He asked for forgiveness and the archbishop counseled and prayed for him. After repentance, the priest became anti-FGM preacher.”[[15]](#footnote-15)

This demonstrates the need to recognize change within religious structures and hierarchies as part of the overall behavior change. These examples illustrate the importance of an increase of knowledge within religious hierarchies, and subsequently within their communities, through spiritual support, that can lead to individual behavior change.

## Improving Caregiving Practices

Faith actors are often direct providers of care, especially for children experiencing vulnerability, whether through lack of adequate institutional and parental care, or in emergency contexts.[[16]](#footnote-16) For instance, a report from 2004 suggests that around 7,800 volunteers from FBOs supported around 139,400 children who were either orphans (more than half of which due to AIDS) or in a situation of vulnerability, in six different African countries.[[17]](#footnote-17) The support was mostly community-based (82%), and the main activities included the provision of material support, assistance with education, HIV/AIDS prevention and counseling for children, and home-based care. In fact, faith actors often have access to the family sphere and can foster reflection and dialogue on delicate issues. This means that they are particularly well placed to take part in processes of improving caregiving practices in the household and in the community.[[18]](#footnote-18)

For example, Episcopal Relief & Development have been working on SBC with faith leaders for a number of years, including their NetsForLife program, which encouraged pregnant women and children to sleep under Long Lasting Insecticidal Nets (LLINs). In Angola, they found their SBC interventions that engaged a range of community members, including religious leaders and as appropriate for differing contexts, helped increased the number of children under 5 sleeping under LLINs by 85%.[[19]](#footnote-19)

### Nutrition and caregiving practices in Rwanda: two models

### Integrated Care Groups[[20]](#footnote-20)

In Rwanda, the Tangiraneza/Start Well project engaged 589 religious leaders, at local and more senior levels, from thirteen denominations. World Relief’s Integrated Care Group (ICG) model involving religious leaders, uses monthly homes visits and community meetings led by ICG members to convey messages about health and nutrition for children.[[21]](#footnote-21) The groups also include community health workers, heads of villages, and leaders from women’s groups, hygiene groups, and local socials affairs leaders. Each member visits 10 homes per month and “Nutrition Weeks” are held by the groups to educate with messaging on nutrition for children. Religious leaders involved in the ICGs were also encouraged to have outreach events in their churches. The household visits resulted in increased exposure of households to childcare messaging, with 39% reporting that they had received messaging on child caregiving from their church in one district.

### Reduction of stunting through family empowerment[[22]](#footnote-22)

In Rwanda, UNICEF worked with religious leaders and networks to build their capacity on stunting prevention. 40 religious leaders, 160 religious volunteers and 40 religious couple counselors took part in the project, learning and raising awareness about key family practices. The messages were also disseminated through weekly religious services, religious schools and radio stations. As a result, after 1 year of the program’s implementation, a longitudinal cohort study found that indicators related to stunting prevention where showing improvement in comparison to the control group. For instance, storing water in closed containers reached 52% in the intervention districts, as opposed to 44% in the control group.[[23]](#footnote-23)

There is also evidence that the decline of HIV incidence in Uganda in the 1990s benefitted from a decline in multi-partner sexual behavior. Behavior change programs, some of which were conducted in partnership with faith actors,[[24]](#footnote-24) were aimed at raising awareness and disseminating correct knowledge among faith leaders and communities. In particular, the Anglican Church implemented a project using peer-to-peer education in 10 Ugandan districts, and Islamic Medical Association of Uganda developed a project with rural Muslim communities, later to be selected as a “Best Practices Case Study” by UNAIDS.[[25]](#footnote-25) Role model examples by religious leaders included a protestant Bishop who, after learning that he was infected after his first wife’s death, started to declare openly that he was using condoms to prevent the virus from infecting his new wife and future children.[[26]](#footnote-26)

### Involving female faith leaders and women’s groups for family and community level change

Female religious leaders and women’s groups are often best placed to engage the community towards a change in behavior that can benefit children’s wellbeing. Women religious leaders are on the frontline of peace-building activities.[[27]](#footnote-27) In the Democratic Republic of the Congo, the Centre Olame, a Catholic agency for social assistance of the Archdiocese of Bukavu and its director, Marhilde Muhindo Mwamini, work in a post-conflict context towards community reconciliation, and assisting and advocating for children and women victims of GBV. [[28]](#footnote-28)

The wives of pastors and women who are leading ministries are a particularly powerful resource to engage with local child protection (CP) issues. In Malawi, for instance, they organized awareness-raising activities with the other women in the community, and teamed up with their husbands for house visits to sensitize on CP.[[29]](#footnote-29) As child health was out of the range of experience for many monks and an embarrassing topic for mothers to discuss with monks, RACHA in Cambodia started to also work with nuns and “wat grannies” to improve breastfeeding practices in communities.[[30]](#footnote-30) Started nearly two decades ago, over 2500 nuns and wat grannies have been trained. A longitudinal study reported in this resource and conducted between 2004 and 2007 showed improved breastfeeding practices in the areas with this Social and Behavior Change Communication (SBCC) intervention with female religious leaders.[[31]](#footnote-31)

There is also evidence that an increase in knowledge related to caregiving practices and children’s wellbeing can be achieved by engaging not only female leaders but also more informal women groups, as in the case of Catholic women’s meetings, where catechists were able to disseminate messages against early marriage in Mali.[[32]](#footnote-32)

Another case study highlights how a holistic approach can be beneficial to engagements early marriage can benefit from a holistic approach that not only engages with (often male) religious leaders, but with women and girls directly, and with the economic aspect of social norms. World Vision’s Girl Rights Project in Niger involved access to micro-credit for women who were married as children, enabling them to improve their position and that of their family.[[33]](#footnote-33) This had an impact on reducing their vulnerability, but was also meant to contribute to long-term social and economic change that could positively affect decision-making about abandoning early marriage as a source of income.[[34]](#footnote-34) This is also in line with a report by the African Union, which suggests that men’s vested interests and, in general, economic aspects of social norms should be understood and addressed by FBOs engaging in changing attitudes and practices around early marriage.[[35]](#footnote-35)

## Addressing Social Norms, Social Attitudes and Public Opinion

Research has underlined the role of faith actors in affecting social norms that have a direct impact on children’s wellbeing like, for example, early marriage.[[36]](#footnote-36) They have also been identified as uniquely placed. Showing that norms can be changed is often a complex task and it requires the engagement of FBOs, religious and traditional leaders, and faith communities using different strategies, from formal and informal training to community discussions, from the use of creative communication tools to holistic approaches.

Channels of Hope (CoH)[[37]](#footnote-37) is the strategy that World Vision uses to engage community leaders, especially religious leaders in 40 different countries around critical issues, such as CP, prevention and treatment of HIV/AIDS, and GBV. CoH’s formative activities are aimed at mobilizing leaders and congregations by increasing their knowledge about these issues, and by speaking to their hearts. Local community structures are involved, if they are in place, while, if necessary, coalitions called CHATS (Community Hope Action Teams) or CCCs (Community Care Coalitions or Community Child-focused Coalitions) are created. These coalitions of volunteers are supported by local faith and traditional leaders and involved in activities to identify and assist the individuals in the community who are facing the most vulnerabilities.[[38]](#footnote-38)

Efforts with faith communities can also be multi-sectoral and highly integrated. One of the main ways that faith engagement encourages multi-dimensional approaches is the inclusion of psychosocial efforts from faith actors that communicate acceptance and the abandonment of stigma to their broader community. For example, in Northern Uganda, traditional healers have led special ceremonies combining cleansing rituals and prayers aimed at facilitating the reintegration in the community of young wives of former combatants in a post-conflict context.[[39]](#footnote-39) In Cambodia, monks often spread messages to lift the stigma attached to HIV and to promote prevention during sermons. [[40]](#footnote-40) They also held meetings with members of the community who were thought to fuel discriminatory attitudes, and supported HIV-infected people at risk of mental health issues through home visits and meditations at the pagoda.[[41]](#footnote-41)

### Islamic Relief’s Integrated GBV and CP Program in Mali, Niger, and Pakistan[[42]](#footnote-42)

Islamic Relief have adapted the Channels of Hope model for their integrated gender-based violence and child protection (CP) programming in Mali, Pakistan, and Niger. They created CHATs for GBV and CP champions to raise awareness and share messages around prevention of abuse. There were clear examples of religious leaders, who were also CHAT members, taking these messages back to their communities and preaching in sermons about Islamic perspectives on parental skills, child rights, and positive disciplinary measures for children. As discussed in the section on Humanitarian Social and Behavior Change Communication (SBCC) interventions, the CoH model was also adapted by World Vision to respond to the Ebola public health emergency.

Initiatives aimed at changing social norms concerning delicate issues such as FGM can benefit from the use of a combination of communication tools and engagement strategies. A report commissioned by Tearfund discusses the different roles played by the church to end or fight FGM in Tanzania. [[43]](#footnote-43) In one instance, these included the creation of an alternative rite of passage held in a separate location as a sort of camp for girls. This new ritual had some elements in common with the FGM ceremonies, facilitated the creation of a non-FGM “peer group,” and was organized with the engagement of a traditional community leader who, subsequently, abandoned his involvement in FGM.[[44]](#footnote-44) UNICEF’s Saleema campaign against FGM in Sudan engages local religious leaders and involves the use of mass media but also of community fora, theatre, music, and headscarves worn by supporters of the campaign to stimulate community dialogue.[[45]](#footnote-45) In this context, celebrations marking the abandonment of FGM practices help communities develop a sense of ownership towards the change, and community-level - as opposed to individual - shifts in attitude are supported.[[46]](#footnote-46)

In Uganda, the Catholic Church, Raising Voices (an NGO for women’s rights) and Trócaire (the Irish branch of Caritas) have developed a partnership to prevent domestic violence and HIV in a national campaign during Advent. Activities included:

* “*The distribution of six million prayer cards with a customized Advent prayer, which explicitly but appropriately addressed the prevention of violence in the family.*
* *The distribution of customized homily notes for all Catholic priests in Uganda to construct their weekly sermons during mass.*
* *Posters designed to link liturgy to key campaign messages, sent to the 25,000 Catholic churches across all 19 dioceses.*
* *The training of all Ugandan bishops, Catholic Women’s Bureaus, Catholic Women’s Guilds, as well as all national and diocesan pastoral coordinators—for facilitating dialogue about violence prevention and conducting complimentary initiatives within their dioceses.*
* *The training of 65 personnel from nine Catholic radio stations who would be backing the campaign through programs on domestic violence.”[[47]](#footnote-47)*

Their approach, called SASA!, focuses on activism, using the media for advocacy, using creative and fun communication tools such as posters and comics, and increasing training opportunities for people. Their tolls, such as a documentary film with a discussion guide, toolkits for use in schools, case studies, and other reports can be found online and offers a broad range of examples of how to use toolkits and interactive materials to engage groups of people, such as congregations, to reduce domestic violence.[[48]](#footnote-48)

Understanding not only inter-religious difference, but also inter-denominational differences can help identifying specific social norms and address gaps in knowledge. For example, the fast-growing Apostolic community in Zimbabwe relies on their own health system and healing practices, going as far as banning from the church those who are seen accessing healthcare services. As a result, Apostolic households showed various reproductive, maternal, newborn child and adolescent health indicators below national average.[[49]](#footnote-49) Moreover, a study revealed that young Apostolic women were also four times as likely to marry as teenagers compared to Protestant denominations,[[50]](#footnote-50) with early marriage highly increasing the likelihood of HIV infection, and medical testing and treating being discouraged according to Apostolic social norm.[[51]](#footnote-51) A UNICEF C4D program called “Apostolic Maternal Empowerment and Newborn Intervention” addressed some of these social norms through collaboration with local faith leaders on capacity building, advocacy, and community interventions such as the “Gardens,” where health workers and Apostolic women were able to meet outside healthcare facilities. The program resulted in a shrinking resistance to access healthcare services, including child vaccination.[[52]](#footnote-52)

### Increased peer and community support for social and behavior change

In social and behavior change processes, there is a need for more dialogic approaches and collective reflections that transcend message-delivery models or even legal and policy changes. As the African Union report on ending early marriage in Africa puts it:

“Winning hearts and minds by involving girls, their parents, boyfriends, prospective husbands and community and religious leaders, as well as schools, youth and women’s groups is likely to be more effective than strict legal enforcement and punishment for offenders.”[[53]](#footnote-53)

The engagement of different groups in the community and the development of a wide consensus on the need for social norm change are thus crucial.

Tearfund and its partners conducted research in Burundi, DRC and Rwanda during 2013 and 2014 as part of their efforts to end GBV. This resulted in a report, “Transforming Masculinities,” [[54]](#footnote-54) as well as a number of tools[[55]](#footnote-55) for community intervention. The approach is evidence-based and recognizes that religious and traditional beliefs and leaders play a significant role in shaping norms related to gender, and that they should thus be engaged in the development of positive masculinities, and in efforts to combat GBV and reach gender equality. The approach also envisages a commitment from the church to “break the silence” on GBV, openly condemning it and lifting the stigma that is associated with its survivors. An important part of the methodology is the selection of “gender champions,” community members whose role is that of facilitating dialogue and raising awareness in the community, for instance through training focusing on gender-related issues offered to young parents. The work of these gender champions as peer-to-peer mentors is a notable example of working within faith communities to engage with natural leaders, not only formal religious leaders.

## Improving Community Engagement and Social Mobilization in Development and Humanitarian settings

### Building capacity for community level change

One of the most common strategies with faith actors is to invite religious leaders to trainings that increase their thecnical knowledge of a subject. These trainings are sometimes then linked to processes to facilitate their mobilization as community advocates and educators through involvement in campaigns and outreach activities. Toolkits and guides are developed for the trainings and as ongoing supports to provide technical knowledge on subjects affecting children. A review of toolkits will be published as a separate report from this project. Overall, one-off technical trainings with a limited amount of follow-up events do not constitute social mobilization or community engagement and longer-term engagement and space for reflection is needed.

Episcopal Relief & Development are currently implementing a project in Liberia focusing on the development of evidenced-based strategies for SBCC. In this project, faith leaders from the Muslim and Christian communities take part in a learning process about the harmfulness of social norms that allow violence against women and girls to happen, involving processes of self-identification, reflection around the concepts of gender and power, and the use of religious texts. In these contexts, faith leaders use the Facts, Association, Meaning and Action Learning-Dialogue approach (FAMA) to work with their congregation. As part of the work, 16 Days of Activism (Nov-Dec 2017) was held in Liberia to end GBV in educational contexts.[[56]](#footnote-56) Research and evaluation on this program highlighted the importance of engaging youth leaders, and adolescent men in general, besides more established faith and community leaders, in order to achieve change. It also showed that, after 24 months of program implementation, people who experienced GBV were 13% more likely to report it and seek support.[[57]](#footnote-57)

As with the call for increased dialogical processes that move hearts and minds, social mobilization that engages across faiths and/or denominations builds community dialogue for broad social change. Processes of reflection are inherent to religious beliefs and practices[[58]](#footnote-58) and many of the previous examples have included dialogues facilitated by religious leaders as part of their approach. Organizing interfaith community dialogues is a type of intervention modality when discussing complicated or sensitive topics such as early marriage. Catholic Relief Services’ Dialogue and Action Project in Kenya engaged religious and traditional leaders in a project of awareness-raising towards changing social attitudes on issues that are crucial to children’s wellbeing. Partnering with the Catholic Diocese of Malindi and with Kenya’s Coast Interfaith Council of Clerics Trust (CICC), they created “interfaith, peer discussion forums for clerics, women, men, youth and public transport providers to deliberate on values that promote children’s rights, especially the retention of girls in schools, empowering them to become advocates for children’s rights in their communities.”[[59]](#footnote-59) The CICC has now taken over the project itself.

### 10 Promises Approach[[60]](#footnote-60)

The 10 promises approach is the result of a project launched by the Center for Interfaith Action on Global Poverty (CIFA) in Nigeria and Ethiopia in 2011. The project started with extensive research and analysis around issues of child and maternal wellbeing. Interviews with key informants, focus groups with Muslim and Christian (Ethiopian Orthodox, Catholic and Protestant) faith leaders, women and girls, and around 2,000 surveys were conducted. This led to the development of interfaith training tools and models that were used in both countries to train faith leaders through 3-day workshops, and that supported them with engaging their communities both during sermons and in more informal and interactive meetings. In Ethiopia and Nigeria, results indicated that there had been an approximately 60% increase in religious leaders’ positive attitudes towards the need to delay marriage until at least 18.[[61]](#footnote-61) CIFA and the World Faiths Development Dialogue (WFDD) further developed the approach in the “10 Promises to Children” and “10 Promises to Mothers” statements, which address different aspects of child and maternal welfare and promote a standard to attain, from achieving proper hygiene, nutrition and care practices, to eliminating violence. The “10 Promises” are endorsed by UNICEF and other major international aid organizations.[[62]](#footnote-62)

### Humanitarian Social and Behavior Change Communication (SBCC) interventions

SBCC is extremely important in contexts of humanitarian interventions. The clearest example of large-scale mobilization of traditional and religious leaders around SBCC occurred during the public health emergency caused by the Ebola Virus Disease (EVD) in 2014 and 2015 across Sierra Leone, Guinea, and Liberia.[[63]](#footnote-63) Faith based involvement in the Ebola response was extensive.[[64]](#footnote-64) Some of the work demonstrated a bridge from development to humanitarian work, offering an insight into one of the directions in which the humanitarian-development nexus can operate. For example, World Vision found that religious leaders who had already been mobilized with their Channels of Hope model on HIV/AIDS began to organize again once EVD started to spread. They formulated a “Channels of Hope for Ebola” in recognition of the fact that religious leaders wanted to be involved in providing messages to their congregants on the topic, but often lacked the necessary knowledge.[[65]](#footnote-65) Thus, they developed content workshops and curricula that connected personal experiences, religious traditions and texts with information about Ebola prevention and response. The program also focused on the engagement of faith leaders with other social and health services in the community, and on monitoring and evaluation of progress.[[66]](#footnote-66)

Another study[[67]](#footnote-67) showed the importance of safe and dignified burial practices, with 96% of families originally unhappy with the lack of prayer and washing and dressing of bodies. The standard operating procedures were revised to include religious rites and the involvement of faith leaders. Faith leaders would then advocate for these procedures in their communities, resulting in increased reporting of deaths and the demonstration of faith leaders’ abilities to spread messages in their communities and affect behavior change.[[68]](#footnote-68) IMA World Health also reported on the role of faith gatherings as a key opportunity for the dissemination of messages.[[69]](#footnote-69)

A recent evaluation[[70]](#footnote-70) of the Ebola prevention and containment work that Social Empowerment through Learning Liberia (SELL), a local NGO established by the Missionary Sisters of the Holy Rosary (MSHR) in 2007, carried out in 2014-2016 shows that, after the implementation of the project, preventative/treatment-seeking behaviors notably increased, especially in the communities affected by the virus. Repeated home visits, community discussions, community drama and information sessions helped build trust towards SELL facilitators and ultimately to reduce fear, misconceptions and practices that fueled the spread of the virus. In one case, the local Imam contributed by inviting people to pray at home instead of going to the mosque to avoid infection.[[71]](#footnote-71)

Research on faith and disaster risk reduction has so far often tied religious belief to fatalistic social attitudes and decision-making. There is evidence to show that disaster- and risk-related perceptions and, subsequently, behaviors are deeply connected to people’s beliefs and traditions.[[72]](#footnote-72) However, as Schipper puts it, “relatively rapid evolution of belief systems are possible, on their own, or when triggered by something external,”[[73]](#footnote-73) and religious belief does not necessarily lead to a fatalistic attitude in which people take no action in the face of god(s) divine interventions. There are now several efforts by FBOs to work with religious leaders to encourage disaster risk reduction and preparedness approaches that require action on the part of religious communities and consequent behavior changes.[[74]](#footnote-74) In particular, there is documentation that faith actors can play a key role in promoting and carrying out emergency mobilization through spreading crisis/evacuation messages, for instance through “phone trees.”[[75]](#footnote-75) What is even more relevant to SBCC is that local faith actors can greatly contribute to the development of awareness-raising, preparedness and risk-reduction initiatives.[[76]](#footnote-76) For instance, Tearfund work in several countries on disaster risk reduction from a Christian perspective, and have developed a Participatory Assessment of Disaster Risk methodology that involves family and community contingency planning, but also advocacy activities.[[77]](#footnote-77)

Episcopal Relief and Development has also created a toolkit called “Pastors and Disasters.”[[78]](#footnote-78) There is a large field of expertise in the role of religious actors as peacebuilders, such as their ability to act as early warning mechanisms[[79]](#footnote-79) and then mediate[[80]](#footnote-80) between conflicting parties at an early stage to prevent or end violence before it escalates.[[81]](#footnote-81) There are institutions and networks dedicated to this field of study such as the Network of Religious and Traditional Peacemakers and the work on religion and peace by the United States Institute of Peace. However, the specific role of religious leaders to create social and behavior change for children is more difficult to isolate as all peacebuilding work aims to change attitudes and behaviors away from hate and exclusion towards cohesion and inclusion. One example of work with children to encourage interfaith and intercultural understanding for social cohesion is Learning to Live Together,[[82]](#footnote-82) an initiative by Arigatou International and the Global Network of Religions for Children (GNRC), supported by UNESCO and UNICEF. Implemented in several different contexts and in both formal and informal educational settings, the program engages children and adolescents in ethics education workshops aimed at nurturing values like respect, empathy, responsibility and reconciliation, in relation to children’s spirituality and in playful and creative environments.[[83]](#footnote-83)

# Engagement platforms

Faith actors engage individuals, community groups, congregations and larger audiences through a variety of “entry points.” House visits, regular or extraordinary religious meeting and events in religious buildings and in public spaces, spiritual advice, and also the use of media are among the most common engagement platforms that are documented in the research.

There are examples of churches, mosques and other congregations using their infrastructures to provide shelter or for counseling services after an emergency[[84]](#footnote-84) or to launch vaccination campaigns in remote areas,[[85]](#footnote-85) while also using these gatherings for the transmission of key messages during daily or weekly sermons. An example is a project from Episcopal Relief and Development and the Zambian Anglican Church where trained early childhood development (ECD) volunteers facilitated Caregiver Support & Learning Groups, as well as visiting homes, and using toolkits with highly visual materials to lead “action-oriented dialogues”.[[86]](#footnote-86) In another example of building women’s leadership, they also worked with the Mother’s Union to influence their members on good parenting skills. Sometimes congregations are used as training centers where women, for example, are learning to apply specific communication strategies to mediate disputes and resolve conflicts,[[87]](#footnote-87) or where (young) teachers from Islamic schools in Nigeria receive education about gender equality and child rights that permit them to lead the change in behaviors and attitudes of people and to advocate against religious and cultural norms limiting adolescent girls’ development.[[88]](#footnote-88)

Faith actors also visit families and individuals at home and organize community-based awareness-raising sessions at central gathering places, sometimes within their own congregations (churches, mosques, temples, pagodas), sometimes in public spaces. A case study[[89]](#footnote-89) on the SBCC work of Islamic Relief Worldwide in Ethiopia, Bangladesh, Indonesia, Kenya and Niger highlights how, in such contexts, the presence and testimony of survivors of harmful practices such as FGM - besides that of faith leaders, women and health experts - is particularly powerful and persuasive.[[90]](#footnote-90) Safe spaces, i.e. single-sex environments, are also often crucial to the development of an open and fruitful dialogue towards changing social norms.[[91]](#footnote-91)

Little literature was found on community-local government mechanisms. One example, however, is CRS’ Dialogue and Action Projects (DAP) I and II,[[92]](#footnote-92) which worked to build greater linkages from its Peace Clubs at schools toward improved reporting and referral mechanisms on CP issues with the relevant authorities. CRS explain that religious leaders were trained in these aspects of engagement to better utilize the municipal engagement platforms that were open to them. CRS explains that “60 Coast Interfaith Council members were trained by the government and the DAP team in child abuse reporting protocols, confidentiality, paralegal action, lobbying and advocacy skills, the use of anonymous boxes installed in schools, and a children’s helpline.”[[93]](#footnote-93) Thus, religious leaders actors’ capacity to enhance children’s protection increased, as they were able to navigate the legal and governmental systems.

## Use of media to affect widespread social change

Religious and non-religious media can be used by faith actors and their collaborators to spread messages of change, and to foster engagement, in and beyond their communities. While this aspect of SBCC is not extensively discussed, especially in relation to the improvement of children’s wellbeing, there are some examples of the use of radio, cell phones, social media, and television.

In Sub-Saharan Africa launching a prevention of mother to child transmission (PMTCT) campaign within health centers is often preceded by a community mobilization campaign to facilitate “buy in” by communities to PMTCT programming. Media, radio, churches, religious leaders and community elders are used as possible channels for increasing community awareness of, and involvement in, PMTCT.[[94]](#footnote-94) In Lebanon, ABAAD, an NGO working with faith leaders on SBCC, recommends organizing media campaigns and using social media while showcasing faith leaders’ support of women’s rights and peace as an important tool to gradually engage people in ending GBV, especially among the youth.[[95]](#footnote-95) African American faith leaders have used social media to deliver messages on HIV prevention in their communities,[[96]](#footnote-96) and have expressed the need for a greater use of platforms like Facebook for this purpose.[[97]](#footnote-97)

The Family Health Program in Jordan, [[98]](#footnote-98) promoting family planning, gender equity and health care practices according to religious traditions in collaboration with local faith leaders, found that the use of TV and radio spots using Qur’an texts had a positive impact on religious leaders’ and their congregants’ engagement in changing social norms related to contraceptive methods, ANC and male-female relationships in Islam. Another example of the role media in SBCC is the use of radio and TV spots in the Body & Soul campaign to increase fruit and vegetable consumption among African Americans in the US, implemented by church members, in collaboration with the National Cancer Institute.[[99]](#footnote-99)

Although there is evidence that faith-based church and community radios often play a pivotal role in development processes and development sustainability,[[100]](#footnote-100) there is a need for further research on the particular role of radio in faith engagement for SBCC towards child wellbeing. The media is often mentioned as a useful platform for SBCC and using radio has been found to be one of the best ways to reach young people, as in the case of the Believers Broadcasting Network (BBN), a Christian radio station in Sierra Leone[[101]](#footnote-101) broadcasting programs and dramas whose content is based on discussions held in the community, and developed according to a participatory, ‘bottom-up’ approach.[[102]](#footnote-102) Kingfisher FM, a Christian community radio in Port Elizabeth, was described as playing an important role in community development, especially around environmental issues, HIV/Aids prevention, and also in the process of democratization, by informing and promoting debate about the local elections.[[103]](#footnote-103) The study’s focus groups revealed that community members felt that were able to participate in the radio’s programming and broadcasting through organized events, informal meetings with the staff, and phone-ins.[[104]](#footnote-104)

# Enabling Environment

## Coordination with other actors and interfaith initiatives

Efforts to increase collaboration between different religious and traditional groups and institutions are already in place and can be further developed. Religions for Peace, supported by UNICEF, have published the Kyoto Declaration of 2006 on “A Multi-Religious Commitment to Confront Violence against Children.”[[105]](#footnote-105) Among other things, the declaration encourages religious leaders to create greater awareness and promote child rights within their communities, setting out a call for SBCC from religious leaders of all faiths.

In their report “Interreligious Action for Peace: Studies in Muslim-Christian Cooperation,”[[106]](#footnote-106) Catholic Relief Services maintain that interreligious collaborations should extend beyond a simple Muslim-Christian dyad. In fact, prospects for social change are often limited without the participation of traditional leaders or other faith inspired actors. Thus, in their interventions they include traditional leaders in Mindanao, in Kenya, and clan leaders in Egypt.[[107]](#footnote-107) A report from the African Union highlighted how faith leaders’ potential impact on ending early marriage. [[108]](#footnote-108) For instance, in Zambia, the Ministry of Chiefs and Traditional Affairs launched a 3-year campaign at national level to engage traditional leaders as key actors in promoting change in their communities, prompting them to modify laws and policies that allow the practice of early marriages.[[109]](#footnote-109)

## Evidence generation and use

Scientific-based and comprehensive evidence generation is needed in order to support faith-based engagements in their communities, both in terms of providing better services, and of communicating them in a more effective way, as highlighted by the UNFPA Report on the Global Forum on FBOs for Population and Development.[[110]](#footnote-110) However, monitoring and evaluation strategies on the impact of faith-based engagements to improve CP and wellbeing present potential limitations due to the difficulty of assessing SBC as a result of their intervention when other factors might play an important role in the same community or in the control group. For instance, in the study on breastfeeding practices in Cambodia[[111]](#footnote-111) (section Outcomes - Improving Caregiving Practices), the resource suggests that the control group (who did not take part in the program) also showed improved breastfeeding practice, but we were not able to consult the results directly, and there is no information regarding other factors potentially having an impact on the data. In general, only a small number of studies and reports provided an evidence-based description of religious interventions and of their impact across multiple sites and with the use of counterfactuals,[[112]](#footnote-112) probably due to the scarce amount of evidence about existing community-level practices available.

A lot has been written about efforts of faith actors that work with children, families and communities to install SBCC but the number of documents that fulfil the criteria of evidence-based practice is rather limited. The JLI has found that there remains a lack of evidence of impact on religion and development related interventions. Another limitation is due to ambiguities in defining how faith affects individual and community behaviour which makes it difficult to answer the question of “what works, why and how”. The low number of systematic evaluations of faith-related SBCC related interventions make it difficult to come to reliable conclusions about what works and what does not work across contexts. The variety of concepts used to define wellbeing and other related concepts makes it difficult to define common indicators for effectiveness and to compare across interventions.

In evidence generation and use, the conceptualization of faith and religion is important as over-simplification can hinder understandings of religious complexities and relationship with other factors. Notably, most literature has focused on two religions: Christianity and Islam. While there are some references to Buddhist monks and nuns in Cambodia and Bhutan, for example, the number of studies on practices from other religions for SBCC around child wellbeing is limited.

In addition, the focus on more easily identifiable “religious leaders” and on mainline beliefs alone can overlook other aspects that affect communities and social norms, and that are intertwined with spirituality, such as geopolitical and economic circumstances. An illustrative example makes use of Bronfenbrenner’s ecological systems theory to describe how Bedouin families cope and manage to survive in very harsh conditions while relying and making use of spirituality, strong familial and tribal support networks, and cultural identity without specifically identifying religious leaders.[[113]](#footnote-113) Another example comes from a paper that explores Palestinian children’s use of Islamic religious language.[[114]](#footnote-114) In this study, the author suggests that this represents a form of resistance of their own - i.e. the self-developed possibility to affirm their political agency against oppression - and counters the stereotype of children as passive objects of oppression.[[115]](#footnote-115)

## Standards and Guidelines

A more comprehensive analysis of guidelines and tools used by FBOs in their SBCC interventions for CP and wellbeing is included in a separate document. This section briefly outlines some considerations on the use of sermons and engagement with religious texts, a commonly occurring approach in the existing standards and guidelines.

Faith leaders often use sacred texts to transmit key messages during daily or weekly sermons or other moments of worship and they promote healthy practices in pagodas, temples, madrassas, or Sunday schools. One example is that of a scholar who, by highlighting the religious underpinning for the use of preventive medicine according to Sharia law during a Friday sermon in Lahore, Pakistan, managed to change perceptions of vaccination among his audience.[[116]](#footnote-116)

The use of religious texts within SBCC tools include the development of sermon guides to encourage religious leaders to promote messaging on child wellbeing. IMA World Health developed sermon guides on maternal and child health,[[117]](#footnote-117) and religion specific guides on malaria.[[118]](#footnote-118) The Anglican Church of Uganda also developed a guide to help religious leaders bring messaging on MNCH to their sermons.[[119]](#footnote-119) Christian Aid has a toolkit on “Improving the Choices and Opportunities for Adolescent Girls” targeted at religious leaders.[[120]](#footnote-120) There is also an Islamic Khutubah Guide to Children and HIV[[121]](#footnote-121) from AIDSFree with USAID and the Christian Sermon Guide to Save the Lives of Mothers and Newborns from USAID’s previous ACCESS program.[[122]](#footnote-122) While this does not constitute a comprehensive list, the amount of guides demonstrates the prevalence of this method in faith leader engagement for SBCC.

## Partnerships & Advocacy

The literature has shown action at two ends of a spectrum, with most examples concerning either the mobilization of either some of the most local level religious leaders or the most senior level leaders. There is less information, however, on affecting institutional change across religious systems, or on faith actors engaging on advocacy for change in local and national government. Efforts at community level will not yield the desired results if not supported by influential stakeholders at national or international level and through change within religious institutions. For instance, it was found that fatwas can play a game-changing role, with some local organizations not commencing work until fatwas had been issued from senior religious leaders to support their efforts.[[123]](#footnote-123)

Local faith actors have been and are currently reaching out to the international development community in a call for enhanced partnership[[124]](#footnote-124) in order to encourage collaboration and to create a win-win situation where each partner makes use of the strengths of the other while respecting the difference in position the other partner may have.[[125]](#footnote-125) In particular, the need for the establishment of fora dedicated to building bridges and developing collective strategies among NGOs, FBOs and governmental bodies has emerged from discussions at the Global Forum of Faith-based Organizations for Population and Development.[[126]](#footnote-126)

Advocacy activities are crucial to mobilizing large numbers for behavior change. The Nigerian Inter-Faith Action Association (NIFAA) succeeded in engaging an extraordinary number of religious leaders to eradicate malaria. NIFAA was established on World Malaria Day in 2009 by co-chairs Sultan Mahammadu Sa’ad Abubaker of Sokoto, President-general of the Nigerian Supreme Council of Islamic Affairs, and Archbishop John Onaiyekan, the then-president of the Christian Association of Nigeria. The Faiths United for Health campaign engaged 20,000 Muslim and Christian religious leaders from some of the most senior level leaders in the country to the most local. The engagement was planned according to a cascade impact model, involving first high-level sensitization initiatives and training, to be replicated by religious leaders in each of their local government areas and faith communities. Two of its six key messages were specifically targeted to children and mothers: all, in particular women and children under five, should sleep under a long-lasting insecticide-treated bed net; and pregnant women should get two doses of malaria prophylaxis. Results indicated that the followers of these religious leaders had grown considerably in their knowledge of malaria causes following the intervention. In Kaduna, knowledge increased by over 10% and in Akwa Ibom the change was over 35%.[[127]](#footnote-127)

## Replicable, scalable, affordable, and feasible approaches

Information about the cost effectiveness of efforts delivered by faith actors remain ambiguous. Some initial findings from a program encouraging behavior change around health and livelihoods in the Philippines indicate that messages provided by religious leaders are more effective.[[128]](#footnote-128) In particular, a randomized control trial (RCT) was conducted by Innovations for Poverty Action and International Care Ministries to assess the outcomes of the religious component of a poverty-alleviation intervention through training focusing on values, health and livelihoods and delivered with a volunteer pastor.[[129]](#footnote-129)

Faith-based care complements government facilities, extends the reach of services beyond traditional populations and, for example in Africa, reaches 20% of the total number of agencies working to combat HIV/AIDS in Africa.[[130]](#footnote-130) For instance, Mozambique’s Interfaith Program against Malaria (PIRCOM)[[131]](#footnote-131) trained, using a cascade training model, over 27,000 Muslim and Christian religious leaders in 4 different provinces on the prevention and treatment of the disease.[[132]](#footnote-132) PIRCOM also developed a network of volunteers who carry out home visits in the rural areas as “multi-purpose agents” (APEs), providing information and primary care to the communities not only on malaria, but also on HIV, family planning and other health issues,[[133]](#footnote-133) as well as training materials and sermon guides for Christians and Muslims.[[134]](#footnote-134)

# Key challenges

Despite the many engagements of FBOs and faith actors to influence social and behavior change, there are still many challenges that hamper their efforts in promoting and enhancing the health, development, protection and empowerment of children. The lack of coordination and communication among faith actors and between faith and non-faith actors is clearly an obstacle to SBCC, as exemplified by the missing link between the authorities and the Christian congregations in responding to the Canterbury earthquakes and potentially in building resilience strategies together.[[135]](#footnote-135)

There is also very little information on other vulnerable and minority groups who face inequalities based on sexuality and gender identity, disability, ethnicity, class and religious minorities in societies with one dominant religion. If approaching this with the lens of intersectorality, we might uncover how various factors of inequality across society can amplify or decrease the effects of religious influence on attitudes and behaviors, and therefore inform how SBCC initiatives should approach these challenges. However, an intersectional approach is still uncommon in the literature, especially as reporting on the impact of religion at all is still relatively unheard of across many development agencies and organizations.

Many of the challenges refer to the problematic collaboration between faith and non-faith actors at different levels of society. They can be related to fears of proselytization or of losing one’s identity, differing agendas and priorities, previous tension and/or divergent ideological and political stances, differences in power and recognized status, competition in contexts of limited resources, language and communication issues, and preconceptions about the potential partners.[[136]](#footnote-136)

These are all factors that make it difficult to coordinate efforts, to install institutional capacity and to develop national and international policy that make changes towards an improvement of children’s well-being long lasting and sustainable.

## Language-related challenges

Language can constitute a significant barrier to cooperation and communication among different actors in SBCC. One of the main findings and recommendations of the study “Working effectively with faith leaders to challenge harmful traditional practices”[[137]](#footnote-137) was that the use of the term *harmful traditional practices* was an obstacle to building trust when working with the communities and had to be avoided.

The effective implementation of programs was often tied to the use of an appropriate terminology. An example on SBCC illustrates that “in Pakistan, religious leaders redefined sensitization meetings around family planning and maternal and child health as “consultative meetings” not “trainings.” In Nigeria, the culture prefers “child birth spacing” over “family planning.” In Yemen, it’s “safe age of marriage” instead of “early childhood marriage.””[[138]](#footnote-138) The use of local languages and of culturally appropriated communication,[[139]](#footnote-139) rather than of terms that might be perceived as “development jargon”[[140]](#footnote-140) have also been encouraged in the literature.

## Risk of instrumentalization

The imbalance of power between small and large organizations and the demands put on local faith communities in order to comply with donor demands means that they can struggle to scale up sufficiently, or if they do, they become a subcontractor for a larger organization while potentially losing their faith community ties. Likewise, the specific attributes of SBCC require that the unique trust and authority of faith communities and their leaders be used to spread messages and orient populations that are potentially at odds with their culture and do not necessarily represent priority needs arising from community consultation.

Again, an isolated focus on religious leaders to affect changes in social norms will be overly instrumental of this specific group. Sacred texts can be used to promote good practice but also easily lead to a reinforcement of cultural norms and attitudes that justify and condone harmful practices.[[141]](#footnote-141) In some cases, religious elements can be manipulated to serve the political interests of some, fueling tensions or even conflict. Choosing to partner with religious organizations does not always mean prioritizing human rights, and women and girls’ rights in particular.[[142]](#footnote-142)

## Ideological and political challenges

Differences in ideologies can seriously hamper efforts when tackling harmful practices. For instance, religious beliefs condemning premarital sex can prevent unwed pregnant women from seeking antenatal care.[[143]](#footnote-143) Also, interfaith initiatives are not always the appropriate option, as religious and theological disputes can become an obstacle to practical action.[[144]](#footnote-144) It is also the case that high-level interfaith initiatives do not necessarily retain the interfaith element when there is an assumption of cascading influence to community-level implementation.[[145]](#footnote-145)

Sometimes faith leaders refuse to collaborate for fears of losing authority or trust from their congregations, or even support existing social norms, as in the case of Indonesia, “where the main Muslim clerical body actively supports FGM/C and has opposed governmental attempts to outlaw it.”[[146]](#footnote-146) Another example is the politicization of religion in the context of Lebanon where legitimization from the sacred scriptures makes it challenging to discuss early marriage with Muslim leaders in particular, due to the ambiguity in Islam around marriageable age and where the safety of progressive faith leaders, who often face threats to their personal safety when speaking out against GBV and social norms, cannot be guaranteed.[[147]](#footnote-147)

A general concern is the fear of proselytization. There is a clear need to continue to expand development actors’ own literacy about the religious dynamics that underpin the range of issues encompassed by child rights.[[148]](#footnote-148) The incompatibility between proselytization and humanitarian standards can constitute a challenge for faith actors who provide spiritual support that might involve prayers or rituals, while engaging in interventions aimed at changing harmful social norms.[[149]](#footnote-149) However, other research has complicated this narrative to show the ways in which proselytization, conversion experiences, or speaking about religion in humanitarianism can be interpreted in different ways (who is really proselytizing to who?),[[150]](#footnote-150) is not necessarily viewed as problematic by some beneficiaries,[[151]](#footnote-151) and can be less damaging to impartiality and neutrality than other practices from secular humanitarian actors.[[152]](#footnote-152)

## Gender-related challenges

Gender equality remains one of the major structural causes of an unequal society. There is a tension between promoting women’s rights against the unity of the family. The idea of protecting the family discourages speaking out against CP issues and other harmful practices. This is due to the patriarchal nature of many faith groups and churches.[[153]](#footnote-153) As a result, voices of female faith leaders are often missing or isolated.

Female religious leaders often enjoy less recognition than their male counterparts, and sometimes mobilize in order to obtain it, as in the case of Theravada Buddhist Cambodian nuns who are denied full ordination.[[154]](#footnote-154) Events like the gathering of female ministers of the Baptist Church in Myanmar allow for the sharing of experiences and challenges, empowering female religious leaders as key actors of advocacy for women leadership and against GBV in their religious communities.[[155]](#footnote-155) But problems related to gender inequality are structural and challenges remain huge. An important reason is that despite the fact that in virtually all societies women are deeply engaged with religion, women (and youth) fall outside the formal leadership structure of their religious tradition.[[156]](#footnote-156) There are a limited number of female faith leaders among the world’s largest religions and women faith leaders are almost never in the highest positions of power. When they have the power, female faith leaders may still oppose eradication of harmful practices as early marriage or FGM, in order to keep their positions.[[157]](#footnote-157) In order to promote positive change in practices and in narratives, further collaboration and alliances are needed among faith actors who promote gender equality.[[158]](#footnote-158)

There is a need to create networks and partnerships to amplify the voices of faith leaders and religious interpretations that champion gender equity and to foster an alternative, progressive global discourse on faith and gender.

# Conclusions

Faith is often a crucial factor in social norms and, thus, in social behavior change communications. Religious beliefs, practices, and actors can hinder social and behavior change that would improve child protection and wellbeing (e.g. by supporting FGM or discrediting vaccination practices), but they can and do also play important roles in:

* Addressing stigma, for instance, to GBV survivors and people affected by HIV
* discouraging practices of GBV and FGM
* encouraging the improvement of caregiving practices
* contributing to efforts towards gender-equity and child participation
* fostering peaceful coexistence, peacebuilding and reintegration in post-conflict contexts

They are especially well-placed to do so because they can:

* use their influence, trust and access to the community (including the home/family) to raise awareness and change harmful practices on issues related to child health and wellbeing. This includes formal faith/traditional leaders but also other leaders such as youth leaders/groups and women (wives of pastors, women groups) who are able to reach and mobilize different groups in the community
* find resources in religious texts and traditions and in spiritual support practices (including by modifying rituals) to support SBC
* use their networks (e.g. in cascade training models), including their media outlets (e.g. religious community radios) to disseminate messages of SBC, often in a participatory fashion
* create alliances and partnerships with other religious groups/with the local authorities/between religious and traditional actors
* advocate at local, national and international level, as their voices are often respected

# ANNEX 1

***Grey literature; resources consulted***

ACT Alliance (http://actalliance.org)

ADRA International https://adra.org/

American Jewish World Service (https://ajws.org)

Anglican Alliance (https://anglicanalliance.org/)

Arigatou International https://arigatouinternational.org)

Christian Aid (<https://jobs.christianaid.org>)

Christian Connections for International Health (<http://www.ccih.org>)

Episcopal Relief & Development (<https://www.episcopalrelief.org/>

Faith to Action (http://www.faithtoaction.org)

Food for the Hungry ( <https://www.fh.org>)

Health Communication Capacity Collaborative) (https://healthcommcapacity.org)

Humanitarian Forum Indonesia <http://www.humanitarianforumindonesia.org>)

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International Interfaith Peace Corps (IIPC) (<http://iipcnet.org>)

International Partnership on Religion & Sustainable Development (PaRD) (<http://www.partner-religion-development.org>)

Islamic Relief Worldwide (<https://www.islamic-relief.org>)

King Abdullah bin Abdulaziz International Centre for Interreligious and Intercultural Dialogue (KAICIID) <https://www.kaiciid.org/>

Oxfam (<https://www.oxfamamerica.org>)

Save the Children (<https://www.savethechildren.org>)

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (https://www.theglobalfund.org)

Tearfund (<https://www.tearfund.org>)

Traidmission( <https://www.traidmission.com>)

World Vision (<https://www.wvi.org>)

Wold Evangelical Alliance (WEA) (http://www.worldea.org)

UNAIDS (http://www.unaids.org)

UNFPA- United Nations Population Fund (<https://www.unfpa.org>)

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WHO

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Berkley Center for Relgion, Peace & World Afffairs (https://berkleycenter.georgetown.edu)

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