Some Best Practices for Developing Faith-Based Guides and Toolkits for Effective Social and Behavior Change Communication (SBCC)

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**for**

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# **Introduction**

This report results from a review of numerous guides and tools that are used to mobilize faith communities in support of child health and well-being. The report seeks to highlight best practices in promoting people of faith to be agents of social and behavior change for the improvement of child health and well-being. The review examined behavior change approaches to empower members of the different target audiences to become change agents within their faith communities as well as within their broader communities.

The audience within the faith community that can be mobilized to exercise leadership as change agents is diverse. It may include religious leaders -- such as imams, pastors, nuns, monks and bishops; the faithful; service providers in religious health and education institutions; personnel in the religious media; and members of women’s, men’s and youth groups, among others. Each of these audiences have a unique role to play in encouraging the adoption of behaviors that enhance the health and well-being of children.

* The Section entitled “Guides to Empower and Mobilize” presents some of the proven methodology in behavior change communication at the community level as means for determining best practices in leveraging communities of faith.
* The Section entitled “Workshop Trainers/Facilitators Manuals” recommends a series of best practices for workshops designed to empower faith leaders and faith activists to be agents of change.
* The Section entitled “Mobilizing Leaders for Advocacy” discusses recommendations on mobilizing religious leaders engaging in advocacy with government and non-government decision makers.
* The Section entitled “Resources for Training Community Volunteers” highlights intervention tools for training and supervising volunteers to educate and support community members.

Twenty seven guides, manuals and toolkits are described in the annex “Guides and Tools Consulted.” The resources were selected through outreach to JLI’s partner networks, review of JLI’s existing resources database for relevant materials, limited additional internet searches, outreach to UNICEF partners, particularly those involved in the July 2018 Global Initiative on Faith for Social and Behavior Change Communications meeting in Bangkok, and resources recommended by the research consultant conducting the review. This does not represent an exhaustive collection process and we believe that there will be many other guides used by organizations that are either not publicly available or in other languages that we have not included. Nevertheless, this collection of resources represents some of the most prominent guides used in sector and establishes the first base of guides and toolkits to which further resources can be added as they emerge. The resources consulted are in English, French and Portuguese. For the sake of simplifying analysis, this study has placed the guides that were reviewed into the following general categories, although they are by no means mutually exclusive categories:

* Trainers/facilitators manuals for conducting workshops for community mobilization. These manuals provide step-by-step instructions for conducting a workshop most often with faith leaders or faith activists who can then apply their learning as part of an intervention for behavior change.
* Guides for advocacy strategy design. Religious leaders, especially at the national or sub-national level, are often mobilized to influence governmental and non-governmental leaders to establish policies, provide financial resources and take implementing actions around important social and health issues. Guides for advocacy strategy design provide the conceptual and operational frameworks for developing effective advocacy.
* Comprehensive Community-level Intervention Guides: Such resources provide guidance for engaging communities and their leaders as well as the training of local volunteers to carry out interventions around specific themes.
* Reference materials for use by institutional users such as health care service providers, teachers, caregivers.
* Instructional guides
  + Do it yourself guides for mobilizing local communities and groups. These guides provide detailed advice on how to go about developing local faith groups to support needed behavior change in the community – with having a trainer or facilitator instructing how.
  + Guides for developing sermons. These guides provide typically provide text from sacred sources to justify the changes that take place. They often contain sample sermons that can be adapted. Some guides provide explanation from a scientific perspective on how changing behavior will improve lives, health and well-being.
* Educational Course Curriculum. Course curriculum cover topics for much more sustained period of time that a workshop. The focus is more on enhancing the professional competencies of those working in faith-based institutions, such as health care providers, administrators, and pre-school teachers/caregivers.

It is worth noting that the guides that were reviewed do not address the potential mobilization of religious media, including radio and TV as well as the use of websites and social media. In many countries, religious broadcast media have large audiences, and this diverse media can be an important ally in promoting child health and well-being. The search for guides was relatively extensive, while it does not claim to be conclusive. The fact that there are no guides with a faith and media lens show that this constitutes a gap in the field currently.

Another untapped potential area for leveraging the influence of faith communities is through religious educational institutions. For instance, more than 80% of schools in the Democratic Republic of the Congo are operated by religious institutions.

In general, schools have proven to be potent vehicles for SBC among students and with the community at large. Numerous health interventions attest to this, including Water, Sanitation and Hygiene (WASH), HIV/AIDS and malaria prevention through the promotion of what is called a culture of net use and for the distribution of Insecticide Treated Nets (Networks 2014, Servaes 2010, Egreteau 2015). There are also ample studies that show that school-age children can be engaged as change agents with their peers and within their households and community (Onyango-Oumaa 2005). This is an intervention area that can be more rigorously addressed through guides and tool kits. Educational institutions run by religious institutions have been the site of SBCC interventions, however there appears to be a gap in guides that can work with specifically religious educational processes, such as Sunday Schools.

The range of issues that UNICEF addresses is large and diverse, including maternal and child health, gender-based violence, female genital cutting, family planning, delayed marriage, etc. Yet, from a SBCC perspective, many of the techniques suggested below will likely have cross cutting applicability. The guides and tools reviewed as part of these studies address many of the intervention areas for promoting child health and well-being.

# **Guides That Empower and Mobilize**

In reviewing guides, manuals and various other tools used to empower faith leaders and faith community to be agents of change, an emphasis is being placed on their potential for mobilizing communities. The SBCC literature indicates community mobilization is the best way to achieve behavior outcomes on a broad range of children and other health issues. For instance, a literature review of best practices in child survival approaches (Farnsworth 2014) highlighted the paramount importance of community engagement as a characteristic of the best practices in virtually every sector. The child survival review concluded that programs working collaboratively or achieving shared leadership with a community can lead to behavior change and cost-effective sustained transformation to improve critical health behaviors and reduce poor health outcomes in low- and middle-income countries. Best practices suggest that the norms, level of cohesion and self-efficacy that communities foster around new knowledge is most important for the behavioral transformations (Farnsworth 2014).

In addition, part of the value of mobilizing people of faith to adopt new behaviors and becoming champions of new behaviors is their ability to model the new behaviors within their social networks. Seminal studies of the social context of behavior change indicate that people are likely to adopt the new, “deviant” behavior if they perceive similarity between oneself and those modeling the new behavior, if they perceive those practicing the new behaviors as rewarded for their behaviors, and if they heard of the new behavior being adopted by others in their social network (Kincaid 2004). Motivating individuals with established social networks to become models or champions of the new behavior and the social norm innovation that underlies them can led to social norm adoption by those within the social network (Taylor 2017). This means that if members of faith-based groups, such as women’s clubs, youth clubs, health committees, adopt new behaviors and social norms, this will potentially have a rippling affect within their social networks, which could be larger than their immediate faith community, thus possibly extending to the broader community. Assuring that religious leaders and others within faith community adopt change, experience the benefits and are praised for the behavior change may have a multiplying effect. Guides that help to increase the capacity of religious leaders to influence faith community members to become these modelers or early adopters is likely an effective methodology.

There is also literature indicating that investment in the development of local social capital such as forming mothers’ clubs, women’s groups, adolescent groups, men’s groups, and/or community health committees produce important behavioral outcomes in reproductive, maternal, newborn and child health (Center for Communication Programs, 2011) And it would stand to reason that tools or guides that help faith communities to develop this social capital may be particularly effective.

As a result of these SBCC considerations, the review will highlight manuals that are designed to mobilize faith communities and the broader communities that they

In terms of empowering particular target groups to become effective change agents, some workshop guides that were reviewed have adopted specific methodologies that adhere to sound behavior change practices. These manuals have the potential of empowering participants to become agents of change within their communities and to have cascading effect to members of a faith community not participating in the specific trainings. Guides, such as sermon and group discussion guides, have their value but are likely most effective as component of a toolkit that can be used for reference material, for instance, for sermon development or prenuptial counseling, to help in the recall of issues raised during workshops.

The next section discusses best practices in training workshops from an SBCC methodology perspective. The box below lists four trainers/facilitators manuals that have methodologies likely to empower the faith leaders and faith community members to become change agents.

A 2018 study of Christian leaders’ involvement with children’s issues in Malawi concluded that faith leaders can be effective community based advocates for child protection both embedded within, and equipped to challenge, shared religious beliefs and practices. It notes, however, found that Faith leaders are not a homogenous group and strategies to engage with them need to reflect their widely varying status, resources and capacities. In the Malawi study, the wives of pastors and women who are leading ministries were a particularly powerful resource to engage with local child protection issues (Eyber 2018)

# **Workshops Promoting Community Mobilization as Part of a SBCC Strategy: Best Practices**

The following is a discussion of best practices in designing workshops to promote community mobilization. The trainers/facilitator manual listed above contain many examples of this methodology, and they may be consulted for further ideas on how to organize workshop curriculum.

In instances where a workshop is empowering people of faith to engage in community mobilization, good practices are enumerated below:

1. Conduct **initial formative research** within the communities that they will want to target to help the workshop designers better understand barriers to change as well as triggers for change in specific communities. This will help the designers to move beyond a reliance on general, often internationally-derived arguments justifying change to a better understanding of the local context to help community members to overcome real concerns and fears that derive from perceived risk in adopting new behaviors. Quality research, such as focus group discussions and semi-structured interviews, will help localize the issues within a given community help to define solutions that address community specific issues. The depth of discussion on issues related to Female Genital Cutting in Ethiopia found in *Manual to Train Ethiopian Orthodox Tewahedo Church Faith Leaders* is a good example of how it was possible to contextualize the issue within an Ethiopian context and appears to reflect considerable formative research. Significant formative research was also undertaken for Christian Aid’s *Improving the Choices and Opportunities for Adolescent Girls A toolkit for faith leaders.[[1]](#footnote-1)*

Formative research can also help the workshop designers to identify if there are already individuals or households that have adopted the behavior and, if so, the reasons why and the benefits that they have experienced as a result of adopting the behavior. Early adopters and positive deviants can teach researchers about how to overcome barriers to change, and these individuals can also serve as models of change within the community. Much about guiding others toward embracing change can be learned from people who have already made change. The decision on where to conduct formative research and how much will be vary, depending on factors such as the target audience of the workshop, the range of communities that will need to be mobilized and the availability of resources.

1. Participatory learning: The findings from this formative research provide the designers with the opportunity to incorporate problem-solving scenarios that engage the participants in realistic deliberation and exchanges. Participatory learning draws upon the knowledge that participants have of their communities and in simulating solutions in the workshop prepares them for the real-life situation they will face. Participatory approaches enable participants to think through, assimilate new knowledge and develop skills that they may need to be effective. All of the manual’s above contained good examples of participatory learning approaches. The Episcopal Relief and Development’s *Early Childhood Development Training Manual* contains examples of many vibrant participatory approaches that build on the existing knowledge of their communities and issues that participants already have.
2. Multi-step approach to empowering change agents:
3. Technical approach: Make a presentation of the science-derived research on the benefits to be derived by the adoption of the new behaviors and practices. Essentially by showing the beneficial consequences that occurs through the adoption of new practices, the participant can weigh the cost and benefits of the options laid before them and makes the choice that maximizes satisfaction. In this way, participants see the consequences that will occur through the effort expended in adoption of the promoted behavior and can relay this in the activities that he/she commits to undertake. All four trainers’ manuals highlighted above have strong technical approach sections.
4. Faith tradition approach: Create an opportunity to discuss teachings and beliefs from their faith tradition that are supportive of the desired behavior change and form a basis for challenging existing social norms that may be underpinning the continuing use of negative practices. It would also likely be empowering to discuss each tradition’s perspective on the role of leaders as change agents to reinforce the spiritual support for their leadership on the issues at hand.

An attempt to reinforce the role of religious leaders as change agents can be seen in the Ethiopia facilitator manual that used a scriptural passage with an interpretation of its meaning.

*In the Book of Ezra (7:10), it states, “For Ezra had devoted himself to the study and observance of the Law of the Lord, and to teaching its decrees and laws in Israel.” Ezra saw that there were practices in his community that were not pleasing to the Lord. In order to make changes in his community, Ezra prepared himself a roadmap by 1) studying and observing the law for himself and 2) teaching the law to the Israelites. Since his roadmap satisfied the Lord, the Lord laid his hand upon him. Thus, he became a successful teacher who managed to bring about change in the practice of the Israelites. Like with the Israelites, there are many practices in our community that are not pleasing to the Lord, including Female Genital Cutting and Early Marriage.*

In addition, using the values from faith traditions may reinforce the “group identity” factor for achieving social and behavior change outcomes. The goal is for people of faith to take up the new behaviors and/or become agents of change because “this is who we are” (Heath 2007). Many of the sermon and discussion guides listed in the *Annex: List of Guides and Tools Consulted* seek to build on faith identities to achieve behavior change.

1. The “heart” approach: It would likely be effective to invite people affected by the old behaviors that need to be abandoned to discuss their experience and the negative impact upon them and their children. In its methodology, the World Vision’s Channels of Hope manual adopts the “heart” model as means of promoting empathy and concern as motivators for change. This type of approach helps to create empathetic space for adopting change. For instance, this could be a woman speaking about the negative health effects she experienced such as fistula that resulted from having undergone female genital cutting. Or, it could be parents talking about the loss of a child due to malaria could create the “heart” resonance.

If first-person testimonials are not appropriate or feasible, a medical practitioner might describe what occurs. Printed handouts for discussion may also be used to good effect. The manual from USAID by Herstad on Gender Based Violence uses a case study, “A Woman at Closed Crossroads”[[2]](#footnote-2) to paint the portrait of a woman in an abusive situation, to good effect.

After participants are touched by details of a real-life situation, it would be possible to create an opportunity for participants to discuss what actions could be taken to help people in a similar situation.

1. Early Adopters/Positive Deviant Approach: From a SBCC best practices perspectives, it would likely be effective to have people who have adopted the prescribed behavior talk about their experience in adopting the new behavior, including the barriers that they overcame, why they chose to overcome the barriers, and the benefits that they derived from adopting the new behavior. Then, create an opportunity for participants to discuss (Sternin M et al 1998, Feed the Future, 2018). The guides that were reviewed do not employ the Early Adopters/Positive Deviant Approach models, which are well-established SBCC methodologies, and it is worth considering how to incorporate these techniques into future interventions.
2. Reviewing the learning: Keeping in sync with the participatory learning approach, workshop participants should have an opportunity to discuss among themselves what they have learned, what doubts they might have, making their findings available to the entire group in plenary. This helps sets the stage for developing an action plan. All four manuals above typically provide opportunities for participants to review the progress of their understandings. The Personal Beliefs/Reflections on GBV—“Vote with Your Feet” exercise in the manual from USAID by Herstad on Gender Based Violence is a creative example of how to motivate participants to review and reinforce their learning.
3. Defining the audiences: From a SBCC perspective, it is important to define the audiences that should be reached once the workshop is over and action plans are implemented: For instance, in the case of encouraging breastfeeding, an important audience to reach may be the paternal grandmothers (the husband’s mother);in some cultures, she can be an important influencer of behavior change for breastfeeding. An exercise in defining audiences can be found in the course curriculum from The Health Communication Capacity Collaborative HC3 (2014) *SBCC I-Kit to support FBO-led Breastfeeding Interventions: Program Guide*.
4. Communicating with a member of a target audience: The workshop is preparing the participants to communicate with community members, a role-playing exercise in which participants are asked to explain to a community member why practices are harmful and the benefits that can be derived (for example, the “Case Study: A Woman at Closed Crossroads” from USAID/Herstad).



1. Action plans: Workshop participants should develop action plans that enable them to define clear cut and realistic steps that they commit to take to promote desired behavior changes after the workshop has concluded. The four sample trainers/facilitators manual cited above dedicate segments to action planning.

Planning tool handouts can serve to guide participants through this process of specifying an action plan. The planning tool may incorporate key elements of a plan, such as defining target audiences, medias to be utilized, community leaders and groups to be mobilized, resources required and a timeline for completing activities. Creating an action plan will establish action triggers that can have a profound power to motivate people to do the things they know they need to do (Heath, 2010, Gollwitzer, 1999). The Channels of Hope methodology for community mobilization provides several potential impactful planning tools.

Very importantly, planning tools such as these that enable the faith leaders and their communities to plan the steps and the directions themselves can contribute to a great sense of ownership over the projects and their future. Community mobilization is a participatory process through which individuals, groups, or organizations plan, carry out, and evaluate activities to improve lives of community members. In a USAID-funded intervention in Mozambique to develop and implement activities to improve the nutritional status of children, pregnant and lactating women, and their families, community planning activities appeared to give communities a clear sense of ownership, worked to shrink the size of the challenge before a community, and encouraged a sense of self and collective efficacy. Most importantly the communities were given planning tools that enabled the communities to plan the steps and the directions themselves, giving them a great sense of ownership over the projects and their future (Pirio and O’Donnell 2011).

A successful community mobilization effort not only solves problems but also increases the capacity of a community to identify and address its own needs. It can include activities such as rallies, public meetings, folk dramas, folk songs and sporting events. Faith leaders can think of their sermons and prayer meetings as a type of community mobilization but defining additional steps that they need to take outside of these contexts can be very empowering. For guidance on community mobilization see Tearfund’s PILLARS (2001) and Umoja (2009) Guides (https://learn.tearfund.org/en/resources/publications/pillars/ and <https://learn.tearfund.org/en/themes/church/umoja/>)



1. Monitoring and Evaluation:

As part of their action plans, participants can develop monitoring and evaluation indicators to help them to determine if their community interventions are succeeding as planned. Later, when the plans are being implemented, if the indicators are not being met, this should stimulate a re-assessment of the design and implementation strategies of the action plans. The Facilitator Manual to Train Ethiopian Orthodox Tewahedo Church includes creation of a monitoring and evaluation strategy as part of the action plan. The Channels of Hope methodology relies on World Vision to undertake semi-annual monitoring and evaluations of community-based projects.

In terms of indicator development for monitoring and evaluation, the broader SBCC literature has suggested that “externally-derived indicators should only be used to stimulate discussion rather than direct indicator selection,” underlining the strong support for communities to develop their own benchmarks to monitor and measure their changes in capacity to achieve better health and social outcomes. “The value of involving health promoters and community representatives to agree on indicators that best define their communities is implicit, as it helps to develop a sense of ownership of both the process and the results” (Underwood 2012). By setting their process monitoring steps, those committing to carry out action plans are in a better position for assessing if they are reaching their goals and what corrective mid-course actions might be need.

“Umbrella” organizations that oversee what might be considered large-scale interventions often put into place evaluation processes to measure outcomes. As mentioned above, World Vision carries out semi-annual monitoring and evaluation exercises of its Channel of Hope interventions.

The Nigerian Inter-faith Action Association (NIFAA), which mobilized Christian and Muslim leaders to engage religious communities in the fight against malaria as well as other diseases and poverty, reportedly trained over 20,000 faith leaders in the first 18 months of its operation. The faith leaders supported the widespread distribution of bed nets, and in its campaign materials, NIFAA made available suggestions for preaching on malaria prevention and treatment as a way of encouraging healthy behaviors among community members. NIFAA commissioned an independent evaluation of its work. It showed that, in locations where NIFAA faith leaders were supporting the fight against malaria, over 50 per cent of children under five had slept under a net the previous night, whereas in other areas that were demographically similar, half that number (25.1 per cent) had slept under a net the previous night ([jliflc.com/2014/09/evaluation-report-interfaith-action-malaria-nigeria-now-available-2/](http://jliflc.com/2014/09/evaluation-report-interfaith-action-malaria-nigeria-now-available-2/)).

1. Follow-up meetings: In addition to the development of an action plan for organizing congregation members into groups for becoming change agents in their communities, holding follow-up meetings allows for the sharing of experiences, the monitoring of achievements, the identification of challenges and corrective actions that may be needed including how to secure forms of support for activities.

**Mobilizing Faith Leaders for Engaging in Advocacy**

It should be noted that it is likely that religious leaders, often through national organizations -- whether interfaith or denominational -- have previously mobilized for influencing government and non-governmental decision makers and influencers especially for public health campaigns. This is often carried out at the national or sub-national (province, state, region) levels. As a result, there is frequently a base of organizational advocacy experience that those seeking to mobilize faith leaders for advocacy can build on.

The family planning advocacy guide (below) has many of the ingredients for organizing religious leaders in an effective campaign. This guide provides a step-by-step process for setting up and conducting religious advocacy training for religious leaders. 

Note that this guide is written for those who have already identified a specific country for their advocacy program.

The resource was developed to help achieve family planning advocacy goals. Yet, the general approach laid out in the guide could easily be adapted to other areas of thematic interests affecting child health and well-being.

The guide recommends some initial formative research consisting of face-to-face meetings with faith leaders, individually or in groups, to ask them about their personal beliefs and their congregations’ beliefs on family planning. The purpose of these informal interviews is to gather current beliefs, as well as to survey FBO-run facilities to learn of their practices regarding family planning to help identify the advocacy issues.

The guide provides examples of advocacy activities for targeting government officials and other decision makers that can be incorporated in advocacy action plans that religious leaders may develop to promote family planning. Identified advocacy activities include.

* Schedule meetings with government officials to voice your “ask”.
* Schedule health facility tours for government officials, e.g. Ministry of Health, to show the programs and people their policy changes would affect.
* Join government-sponsored national working groups as an FBO representative.
* Invite at least one government official to each religious leader training, in order to foster communication and understanding

# **Organizing Volunteers for Community Service**

In addition to mobilizing faith leaders, some of the reviewed resources provide methodologies and toolkits for training volunteers to engage in community activities around specific issues, including early child development, malaria prevention and treatment,



These resources take the “social capital” development SBCC model that was previously mentioned to a community intervention dynamic. The training of volunteers at the community level are central to this approach.

The Essential Package approach to train community-level volunteers follows generally acknowledged SBCC best practices for community engagement, including formative research; community ownership/leadership; training of volunteers for household visits and community discussions; and participatory monitoring and evaluation. The evaluation a faith-based intervention in Zambia using the Essential Package methodology indicates that the intervention achieved strong community leadership and capacity building. The project was able to leverage faith-based resources, especially of the Anglican Church for Early Childhood Centers and community kitchen gardens (Integrated Early Childhood Development in Zambia FIVE-YEAR. PROGRAM REPORT. 2012-2016 <https://jliflc.com/resources/integrated-early-childhood-development-zambia/>).

The PIRCOM manual listed above enabled provincial and district leaders who are part of the national Inter-faith Program against Malaria to lead cascade training of volunteers from faith communities to mobilize households to adopt prescribed behaviors for preventing malaria and for improving health-seeking and treatment. The methodology strongly emphasizes the development of interpersonal communication skills through practice sessions as well as mastery of the fundamentals of malaria prevention and treatment.

The *Moments that Matter* resource is designed to guide trainers to develop the capacity of local volunteers to support caregivers of 0-2years old in a range of practices that will optimize a child’s development. The focus is on household visits and also includes familiarizing the volunteers with resources in the community, so that caregivers can take advantages of them. The learning techniques in the training manual are creative and a good example of participatory learning.

None of these three training resources are explicitly religious. Instead, they rely on household and community empowerment principles through Interpersonal Communication and mobilization of community influencers.

In adopting of these types of community mobilization approaches through the training of volunteers, consideration should be given to deliberate integration with existing programs. For instance, in many countries community health workers are an important feature of the public health system. It would be important not to duplicate existing efforts and not to alienate those already providing similar services.

# Recommendations

This review of guides and tools that are used to mobilize faith leaders and faith communities in support of child health and well-being has sought to identify the most effective methodologies for empowering communities of faith and their leaders to promote positive social and behavior change. The analysis of available resources relied on recognized best practices and methodologies as reflected in SBCC research literature.

Future assessments of guides and tools used to promote SBCC via faith communities would benefit from a more enlarged collection of available resources (manuals, guides, tools, etc.), the research documents that informed the development of the resources, and evaluations of the impact of the interventions using these resources. Given the potential of faith communities to bring about sustained change, a systemic and consistent approach to identifying best practices and making recommendations as to effective methods and approaches will yield dividends in terms of enhancing child health and well-being globally.

The entire field of faith-based interventions would also benefit from establishing guidelines for conducting formative research and for monitoring and evaluation. Formative research is indispensable for developing effective overarching intervention strategies, workshop methodologies, cascade training, community mobilization, toolkits and more. Investment in formative research will help ensure that the resources that are developed are tailored to defined audiences, and influencers, and address more localized social contexts, as well as barriers to change and opportunities for social norm innovation.

Formative research should ideally have a strong participatory dimension. Researchers should be open to listening and learning from faith leaders and community leaders about what works and what they need for SBC resources in their communities.

Similarly, establishing monitoring and evaluation guidelines with recommended procedures and indicators will advance the field. The adoption of rigorous monitoring and evaluation will set a foundation for determining best practices for guides and tools that will be based on more objective criteria.

# **Annex: List of Guides and Tools Consulted**

Workshop Manuals

Center for Interfaith Action on Global Policy. 2012. *Early Marriage and Female Genital Cutting: A Facilitator Manual to Train Ethiopian Orthodox Tewahedo Church (EOTC) Faith Leaders*.

This Facilitator Training Manual is specifically designed to educate faith leaders and mobilize them to be advocates for girls/women by addressing the negative effects of early marriage and female genital cutting with their congregation and community. The goal is to empower faith leaders and their congregations with the knowledge and skills to start dialogues and activities that result in a stronger network of Ethiopians who care for the health of their children.

Episcopal Relief and Development. *Moments that Matter. An Early Childhood Development Training Resource for Practitioners and Volunteers.*

The program trains a cohort of Early Childhood Development (ECD) promoters in an innovative curriculum and uses those promoters to support caregivers during an intensive two-year period. ECD promoters lead home visits and facilitate primary caregiver support and learning groups to strengthen care and stimulation practices, provide psychosocial support and space for conversation, and enhanced family livelihood support through savings & loan groups. The program simultaneously engages faith leaders, local government actors, and other leaders in the creation of nurturing care committees who manage ECD activities and promote positive parenting norms.

This five-day training manual supports practitioners in engaging ECD promoters in participatory and reflection-based exercises that prepare them with the skills and knowledge necessary to incorporate parenting nurturance, care and stimulation messages into their group and household-level engagement with primary caregivers. Participants will learn about the development needs and milestones of children from 0 to 36 months in addition to important health and nutrition messaging.

Moments that Matters is linked to:

## Comprehensive Community-level Intervention Guides

Care, Save the Children and the Consultative Group on Early Childhood Care and Development. *The Essential Package: Holistically Addressing the Needs of Young Vulnerable Children and Their Caregivers Affected by HIV and AIDS.*

The EP was originally developed for use in sub-Saharan Africa in communities with a high burden of HIV/AIDS due to the known impacts that HIV has on the development of young children whether through their social context or through infection. The methodology encourages its integration into existing programs focused on Early Child Development and Children Affected by HIV/AIDs. Its focus is at the household level; accordingly, several of the EP tools are intended to be utilized by community volunteers (home visitors, community health promoters, home based care volunteers, and para social workers) interfacing with children and their caregivers directly in the home.

Herstad, Britt for USAID. 2009. Mobilizing Religious Communities to Respond to Gender-based Violence and HIV: A Training Manual. Washington, DC: Futures Group, Health Policy Initiative, Task Order

This manual is designed to guide trainers in conducting workshops for religious leaders and women leaders of faith on Gender-Based Violence (GBV) and HIV. It was created specifically for heads of religious organizations, such as inter-religious councils and women’s religious organizations. While this material was piloted with leaders, it can be adapted to meet the specific priorities and needs of participants, such as other organization members. The overall objective of the training is to raise awareness of religious leaders and women leaders of faith about GBV as it relates to HIV and motivate action planning to address the issues in their own organizations or communities.

Programa Inter-Religioso Contra a Malaria (PIRCOM). *Formação de Voluntário do PIRCOM: Conversando com Famílias sobre Malária Manual*.

This manual is designed for those conducting cascade training of volunteers drawn from various faith communities at the local level. The volunteers are trained to go door-to-door to counsel household members on malaria prevention and malaria health-seeking. PIRCOM is a national inter-faith grouping committed to the reduction and eventual elimination of malaria in Mozambique. It encompasses Christian, Muslim, Hindu and Baha’I communities.

World Vision. (2016) *Channels of Hope: Child Protection: Facilitator’s Manual*.

This Channels of Hope methodology seeks to empower local faith leaders, their congregations and communities to address community needs on a sustainable basis. This manual employs a workshop methodology developed to increase the competency of churches in dealing with child protection issues in the context of the HIV/AIDS epidemic. The target audience is senior faith leaders and their families. The package of materials in support of the workshop methodology include trainers and participant manuals and a series of guides. Channels of Hope workshop guides have been developed for HIV/AIDS, Gender issues and Maternal, Newborn and Child Health.

Guide for Planning National-level Advocacy

Connections for International Health (CCIH), the Christian Health Association of Kenya (CHAK), the Churches Health Association of Zambia (CHAZ), and the Ecumenical Pharmaceutical Network (EPN). 2017. *Family Planning Advocacy Through Religious Leaders: A Guide for Faith Communities Christian* (Funded in partnership with the Bill & Melinda Gates Foundation)

This guide provides a step-by-step process for setting up and conducting religious advocacy training for religious leaders, establish monitoring and evaluation systems, and realize family planning advocacy goals. The resource was developed to help achieve family planning advocacy goals. Yet, the general approach laid out in the guide could easily be adapted to other areas of thematic interests.

Sermon Guides

Christian Aid. (2017) *Improving the Choices and Opportunities for Adolescent Girls A toolkit for faith leaders.*

This toolkit was designed as a guide for religious leaders of both Christian and Islamic faiths in Nigeria as they address the challenges faced by adolescent girls on the issues of early marriage, education, reproductive health services and economic empowerment. It provides key scriptural texts and factual information relevant to these issues. The messages that it provides are to be used to back up messages disseminated to adolescent girls, parents, other faith leaders and adolescent girls.

IMA World Health and Center for Interfaith Action on Global Poverty. *Stopping a Killer: preventing malaria in our communities: A Guide to Help Faith Leaders Educate Congregations and Communities about Malaria: Stopping a Killer: preventing malaria in our communities—Muslim*.

This guide is intended for Muslim religious leaders; it explains fundamentals about malaria prevention and treatment and associates the necessary actions that households should take with sermon ideas to motivate the faithful to take the recommended actions. Its target audience are Muslim religious leaders in malaria-affected countries.

Malawi Interfaith AIDS Association. (2015) *Child Protection: Religious Leaders’ Manual* (supported by UNICEF and DFID)

This manual has been designed as a general resource book for religious leaders on matters of Child Protection. It is expected that this manual will be used in diverse ways depending on the need by each institution. The manual recommends that faith leaders can integrate this manual in their worship services in order to mainstream child protection in their regular teaching and worship. The manual was also designed to be incorporated into modules for seminars and workshops, which can be organized in churches or mosques. Training centers for religious leaders can also use this manual as prescribed reading for those undergoing training in counseling and other related modules.

Ministry of Health Tanzania. *Muslim Khutbah Guide for Reproductive and Child Health: A Toolkit for Tanzanian Religious Leaders*

The objective of the Khutbah Guide is to increase knowledge on MNCH and to assign them on providing Khutbah on MNCH issues for Friday worship. The guide encourages Religious Leaders to also use this knowledge for premarital and duple counseling, as well as to educate the general population on MNCH issues as well as to be used as an education tool for Women’s, Men’s and Youth Groups in the Mosques.

Programa Inter-Religioso Contra a Malaria (PIRCOM*). Travando o Assassino: PREVENINDO A MALÁRIA NA NOSSA COMUNIDADE: Guião para ajudar Líderes Religiosos a educar congregações e comunidades acerca da malária: Christao.*

This is a Christian sermon guide developed by Mozambique’s Interfaith Program against Malaria. It provides basic facts about malaria prevention and health seeking behavior, providing scriptural texts in support of the actions that a family should be taking; these public health counsels are then followed by suggested sermons on the topic.

Programa Inter-Religioso Contra a Malaria (PIRCOM). *Travando o Assassino: PREVENINDO A MALÁRIA NA NOSSA COMUNIDADE: Guião para ajudar Líderes Religiosos a educar congregações e comunidades acerca da malária: Christao. Muçulmanos.*

This is a Muslim sermon guide developed by Mozambique’s Interfaith Program against malaria. It provides basic facts about malaria prevention and health seeking behavior, providing texts from the Quran and the Hadith in support of the actions that a family should be taking; these public health counsels are then followed by suggested sermons on the topic.

Rwanda Faith-Based Organizations Network Against HIV, USAID and ACCESS. 2009. *Muslim Khutbah Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders*.

The aim of this guide is to use the Quran to show what God says about protection and care of mothers and babies. The guide proposes that the teachings in it can be used in public dialogues; mass campaigns; through radios, television and the internet; in pre-marital counseling; training session for cooperatives of women, men and youth; training of trainers in the Islamic Community; religious Leader training; marriage counseling; and Meeting sessions of the Elders in the Islamic Community.

UNICEF and Government of Malawi. *Child Protection: Religious Leader Manual*.

This manual was designed as a general resource book for religious leaders on matters of Child Protection. It encourages faith leaders to integrate the manual in their worship services in order to mainstream child protection in their regular teaching and worship. It also suggests that the manual can be incorporated into modules for seminars and workshops, which can be organized in churches or mosques. It also suggests that religious leaders can use this manual as prescribed reading for those undergoing training in counseling and other related modules.

UNICEF. 2016. *Peace, Love, Tolerance Key messages from Islam and Christianity on protecting children from violence and harmful practices*. Egypt.

This book explores the approaches to preventing all forms of violence against children from the perspectives of Islam and Christianity. It is intended as a guide for all those who work in the wide field of caring for and protecting children including parents, servants, teachers, educators, imams, priests and others. It seeks to improve key contexts that contribute to the development of the child's personality: the family environment; the school environment; and the social environment.

DIY Guides

Carter, Isabel. (2001) *Building the capacity of local groups: A PILLARS Guide*. The Tearfund.

This is a guide targeting people who are interested in their faith community addressing social issues. It gives counsel on how to organize small discussion groups to discuss faith tradition approaches to issues needing change and includes such topics such as assuming leadership and developing leadership skills. The general ideas provided may resonate with those endeavoring to build capacity within faith groups for embracing constructive change.

Carter, Isabel. (2001) *Mobilising the community: A PILLARS Guide*. The Tearfund.

This guide provides a methodology for small groups to engage in community outreach to address pressing needs in the community. It seeks to help church and community leaders understand their capacity to encourage positive change in their local area. It provides biblical references in support of the exercise of such leadership and a step-by-step method to develop and implement a plan for positive social action.

Eglise de l’Afrique de l’Ouest. *Réponse à l’Ebola dans la Communauté «Comment puis-­‐je aider l’Eglise de l’Afrique de l’Ouest à se préparer pour répondre à la pandémie croissante d’Ebola ?»*

This is a guide from the Church of West Africa designed to help religious leaders organize discussions around the Ebola crisis that occurred in West Africa. It provides biblical references for consideration and makes suggestion on how to organize discussion meetings with public health experts. It also makes suggestions on the types of church and community groups, such as youth groups, that should be mobilized to counter Ebola.

Institute for Reproductive Health and Christian Connections for International Health. (2013) *Love, Children and Family Planning: Seven discussion guides for Christian small groups*.

The book has two sections. The first contains Bible passages and suggestions for discussing them in small groups. The second section gives information about the many different family planning methods available from health providers. This book is meant to be used by small groups – in churches, in neighborhoods and in Christian nursing schools and health centers. It is meant to be discussed and debated by Christians in all walks of life. Includes seven discussions ideas and guides with scriptural reference, examples of how others commented on the discussions.

Njoroge, Francis, Tulo Raistrick, Bill Crooks and Jackie Mouradian (for Tearfund). *Umoja: Facilitator’s Guide*.

This guide provides a self-help methodology to enable a church and community become inspired and start working for transformation in the community. Through Bible studies and interactive activities, Umoja, which means togetherness in Swahili, seeks to motivate and empower the church to go out into the community and help people identify and address their needs with their own resources.

USAID, Advancing Partners and Communities, and CCIH. *Faith Matters: A Christian Approach to Engaging Youth in Family Planning*

This is a six-page guide highlighting best practices for targeting diverse audience to reduce unplanned and adolescent pregnancy. It approaches the issues from a Christian perspective, citing some biblical references to reinforce the solid health evidence.

Course Curriculum

Catholic Relief Services, Early Childhood Development: Training for Early Childhood Caregivers and Teachers.

A six-part series of manuals designed to strengthen the technical capacity of sisters (nuns) and female care providers in Kenya, Malawi, and Zambia to increase their competency in Early Childhood Development as part of their care of preschoolers in institutional settings.

The Health Communication Capacity Collaborative HC3. (2014) *SBCC I-Kit to support FBO-led Breastfeeding Interventions: Program Guide*. Baltimore: Johns Hopkins Center for Communication Programs.

This is the curriculum for an 11 week course and toolkit aimed primarily at Faith-based Organization whose staff want to use SBCC approaches to increase the use of breastfeeding to improve child health. This staff may include program managers, designers and implementers who work (or want to work) in child survival or maternal, newborn and child health (MNCH).

Reference Tools

ANGLICAN CHURCH OF UGANDA. n.d. A TRAINING HANDBOOK FOR RELIGIOUS LEADERS AND CHURCH INSTITUTIONS: CHRISTIAN-BASED APPROACH TO: Maternal and Child Health, Sexual Reproductive Health, HIV and AIDS, Gender, Gender Based Violence, Family Planning.

This is a reference tool for Anglican religious leaders and those providing services in its institutions on a wide range of issues as noted in the title. It provides the science behind best practices and the scriptural justification for adopting these best practices. The book is intended to guide religious leaders in development of short messages on reproductive health for integration in church sermons, marriage counseling sessions and other Christian gatherings where one has to communicate.

Miscellaneous Handouts

Coopération Mali and UNICEF. (2014) Aide-Mémoire des Guides Spirituels Chrétiens pour les Séance sur L’ANJE (L’Alimentation du Nourrisson et du Programme du Jeune Enfant et la Scolarisation.)

This guide provides recommendations about appropriate nutritional practices for young children and highlights importance of children, including girls, to attend pre-school and school.

Mali Ministry of Education with UNICEF and USAID support. (n.d.) *Aide-mémoire : Des guides spirituels chrétiens Pour le retour et le maintien des enfants à l’école*

This handout gives simple advice on how to get children back into school and how to keep them there. It provides advice on how educators may approach caregivers and other community members to overcome barriers to school attendance. It highlights the importance of girls attending school and of delaying marriage for girls. It seeks to address school attendance in the context of the social disruptions caused by the military and political turmoil in Mali.

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1. https://jliflc.com/resources/religion-adolescent-girl-formative-study-kaduna-state/ [↑](#footnote-ref-1)
2. p37, <http://www.endvawnow.org/uploads/browser/files/Mobilizing_Rel_Comm_GBV_HIV_USAID_2009.pdf> [↑](#footnote-ref-2)