

# FAITH AND POSITIVE CHANGE FOR CHILDREN

GLOBAL INITIATIVE ON  
SOCIAL AND BEHAVIOUR CHANGE

*Literature and Evidence Review*



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© UNICEF/UN0326978/Brown: Bangladesh, 2019. A boy reads his textbook among classmates at a madrassa in Camp 1W, Kutupalong-Balukhali Expansion Site, Cox's Bazar.

© UNICEF/UN0307778/Adriko: Uganda, 2019. Christians attend morning prayers at St. Josephs Kinanira Parish Church in in Kisoro district.

© UNICEF/UN0282289/Pirozzi : Nepal, 2016. Lumbini Buddhist Pilgrim site, Lumbini town, Nawalparasi district.

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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 Section in Programme Division and the Civil Society Partnerships Unit in the Division of Communication on an initiative, titled the *"Faith and Positive Change for Children: Global Initiative on Social and Behaviour Change."* **The project aims to generate knowledge on the specific roles, caveats, effective strategies, and demonstrated impacts of faith-based organizations in social and behavior change communications. The initiative will support faith engagement across sectors including health, development, protection, and empowerment of children throughout the life cycle, with a strong focus on the most marginalized.**

The main underlying research question of the initiative is: *What are the specific roles, caveats, effective strategies, and demonstrated impact of faith-based organizations on social and behavior change related to health, development, protection and empowerment of children, especially the most marginalized, across the first 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 the way people make decisions about their behavior, the context in which decisions are made, and the influencers for individual and social change is integral to finding effective solutions to the challenges UNICEF's has committed to address. Religion is one of the most powerful influencers of individual behavior, social norms, and collective action at the community and societal level. As a result of their congregational platforms and often highly respected status in society, religious leaders and organizations are singularly placed to achieve cost-effective behavioral and attitudinal changes, with potential for triggering and sustaining significant improvements across all areas of UNICEF's work.

Religion has profound impacts on personal and collective values, and as such, can act as a powerful catalyst for positive action to improve lives of women and children. Conversely, it can be the source of detrimental influence

perpetuating harmful traditional practices, gender inequity, and restricted access to life saving and health promoting products and services. For the purposes of this review, we will broadly define religion as the body of institutions, structures, and systems; faith as the belief and trust in the transcendent and divine; and spirituality as a personal connection with the transcendent.

It is also important to focus not only on the beliefs, but also the practices of religion. This review places a strong focus on the everyday practices related to religion, spirituality, and faith, particularly the material and embodied aspects.

Religion is construed as not only the institutions and experts within those institutions, but also 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."*<sup>1</sup>

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;
- Missionaries;
- Youth faith or inter-faith groups;
- Women in 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 are derived 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 social and behavioural outcomes that will contribute to achieving results for children. SBCC includes 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 uses a theory of change (TOC) following the Socio-Ecological Model developed by Bronfenbrenner 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 the different outcomes to be expected in a valid SBCC intervention.

The JLI also developed an initial TOC to describe the ways in which faith-based organizations mobilize communities for change towards achieving development outcomes. Both theories of change inform the analysis of evidence from the literature review, through the four main behavioral outcomes as summarized in the second column from the right 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 and Positive Change for Children TOC.

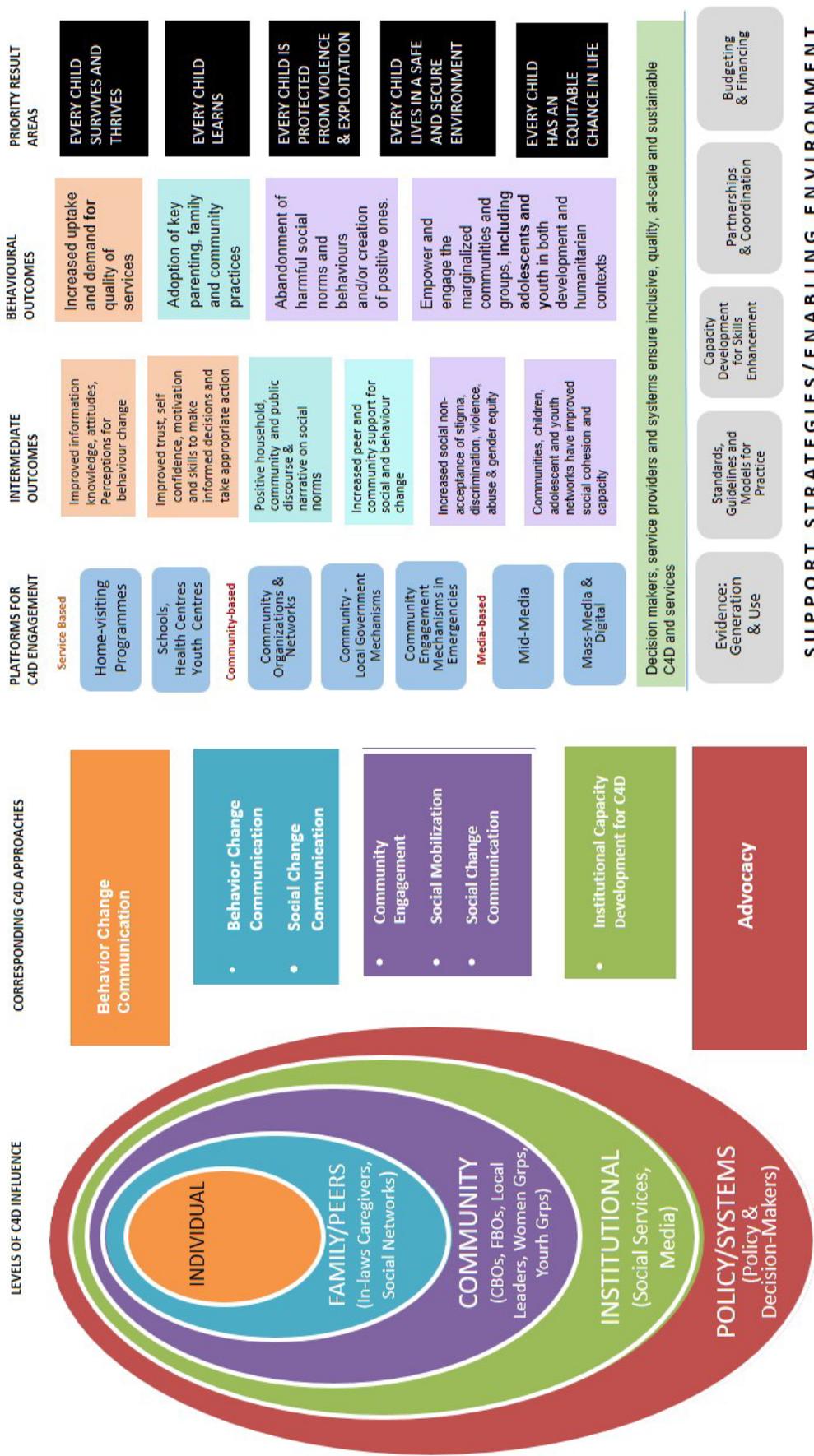


Figure 1: UNICEF Communications for Development Theory of Change

**JOINT LEARNING INITIATIVE ON FAITH & LOCAL COMMUNITIES - THEORY OF CHANGE**

**IMPACT:** Empowered communities where all people, including the most vulnerable, enjoy well-being in just and caring relationships with God, each other and all creation.



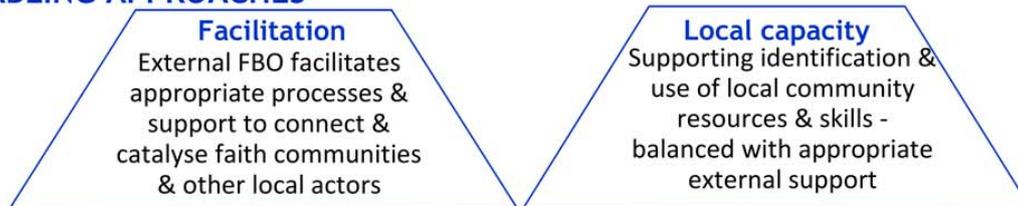
**CHANGES AMONG ENABLERS**

<p><b>Local faith institutions</b></p> <ul style="list-style-type: none"> <li>Leaders</li> <li>Relationships between groups</li> <li>Structures</li> </ul>	<p><b>Community systems, practices &amp; beliefs</b></p> <ul style="list-style-type: none"> <li>Community leaders/ gate-keepers</li> <li>CSOs &amp; dynamics</li> </ul>	<p><b>Local &amp; national government policy, structures &amp; services</b></p> <ul style="list-style-type: none"> <li>Political leaders</li> <li>Policy-makers</li> <li>Service providers</li> </ul>
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**CORE APPROACHES**



**ENABLING APPROACHES**



**UNDERPINNED BY**



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

## Methodology

Using the UNICEF C4D TOC as a guide, this document describes interventions and research results from the literature, following the UNICEF outcomes, engagement platforms, and enabling environments found. Many of these examples include information across several areas so they are organized for balance and relevance across the sections.

The present review explored available literature with the specific purpose of generating knowledge and establishing a foundation for a research-informed response. The review also focuses on how to find complementarity in view of 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 from academic and grey literature<sup>2</sup> and built off the substantial JLI bibliographies on religion and development. Researchers consulted websites to identify reports and documents about the specific roles, caveats, most effective strategies, and demonstrated impacts of faith-based organizations in social and behaviour change related to child development.<sup>3</sup> 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 1,600 possible texts were originally identified through database and internet searches. This first selection was based on title, keywords, and basic inclusion criteria including the date of publication (in last 10 years), Global South focus, child focus (excluding documents that relate more broadly to topics such as HIV or GBV but not specifically to children, young people, families, or caregivers), and SBCC focus (excluding resources that relate to intervention on breastfeeding, for example, but contains no communications element). Handbooks, toolkits, and guides were stored separately for inclusion in the content review<sup>4</sup>, but not part of the literature review. After a quick review, 318 resources were retained and reviewed based on full abstract and key words within the texts. References and citations were checked to identify additional studies of potential relevance to systematic review. This way of proceeding served as a kind of triangulation that double checked the selection of certain items. Finally, 91 resources were fully summarized and reviewed for the literature review. The first round of reviews took place at the beginning of 2018 and the second round of reviews was undertaken in December 2018 with an additional 39 resources.

Some limitations of this review are its sole focus on English language materials alone and the limited time during the initial review process (supplemented by the second review). As will be discussed, there was a general lack of information on the evidence of the direct impact of engaging faith leaders and organizations for social and behaviour change. Even when taken case by case, most of the studies do not break down the effects of their intervention into specific components in their research designs, making it difficult to pinpoint the exact causes behind the changes.

# FINDINGS

## BEHAVIORAL OUTCOMES

### Increasing Knowledge and Demand for Services

Religious affiliation affects people's decision making in their uptake of specific services or practices that affect children's health, education, protection, and other factors related to wellbeing. Faith-based organizations (FBOs) and religious leaders play an important role in facilitating access to such practices and services by raising awareness, lifting stigma attached to issues such as gender-based violence (GBV), and promoting changes to practices, beliefs, or misconceptions connected to local traditions that can constitute obstacles to the Sustainable Development Goals.

For instance, the Nigerian National Primary Health Care Development Agency (NPHCDA)'s Polio Eradication Initiative came to a stall in the early 2000s, due not only to poor funding and organization, but also to allegations of vaccine contamination and failure to engage communities, which led to an overall negative perception of the initiative.<sup>5</sup> From 2010, the program gradually managed to regain momentum thanks to the engagement of religious leaders and community coalitions. The National Facilitation Team, constituted by the NPHCDA, including scientists, and traditional leaders, worked under Sultan of Sokoto to engage and educate local imams. Misconceptions about polio vaccination were challenged using training materials provided by the Team and by raising community awareness after prayers and events such as 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 resistance to vaccination. Between 2009 and 2013 the number of polio cases in the most affected regions of northern Nigeria dropped from 322 to 46.<sup>6</sup>

### Council of Champions, Ghana<sup>7</sup>

The Council of Champions (CoC) intervention - part of a broader program implemented by Catholic Relief Services (CRS) and Ghana Health Service between 2011 and 2015 - was aimed at expanding services for pregnant women, mothers, and infants to reduce rates of maternal and newborn diseases and deaths. Evidence collected through extensive research was used to design the Social and Behavior Change (SBC) strategy, which demonstrated 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, traditional medical practitioners, and female leaders. One particular example was the modification of a ceremony that is conducted at around the four-month stage of a pregnancy in which the pregnancy is announced to the community. This had discouraged women from seeking ante-natal care (ANC) until after the ceremony took place, even though it's more ideal to seek care at an earlier stage of 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.<sup>8</sup> However, other factors such as limited availability of services in the control area, might have also contributed to this difference.<sup>9</sup>

Community programs engaging local religious leaders can also help combat the stigma attached to GBV. Increasing knowledge about the implications of GBV on health and wellbeing of women is crucial to creating an environment where they feel that they can seek support and access appropriate services. In the context of conflict and post-conflict areas of South Sudan, Norwegian Church Aid and Daughters of Mary Immaculate-Komboni Sisters collaborated to provide services to GBV survivors and initiate community conversations and activities aimed at breaking the silence on abuses suffered by women and girls.<sup>10</sup>

## Providing spiritual support that affects individual behavior change

Religious leaders are trusted by their communities and people look to these figures for spiritual support<sup>11</sup> and guidance. In a study by Tearfund in Northern Iraq, people expressed their trust in their family, God, and Baba Sheikh (Yezidi spiritual leader). Local religious leaders were found to play an important role in resolving disputes, including those around early marriages, protection of children, and violence against women.<sup>12</sup> The study indicates a high level of trust towards religious figures. When the Baba Sheikh and the spiritual council give new instructions, the community follows and changes behavior after dispute resolutions with these spiritual leaders.

Yezidi religious leaders have also provided spiritual support to women and girls GBV survivors. The leaders 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.<sup>13</sup> 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.<sup>14</sup> 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 by partnering with programs like Christian Aid's Collective Action for Adolescent Girls that engage faith leaders to share their views on issues such as early marriage and girls' access to education, and increase their potential to address these issues in the communities by 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).<sup>15</sup>

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 to help change 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."<sup>16</sup>

This demonstrates the need to recognize changes within religious 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.



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Niger, 2019. A baby is being vaccinated at the health center  
of Zermou, a village in the center of Niger.

## Improving Caregiving Practices

Faith actors are often direct care providers for children experiencing vulnerability such as lack of adequate institutional and parental care or lack of support in emergency contexts.<sup>17</sup> For instance, a 2004 report suggests that around 7,800 volunteers from FBOs supported around 139,400 children from six different countries who were either orphans (more than half of which due to AIDS) or in a situation of vulnerability.<sup>18</sup> The support was mostly community-based (82%), and the main activities included provision of material support, assistance with education, counseling regarding HIV/AIDS prevention for children, and lessons on home-based care. Faith actors often have access to the family sphere and can foster reflection and dialogue on delicate issues. This means that they are well placed to take part in improving caregiving practices in the household and community.<sup>19</sup>

For example, Episcopal Relief & Development has been implementing programs on SBC with faith leaders for several years, such as their NetsForLife program, which encouraged pregnant women and children to sleep under Long Lasting Insecticidal Nets (LLINs). In Angola, their SBC interventions engaged a wide range of community members, including religious leaders and as appropriate for differing contexts, helped increase the number of children under 5 sleeping under LLINs by 85%.<sup>20</sup>

### Nutrition and caregiving practices in Rwanda: two models Integrated Care Groups<sup>21</sup>

In Rwanda, the Tangiraneza/Start Well project engaged 589 religious leaders, from both local and more senior levels, from thirteen denominations. World Relief's Integrated Care Group (ICG) model involving religious leaders, organized monthly home visits and community meetings led by ICG members to communicate messages about health and nutrition for children.<sup>22</sup> The groups include community health workers, heads of villages, local social affairs leaders, and leaders from women's groups and hygiene groups. They encouraged religious leaders involved in the ICGs to hold outreach events in their churches. Each member visited 10 homes per month and groups held "Nutrition Weeks" that taught members how to educate with draft child nutrition messages. These visits increased exposure of households to childcare messaging: for example, 39% of households reported they received messaging on child caregiving from their church in one district.

### Reduction of stunting through family empowerment<sup>23</sup>

In Rwanda, UNICEF worked with religious leaders and networks to build its 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. After one year of the program's implementation, a longitudinal cohort study found that indicators related to stunting prevention showed significant improvements 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.<sup>24</sup>

There is also evidence that the decline of HIV incidence in Uganda in the 1990s correlated with a decline in multi-partner sexual behavior. Behavior change programs, some of which were conducted in partnership with faith actors,<sup>25</sup> 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, which was later UNAIDS selected as a "Best Practices Case Study".<sup>26</sup> Role model examples by religious leaders include a protestant Bishop who, upon learning that he was infected after his first wife's death, openly declared that he was using condoms to prevent infecting his new wife and future children.<sup>27</sup>

### 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 to implement behavioral changes that benefit children's wellbeing. Women religious leaders are on the frontline of peace-building activities.<sup>28</sup> 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 for community reconciliation in the post-conflict context and assist children and women victims of GBV.<sup>29</sup>

Pastors' wives and female ministry leaders are particularly powerful resources for engaging with local child protection (CP) issues. In Malawi, for instance, they organized awareness-raising activities with other women in the community, and teamed up with their husbands for house visits to sensitize on CP.<sup>30</sup> As certain child health topics were beyond the expertise for many monks and embarrassing to discuss with mothers, RACHA in Cambodia worked with nuns and "wat grannies" to improve breastfeeding practices.<sup>31</sup>

Started nearly two decades ago, over 2,500 nuns and wat grannies have been trained. A longitudinal study conducted between 2004 and 2007 showed improved breastfeeding practices in areas where Social and Behavior Change Communication (SBCC) collaborated with female religious leaders.<sup>32</sup>

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. For example, in Catholic women's meetings, catechists were able to disseminate messages against early marriage in Mali.<sup>33</sup>

Another case study highlights how a holistic approach that considers the economic aspect of social norms and engages not only with (often male) religious leaders but with women and girls directly, is critical for effectively tackling issues like early marriage. 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.<sup>34</sup> This helped reduce their vulnerability, as well as contribute to long-term social and economic change that could positively affect decision-making regarding abandoning early marriage as a source of income.<sup>35</sup> This approach is in line with a report by the African Union, which stated that FBOs engaging in changing attitudes and practices around early marriage must understand and address men's vested interests and economic aspects of social norms.<sup>36</sup>



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Mongolia, 2018. Mother giving porridge mixed with micronutrient powders (MNP) to her one-year old son in their house, in Ulaanbaatar.

## Addressing Social Norms, Social Attitudes and Public Opinion

Research has underscored that faith actors are uniquely placed in affecting social norms that directly impact children's wellbeing, especially early marriage.<sup>37</sup> Norms change is a complicated process that requires the engaging of all faith actors through a wide variety of strategies, ranging from formal and informal training to community discussions, from the use of creative communication tools to holistic approaches.

Channels of Hope (CoH)<sup>38</sup> is the strategy that World Vision uses to engage community and religious leaders in 40 different countries on 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 speaking to their hearts. They engage local community structures and create coalitions called CHATS (Community Hope Action Teams) or CCCs (Community Care Coalitions or Community Child-focused Coalitions) where there are no already existing groups. These coalitions of volunteers, supported by local faith and traditional leaders, organize activities that identify and assist individuals in the community who face the most vulnerabilities.<sup>39</sup> See the Humanitarian Social and Behavior Change Communication (SBCC) interventions section, for the CoH model adapted by World Vision to respond to the Ebola public health emergency.

Efforts with faith communities are multi-sectoral and highly integrated. Faith engagement encourages multi-dimensional psychosocial approaches by communicating acceptance and the abandonment of stigma within the broader community. For example, in Northern Uganda, traditional healers have led special ceremonies combining cleansing rituals and prayers aimed at facilitating the reintegration of former combatants' young wives into the post-conflict community.<sup>40</sup> In Cambodia, monks often give sermons with messages that promote HIV prevention and lifting the stigma attached to HIV.<sup>41</sup> They organize home visits and meditations at the pagoda for HIV-infected people at risk of mental health issues, and meetings with community members who were thought to fuel discriminatory attitudes.<sup>42</sup>

### Islamic Relief's Integrated GBV and CP Program in Mali, Niger, and Pakistan<sup>43</sup>

Islamic Relief has adapted the CoH model for their integrated gender-based violence and child protection (CP) program in Mali, Pakistan, and Niger. They created CHATs for GBV and CP champions to raise awareness and share messages around abuse prevention. Religious leaders who were CHAT members shared these messages with their communities and preached about Islamic perspectives on parenting, child rights, and positive disciplinary measures for children.

Initiatives aimed at changing social norms regarding delicate issues such as FGM can benefit from a combination of communication tools and engagement strategies. A report commissioned by Tearfund discusses the different roles played by the church to fight FGM in Tanzania.<sup>44</sup> In one instance, they organized an alternative rite of passage ceremony in a separate location as a sort of camp for girls. After the creation of this non-FGM "peer group", the facilitator, a traditional community leader, subsequently abandoned his involvement in FGM.<sup>45</sup> UNICEF's Saleema campaign against FGM in Sudan engages local religious leaders and involves not only mass media, but also community fora, theatre, music, and headscarves worn by campaign supporters to stimulate community dialogue.<sup>46</sup> In this context, celebrations marking the abandonment of FGM practices help communities adopt attitude shifts at the community-level, as opposed to the individual, and help develop a sense of ownership of the change.<sup>47</sup>

In Uganda, the Catholic Church, Raising Voices (an NGO for women's rights), and Trócaire (the Irish branch of Caritas) 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."<sup>48</sup>

Their approach, called SASA! focuses on activism, advocacy in the media, 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 and toolkits for use in schools, case studies, and other reports are available online and offer guidance on how to use these toolkits to engage groups of people, such as congregations, to reduce domestic violence.<sup>49</sup>

Understanding not only inter-religious difference, but also inter-denominational differences can help identify 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 so far as to banning people from church if seen accessing healthcare services. As a result, Apostolic households showed various reproductive, maternal, and newborn child and adolescent health indicators below national average.<sup>50</sup> Moreover, a study revealed that young Apostolic women were four times as likely to marry as teenagers compared to those of Protestant denominations.<sup>51</sup> The prevalence of early marriage combined with discouragement of medical testing and treatment by Apostolic social norm highly increase the likelihood of HIV infection.<sup>52</sup> A UNICEF C4D program called “Apostolic Maternal Empowerment and Newborn Intervention” addressed some of these social norms by collaborating 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. This program resulted in decreasing resistance to healthcare services including child vaccination.<sup>53</sup>

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

Approaches that add more dialogue and joint reflections to communications and policy strategies are necessary to make SBC interventions more effective. As the African Union report on ending early marriage in Africa states:

“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.”<sup>54</sup>

It is crucial to engage different community groups and develop consensus on need for social norms change.

Tearfund and its partners conducted research in Burundi, DRC and Rwanda during 2013 and 2014 as part of efforts to end GBV. This resulted in a report, “Transforming Masculinities”<sup>55</sup> and tools<sup>56</sup> for community intervention. The evidence-based approach recognizes that religious and traditional beliefs play a significant role in shaping norms related to gender. These beliefs should be engaged in developing positive masculinities, combating GBV, and reaching gender equality. The approach also envisages a commitment from the church to “break the silence” on GBV, openly condemning and lifting the stigma associated with its survivors. An important part of the methodology is the selection of “gender champions,” community members who facilitate dialogue and raise awareness in the community, for example through training young parents on gender-related issues. Gender champions as peer-to-peer show the efficacy of working within faith communities to engage with natural leaders, not just formal religious leaders.



© UNICEF/UN0302727/Panday:  
Nepal, 2018. Renuka Kumari Choudhary (left and seated), Rakesh Kumar Shah (right and seated) and other adolescents in Gujarat Municipality of Rautahat District perform a skit on child marriage as part of UNFPA-UNICEF Global Programme on Ending Child Marriage.

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

### Building capacity for community level change

One of the most common strategies adopted by faith actors is to invite religious leaders to trainings that increase their technical knowledge of a subject. These trainings are often linked to processes that facilitate their role involving in campaigns and outreach activities as community advocates and educators. Faith actors utilize specialized toolkits and guides for these trainings and provide ongoing supports to provide technical knowledge on subjects affecting children. A review of these toolkits will be published as a separate report from this project. Overall, one-off technical trainings with limited number of follow-up events do not constitute social mobilization or community engagement and require longer-term engagement and space for reflection.

Episcopal Relief & Development is currently implementing a project in Liberia that focuses on the development of evidenced-based strategies for SBCC. In this project, faith leaders from Muslim and Christian communities take part in a learning process about the harmfulness of social norms that allow for violence against women and girls. This process involves self-identification, reflection around concepts of gender and power, and use of religious texts. Faith leaders use Facts, Association, Meaning and Action Learning-Dialogue approach (FAMA) to work with their congregation. As part of the effort, 16 Days of Activism (Nov-Dec 2017) was held in Liberia to end GBV in educational contexts.<sup>57</sup> Program research and evaluation highlighted the importance of engaging youth leaders and adolescent men in general, along with more established faith and community leaders, to achieve change. It also demonstrated that upon 24 months of program implementation, people who experienced GBV were 13% more likely to report it and seek support.<sup>58</sup>

Along with increased dialogical processes that move hearts and minds, social mobilization that engages across faiths and/or denominations fosters community dialogue for broader social change. Processes of reflection are inherent to religious beliefs and practices,<sup>59</sup> and many of the previous approaches included dialogues facilitated by religious leaders. Organizing interfaith community dialogue 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 to raise awareness for changing social attitudes on issues critical 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."<sup>60</sup> The CICC has now taken over the project itself.

### 10 Promises Approach<sup>61</sup>

The 10 promises approach is the result of a project in 2011 launched by the Center for Interfaith Action on Global Poverty (CIFA) in Nigeria and Ethiopia. The project started with extensive research and analysis around issues of child and maternal wellbeing. Around 2,000 surveys were collected and numerous interviews were conducted with key informants and focus groups with Muslim and Christian (Ethiopian Orthodox, Catholic and Protestant) faith leaders, women, and girls. This led to the development of interfaith training tools and models that trained faith leaders through 3-day workshops and supported their engagement with communities both during sermons and in more informal, interactive meetings. In Ethiopia and Nigeria, results indicated a 60% increase approximately in religious leaders' positive attitudes towards delaying of marriage till at least 18.<sup>62</sup> 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 measure achievement of proper hygiene, nutrition and care practices, and elimination of violence. The "10 Promises" are endorsed by UNICEF and other major international aid organizations.<sup>63</sup>

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

SBCC is extremely important in the context of humanitarian intervention. 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.<sup>64</sup> Faith based involvement during the Ebola response was extensive.<sup>65</sup> Some of the work demonstrated a bridge between development and humanitarian work, which offered an insight to extend the humanitarian-development nexus. For example, World Vision found that religious leaders who had been mobilized with the Channels of Hope model on HIV/AIDS immediately organized again once EVD started to spread. They formulated “Channels of Hope for Ebola” which recognized that religious leaders do want to be involved in providing messages to their congregants on the topic, but often lacked necessary knowledge.<sup>66</sup> In response to this finding,

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 monitoring progress and connecting faith leaders with social and health services in the community.<sup>67</sup>

Another study showed the importance of maintaining the safety and dignity of traditional burial practices. Around 96% of families indicated dissatisfaction with the lack of prayer and the washing and dressing process of bodies.<sup>68</sup> The standard operating procedures were revised to include religious rites and involvement of faith leaders. Faith leaders would advocate for these newly revised procedures in their respective communities, resulting in increased reporting of deaths. This demonstrated faith leaders’ abilities to spread messages in their communities and affect behavior change.<sup>69</sup> IMA World Health also reported on the role of faith gatherings as key opportunity for dissemination of messages.<sup>70</sup>



© UNICEF/UN0311511/Tremeau:  
Congo, Democratic Republic of the, 2019. Students put a poster detailing Ebola sensitization on the walls at La Vérité school in Butembo, North Kivu, Democratic Republic of Congo.

A recent evaluation<sup>71</sup> of the 2014-2016 Ebola prevention and containment work done by Social Empowerment through Learning Liberia (SELL), a local NGO established by the Missionary Sisters of the Holy Rosary (MSHR) in 2007, showed that after 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 reduce fear, misconceptions, and practices that fuel the spread of the virus. In one case, the local Imam invited people to pray at home instead of the mosque to avoid infection.<sup>72</sup>

Research on faith and disaster risk reduction had so far tied religious beliefs to fatalistic social attitudes and decision-making. There is evidence that disaster- and risk-related perceptions are deeply connected to people's beliefs and traditions.<sup>73</sup> However, as Schipper puts it, "relatively rapid evolution of belief systems are possible, on their own, or when triggered by something external."<sup>74</sup> Also, religious belief does not necessarily lead to fatalistic attitude in which people take no action in the face of divine interventions. FBOs are working with religious leaders to encourage disaster risk reduction and preparedness approaches that require action and behavior changes on the part of religious communities.<sup>75</sup> In particular, there is documentation that faith actors play a key role in carrying out emergency mobilization through spreading crisis/evacuation messages such as "phone trees."<sup>76</sup> In addition, local faith actors can greatly contribute to the development of awareness-raising, preparedness and risk-reduction initiatives.<sup>77</sup> For instance, Tearfund works on disaster risk reduction from a Christian perspective. They developed a Participatory Assessment of Disaster Risk methodology that involves family and community contingency planning, but also advocacy activities.<sup>78</sup>

Episcopal Relief and Development has also created a toolkit called "Pastors and Disasters."<sup>79</sup> There is a large field of expertise regarding the role of religious actors as peacebuilders, such as their ability to act as early warning mechanisms<sup>80</sup> and mediators<sup>81</sup> between conflicting parties to prevent or end violence before it escalates.<sup>82</sup> There are institutions and networks dedicated to this field of study such as the Network of Religious and Traditional Peacemakers and United States Institute of Peace. However, the specific role of religious leaders in creating social and behavior change is more difficult to isolate specifically for children since all peacebuilding work aims to shift attitudes and behaviors away from hate and exclusion towards cohesion and inclusion. One example of working with children to encourage interfaith and intercultural understanding for social cohesion is Learning to Live Together,<sup>83</sup> an initiative spearheaded by Arigatou International and the Global Network of Religions for Children (GNRC) and supported by UNESCO and UNICEF. Implemented in various formal and informal educational settings, the program engages children and adolescents in ethics education workshops aimed at nurturing values such as respect, empathy, responsibility and reconciliation, in relation to children's spirituality and in playful and creative environments.<sup>84</sup>

## ENGAGEMENT PLATFORMS

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

There are examples of churches, mosques and other congregations using their infrastructures to provide shelter, counseling services after an emergency,<sup>85</sup> or vaccination campaigns in remote areas.<sup>86</sup>

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, visited homes, and used toolkits with highly visual materials to lead “action-oriented dialogues.”<sup>87</sup> They also helped build women’s leadership by working with Mother’s Union to educate members on good parenting skills. Sometimes congregations are used as training centers where women can learn to apply specific communication strategies for mediating disputes and resolving conflict.<sup>88</sup> In Nigeria, congregations provide (young) teachers from Islamic schools, education about gender equality and child rights. This permits them to lead behavioral and attitudinal change and to advocate against religious and cultural norms that limit adolescent girls’ development.<sup>89</sup>

Faith actors also visit homes and organize community-based awareness-raising sessions in their own congregations (churches, mosques, temples, pagodas) as well as in public central gathering places. A case study<sup>90</sup> on the SBCC work of Islamic Relief Worldwide in Ethiopia, Bangladesh, Indonesia, Kenya, and Niger highlights how the testimony of survivors of harmful practices such as FGM is particularly powerful and persuasive.<sup>91</sup> Safe spaces such as single-sex environments, are often crucial to the development of an open and fruitful dialogue towards changing social norms.<sup>92</sup>

Little literature was found on community-local government mechanisms. One example, however, is Catholic Relief Services (CRS)’ Dialogue and Action Projects (DAP) I and II,<sup>93</sup> which worked to link Peace Clubs at schools with improved reporting and referral mechanisms on CP issues with the relevant authorities. CRS explain that religious leaders were trained to better utilize 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.”<sup>94</sup> Thus, the capacity for religious actors to enhance children’s protection increased, as they became more familiar with navigating 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 collaborators to spread messages of change, and to foster engagement, in and beyond their communities. While this aspect of SBCC is not extensively discussed in relation to children’s wellbeing, there are some examples related to the use of radio, cell phones, social media, and television.

In Sub-Saharan Africa, the launch of prevention of mother to child transmission (PMTCT) campaign within health centers is often preceded by 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.<sup>95</sup> In Lebanon, ABAAD, an NGO working with faith leaders on SBCC, recommends organizing media campaigns and using social media to showcase faith leaders’ support of women’s rights and encourage peace as a tool to end GBV, especially among the youth.<sup>96</sup> African American faith leaders have used social media to deliver messages on HIV prevention in their communities,<sup>97</sup> and have expressed the efficacy of using platforms like Facebook for this purpose.<sup>98</sup>

The Family Health Program in Jordan, promoting family planning, gender equity, and health care practices in collaboration with local faith leaders,<sup>99</sup> found that the use of TV and radio spots using Qur'an texts had a positive impact on religious leaders' and congregants' attitude towards changing social norms related to contraceptive methods, ANC, and male-female relationships in Islam. Another example of the critical role the media plays in SBCC is the use of radio and TV spots during 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.<sup>100</sup>

Although there is evidence that faith-based church and community radios often play a pivotal role in development processes,<sup>101</sup> there needs to be further research on the particular role of radio in faith engagement for SBCC. Media is a useful platform for SBCC and 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.<sup>102</sup>

The content of BBN's broadcasting programs and dramas is based on discussions held by the community, and developed according to a participatory, 'bottom-up' approach.<sup>103</sup> 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 democratization, by informing and promoting debate about local elections.<sup>104</sup> The study's focus groups revealed that community members felt that they were able to participate in radio programming and broadcasting through organized events, informal meetings with staff, and phone-ins.<sup>105</sup>



© UNICEF/UN0270093/Kolari:  
India, 2018. Saritha Chandran, 21,  
a program producer at the radio Mattoli recording studio.

## 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, has published the Kyoto Declaration of 2006 on “A Multi-Religious Commitment to Confront Violence against Children.”<sup>106</sup> Among many other things, the declaration encourages religious leaders to create greater awareness about 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,”<sup>107</sup> Catholic Relief Services maintains that interreligious collaborations should extend beyond the simple Muslim-Christian dyad. In fact, prospects for social change are often limited without the participation of traditional leaders and faith inspired actors. Thus, they include traditional leaders in Mindanao, Kenya, and clan leaders in Egypt during their interventions.<sup>108</sup> A report from the African Union highlighted faith leaders’ potential impact on ending early marriage.<sup>109</sup> For instance, in Zambia, the Ministry of Chiefs and Traditional Affairs launched a 3-year national level campaign to engage traditional leaders in promoting change in their communities, prompting them to modify policies that allow the practice of early marriages.<sup>110</sup>

### Evidence generation and use

Scientific-based, comprehensive evidence generation is necessary for supporting faith-based engagements in their communities, both in terms of providing and communicating better services in a more effective way, as highlighted by the UNFPA Report on the Global Forum on FBOs for Population and Development.<sup>111</sup> However, monitoring and evaluating strategies on the impact of faith-based engagements to improve CP is difficult to isolate 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<sup>112</sup> (section Outcomes - Improving Caregiving Practices), the resource suggests that the control group (who did not take part in the program) showed improved breastfeeding practices, but did not provide information regarding other factors that potentially influenced the data. In general, only a small

number of studies and reports provided an evidence-based description of religious interventions and their impact across multiple sites using counterfactuals,<sup>113</sup> probably due to the scarce evidence about existing community-level practices.

A lot has been written about efforts of faith actors that work with children, families, and communities to install SBCC. However, the number of documents that fulfil the criteria of evidence-based practice is rather limited. JLI has found a lack of evidence on the impact of religion and development related interventions. Another limitation is due to ambiguities in defining how faith affects individual and community behaviour, which makes answering the question of “what works, why and how” rather difficult. 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 different contexts. The variety of concepts used to define wellbeing and other related concepts makes it difficult to define common indicators for effectiveness.

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 by relying on spirituality, strong familial and tribal support networks, and cultural identity without specifically relying on religious leaders.<sup>114</sup> Another example comes from a paper that explores Palestinian children’s use of Islamic religious language.<sup>115</sup> In this study, the author suggests that this represents a form of resistance - i.e. the self-developed possibility to affirm their political agency against oppression - and counters the stereotype of children as passive objects of oppression.<sup>116</sup>

## 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 religious texts.

Faith leaders often use sacred texts to transmit key messages during daily or weekly sermons and other moments of worship to 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.<sup>117</sup>

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,<sup>118</sup> and religion specific guides on malaria.<sup>119</sup> The Anglican Church of Uganda also developed a guide to help religious leaders bring MNCH in their sermons.<sup>120</sup> Christian Aid has a toolkit on “Improving the Choices and Opportunities for Adolescent Girls” which targets religious leaders.<sup>121</sup> There is also an Islamic Khutubah Guide to Children and HIV<sup>122</sup> from AIDSFree with USAID and the Christian Sermon Guide to Save the Lives of Mothers and Newborns from USAID’s previous ACCESS program.<sup>123</sup> While this does not constitute a comprehensive list, the number of guides demonstrates the prevalence of this method in faith leader engagement for SBCC.

## Partnerships & Advocacy

Previous partnerships with religious leaders show mobilization with leaders at the most extreme ends of the spectrum—the most local level religious leaders and 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 the community level will not yield desired results if not supported by influential stakeholders at national or international level. For instance, fatwas play a significant game-changing role, with some local organizations not commencing work until fatwas had been issued from senior religious leaders to support their efforts.<sup>124</sup>

Local faith actors have been and are currently reaching out to the international development community in a call for enhanced partnership.<sup>125</sup> This would 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.<sup>126</sup> In particular, a need for organizing 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.<sup>127</sup>

Advocacy activities are crucial for mobilizing large-scale 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 the most local to the most senior level leaders in the country. The engagement was planned according to a cascade impact model, which involves high-level sensitization initiatives and training, followed by replications 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 grew considerably in their knowledge of malaria following the intervention. In Kaduna, knowledge increased by over 10% and in Akwa Ibom, increased by over 35%.<sup>128</sup>

## Replicable, scalable, affordable, and feasible approaches

Information about the cost effectiveness of efforts by faith actors remain ambiguous. Some initial findings from a Filipino livelihoods program encouraging behavior change around health indicate that messages provided by religious leaders are more effective.<sup>129</sup> In particular, a randomized control trial (RCT) conducted by Innovations for Poverty Action and International Care Ministries assessed 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.<sup>130</sup>

Faith-based care complements government facilities and extends the reach of services beyond traditional populations. In Africa, for example, nearly 20% of the total number of agencies are working to combat HIV/AIDS.<sup>131</sup> For instance, Mozambique's Interfaith Program against Malaria (PIRCOM)<sup>132</sup> used a cascade training model to train over 27,000 Muslim and Christian religious leaders in 4 different provinces on the prevention and treatment of the disease.<sup>133</sup> PIRCOM also developed a network of volunteers who carry out home visits in rural areas as "multi-purpose agents" (APEs) who provide resources and primary care to the communities not only about malaria, but also about family planning and other health issues including HIV.<sup>134</sup>

## KEY CHALLENGES

Despite the many engagements by FBOs and faith actors to influence social and behavior change, there are still many challenges that hamper efforts in promoting and enhancing health, development, protection, and empowerment of children. The lack of coordination and communication among faith actors and non-faith actors is a clear obstacle to SBCC, as shown by the inadequate collaborative response and joint resilience strategies by the authorities and Christian congregations in responding to the Canterbury earthquakes.<sup>135</sup>

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 we approach this issue with the lens of intersectorality, we might uncover how various factors of inequality 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 since reporting on the impact of religion at all is still relatively scarce across many development agencies and organizations.

Many of the challenges are related to problematic collaboration between faith and non-faith actors. These include 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 potential partners.<sup>136</sup>

These factors make it difficult to coordinate efforts, install institutional capacity, and develop national and international policy to implement changes for long lasting and sustainable well-being of children.

### 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"<sup>137</sup> was that the use of the term *harmful traditional practices* is in itself an obstacle to building trust when working with the communities and should be avoided.

Effective implementation of programs is tied to the use of 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, the phrase "safe age of marriage" is used instead of "early childhood marriage."<sup>138</sup> Culturally appropriated communication and usage of local languages,<sup>139</sup> rather than of terms that might be perceived as "development jargon."<sup>140</sup>

### 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 requirements mean that they can struggle to scale up sufficiently. Even when they do, they become subcontractors for a larger organization and end up 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 that are potentially at odds with their culture.

Again, an isolated focus on religious leaders to affect social norm changes will be overly instrumental. Sacred texts can be used to promote good practice but can also easily lead to reinforcement of cultural norms and attitudes that justify and condone harmful practices.<sup>141</sup> In some cases, religious elements have been manipulated to serve the political interests of some, fueling tensions and conflicts. Also, choosing to partner with religious organizations does not always mean prioritizing human rights, and women and girls' rights in particular.<sup>142</sup>

## Ideological and political challenges

Differences in ideologies can seriously hamper efforts to tackle harmful practices. For instance, religious beliefs condemning premarital sex can prevent unwed pregnant women from seeking antenatal care.<sup>143</sup> Also, interfaith initiatives are not always the most appropriate option, as religious and theological disputes can become an obstacle to practical action.<sup>144</sup> In addition, high-level interfaith initiatives do not necessarily retain the interfaith element when there is an assumption of cascading influence to community-level implementation.<sup>145</sup>

Sometimes faith leaders refuse to collaborate or even support existing social norms for fear of losing trust from their congregations, as in the case of Indonesia "where the main Muslim clerical body actively supports FGM/C and has opposed governmental attempts to outlaw it."<sup>146</sup> Another example is the politicization of religion in 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, progressive faith leaders often face threats to their personal safety when speaking out against GBV and social norms.<sup>147</sup>

A general concern is the fear of proselytization. There is a clear need to expand development actors' own literacy regarding the religious dynamics that underpin issues encompassed by child rights.<sup>148</sup> The incompatibility between proselytization and humanitarian standards constitute challenges for faith actors who provide spiritual support through prayers or rituals, while engaging in interventions aimed at changing harmful social norms.<sup>149</sup> 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?).<sup>150</sup> Also, proselytization is not necessarily viewed as problematic by some beneficiaries,<sup>151</sup> and can be less damaging to impartiality and neutrality than other practices from secular humanitarian actors.<sup>152</sup>

## Gender-related challenges

Gender equality remains one of the major structural causes of societal inequality. There is a tension between promoting women's rights and maintaining family unity. The idea of protecting the family unit discourages speaking out against CP issues and other harmful practices. This is due to the patriarchal nature of many faith groups and churches.<sup>153</sup> As a result, voices of female faith leaders are often missing or isolated.

Female religious leaders often enjoy less recognition than their male counterparts, as in the case of Theravada Buddhist Cambodian nuns who were denied full ordination.<sup>154</sup> Events such as the gathering for female ministers of Baptist Church in Myanmar provide a platform for sharing experiences and challenges.

This empowers female religious leaders to act as key advocates for women leadership and fight against GBV in their religious communities.<sup>155</sup> But problems related to gender inequality are structural and challenges remain huge. Although women are deeply engaged with religion in virtually all societies, women (and youth) fall outside the formal leadership structure of their religious tradition.<sup>156</sup>

There are limited numbers of female faith leaders among the world's largest religions. Female faith leaders are almost never in highest positions of power. When they have the power, female faith leaders may still oppose eradication of harmful practices such as early marriage or FGM, in order to maintain their positions.<sup>157</sup> In order to promote positive change, further collaboration and alliances are needed among faith actors who promote gender equality.<sup>158</sup>

More networks and partnerships are needed to amplify voices of faith leaders and religious interpretations that champion gender equity and foster an alternative, progressive global discourse on faith and gender.

## CONCLUSIONS

Faith is often a crucial factor in social norms behavior change communications. Religious beliefs, practices, and actors can hinder social and behavior change that improve child protection and wellbeing (e.g. by supporting FGM or discrediting vaccination practices). However, they have the potential to 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.

The findings of this literature and evidence review have been used to inform the development of the global Theory of Change for the Faith and Positive Change for Children: Global Initiative on Social and Behaviour Change. The findings will also inform the development of Programme Guidance to support deeper, more effective and more sustainable partnerships with faith actors for influencing positive change in social and behavioural issues affecting children, families and communities. It is hoped that this effort at consolidation of evidence and improving understanding regarding engagement of faith actors for social and behaviour change will make a meaningful difference in the lives of children through UNICEF programmes across the world as well as programmes of other development partners aiming to support similar work.

# 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>)

IMA World Health/Lutheran World Relief  
(<https://imaworldhealth.org/sbcc2018/>)

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>)

World Evangelical Alliance (WEA) (<http://www.worlddea.org>)

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

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

USAID (<https://www.usaid.gov>)

WHO (<https://www.who.int/>)

## Knowledge Institutes

American Academy of Religion (AAR)  
(<https://www.aarweb.org>)

Berkley Center for Religion, Peace & World Affairs  
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