Case study with World Vision International as part of the UK Government-funded 'Working effectively with faith leaders to challenge harmful traditional practices'

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WORKING EFFECTIVELY WITH FAITH LEADERS TO CHALLENGE HARMFUL TRADITIONAL PRACTICES

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List of abbreviations

CEM	Child and Early Marriage
CoH	Channels of Hope
CP	Child Protection
CP&A	Child Protection and Advocacy
CVA	Citizens Voice in Action
FGM/C	Female Genital Mutilation/ Cutting
GBV	Gender-Based Violence
HTP	Harmful Traditional Practice
IRW	Islamic Relief Worldwide
WV	World Vision
WVI	World Vision International

1. Introduction

In 2016, the UK Department for International Development released a call for proposals for a study entitled "Working effectively with faith leaders to challenge harmful traditional practices". A Consortium of the *Joint Learning Initiative on Faith and Local Communities*, an international alliance examining the contribution of faith groups to community health and well-being, undertook this study to investigate best practices around engaging with faith leaders on harmful traditional practices (HTPs). This study is currently on-going and will continue until 2018.

The study itself follows a multi-case case study design, with each individual case study focusing on one of five organisations, four of whom are international faith-based organisations (FBOs), and their work on HTPs and with faith leaders. This document details the findings from the case study done with World Vision International (WVI).

2. Background

World Vision International started in 1950 with child sponsorship programmes. By the 1970's it had evolved into a professional humanitarian and development organisation focussed on community-based development and disaster relief. Currently WVI is a global Christian relief, development and advocacy organisation dedicated to improving the well-being of children, through working with families, communities and local partners to overcome poverty and injustice. The organisation's programmes and offices span more than 100 countries, covering fragile contexts and multi-faith environments in Asia-Pacific, Latin America and the Caribbean, Europe, the Middle East and Africa. World Vision International works with national and local governments through area development programmes. Within these programmes communities themselves are engaged to identify the most pressing needs of the community's children and their families. According to the locally-identified needs, programmes and interventions are implemented. As a development organisation, WVI works with local communities regardless of their faith. As a Christian organisation, working with faith leaders is part of the DNA of the organisation.[1]

This case study is based on interviews conducted with the following people, of whom three were women and four were men:

- one faith partnerships advisor for West Africa
- one faith partnerships advisor for India
- one gender advisor from Uganda
- one gender programme manager from Timor Leste
- one senior child rights advisor from the World Vision Global Team
- one Muslim theologian and consultant on interfaith relations, from Kenya
- one Anglican theologian, minister and Channels of Hope facilitator, from Uganda

These participants were selected in consultation with the WVI representative assigned to represent WVI in the JLI Consortium conducting the study on faith leaders and harmful traditional practices. In addition to policy and programming staff, two faith leaders, who had intensively engaged with WVI on gender and child protection, were also interviewed.

In WVI's work, HTPs emerge and are addressed through the following projects and programmes:

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[1] History and Vision & Values sections of http://www.wvi.org/about-world-vision (accessed on August 24).

- Since 2004, World Vision has adopted the *Channels of Hope methodology* (CoH), which focusses on engaging faith leaders in tackling sensitive and challenging issues in local communities. Since WVI has invested considerably in documenting and developing a broader evidence base for this work with faith leaders, extensive review of CoH-related documentation was done. CoH is a methodology used to mobilise faith leaders, congregations and communities to respond to problems that are identified as crucial issues by the communities themselves. The programme was originally designed for HIV and AIDS and then adapted to address other issues, including gender and child protection. CoH has been implemented worldwide; during 2016, 50 WV National Offices reported working with CoH in their programmes, and since its inception in 2004, 430 000 faith leaders globally have participated in CoH workshops. World Vision has developed it into a model for working with Christian and Muslim leaders and communities, for which the organisation has partnered with Islamic Relief Worldwide. In some contexts, the model is also tailored to Hindu, Buddhist and secular leaders.
- Following or accompanying the introduction of CoH into a community, other interventions are sometimes introduced in which HTPs are addressed: a community advocacy tool called *Citizens Voice and Action* (CVA) is introduced alongside CoH to mobilise communities improve citizenship rights, and the *Child Protection and Advocacy project model* (CP&A) for engaging with key community stakeholders (including faith leaders) to address the root causes of violence against children.

This case study focuses on CoH fairly extensively, as it is the most relevant and comprehensive of WVI's activities in terms of engaging faith leaders. CVA and CP&A came up in the research as part of skills development alongside or as a follow-up after the introduction of CoH. Further reflections on these particular models were not offered.

3. The existing evidence base

World Vision International, while prioritising programme implementation, has invested in evaluating the CoH methodology. While health, child protection and gender equality can, to some extent, be measured through indicators, this is much more challenging for the faith and spiritual aspects of the methodology. CoH is a process, and the relational aspects are therefore quite crucial, which brings particular methodological challenges when it comes to research.

So far 19 studies on various versions of the CoH model have been done, or are in the process of being conducted. External evaluations and research project include Kenya, Tanzania, Malawi, South Africa,[2] Zimbabwe,[3] Senegal[4], Uganda[5], Papua New Guinea, Honiara and the Solomon Islands[6]. Internal research and evaluations studies include studies in Ghana, Lesotho, Ethiopia, Uganda and multiple

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[2] Wilson E, Bartelink B.2014. *Evaluation Report Channels of Hope for Gender*. Unpublished report for World Vision International.

[3] Bartelink B, Wilson E, Haze N.2015. *Spirituality as a conduit for social transformation? Rethinking secular and religious assumptions in practice*. Unpublished report for World Vision Netherlands and World Vision UK; Le Roux E,Oliver J. 2016 *Interim Research Activity Report. Faith and Gender in Development Project. Building an Evidence base for the effective scale-up of Channels of Hope for Gender*. Unpublished report.

[4] Lee, L. 2016. *Establishing the contribution of faith communities in strengthening child protection*. Channels of Hope Child Protection Global Impact Study: SENEGAL Literature Review. Unpublished literature review; Eyber C, Kachale B, Diaconu K and Ager A .2016. *Channels of Hope for Child Protection Senegal Baseline Report*. Unpublished report.

[5] Le Roux E, Oliver J.2016.*Interim Research Activity Report' Faith and Gender in Development Project. Building an Evidence base for the effective scale-up of Channels of Hope for Gender*. Unpublished report; At the time of submitting this report, the Uganda baseline study for the longitudinal study had been conducted but the report had not yet been out.

[6] Wu, J, Kilby P.2015. *Evaluation of Honiara Community Vision for Change Project, Australia National University and World Vision Solomon Islands*.

countries. Not all of these reports are (yet) available, therefore only some (listed in footnotes) have been reviewed for this study.

The studies include eight evaluation studies that have been done in two or more countries, to allow for comparison. The majority of the 19 studies are evaluation studies, based on qualitative research done by academic researchers based in accredited research institutions and universities such as Georgetown University, Queen Margaret University, Tulane University, Queensland University, Stellenbosch University and Groningen University. Some of these qualitative studies have a more theoretical base. So far six studies had a more experimental design, comparing baseline and evaluation research and/or mixed methods research.

Currently a collaborative research project is being implemented that is promising in terms of its ability to evaluate the impact of CoH, as it has a longitudinal research design. Thus far with this longitudinal study, a scoping study has been completed, as well as two baseline studies in Senegal and Uganda.[7] In April 2018 the baseline study in Guatemala will take place. In these three countries faith leaders will be followed from the baseline, through the training, mobilisation and follow-up of CoH.

Looking at the findings from these studies, one notes that faith leaders report changes in their own lives, their understanding of gender, and gender relations.[8] In addition, faith groups and communities report changes in the attitudes and behaviours of faith leaders.[9] Research also suggests that these are long-term processes of change for faith leaders.[10] This is demonstrated in the example of faith leaders organising seminars on child protection and gender inequality[11] and developing better networks between faith leaders and service providers, teachers and the police.[12] Studies also reported that faith leaders intervened more often to protect children from harm.[13] Research in Malawi suggests that, when introduced to the CVA programme simultaneously (with CoH), faith leaders actively engage in advocacy for better legal protection of children.[14]

While the evaluation studies thus far completed report that CoH has been effective within the given contexts, there are limitations to such studies. It is the hope that the longitudinal study will enable a deeper insight in to what is effective in engaging faith leaders in challenging harmful attitudes, beliefs and practices in the broader context of Child Protection.

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[7] Lee, L. 2016. *Establishing the contribution of faith communities in strengthening child protection*. Channels of Hope Child Protection Global Impact Study: SENEGAL
Literature Review. unpublished; Eyber C, Kachale B, Diaconu K and Ager A .2016. *Channels of Hope for Child Protection Senegal Baseline Report*. unpublished; At the time of submitting this report, the Uganda baseline study had been conducted but the report had not yet been out.

[8] Wilson E, Bartelink B.2014. *Evaluation Report Channels of Hope for Gender*. Unpublished report for World Vision International; Bartelink B, Wilson E, Haze N.2015. *Spirituality as a conduit for social transformation? Rethinking secular and religious assumptions in practice*. Unpublished report for World Vision Netherlands and World Vision UK

[9] Wilson E, Bartelink B.2014. *Evaluation Report Channels of Hope for Gender*. Unpublished report for World Vision International

[10] Bartelink B, Wilson E, Haze N.2015. *Spirituality as a conduit for social transformation? Rethinking secular and religious assumptions in practice*. Unpublished report for World Vision Netherlands and World Vision UK

[11] Wu, J, Kilby P.2015. *Evaluation of Honiara Community Vision for Change Project, Australia National University and World Vision Solomon Islands*. unpublished; Le Roux E, Oliver J.2016. *Interim Research Activity Report' Faith and Gender in Development Project. Building an Evidence base for the effective scale-up of Channels of Hope for Gender*.unpublished; Kachale B, Eyber C, Ager, A.2015.*Learning from the Implementation of Channels of Hope for Child Protection in Malawi*. Report to World Vision UK. Edinburgh: QMU, Edinburgh.unpublished.

[12] Wilson E, Bartelink B. 2014. *Evaluation Report Channels of Hope for Gender*. Unpublished report for World Vision International; Wu, J, Kilby P.2015. *Evaluation of Honiara Community Vision for Change Project, Australia National University and World Vision Solomon Islands*.

[13] Kachale, B, Eyber, C and Ager, A .2015. *Learning from the Implementation of Channels of Hope for Child Protection in Malawi. Report to World Vision UK*. Edinburgh: QMU, Edinburgh.

[14] Ibid.

4. World Vision International's approach to faith leaders and HTPs

When HTPs are identified as issues that affect the community, they are addressed within WVI's broader area development programme approach, especially its child protection (CP) and gender work streams. The organisation mentions HTPs in documents and reports on policy, referring to 'harmful traditional or customary practices', but it does not necessarily use this terminology at the level of programmes and interventions in local communities. A child rights advisor in the WVI global team explains:

> *It is a term we used to use, but we try to stay away from that word to the community. We just call it a harmful practice because we don't want to demonise culture and we don't want to come with these imposing western forces, trying to tell them that their culture is bad. …It's a non-starter [in the community] and the truth is, these things are just harmful practices, so we don't need to call them traditional or cultural. …Whether it is a tradition, culture or not, it's hurting kids.[15]*

In addition to HTPs being a 'non-starter', the same interviewee also argued that it might erroneously suggest such practices are caused by culture or tradition. This point was also raised in other interviews. A gender project coordinator from Timor Leste emphasized that gender-based violence (GBV) in Papua New Guinea needs be understood in a broader context of violence, economic deprivation and unemployment.[16] "Cultural beliefs are some of the drivers behind the tolerance of violence", but should not be seen as (sole) causes. A gender advisor from Uganda identified poverty as a key driver of HTPs, explaining how savings groups (which are crucial in empowering women to provide for their children themselves) reduced domestic violence, which in the context of poverty often emerges around the control of financial resources.[17]

In interviews and documentation, child and early marriage (CEM) and female genital mutilation/cutting (FGM/C) were identified as the HTPs most often cited as problematic by communities. For example: the Muslim faith leader identified FGM/C and CEM as the most important harmful practices in communities in Kenya, alongside child labour and inheritance issues; the issue of CEM was mentioned as one of the primary child protection challenges in a particular community in Malawi[18]; and in Senegal CEM was raised as a problem by community leaders as well as by children.[19]

How HTPs are named and addressed is particular to the context in which they arise. For example, a report on Malawi suggests that 'early marriage' is seen as a more appropriate term than 'child marriage' in that particular context.[20] Furthermore, not all HTPs are seen as harmful within a local context. Findings from a baseline study carried out in Senegal suggest that the same community leaders who identify FGM/C as a problematic practice, also see CEM as a helpful one, speaking positively about local faith leaders' role in performing early marriages.[21] In order to understand local attitudes towards particular practices it is therefore necessary to be as specific as possible.

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[15] Judy, July 10, 2017. Pseudonyms are used throughout the document.

[16] Michal, July 17, 2017

[17] Sara, July 6, 2017

[18] Kachale, B, Eyber, C and Ager, A .2015. *Learning from the Implementation of Channels of Hope for Child Protection in Malawi.* Report to World Vision UK. Edinburgh: QMU, Edinburgh.

[19] Eyber C, Kachale B, Diaconu K and Ager A .2016. *Channels of Hope for Child Protection Senegal Baseline Report*. Unpublished report.

[20] Kachale, B, Eyber, C and Ager, A .2015. Learning from the Implementation of Channels of Hope for Child Protection in Malawi. Report to World Vision UK. Edinburgh: QMU, Edinburgh.

[21] Eyber C, Kachale B, Diaconu K and Ager A .2016. *Channels of Hope for Child Protection Senegal Baseline Report*. Unpublished report;

As much as possible, WVI bases its country-specific programming on a *local understanding* of HTPs. National offices identify specific HTPs to be addressed, informed by what communities themselves have identified as the most urgent problems and needs in their own. When asked which HTPs were practiced in their country/ communities, the research participants' responses were quite diverse. In Uganda the issue of child sacrifice has recently attracted the attention of local faith leaders and World Vision (WV) Uganda staff as a very urgent and worrisome practice[22]; CEM was also mentioned as a practice affecting girls throughout the country; and forced marriage through what is referred to as 'marriage abduction' happens in the Karamoja region in Eastern Uganda. In West Africa, Muslim burial practices and Christian ritual practices (such as communion) that are harmful in the context of the ebola outbreak were identified as HTPs. As practices that contribute to the spread of the ebola virus were identified as HTPs, this indicates that HTPs are (at least for practitioners) not always gender-specific. Further HTPs identified in the context of West Africa included methods of disciplining of children through beating; CEM; and FGM/C. A research participant working in the Solomon Islands, Vanuatu and Timor Leste defined GBV as an HTP. In WVI internal documents some references are made to gender biased sex selection and son preference.[23]

In communities and its own internal policy, WVI has stopped using the term 'HTPs' and adjusted its terminology to mention particular HTPs to fit with the local understanding of the practice. However, this approach involves a delicate balancing act between local culture and global parlance:

> *... we will still submit a proposal to our major donors using the vernacular 'harmful traditional' or 'harmful cultural practices'. Just because we know that that is the vernacular and it resonates and that's what they [the major donors] are working towards.*[24]

This poses a dilemma for the organisation and its staff: how to balance donor goals and priorities, while at the same time acknowledging and respecting local ownership and understanding of WVI's work? It appears that WV staff is constantly navigating between two (or more) worlds, trying to use appropriate and effective language in each.

5. The role of faith, faith communities and faith leaders in relation to HTPs

World Vision recognises that faith can play an important role in challenging the social, physical, emotional and spiritual issues that impact children. Collaboration with churches, faith communities and faith leaders are seen as crucial to the work of the organisation. For example, in the Solomon Islands and Papua New Guinea there is a "strong Christian influence. ...Faith leaders, people really listen to them, especially in the rural areas were people will go to the church weekly."[25]

World Vision partners with faith groups and faith leaders who are already present in the communities where it works. The organisation engages with leaders from across the spectrum of Christian traditions - Catholic, Orthodox, and Protestant. Moreover, and increasingly so, WVI collaborates with leaders, communities and organisations from other faith traditions present in a community, including Islamic, Buddhist and Hindu leaders. This is done as the organisation has recognised that the leaders of many different faiths are key figures in local communities. In India, for example, this also means engagement

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[22] According to the interviewee such practices, often linked to witchcraft beliefs, are performed on request of people who want to escape poverty or ensure success for their businesses and pay ritually kill a child (Sara, July 6 2017)

[23] An example is the World Vision.2017. *Channels of Hope for Child Protection. Christian & Muslim Reference Index*. World Vision internal document.

[24] Judy, July 10, 2017

[25] Michal, July 17, 2017

with the top-level Hindu, Muslim and Christian leaders, as their authority in local communities is extensive.[26]

The awareness that faith leaders play influential roles in local communities around the world has motivated WVI and its partners to adopt and further develop CoH. CoH is the main way in which HTPs are addressed in relation to faith actors, as CoH addresses "deeply entrenched, long-lasting beliefs, convictions and culture that may contribute to harmful attitudes, norms, values and practices and hinder child and community development outcomes".[27]

CoH's theory of change shows how the methodology prioritises engagement with faith leaders, and offers an interesting perspective on faith leaders' roles in relation to HTPs:

> *Faith communities, faith leaders and community leaders play a crucial gate-keeping role in the community. They can either block or allow messages/approaches to be distributed within the communities. In some cases, they might even obstruct messages when they feel the messages/approaches are in opposition to their faith and values. There may also exist cultural and religious practices, which contribute to or exacerbate the issues that limit CWB [community well-being]. The combined effect of the gate-keepers blocking messages, together with the harmful cultural/religious practices, act as filters which limit the effectiveness of the efforts from the government and WV and other NGOs.[28]*

World Vision acknowledges that faith leaders can play positive *and* negative roles in regards to challenging HTPs. Faith leaders can be supportive of HTPs, not only legitimising but also practising them. In Uganda, for example, WVI knows of pastors who have married girls younger than 18 years; girls in Senegal have indicated to World Vision staff that they were being pressured by parents and faith leaders to get married early or without their consent;[29] and in Senegal, WV is aware of certain faith leaders performing marriages between rapists and their victims, with the faith leaders arguing that it is a successful solution. There is thus clear recognition that faith leaders do not only challenge HTPs, but may actually contribute to their perpetration.

Gatekeepers can, however, also become door openers. This understanding of faith leaders' roles is central to the CoH approach. Faith leaders are prioritised because of their roles, respectability and authority in local communities. They are therefore potentially important 'channels of hope' in bringing about improvement in the lives and wellbeing of children and communities. According to the interviews with WV staff members, faith leaders act as the voices of their villages, creating important networks and platforms of support in communities. Together with their spouses, faith leaders are seen as role models for both men and women in the community. This is the reason why WVI always invites faith leaders and their spouses to attend the (first) catalysing workshop together. According to a research participant:

> *…the faith leaders have the biggest voice, the biggest reach, they have the biggest respect. They are respected more than our political leaders, more than our doctors, more than our professors. So if we work with the faith leaders and bring them in, win their respect and we allow them to work among them [community members], we are going to achieve more in community mobilisation and community response than just as going in as professionals. So working with religious leaders we win more ground than anything else, and you'll find the*

[26] Aaron, July 27, 2017
[27] World Vision. 2016. *Channels of Hope project model*.
[28] World Vision. 2014. *Channels of Hope Theory of Change*. https://jliflc.com/wp/wp-content/uploads/2014/07/Add2-Doc1-ToC-FINAL.pdf Accessed 24 July 2017.
[29] Eyber C, Kachale B, Diaconu K and Ager A .2016. *Channels of Hope for Child Protection Senegal Baseline Report*.unpublished report

religious leaders make us effective. [They] make our work sustainable because …the religious leaders are going to lead in the community after implementation of our programme.[30]

Thus it was observed that faith leaders make a community more receptive to HTPs messaging. Furthermore, WVI only works for set number of years within any given setting, and thus partners that remain in the community are crucial.[31]

6. Interlocutors

As has become clear in the previous sections, faith leaders are generally reported as the most effective interlocutors in local communities and there is considerable (qualitative) evidence to support the claim that faith leaders are agents of change. There is, however, also an awareness of the importance of engaging other actors. WVI therefore also invests in engagement of teachers, social workers, police and legal experts, health workers and other professionals in local contexts with faith leaders. School teachers, for example, are seen as important interlocutors, as they are often faced with the issue of under-aged children being forced by their parents to get married.[32] More recently, it has been argued that traditional leaders, such as village chiefs and elders, should be targeted and engaged more explicitly in the process as well.[33]

World Vision is therefore now including traditional leaders more concertedly, identifying their positons and attitudes in baseline research and engaging with them more explicitly in programme planning. Experience with including traditional leaders is still somewhat limited, although the senior child rights advisor (who is part of the global team) reports some experiences with traditional leaders responding positively to CoH; most traditional leaders are also Muslim or Christian.

The faith partnership advisor for West Africa emphasised the importance of women as interlocutors, as "the role of the woman is very important on the issues of early child marriage, because they are the ones that actually get these girls married".[34] Reports on networks and collaborative approaches to Child Protection emphasize that pastors and their wives working together is particularly effective, because women can more easily talk to other women.[35] Female faith leaders and/ or faith leaders spouses are therefore important interlocutors, in particular in addressing HTPs with women.

7. Safe spaces for discussing HTPs

In discussing safe spaces, all the interviewees emphasised the importance of a positive approach to faith leaders, as it creates a safe space for open and honest discussion. Being non-judgmental creates the space for faith leaders to express themselves. While it can be challenging or provocative to talk about HTPs, it is important to do so without being confrontational. A participant who is a gender advisor explained:

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[30] Joseph, June 23, 2017.
[31] Cf. World Vision. 2011. *World Vision's Area Development Approach*.
http://www.wvi.org/sites/default/files/Brief_Overview_Development_Programmes_1.pdf Accessed 24 August 2017.
[32] Eyber C, Kachale B, Diaconu K and Ager A .2016. *Channels of Hope for Child Protection Senegal Baseline Report*.unpublished report;
[33] Wilson E, Bartelink B. 2014. *Evaluation Report Channels of Hope for Gender*. Unpublished report for World Vision International; Bartelink B, Wilson E, Haze N.2015. *Spirituality as a conduit for social transformation? Rethinking secular and religious assumptions in practice*. Unpublished report for World Vision Netherlands and World Vision UK
[34] Jospeph, June 23, 2017
[35] Kachale B, Eyber C, Ager A .2015. *Learning from the Implementation of Channels of Hope for Child Protection in Malawi*. Report to World Vision UK. Edinburgh: QMU, Edinburgh.

> *[During the workshops we are] just exploring, allowing them to be themselves. And as we discover and bring in the facilitation, they realise that, actually, this [i.e. the faith leaders approach] is wrong. But also allowing these [faith leaders] not to feel like they are condemned in what they've been doing …We will allow them to express themselves and the way they believe and so on.[36]*

Very important in creating safe spaces for discussion on HTPs, is that there is trust between faith leaders and whoever is leading the discussion. Taking time to go from one stage to another allows trainers and faith leaders in the group to build trust. Sharing his personal experience, one faith leader explained how this gradual approach had allowed him to talk about issues (such as GBV) that he was concerned about but had never talked about with other faith leaders before.[37]

Those leading conversations around HTPs need to be sensitive with the language they use, as this can create safe spaces or destroy them. For example, using the terms that participants themselves use, rather than introducing perspectives and terms that might be seen as offensive and therefore inhibiting of conversations. A senior advisor also emphasised how important appropriate language is for creating safe spaces for conversations about sensitive issues and harmful practices:

> *[We do] not put them on the edge … At World Vision we come from an appreciative inquiry perspective and say what in your culture can protect children and that's where we start the conversation … We are giving cards shaped like fruits and we ask them to write things they see in the community that is protecting and not protecting your children. Than we ask them to reflect on the roots, on what causes these practices.[38]*

Safe spaces are created and maintained by paying careful attention to the power dynamics within a group, particularly as it relates to gender and age. Care must be taken to create a 'level playing ground', where everyone can share freely. World Vision therefore always partners with a faith leader from the community itself, who takes on a coordinating role in helping to ensure a balanced selection of workshop participants. Implementation of CoH G has shown the importance of being sensitive to age dynamics, so much so that WVI has developed the CoH Gender Barefoot model, a version of CoH G that has been adapted for youth.

8. Approaches

One can detect four distinctive (though not exclusive) approaches in WVI's engagement with faith leaders and HTPs.

Firstly, WVI recognises faith leaders as key community influencers. If they are engaged in challenging HTPs it will impact on their personal and family life, on the church congregation and, given their broader authority, also have an impact in the broader community.[39] A WV gender advisor highlighted that if one is "able to empower them [faith leaders] to be able to start walking, mobilizing their communities … transformational change, transformational justice [can be achieved] within their communities."[40]

Secondly, when working in interfaith settings, WVI emphasises that they have no wish to influence or change faith leaders' religious affiliation. Alternative practices and tools are presented as a positive,

[36] Sara, July 6, 2017
[37] James, July 21, 2017
[38] Judy, July 10, 2017
[39] Le Roux E, Olivier J.2016) *Uganda Case Study Report*. Unpublished report part of the Faith and gender in development project: Building an evidence base for the effective scale-up of Channels of Hope for Gender.
[40] Sara, July 6, 2017

enriching opportunity, rather than as 'going against' standard practice. On the contrary, they highlight that faith leaders have impact and influence, and offer themselves as a partner in assisting faith leaders in increasing their effectiveness:

> *First of all, you have to win their [faith leaders] respect, they must respect that what you are organising. And then they must understand your motive; that if you are a Christian organisation, it is not to evangelise the Muslims. They must be comfortable that you are there for their good and that, even what you give them, even what you want to make them change, will even help Islam or it will help Christianity … So when they know you are helping their faith to do the best they can, [to] do as God want them to do, then things will become easier for you. To the contrary, if they think you have come to hinder their faith, then you are going to have it tough.*[41]

Thirdly, WVI prioritises engagement with sacred scripture. The scriptural understanding of harmful practices and gender issues helps faith leaders to see how these cultural practices are present in their own lives and communities, and how it is relevant to respond to these cultural practices in their roles as faith leaders:

> *The first thing that we ensure is that the people who are facilitating [workshops] are recognized scholars in that particular area. So an Islamic scholar will be invited and that community recognises him as an Islamic scholar, meaning that when he will explain that this is the interpretation of this scripture, they will easily accept it.*[42]

Lastly, WVI prioritises the sharing of public health information. In many settings faith leaders do not even have the basic biomedical information relevant to a harmful practice. This could be due to their own lack of education, or inability to fully understand technical facts. Thus WVI shares this information, packaging it in a simple way using simple language. This means faith leaders do not have to become public health experts, but the knowledge on health is brought to them as part of their engagement with the scriptures. An example on how ebola was approached in West Africa is illustrative:

> *[So we start by explaining that] ebola is spread by touch contact with body fluids of someone who is sick or a dead person. What are the practices that we do in our churches, in our mosques, that will get us into contact with a dead body or into contact with someone who has a disease? After that we say: Okay, this seem to be lawful contacts if that traditionally we believe actually either from the Bible or from the Qur'an, let us go back to our scriptures. Do we really find these things and is it really necessary for us to do that? If they're there, are there some exceptions? And so for the Christians we'd say: Okay, the laying on of hands, is it always necessary to lay hands, is it a mandate that one can only be blessed or healed with the laying of the hands. So we often start discussing these issues to find out whether the practice is necessary for all cases or there are some exceptions that you can do?*[43]

Another faith leader explained how the public health information offered him a new language to voice his concern over sensitive issues that he would not discuss with other faith leaders or the broader community previous to his engagement with WVI.[44]

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[41] Joseph, June 23, 2017
[42] Joseph, June 23, 2017
[43] Mohammad, July 18 2017
[44] James, July 21 2017

9. Partnerships

For WVI, engaging with and through faith on HTPs requires the active participation of clergy and scholars. An example of this is WVI's engagement with Muslim clergy and scholars in the development of Islamic reflections on Child Protection issues for the Reference Index, and on the development of the Islamic component of CoH Ebola and CoH HIV & AIDS.[45] For example, the Kenyan Muslim faith leader interviewed for this case study has been engaged in developing the Islamic reflections on Child Protection issues for the Reference Index, is part of the team that developed CoH for Ebola, and also works as a trainer and facilitator in the implementation of CoH for HIV & AIDS and Child Protection.

World Vision has established a partnership with Islam Relief Worldwide (IRW), to scale up these individual collaborations and engage more systematically with an Islamic development organisation.[46] Together the organisations co-developed the Muslim content for CoH Child Protection and CoH Gender, under the leadership of IRW. The collaboration includes further development of the content and joint implementation in Lebanon and Indonesia.

In other contexts, particularly in Asia, WVI has also invited Buddhist, Hindu and non-religious leaders to participate in CoH. The implementation of CoH in multi-faith contexts is often done through organising interfaith workshops. For example, given the co-existence of religions in India, WV India is working on adapting CoH to the Hindu and broader diverse context of India, in addition to working with the Christian and Muslim models. While other interviewees suggested that they might work with Muslims and Christians separately when the context required this, in India World Vision aims to always work interfaith, engaging faith leaders from different religious and spiritual traditions present in the community.[47] World Vision India also engages in partnerships with interfaith councils and bodies on national level to build coalitions of faith leaders around particular social issues. This is often easier than engaging on faith issues, whether on national or community level, because "issues of families concern all."[48]

10. Challenges and opportunities

Opportunities and challenges have been discussed in the preceding sections. This section will briefly outline the key opportunities and challenges identified:

Opportunities

- Engaging faith leaders more, holistically (i.e. beyond a merely instrumental role) and long term.
- Developing the CoH methodology further, so it can be introduced in official theological training and education programmes for clergy.
- The creation of women-only spaces, where women and girls can speak out on the challenging issues they face.

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[45] The Index offers technical information on more than 60 topics that can emerge in work with faith leaders on child protection. These include CEM, FGM/C, Gender Biased Sex Selection and Preference for Boy Children, while no explicit mentioning of honour related violence is made. In 100 additional pages, Christian and Muslim reflections on the technical information are provided. This internal document serves as an encyclopaedia for faith leaders and technical staff facilitating workshops and trainings with faith leaders. Cf. World Vision.2017. *Channels of Hope for Child Protection. Christian & Muslim Reference Index*. World Vision internal document.
[46] Cf. E. Le Roux & B.E. Bartelink.2017. *Islamic Relief Worldwide: Case study as part of DFID-funded Working effectively with faith leaders to challenge harmful traditional practices*. Submitted to DFID on August 31
[47] Aron, July 27, 2017
[48] Aron, July 27, 2017

- Interfaith work allows Muslim partners to benefit from the social, health and international development networks of their Christian counterparts

Challenges

Engaging with faith leaders can be challenging because:
- Local leaders, in particular those based in rural areas, are often of low literacy, and speaking a local language rather than a national or international one. Text-based methodologies therefore need to be presented orally, which takes more time to absorb. Yet this challenge can also be an opportunity: since these leaders often lack formal theological training, following the knowledge and insight they acquire through the workshop, they sometimes become the most passionate role models in their community.
- Some faith leaders lack infrastructure and support, particularly in poorer, rural communities where faith leaders have to earn their income through farming. In these churches, often independent, faith leaders are not always able to form committees to do outreach to the community.[49]
- Conflicts, theological disputes and critique between faith leaders can be a challenge within certain settings. In that case extra time and preparation is needed for dialogue and mediation. One potential solution can be to engage higher-level clergy in the process. This seems to be more applicable to the more hierarchical churches, such as the Roman Catholic Church, and in different ways to Muslim leaders, given the scholastic authority of higher-ranking leaders.
- The engagement with scriptures can be challenging and requires deep knowledge of the sacred texts, theological (and judicial) reasoning, and the various interpretations in different schools and traditions.
- Working interfaith is not always a good option. In certain settings having interfaith meetings results in conflict around faith, rather than engagement on the social issues that needs addressing. Because 'doctrine divides but service unites', engaging faith leaders in a practical way is sometimes advisable.
- Faith leaders from non-Christian faiths are at times hesitant to, or are criticised for, working with a Christian organisation such as WVI. People fear pressure to convert, and especially more fundamentalist faith groups criticise engagement with an organisation of another faith.
- Faith leaders are often only effectively engaged if they are brought into networks that include other stakeholders such as teachers, police and building broader community networks. These links allow faith leaders to act quickly and more effectively.

Engaging with women can be challenging because:
- Women often have less influence and authority within a community, due to patriarchal views on the relative value of men and women. In particular, this becomes evident in the cases where faith leaders' wives can often only exercise influence when operating together with their husbands.
- In a related development, there is a clear gender disparity in how men and women are involved following the introduction of CoH. Men take prominent leadership roles, while women do more grassroots engagement (and invest more time).[50]

It can be challenging making programming responsive to context:
- Faith leaders can play important roles, yet they are not a magic bullet. For example, in certain settings faith leaders have reportedly played positive roles in developing and offering

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[49] Interviews with Judy and James, and reported in Kachale B, Eyber C, Ager, A.2015.*Learning from the Implementation of Channels of Hope for Child Protection in Malawi*. Report to World Vision UK. Edinburgh: QMU, Edinburgh. Unpublished.
[50] Wilson E, Bartelink B.2014. *Evaluation Report Channels of Hope for Gender*. Unpublished report for World Vision International.

alternative initiation rituals as a way to prevent FGM/C, but these were not necessarily effective because traditional leaders continued performing FGM/C in secret. Earlier evaluation studies indicate that working with women who carry out FGM/C is very difficult.[51]

- Inclusion of community and traditional leadership has been lacking, although recently these leaders have been included more explicitly in base-line research and in some areas these leaders have been engaged in CoH.[52]

11. What works?

Based on participants' interviews, as well as a document review, a number of practices can be identified that are key to addressing HTPs and/or working with faith leaders. They include:

- Engaging faith leaders theologically is a significant contribution towards success, because it means engaging them on something they have vested their whole lives in and they are comfortable with.
- Being provocative without being confrontational, by connecting to faith leaders in their own language and relevant to their lives, faith, knowledge and skills.
- Bringing scripture and theology into conversation with public health knowledge, to open up new reflections on HTPs and equip them with knowledge and language to address them.
- Developing resources that discuss particular practices in the context of a specific religious and scriptural tradition.
- When scriptural traditions are unclear or lead to dispute, using basic faith principles as reference point during discussions. These principles, supported by verses from the scriptures, are agreed on in the beginning of the process and used as points of reference throughout.
- Always taking a positive approach, in other words, starting with the positive before letting the negative practices in the community be raised by faith leaders.
- Having trained and capable facilitators is crucial. But in order for them to effectively engage with people and be authoritative, facilitators need to have theological and scriptural grounding themselves, as well as the relevant knowledge.
- Non-judgemental and longer-term approaches, in which faith leaders are accepted and respected regardless of their understanding of HTPs at that particular moment in time.
- In terms of successful community follow-up and system strengthening, it is crucial to engage faith leaders with other stakeholders.

12. Conclusions

The case study has discussed how WVI is able to, through their CoH methodology, engage with faith leaders through an approach that brings together public health information with scriptural and theological reflection. While the HTPs defined in this study do come up as challenges in local communities in the work with faith leaders and local communities, and are addressed within the methodology, the issue of HTPs or particular practices are not introduced top-down. A focus on improving the well-being of children, women and men, allows for a positive approach to community development that is sensitive to local understandings and sensibilities. Working with faith leaders as

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[51] Wilson E, Bartelink B.2014. *Evaluation Report Channels of Hope for Gender*. Unpublished report for World Vision International.

[52] cf. key-findings in Jody Curth-Bibb, Kate Higgins, Dominic Buataigha, George West .2016. *Evaluation Report Channels of Hope for Gender. Wheather Coast and Themotu Community Channels of Hope Project*. Unpublished report for World Vision, funded by Australian Aid.

'channels of hope' capable of realising change and generating support in their communities, is part of this. The key to engaging faith leaders to challenge harmful practices in their communities is a sophisticated combination of scriptural and theological engagement and public health knowledge. Building the practical skills of faith leaders is important towards ensuring action and follow-up, which can be done through additional advocacy tools. Finally, the case-study also suggests that strengthening collaboration between faith leaders and other interlocutors, such as female (faith) leaders, teachers, police and health professionals is important for a comprehensive and community-based approach to challenging HTPs.