

AN EVIDENCE-BASED STUDY OF THE IMPACT OF CHURCH AND COMMUNITY MOBILISATION IN TANZANIA



N Scott, A Foley, C Dejean, A Brooks, & S Batchelor

May 2014



Gamos

SETTING THE SCENE

CHALLENGING DEVELOPMENT APPROACHES

Good development enables and empowers those living in poverty and vulnerability to make new choices and to find solutions that will help them out of poverty. Tearfund has been working with and through the church for more than 40 years to create such an enabling environment – where people can look at their own situation and make their own decisions as to what can and should be done to improve individual lives and community life.

During the 40 years, the way in which this has been done has changed. Initially Tearfund's work focused predominantly on sending people and resources to communities in order to give them a start. Tearfund worked through partnership, often with national church bodies or with those called to lead social and development work in their country. About 15 years ago, staff and partners began exploring a dynamic way of helping local churches to work together with their communities to address their own needs using their own resources.

This approach is called *Church and community mobilisation* (CCM). Churches, like other faith communities, are very well placed to mobilise local resources for their own benefit and the benefit of others.

CHALLENGING OUR OBSERVATIONS

Throughout the development of CCM Tearfund has observed good things. We have heard many stories of how the church has engaged with the community. We have heard testimonies from church attendees and community members of changes in their lives – claims that once they were hungry, but now have food; where there was discord now there is peace. However, Tearfund seeks to be a faithful, responsible, and professional organisation with high quality standards, so in addition to asking “what change?” has taken place and exploring how this has impacted people's lives, the board, staff and partners have often asked “how many and what does the change look like?” For example we may hear the story of a

The process of CCM helps local churches and communities build on the resources and skills they already have. It inspires and equips people with a vision for determining their own future with their own resources. CCM is an expression of ‘integral mission’, which is the work of the church in contributing to the positive physical, spiritual, economic, psychological and social transformation of people.

CCM approaches have been implemented across a range of the 35 countries in which Tearfund works with its partners. This includes Tanzania, where CCM approaches have been implemented by Tearfund's partners over the past 8 years. Changes in the communities and churches have started to be evident and therefore warranted further discovery.

This summary sets out research undertaken in north-west Tanzania in 2013 by Tearfund to explore the impact of the CCM approach in bringing about changes to the lives of communities.

change to an individual's life, but is this just a one off case? Tearfund is keen to find out if this story is part of an ongoing process of change within the whole community or is a result of some other intervention. In doing so we want to understand how a process such as CCM is helping to bring about change for communities and churches. The international development sector asks about the cost effectiveness, efficiency, sustainability, relevance and impact of programmes. While we trust that Tearfund and its partners are working for the good of the church and surrounding communities, Tearfund also seeks confirmation through solid evidence.

CONTENTS

Setting the Scene	2	Progress on Poverty	13
This Study	3	Relationships and Poverty	15
Research Methodology	3	Relationships Between One Another	15
Domains of Change	5	Relationships with God	17
Poverty and Wellbeing Indicators	6	Believing in People	19
The Good News	8	Conclusions	20
The Good News on Agriculture	8	Summary of Impact	20
The Good News on Health	9	Next Steps	21
The Good News on Politics	11	Acronyms and Definitions	22

THIS STUDY

RESEARCH METHODOLOGY

This report documents key findings from a research study of the CCM programme in north-west Tanzania. The CCM programme was commissioned by Tearfund in 2013 and supported by seven of its partners. External consultants were commissioned to work with Tearfund in Tanzania to apply a quasi-experimental evaluation of the impact of the CCM programme (See Boxes 1 and 2)

A quasi-experimental approach involves assessing a control group against others within the intervention area who were not directly involved with the programme. The sample was drawn from communities with similar characteristics: a) involvement with the CCM process for at least five

years ago (2008 or earlier); b) presence of a local church; c) similar environmental, ethnic, and economic contexts.

18 research communities were selected in order to give a heterogeneous mix of communities across the six dioceses in which each of the partner organisations has been working since 2008. The total population size for the areas was 73,724 (average community population of 4,000).

The sample of 757 respondents (697 from CCM communities and 60 from control communities) had a good gender balance (55% male, 45% female). The survey gathered data on a total of 4,121 individual members of the households represented by the 757 respondents.

Box 1: Sample Groups

Throughout the paper, we refer to clusters of respondents within the overall sample. These can be classified into the following:

- **Direct:** respondents from CCM communities who have participated in CCM activities (members of a group/project, CCM representatives, or people who have attended CCM community meetings).
- **Indirect:** respondents living in CCM communities who have not participated in CCM activities.
- **Unaware:** respondents living in CCM communities who are not aware that there is a CCM programme (they are a subset of the **Indirect**).
- **Control:** refers to respondents from neighbouring villages which did not have a CCM programme in their location.

The methodology was based on making comparisons between people in these communities who had been engaged in CCM and those who had not. However, in light of concerns that inadequate sub-samples of people with no engagement in the programme might be returned, a small control sample was obtained from neighbouring communities.



Field Enumerators planning the research

The first phase of field research activities revolved around interviews with local leaders and focus-group discussions with community members. This involved collection of community maps and plans where available, stories of significant change and semi-structured interviews with men, women, and mixed groups. These activities identified the changes that communities were able to self-report and some of the trends that lay behind them.

This informed the design of a household questionnaire that was then administered in each of the communities. Volunteer enumerators conducted the qualitative and quantitative research, along with guidance and support from the consultants and Tearfund. The household survey data was collected using android mobile tablets to collect data in-situ. All the field research activities were conducted between April-July 2013.

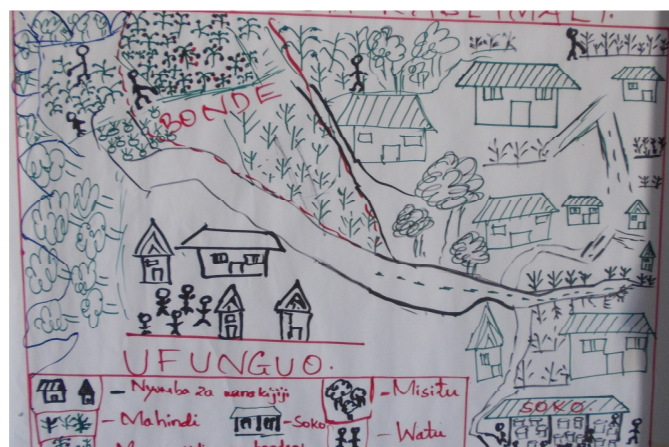
Box 2: Quasi Experimental Approach

The study is said to be ‘quasi-experimental’. The ‘quasi’ aspect is because we have no control over people’s lives; it is not possible to undertake a pure randomised control trial because of the nature of the intervention, ethics and the complexity of the context.

The methodology employed uses statistical techniques to make comparisons between respondents from CCM communities who had participated in programme activities (regarded as direct beneficiaries) and those who had not participated in CCM activities (regarded as indirect beneficiaries). Direct beneficiaries were defined as those who were members of a group/project, CCM representatives, or people who had attended CCM community meetings.

Comparisons were also made between members of CCM communities who had no awareness of the programme (‘unaware’) and respondents from the control communities (‘control’). This was in order to highlight benefits experienced from the programme by all members of the community. The indirect beneficiaries included the unaware group of respondents. The choice of the respondents was governed by a sampling protocol and the study used standard, internationally recognised techniques for investigating the impact of involvement in the CCM programme.

This quasi-experimental methodology using comparison groups and randomized sampling within these groups forms part of a rigorous study that has produced robust and leading evidence on the impact of the CCM approach.



Example of a community map

DOMAINS OF CHANGE

The work began with qualitative research activities designed to provide an understanding of how things had changed. In addition to interviews and group discussions in various settings (including church groups, community groups, mixed and single-sex groups), story-telling techniques were used as a means of getting people to share their experiences of how things had changed. When a project is focused on a

practical task, such as installing a new water supply, it is relatively easy to know what questions to ask. Anyone studying the outcome of the project can look at the new water supply, document whether it is working or not, whether it gives clean water, maybe how many people use it, how people feel about the new supply, what difference it has made to their life or to the health of their children.

The CCM programme is much more of a challenge. It is a process not focused on any one change, but on enabling people to decide what changes they want and might make. That means that the response of a community to the CCM process might be almost anything – an improved school, an improved water supply, a credit scheme, a trained volunteer in livestock health. So how can a study cover all these different aspects?

The qualitative research explored what had happened over the last few years and how the community felt about it. This enabled their various comments to be organised to see what ‘domains of change’ might be explored in the wider survey. As pointed out above, the physical changes were wide ranging, including individual changes in the way people undertake agriculture, the state of their homes, and physical changes within the community, such as building new schools and water supplies. However the people also spoke of social changes, such as if relationships had improved or not, how women have become empowered, and how people have come to trust each other, and themselves.

Tearfund understands poverty through a relationship lens. Poverty is complex, multidimensional and dynamic, but broken relationships are at the heart of Tearfund’s understanding of poverty – relationship with God, relationship with others and relationship with the environment. If the CCM process has worked well we might expect improved relationships among the community, and we should expect improved relationships with the environment and with God. While CCM should not be a forum for preaching, it is a dialogue by which those who have spirituality consider their lives in the light of scripture, and reach out to others in their community in view of that scriptural understanding. It would therefore be expected to see a greater understanding of the breadth of the good news of the gospel, and change in their spiritual lives.

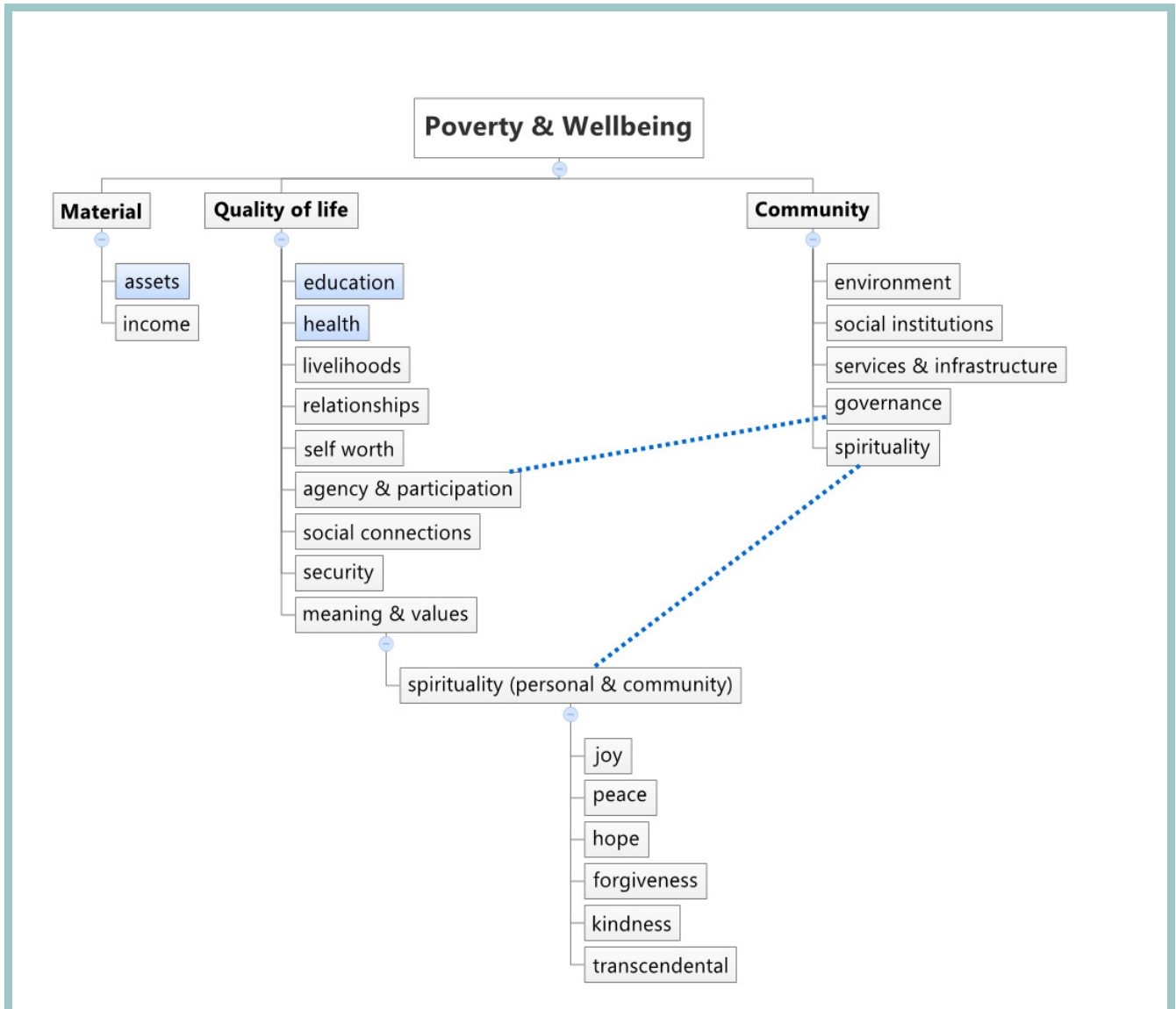
So what should be measured? Tearfund wanted to gather hard data on the impact of CCM on poverty, both material and spiritual. We wanted to follow internationally recognised good practice in assessing material poverty, but our focus on relationships meant that we also wanted to go beyond this to explore indicators relating to relationships and spiritual poverty.

POVERTY AND WELLBEING INDICATORS

Tearfund talks of a holistic, integral response to poverty, which is often out of line with secular agencies working in social and economic development. Recent development thinking is however starting to talk about wellbeing. Wellbeing considers the individual’s access to more than money (and assets), and expands indicators to include: education, health, livelihoods and an individual’s social context, such as personal relationships, community life, security and so on. It takes us into a more holistic view of change within a person’s life. Some of the wellbeing frameworks also include consideration of value and meaning to life, and is often linked to religion and faith.

This study brought together a comprehensive set of indicators to explore the domains of change of interest to Tearfund, and those identified by communities through the qualitative activities (Figure 1). This includes economic and physical indicators, as well as variables, such as relationships and values. Indicators relating to personal quality of life, to aspects of well-being related to community, and to spirituality (both personal and community level) were based largely on frameworks presented in the literature and early thinking by Tearfund.

Figure 1 Summary of poverty and well-being indicators



When considering material poverty, some observers think exclusively about monetary income. However, in research, evaluations, and surveys there has been considerable push back on such a simple measure. Some suggest that income figures are unreliable, as people do not declare their actual income for fear of taxation, or by virtue of the fact that they sometimes receive payment in kind, or that monetary income is sporadic and difficult to calculate accurately. The

Multidimensional Poverty Index (MPI) complements money-based measures by considering deprivations in health, education and living standards. It is well recognised, and was introduced to the UNDP's *World Development Report* figures in 2010. The MPI is made up of ten components that were included in the survey (two relate to health, two to education, and six to standard of living), which fall under the headings highlighted in blue in Figure 1.

THE GOOD NEWS

THE GOOD NEWS ON AGRICULTURE

Agriculture stands out as the area that has seen significant change in communities engaged in the CCM programme. A number of objective indicators show that households which have participated in the CCM programme have become more actively engaged in agriculture – both growing crops and keeping livestock compared with those not involved (Figure 2).

Moreover, households that have participated in the CCM programme have grown a wider variety of crops, which is good for increasing access to food and nutrition, and have sought technical advice from local experts, including government agriculturalists and vets. More households were using modern agricultural methods such as improved seeds, fertilisers and pesticides (Figure 3). On top of this, direct beneficiaries felt that their yields had increased during the last five years and that they were making more profit, but it is recognised that this is based on perceptions rather than actual data of income.

At least half of most crops grown were used for feeding the family, but fresh vegetables such as onions, tomatoes and cabbage were more likely to be grown for market. The study suggests that households that have participated in the CCM programme were more likely to grow food for markets.

Advice from local agricultural experts appears to be an important factor in increasing productivity, as households that have sought advice are more likely to have used modern agricultural practices, and were more likely to feel that their yields and profits have increased. This is good news, not just because productivity appears to have increased, but equally because the CCM process has encouraged a more sustainable approach to agriculture based on an active interest in learning and an entrepreneurial approach to farming that included innovation and active marketing. Deeper engagement with local agricultural experts and with other pioneering farmers will enable farmers to become aware of new possibilities and adapt to changes such as climate change and market liberalisation.

Figure 2 Proportion of respondents growing crops and keeping livestock

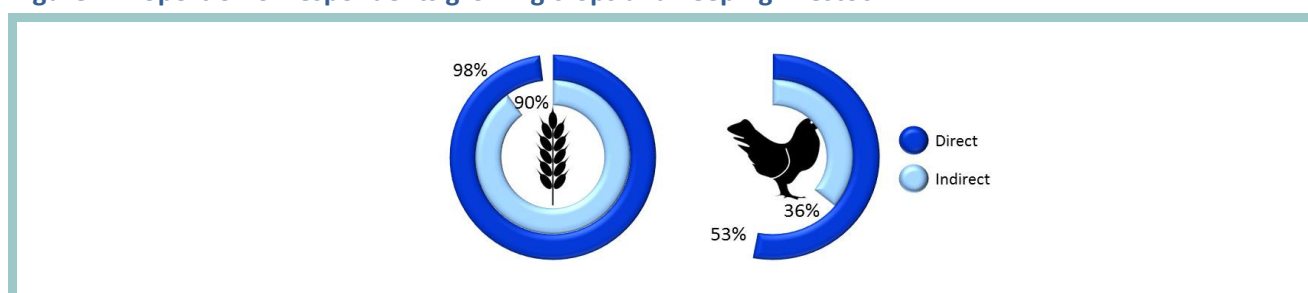
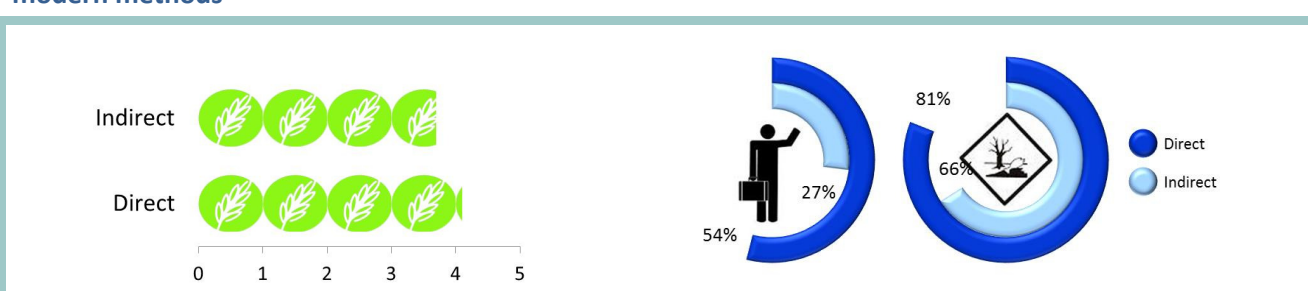


Figure 3 Average number of crops grown and proportion of respondents seeking advice and using modern methods



THE GOOD NEWS ON HEALTH

Many of the key health indicators are similar between those who have participated in CCM and those who have not, although there are a couple of issues that stand out. It is not surprising that the health indicators are not as clear cut as the agricultural ones. Health is a complex issue, and there are many factors that affect those in poverty. What is encouraging is that the issues that stand out are often related to knowledge, indicating that CCM has encouraged people to learn about what to do with their health and to take action where they can. Knowledge on health matters is better among the direct group, for example a higher proportion has a comprehensive HIV knowledge¹, and knows how to respond if their child has diarrhoea. It was also encouraging to find evidence that people are putting that knowledge into action, for example a greater proportion of the direct group are using mosquito nets (Figure 4).

A number of indicators showed improved access to food among households in the direct group. Families in these households ate meat more regularly (but less fish) and the average number of daily meals is slightly higher. But remember that they also grow a wider variety of crops, which improves nutrition. They are more likely to keep livestock, which can provide an important source of nutrients from eggs and milk.



Example of improved latrines

¹ Defined as knowing that HIV infection can be prevented by using condoms and having only one uninfected partner; being aware that a healthy-looking person can have HIV, and rejecting the two most commonly held local misconceptions that HIV/AIDS can be transmitted through mosquito bites and by sharing food.

The data showed that the incidence of child sickness (diarrhoea, fever, and coughs) was clearly lower among those who have participated in CCM (Figure 5). While this is consistent with improved access to food and higher awareness of health matters among the direct group, it is quite likely to be linked to a whole range of good health and hygiene practices, including better use of water and sanitation facilities and the use of mosquito nets.

Overall, respondents were satisfied with their health and, although levels of satisfaction were similar between the two groups, respondents who had been involved in CCM had a much more positive view of changes in their health over the last five years.



Water tank outside a church involved with CCM

Figure 4 Health knowledge and practice – proportion of respondents with comprehensive HIV knowledge, who know how to treat diarrhoea and households using mosquito nets

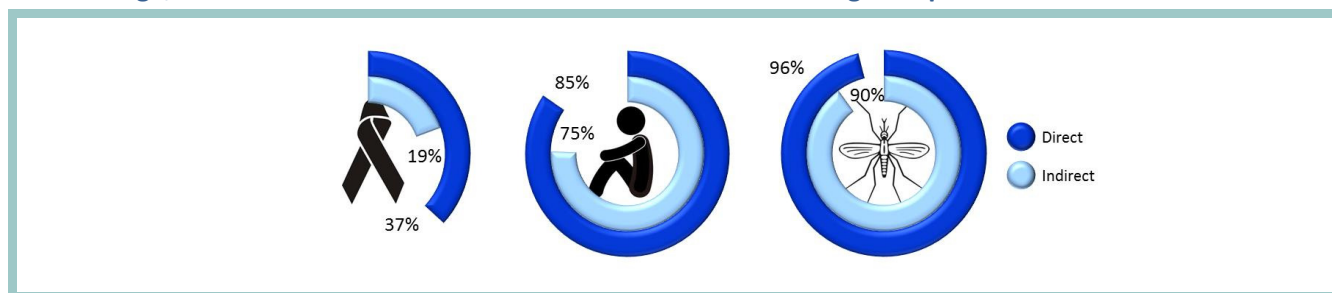


Figure 5 Proportion of children under-five with diarrhoea, fever, and coughs

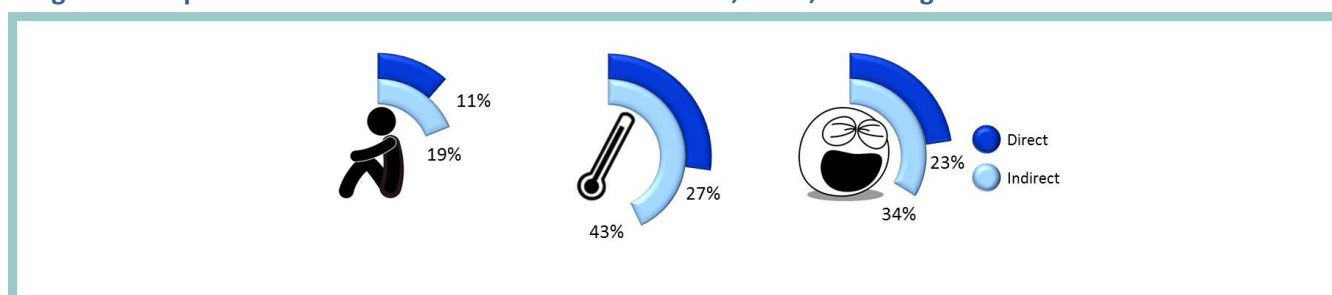
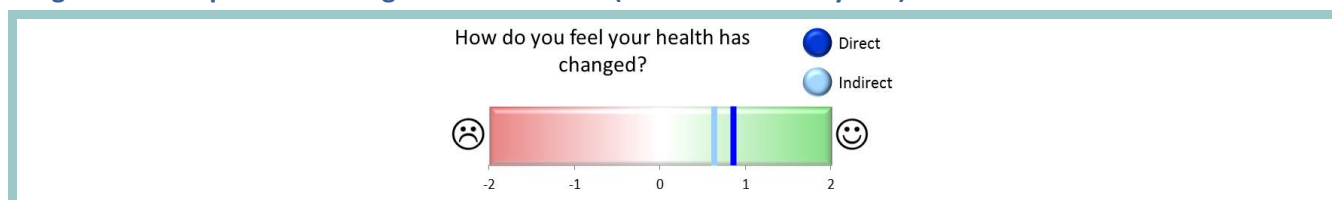


Figure 6 Perceptions of change in health status (over the last five years)²



² The average scores for different groups are plotted on a scale ranging from -2 (much worse) to +2 (much better).

GOOD NEWS ON POLITICS

One of the characteristics of people living in poverty is that they are often marginalised from political decisions and decision-making processes. They have no or a very limited voice. This can be seen even at a local level, where people may attend meetings, but do not speak up where someone considered important is chairing it, or they may simply not attend at all. Part of the CCM process is to foster godly leadership both within and outside the church, and to encourage local people to lobby and advocate for justice both in their local communities and beyond. The CCM programme appears to have been particularly influential in encouraging people to engage with governance processes. A higher proportion of respondents who had participated

in CCM were registered to vote, and a higher proportion had raised an issue with a government representative. One of the striking features illustrated in Figure 7 is that nearly half of respondents involved in CCM have been involved with local government. Within communities, leadership and advocacy action can start just by engaging with local leaders and getting involved with local issues.

Figure 7 shows how people have engaged with local government and Figure 8 goes on to show how many people have taken part in various types of community meetings. Again, it is clear that participation was much higher among people who are engaged with the CCM process.

Figure 7 Proportion of respondents registered to vote and who have lobbied a political representative (broken down by type of representative)

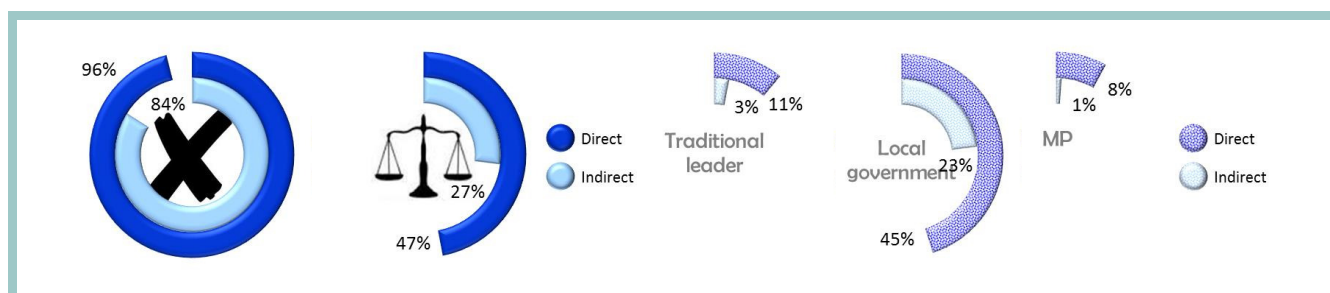
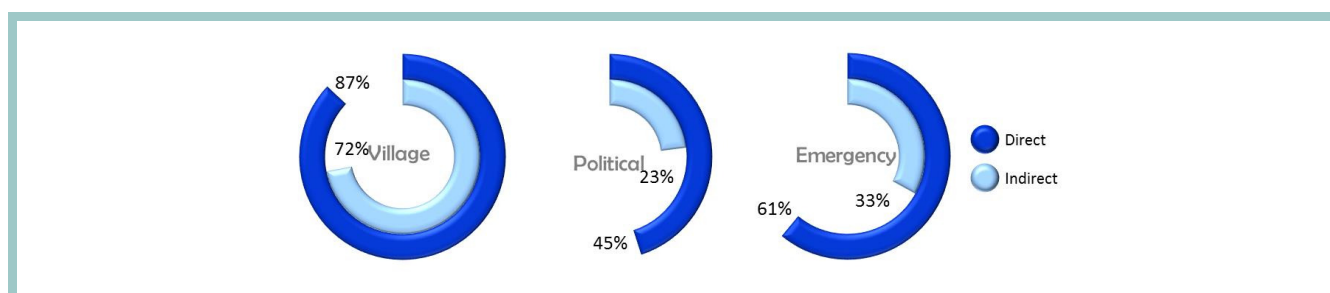


Figure 8 Proportion of respondents taking part in community meetings



But does engaging with local government actually make any difference? A detailed analysis of the performance of local government was beyond the scope of the survey, but people were asked if they felt local government has improved. Although the indicators represented in Figure 9 are not

objective measures, they do suggest that people involved in CCM have a more positive view of how local government has become more accountable over recent years.

Perhaps a better way of gauging the effect of CCM on local government is to compare the performance of local government in CCM communities with neighbouring communities. It was clear that people engaged with CCM tended to have more positive views on all sorts of issues; the study looked at the views of only the unaware group and compared them with the views of people from the control communities. The two

measures illustrated in Figure 10 do tend to confirm that local government performance was perceived to be better in CCM communities. Intuitively, we would expect good performance to be linked to increased participation, which was clearly linked to the CCM programme, and this is discussed further in Box 3.

Figure 9 Perception of changes in the accountability of local government (over the last five years)

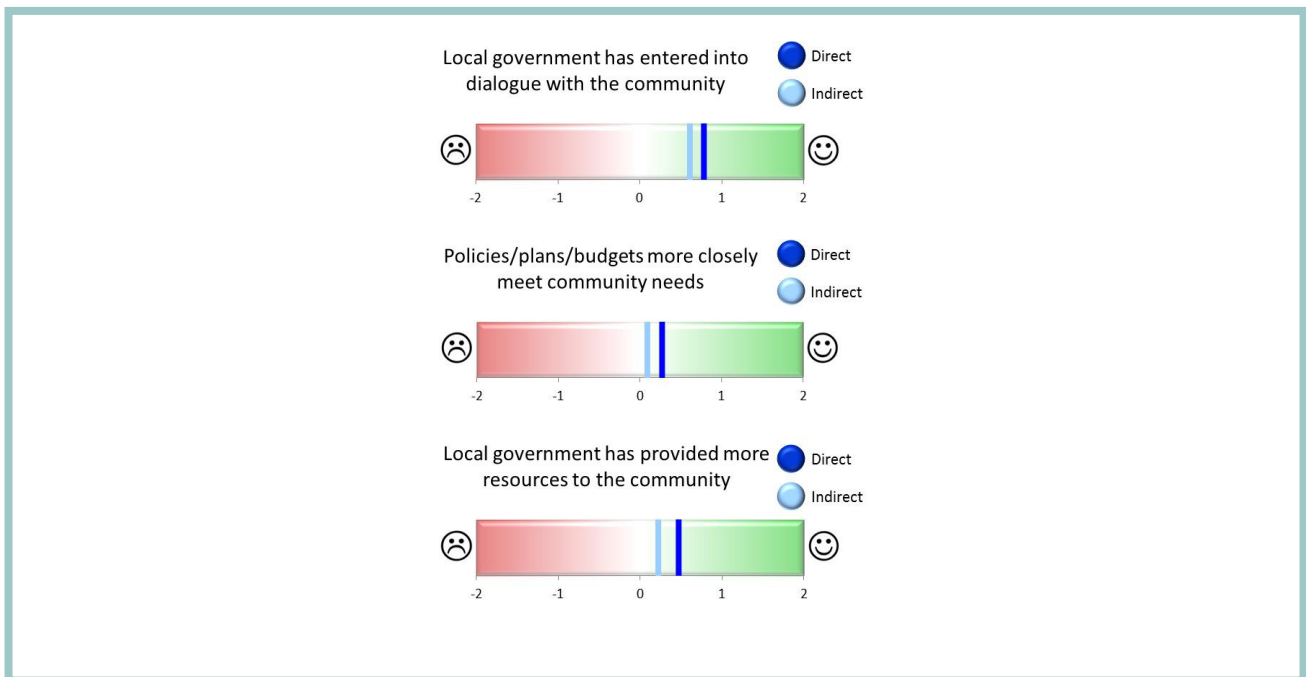
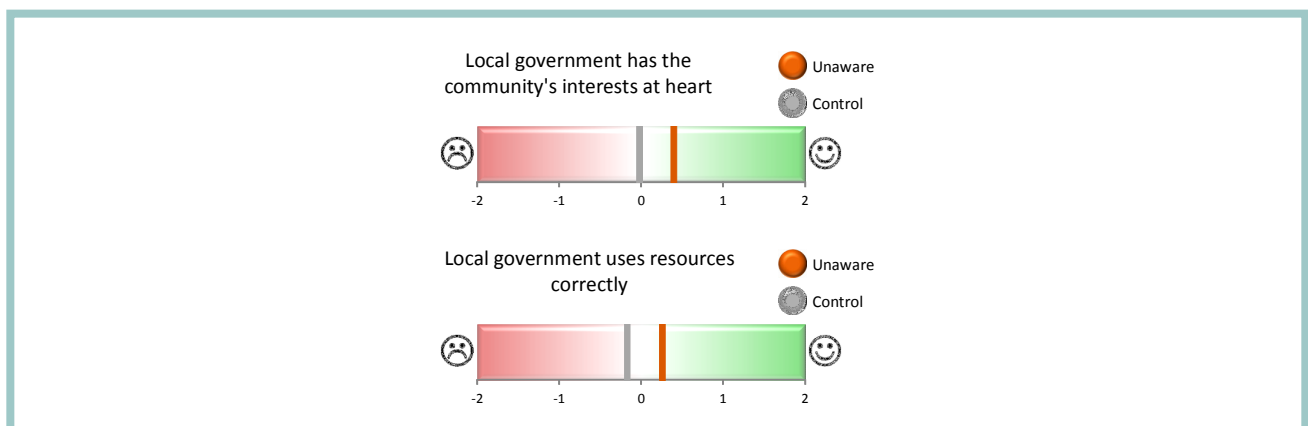


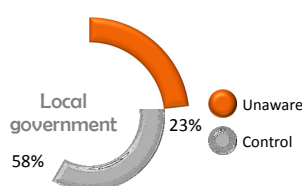
Figure 10 Views on the performance of local government (control and unaware groups)



Box 3 Participation and change in local government

A common hypothesis is that participation in local government leads to more accountable and responsive local government. It was encouraging to find that engagement with local government is much higher among people involved with CCM. The study found that people throughout CCM communities have more positive views on how their local government is performing when compared with control communities. All of this tends to support the view that the CCM process has stimulated greater participation with local government, which in turn has led to improved performance of local government. However, it may not be quite so straightforward, because people in the control communities are also actively engaged with their local government representatives – even more so than in the CCM communities (see Figure 11 below). This suggests that it is perhaps the *quality* of interaction that is more important than the extent of interaction, and although the findings from the data do seem to suggest that the CCM process may be linked to improved local governance, it is likely to be a much more complex matter.

Figure 11 Proportion of people who have lobbied a local government representative (control and unaware group)



PROGRESS ON POVERTY

Improvements in farming practices and access to food, as well as health indicators must surely have resulted in improved material poverty indicators? Strangely enough, the MPI figures did not appear to reflect the differences described so far. When talking about poverty and well-being indicators, the MPI was introduced as an approach that recognises that people living in poverty have complex livelihoods, so it is not easy to define their status by a single indicator such as income. They may be growing their own food or may only have seasonal, casual labour, both of which distort any answers to the question: ‘what is your income?’ So while we often talk about the poor as those living under a dollar a \$2 a day, the study

chose to use the MPI as a more reliable poverty indicator, and one that is more practical for use in household surveys in order to determine whether a household can be regarded as poor or not.

The MPI is constructed from 10 indicators, each of which are given some weighting for the final score. One of the difficulties with using the MPI for the study is that it is made up of household level indicators (for example it is the respondent’s household that is classified as deprived or non-deprived), yet some of these indicators relate to characteristics of the community. Access to electricity is a good example – if there is no electricity supply in the village, this component ceases to be of value in distinguishing between

different households within the same village. To a certain extent the same is true of drinking water supplies, where communities often share a protected water source and communal sanitation facilities. Figure 12 shows that a larger proportion of households in the direct group have improved their drinking water supplies. Since our study is attempting to differentiate between those engaged with CCM and those who are not within a single community, the community-dependent indicators are the same for both groups.

It has been shown above that the CCM process was linked to improved health, notably through lower rates of sickness among under-fives (all of diarrhoea, fever and coughs) and a higher level of health knowledge. However, these improvements are not reflected in the two health indicators used in MPI, which is nutrition and child mortality. Malnutrition was assessed using a subjective assessment of access to food and asking the question: “How often in the last year have you had problems satisfying the food needs of the household?” This did not throw up significant differences between the direct and indirect groups. It might have been interesting to conduct a weights and measures survey, which would have given a more accurate and objective assessment, but this is a costly exercise. The other MPI health indicator relates to child mortality, which also failed to show any significant differences. Good nutrition and health practices are factors in reducing child mortality, but the key issues relate to disease and access to health care. The indicators may only be influenced through access to knowledge, skills and facilities that are beyond resources available locally.

During the preliminary interviews, many people said that they had made improvements of one form or another to their house. Many said they had built a new house. In some cases this may have been built from scratch. In other cases a poor-quality dwelling may have been replaced

with an improved construction, which is able to withstand rain and damage from animals.

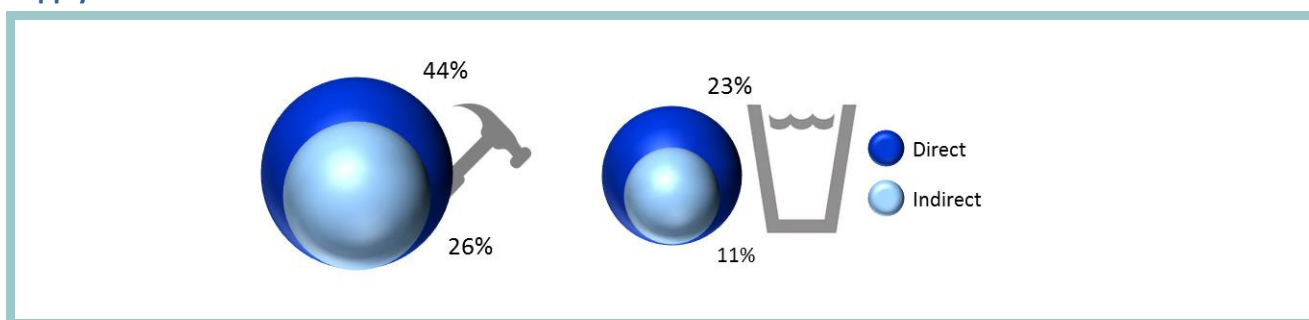
Figure 12 shows that a much higher proportion of the direct group have made some kind of improvements to their home. The single most common improvement made was the replacement of a grass-thatch roof with iron sheets. Improvements to the construction of walls were the next most common improvement, and changing the floor material was the least common type of improvement. The quality of the household dwelling is indeed taken into account in the MPI, as one of the standard of living indicators is based on construction materials, but it is based solely on the flooring material used, so it does not reflect the improvements most commonly made in these Tanzanian communities.



Example of a basic but improved house

So although differences in the MPI were not significant, the results are not discouraging. There are plenty of indicators that point to links between CCM and improvements in livelihoods, households and assets, food security and health. An analysis of how changes in the CCM communities relate to the individual components of the MPI has revealed some interesting insights into the methodology and how responsive it is in this kind of survey-based research.

Figure 12 Proportion of households that have improved over the last five years – dwellings and water supply



RELATIONSHIPS AND POVERTY

Tearfund outlined its understanding of poverty in an internal document *“Overcoming poverty together: Tearfund’s theory of change”* (Tearfund 2012). This looks at the cause of poverty from a Christian perspective and concludes it stems from a breakdown of relationships between people and

God, between one another, and between people and the environment. If the CCM process is being true to the Christian understanding of poverty, we would expect there to be some good news about relationships within the communities, and even within each person’s spiritual experience.

RELATIONSHIPS BETWEEN ONE ANOTHER

The research explored how people felt about their communities, in terms of a range of commonly-found challenges such as poor health, poor environment, drunkenness, and so on. Although some differences were significant, the overall picture was one of only modest differences in the views of people in the direct and indirect groups. This consistency of views suggests a degree of homogeneity within communities, for example people outside of the CCM process are not being marginalised. It is perhaps more enlightening to compare these views with people outside of CCM communities – views on a number of issues that appeared to be better in CCM communities are illustrated in Figure 13³.

From Tearfund’s point of view it is encouraging to note that all of these indicators reflect the state of relationships, both at a community level and within families.



CCM participant in his agricultural plot

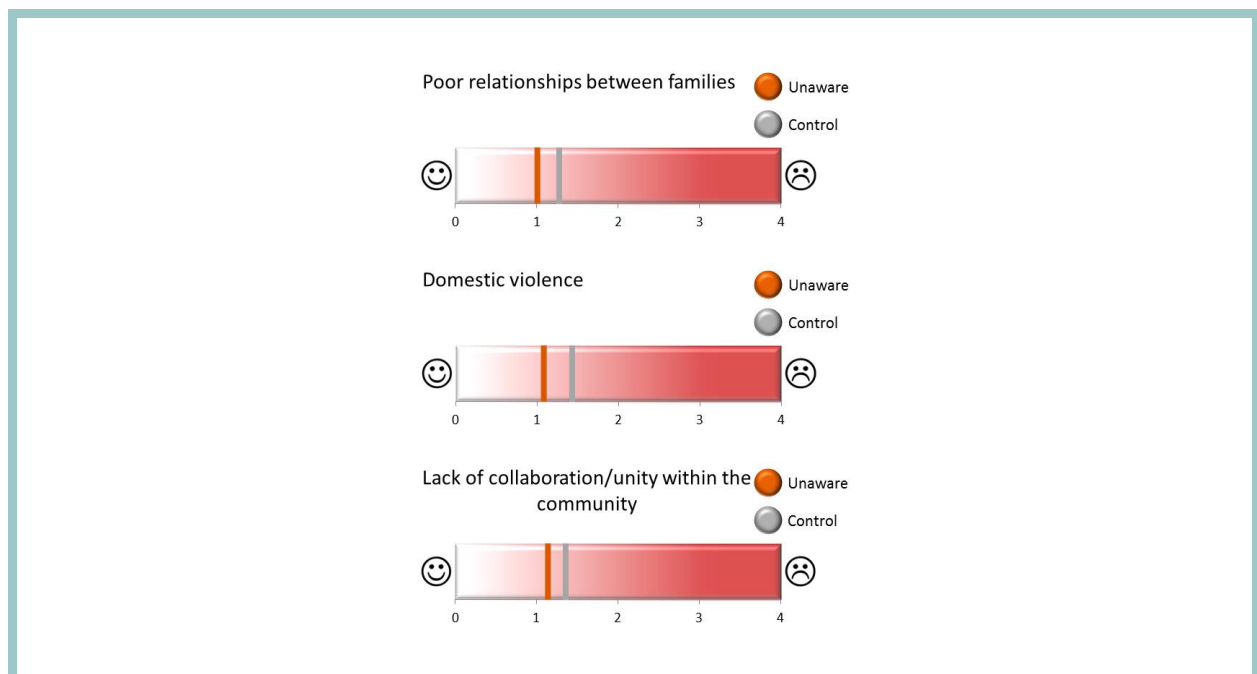
³ Charts plot the mean scores for different groups on a scale ranging from 0 (no problem) to 4 (very serious problem).

The research then went on to ask how people felt things in their communities had changed over the past five years. At this point it was clear that views on changes were much more positive among people who have participated in the programme. The fact that the views expressed by both the unaware and control groups were similar suggests that the CCM programme has been effective in engendering a sense of positive change that has not been picked up by others within the same communities.

Nevertheless, it is interesting to find that those issues in which respondents engaged in CCM and felt most progress has been made are the same issues highlighted in Figure 13.

This does seem to confirm that real progress has been made in these areas. The qualitative research also highlighted this sense of unity, which implies improved relationships between families. All of this would seem to confirm the success of the programme in driving the key values of improved relationships throughout communities.

Figure 13 Views on severity of community problems (control and unaware groups)



RELATIONSHIPS WITH GOD

Almost all indicators relating to church growth, attendance and personal spirituality were higher among the direct group than the indirect group. This is not surprising since CCM starts from the church and works outwards. CCM is also not focused on drawing people into the church, but taking the integral gospel outwards, enabling church members to work with others in the community to improve their lives. This is not based on a narrow concept of a gospel to increase church attendance, but on the church being an agent of positive change in its community. Figure 14 shows that a number of indicators of church growth were higher among people who had participated in CCM. It is encouraging to see from this figure that church growth across CCM communities appears to be stronger than in the control communities.



Local church members in study area

The research included a set of indicators exploring changes in aspects of spirituality that have a potential impact on the community, such as caring, sharing and kindness. Views on these changes were broadly consistent across all groups within CCM communities.

Although people from control communities also feel that things have improved over recent years, it was interesting to note those areas in which changes in CCM communities were much greater, as these represent aspects in which real change appears to have taken place:

- ❖ Times of celebration (reflecting joy)
- ❖ Acts of kindness among community members
- ❖ Relationships between church leaders and the community

Changes in willingness to share resources and care for the vulnerable are two indicators of kindness within the community that were not viewed consistently across all sections of CCM communities. Changes were regarded more positively among those involved in the programme, suggesting that improved sharing and caring may only be taking place among those involved in the CCM programme.

Indicators relating to individual, personal spirituality also tended to be more positive among those involved in CCM (Figure 15)⁴. The process calls for reflection on the living conditions of a community in the light of biblical stories, and it is this integration of real life and biblical stories that can strengthen the personal spiritual life. At the time of the survey, growth in personal spirituality appeared to have been restricted to those actively engaged in the programme, so there remains potential for growth within the community at large.

⁴ The 'forgiveness' question is posed as a negative, so we would expect that those who are more forgiving would disagree with the statement.

Figure 14 Perceptions of changes within the church (over the last five years)

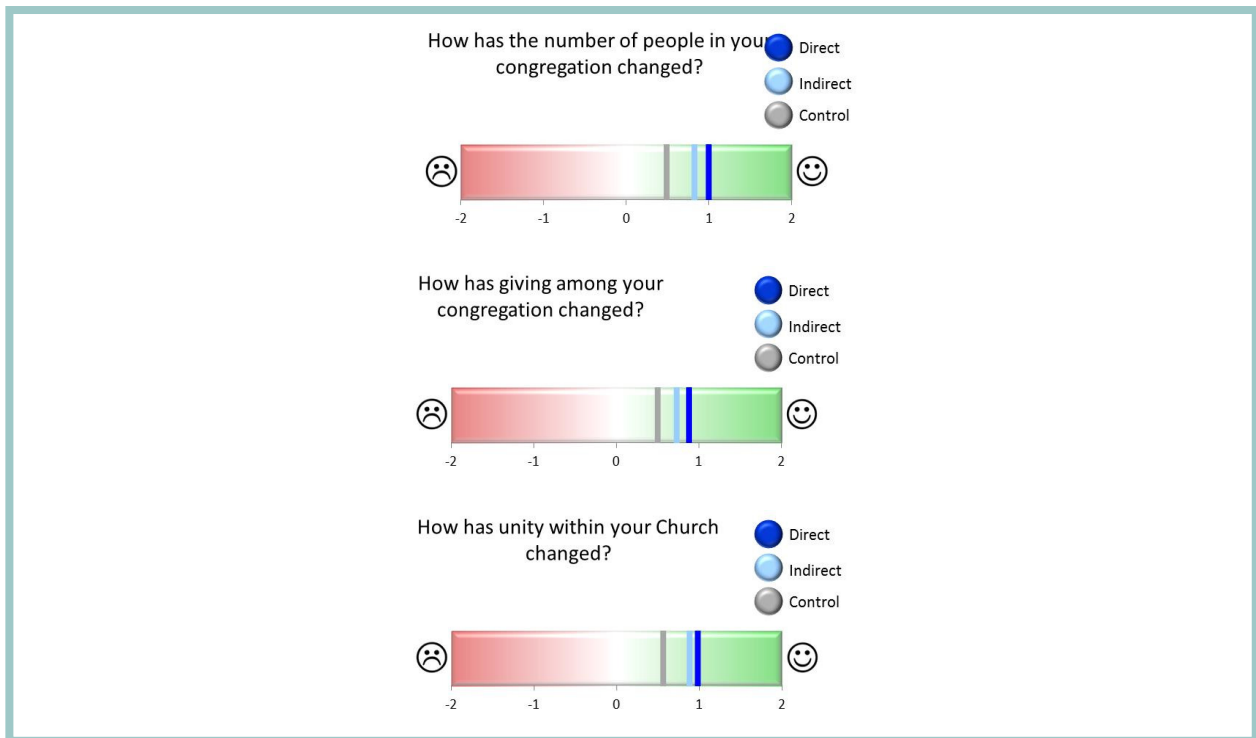
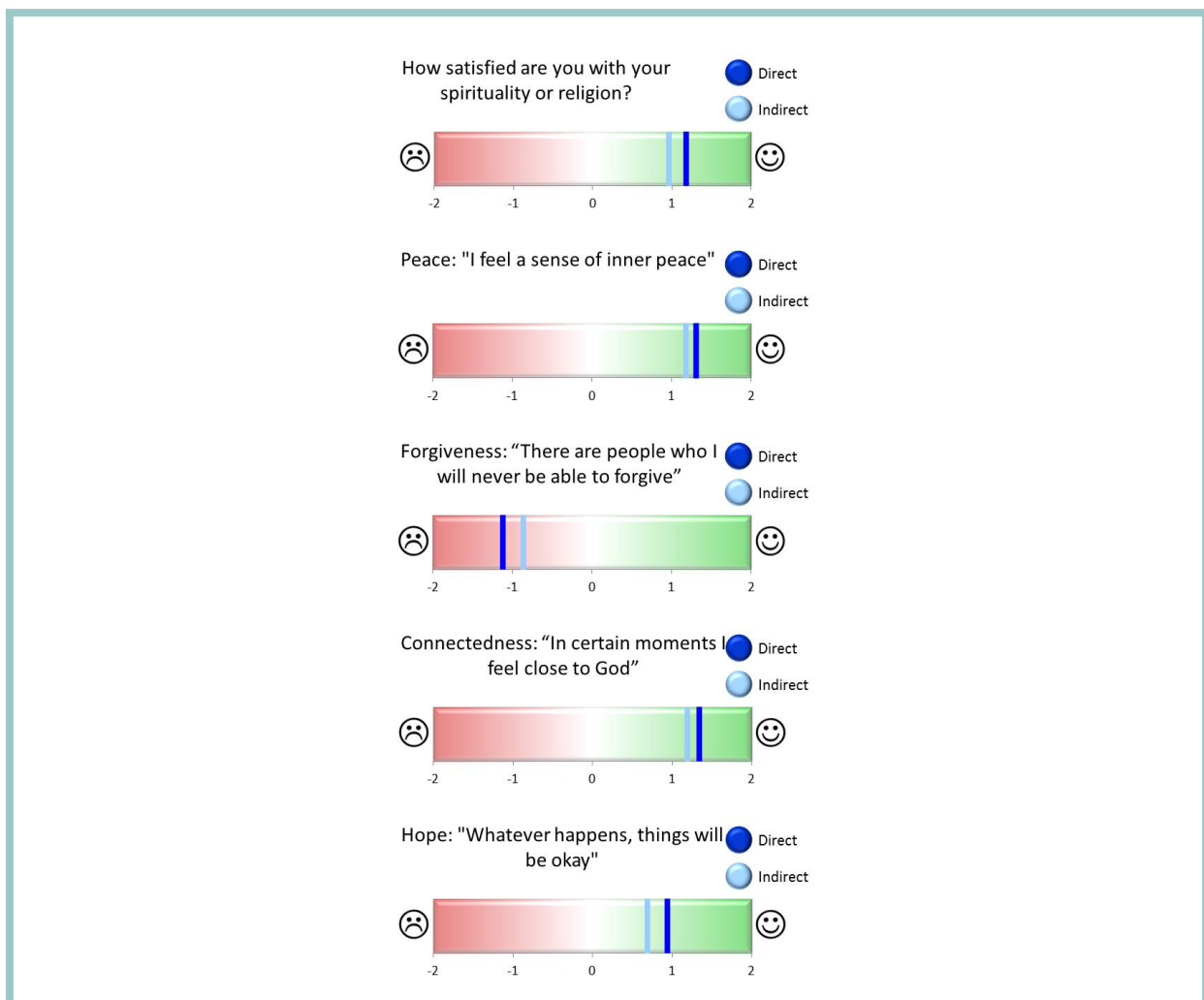


Figure 15 Indicators of personal spirituality



BELIEVING IN PEOPLE

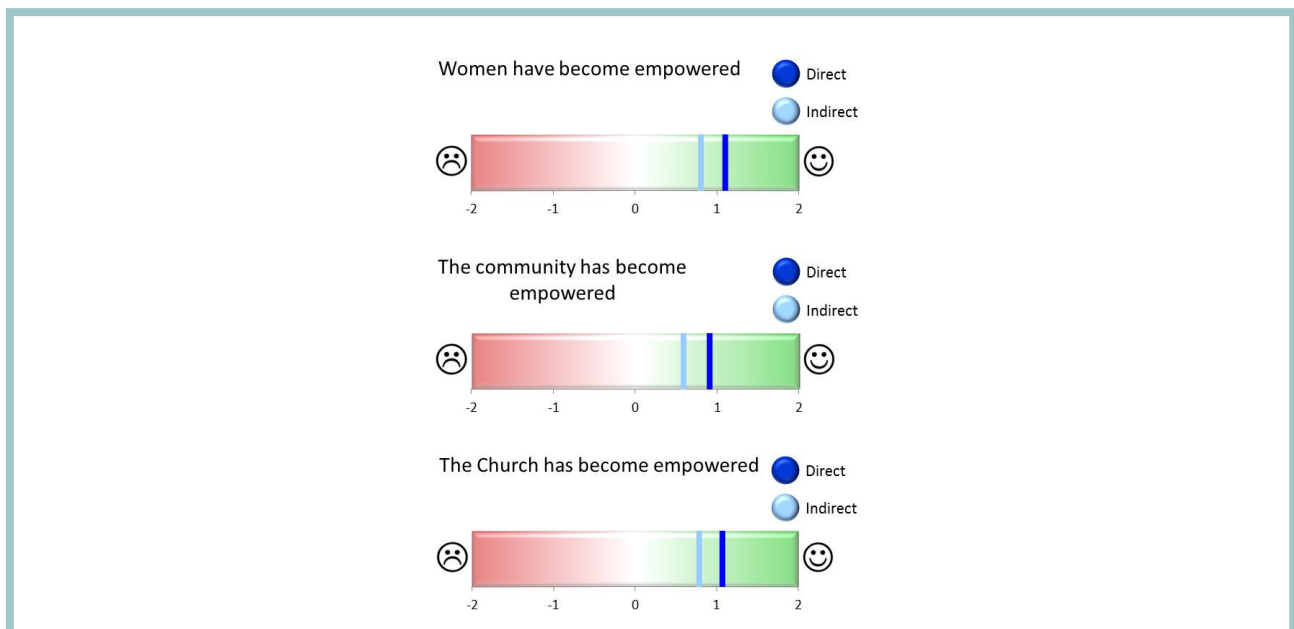
A theme that emerged from the qualitative research was that the CCM process had empowered people – their sense of belief in themselves and in others within the community. In a sense, this is the ultimate goal of CCM – for people to realise their worth and demonstrate love and compassion towards their neighbours.



Tomatoes produced for sale by communities

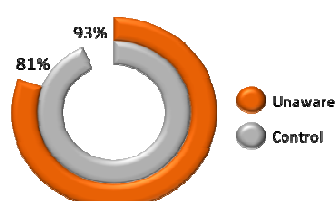
Figure 16 shows that people who have been involved in CCM clearly have a more positive sense of how communities have become empowered over recent years. It is only empowerment of the church that appears to be distinct to CCM communities, for example, even those who were unaware of the process had a sense of empowerment of the church, which was not evident among neighbouring communities. When asked what was the most effective resource for improving their lives there was a consistent view that people needed to rely on themselves. However, this view was much stronger among the control communities (Figure 17) which suggests that people throughout CCM communities have a stronger sense of the value of working cooperatively (with the community and external sources)⁵. This is consistent with the view that the community has become empowered as a force for good within CCM communities.

Figure 16 Perceptions of changes in empowerment (over the last five years)



⁵ N.B. views were similar among direct and indirect beneficiaries within CCM communities.

Figure 17 Proportion of respondents who view their own resources as most effective (control and unaware groups)



CONCLUSIONS AND NEXT STEPS

SUMMARY OF IMPACT

The research provided robust evidence of changes that are linked to the CCM process. The restoration of relationships is key to Tearfund and its partners' approaches and the research results provide plenty of evidence to suggest that CCM is successful in improving relationships, both within communities and families. Findings confirm that the process has then gone on to help people realise tangible benefits across a number of domains of change within a comprehensive poverty and well-being framework.

The starting point for the quantitative research was to draw up a set of indicators that could be used in a household survey to gather data through interviews with hundreds of ordinary people living in villages in northern Tanzania. The challenge was to ensure that the data covered the range of changes that villages working with the CCM programme have experienced over the last five years, bearing in mind that the CCM process is non-directed and simply aims to encourage people to make their own choices of which development issues to address. A comprehensive framework to guide the design of poverty indicators was pulled together from preliminary, qualitative research, from existing literature, and from initial thinking within Tearfund. This approach took a holistic view of poverty that included not only material poverty, but also wider aspects of well-being, and some assessment of spiritual well-being and poverty. However, although the survey was designed to assess the impact of CCM on poverty, the findings also tell us

something about the theory of change that can potentially take place during the CCM process itself.

Tearfund's work is based on the central belief that the church can be a major force for reducing poverty. That is why the CCM process starts with local churches, creating within them a biblical understanding of development and building enthusiasm to go out and work within local communities. Although the household survey approach did not enable us to understand the subtleties of what churches are teaching, or what it is that motivates people, the data clearly suggested that change was present within the churches. Almost all indicators relating to church growth, attendance and personal spirituality were higher among those who have participated in CCM, and church growth across CCM communities appears to be stronger than in neighbouring communities.

The next step is for the church to create an environment in which people are enabled to make choices and take action, and there is good evidence that people feel the church has risen to this challenge. People who have been involved in CCM clearly have a positive sense of empowerment at a number of levels – they feel that women, the church, and community have become empowered. Empowerment of the church appears to have been particularly evident, as even those people who were not aware of the

CCM process recognised that the church in their communities has become empowered.

So what choices have people made, and what evidence exists that these actions have actually helped lift people out of poverty? If Tearfund believes that broken relationships lie behind poverty, then restored relationships would be a good place to start looking for change. Restored relationships with God are evident both on a personal level and within attitudes towards the community.

Self-assessment indicators representing personal spirituality were stronger among people who have taken part in CCM, with respondents citing examples of peace, forgiveness, hope, connectedness to God. At the community level, people recognise an increase in acts of kindness and communal celebrations, and they also feel that church leaders have reached out to the community as a whole.

Finally, the study looked at what evidence exists to suggest that the CCM process has been effective in lifting people out of poverty. Participation in CCM was clearly linked to positive changes, notably improved agricultural productivity, improvements in household dwelling, community relationships and church growth. These cover all three main aspects of poverty and well-being which are represented in

the framework proposed for the study. People engaged in CCM are more actively engaged in agriculture, both growing crops and keeping livestock. More importantly, the CCM process appears to have encouraged an entrepreneurial interest in farming – people have consulted extension workers and adopted modern farming practices.

CCM appears to have encouraged people to learn about how to improve their health and to take action where they can. Among those who had taken part in CCM, a higher proportion has a comprehensive HIV knowledge and knows how to respond to illnesses such as diarrhoea. This knowledge, combined with increased access to food through improved agricultural practices, has resulted in real changes. The incidence of child sickness (diarrhoea, fever, and coughs) is lower among those who have participated in CCM.

In conclusion, the research identifies a wide range of poverty indicators for which improvements were linked to participation in CCM, and these indicators cover all aspects of the holistic understanding of poverty proposed for the research (material, wellbeing and spiritual). Throughout all sets of indicators, there is a consistent trend that perceptions of change is higher among those who have participated in CCM, so the process has clearly made people *feel* more positive about change.

NEXT STEPS

This study has been influential in shaping Tearfund's thinking and learning around the area of CCM. It has, as any good research study should do, raised additional questions that Tearfund would like to explore. Tearfund has used the findings to develop a tool for measuring holistic change, as well as informing future research and assessment work. This includes consideration of longitudinal work and the possibility to go back to Tanzania in the future to reassess the progress.

The learning is not just for Tearfund but it is important for those working at the frontline of

the process. The lessons and findings are being fed back to our partners and the communities involved in the research to help improve programmatic practice in the areas of CCM. Tearfund is also sharing the findings and lessons with others engaged with CCM and beyond through internal communities of practices and external networks.

A copy of the full research paper can be requested from Tearfund.

ACRONYMS AND DEFINITIONS

CCM	Church and community mobilisation. A dynamic process of facilitating and supporting local churches to work together with their communities to address their own needs using their own resources
Control Group	In comparative research a complementary group or control group is randomly selected to assess change in groups that have received an intervention against a group that has not. In this study, the control group was selected randomly from the intervention areas.
Domains of Change	These are areas in which we see change. In any initiative or programme there are likely to see multiple changes and therefore it is good to classify these into key areas of change that are similar. For example these may be sectoral or a particular unit. In this study the domains of change have been defined in terms of poverty, wellbeing and spiritual change.
Impact	The significant change that is brought about over a longer period of time as a result of the contribution of Tearfund and other actors. In this context it refers to the positive significant change as a result of a particular set of interventions and resource inputs.
Multidimensional Poverty Index (MPI)	Multidimensional poverty is made up of several factors that constitute poor people's experience of deprivation – such as poor health, lack of education, inadequate living standard, lack of income (as one of several factors considered), disempowerment, poor quality of work and threat from violence. It is an international measure of acute poverty covering over 100 developing countries. For more details on the MPI see the Oxford Poverty and Human Development Initiative - http://www.ophi.org.uk/multidimensional-poverty-index/
Quasi Experimental:	A quasi-experimental approach is an empirical study used to estimate the causal impact of an intervention on its target population. The approach employs the testing of this impact against a control group that has not received the same level of intervention to test if change and impact can be attributed to the intervention itself. The researcher assigns a methodology for selecting the control group that will be used. It is different to a randomised control trial where there is a randomisation of the sample group applied.