

# CASE STUDY

COLLABORATING,  
LEARNING,  
AND ADAPTING:  
CASE STUDIES  
FROM  
FAITH-BASED  
ORGANIZATIONS

# INTRODUCTION

This resource describes how faith-based organizations (FBOs) are implementing collaborating, learning, and adapting (CLA) tools in their projects, along with traditional monitoring and evaluation (M&E). It is intended to highlight case studies that may be helpful to faith-based partners that may be less familiar with adaptive learning. Given that few, if any, resources exist that include a faith perspective in CLA, this guide seeks to fill the gap.

## CLA TOOLS

CCIH and partners have benefited from being part of the MOMENTUM Country and Global Leadership Project (2019-2024), which has a strong commitment to CLA along with robust M&E. From this experience, CCIH has developed their capacity and knowledge in CLA approaches and is implementing CLA approaches across all of its work. The tools utilized in these case studies come from a [CLA toolkit](#) that MOMENTUM has developed. Additional resources are also noted. The tools are divided into two groups: the first group includes tools to use in design and planning stages of a program or project and the second includes tools to use during implementation. Where possible, examples of CCIH and partner experience using the CLA tools are included.



**Note:** This is not an exhaustive list of MEL methods, but examples of the relationship between traditional evaluation methods and adaptive learning.

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# DESIGN AND PLANNING STAGE

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## Developing Learning Questions

Learning questions can be developed at the planning and design stage, based on the Theory of Change for the program or project and testing the assumptions about linkages among the outcomes. Box 1 shows some learning questions CCIH and partners have contributed to under MOMENTUM using some of the CLA tools.

### **Box 1. Examples of Learning Questions CCIH and Partners Have Contributed to under MOMENTUM**

- How and why are community and faith leaders and FBOs engaged in MNCH, FP, RH, WASH/IPC and adolescent and youth programming?
- How can vaccination programs effectively work with faith-based systems (faith-based organizations and faith leaders) to address misinformation and promote appropriate health-seeking behavior, such as vaccine uptake?
- What are the ways in which faith-based organizations and faith actors in low- and middle-income countries (LMIC) engage in maternal mental health (MMH) and child outcome interventions, and what are barriers to these interventions?

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# IMPLEMENTATION

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Tools to use during implementation are considered pause and reflect and feedback tools to help “managers to think critically about program activities and helps to overcome common biases, such as the tendency to pay more attention to information that confirms our beliefs or the reluctance to discontinue an activity after an initial investment is made” (MOMENTUM CLA Toolkit). This reflection helps teams use evidence to identify what is working and should be continued and what is not working and why, and what adjustments are required.

## After Action Review

An After Action Review (AAR) is a tool designed to facilitate reflection and to generate learning once an activity or event has concluded. The key to AAR is to provide a safe environment that fosters participation by all stakeholders to discuss successes and challenges. “It is important for AARs to be facilitated in a safe and trusting environment...and no individual should feel that they are being targeted” (MOMENTUM CLA Toolkit). During an AAR, the group assembled discusses four questions:

- What was expected to happen?
- What actually occurred?
- What went well and why?
- What could be improved and how?

Through MOMENTUM, CCIH and partners have participated in AARs. For example, an activity to strengthen faith-based drug supply organizations (DSO) among other DSOs in several countries yielded important reflections on the importance of a supply chain assessment they participated in. After Action Reviews in 2020 that included participants in one meeting and implementers in another meeting acknowledged and proposed forward-looking solutions to resource and logistical issues. The activity was described as an “eye-opener that allowed the faith-based DSOs to take a critical eye to their systems and identify areas for improvement.” Participants gave suggestions for streamlining the assessment tool, including for use online, and the approval process of activities and timely payment processes.

In another example, the Christian Health Association of Sierra Leone (CHASL) worked with CCIH under MOMENTUM to strengthen Water, Sanitation and Hygiene/ Infectious Prevention and Control (WASH/IPC) facility readiness in the context of COVID. CHASL described how they had been pushed and stretched through this activity and how it had been a good learning experience, including working with a range of partners, showcasing the value of including faith-based organizations and health facilities in the activity, and building CHASL's capacity for adaptive management (e.g. pivoting to virtual platforms). CHASL also highlighted the support provided by CCIH and the benefit of being part of a global faith partnership.

## Lessons Learned Plus

MOMENTUM describes Lessons Learned Plus (LL+) as a "structured pause and reflect tool used at predetermined points in time (e.g. monthly, quarterly, semi-annually) that helps reflect on factors contributing to positive and negative project or program experiences, identify lessons, and make practical recommendations on specific thematic areas" (MOMENTUM CLA Toolkit). LL+ includes three key components:

- Identify positive and negative project or program experiences;
- Critically reflect and analyze internal and external factors related to project or program experiences and review corresponding data; and
- Develop a specific, actionable recommendation based on learning from across multiple project or program functions. As depicted in the figure below, these three components make a complete lesson that is based on real experience, contextualized, and prepared for use/application (MOMENTUM CLA Toolkit).

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CCIH utilized a modified version of LL+ to assess faith engagement in a MOMENTUM WASH/IPC activity and answer the question “Why and how did MCGL involve faith-based (FB) organizations in WASH/IPC activities under the project and did their inclusion meet the project’s expectations?”. A survey was sent to participants ahead of the LL+ discussion to help the learning team identify discussion points for the live session. The survey included these questions:

- Why did MCGL decide to include faith-based health facilities in its work on WASH/IPC?
- What factors made faith-based health facilities appealing as partners for WASH/IPC work?
- What strategies has the MCGL project used under the WASH/IPC activity to work with faith-based health facilities, and how well did they work?
- The health facilities included in the WASH activities are part of faith-based networks. How did being part of a network affect the faith-based health facilities in their WASH/IPC work? (E.g. how did working through the network affect sustainability and other aspects of the project?)
- What has been your experience with working through faith-based health facilities on WASH/IPC? (E.g. any obstacles or unanticipated circumstances? Surprising results? Differences working with faith-based vs. secular health facilities in WASH/IPC?)
- Based on what we know, what should MCGL have done differently? (E.g. accommodations in the work due to facilities being faith-based? Anything you wish the project had known about working with faith-based facilities before starting this work?)

During the live LL+ discussion, responses from the survey were reviewed in the context of internal and external factors and specific recommendations such as “plan for sustainability when working with faith-based organizations and the health facilities in their network” were made based on this discussion.

CCIH also adapted the LL+ framework for an activity with two FBOs in Bangladesh focused on very young adolescent programming. The LL+ activity was intended to help answer the question “How did World Renew/LAMB’s role as a community based Christian FBO have an impact in the implementation of the Choices, Voices, Promises intervention? How was it perceived by local community members?” Each FBO participated in one 90 minute session following the outline below:

**Part I (40 mins):** Discuss lessons from intended and unintended programming experiences- positive and negative of planning and implementation the Choices, Voices, Promises, a gender-transformative intervention with VYAs.

- When reflecting on your experience specifically as a faith-based organization implementing this curriculum, what are some positive experiences you have had? When you reflect on your experience, consider a few factors and how they affected your experience:
  - How did your experience/status as a faith-based organization (FBO) help you in adapting and delivering the interventions?
    - How did your deep connections and strong community ties contribute to gaining community entry?
  - What makes FBO engagement in adolescent and youth programming unique?
  - What was the biggest unexpected positive experience? Why and how did it happen? What factors contributed to this happening?
- When reflecting on your experience specifically as a faith-based organization implementing this curriculum, what are some negative experiences you have had? When you reflect on your experience, consider a few factors and how they affected your experience:
  - How did your experience/status as an FBO create any challenges in this process?
    - Did you receive any pushback from the community?
  - What was the biggest unexpected negative experience? Why and how did it happen? What factors contributed to this happening?
- How did your FBO status affect the way that the intervention was perceived by parents and local community members?
- How will your FBO’s engagement in this program contribute to sustainable development? Sustainable development can be defined as “helping people meet their needs today in ways that won’t interfere with their ability to meet their needs in the future”

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Part II (20 mins): Critical reflection and contextual details about participating in this project as a faith-based organization:

- What are some external factors specific to being an FBO that affected implementation of the CVP?
  - What obstacles or unanticipated circumstances made it difficult to accomplish goals?
  - How well were the issues resolved?
- What are some internal factors specific to being an FBO that affected the implementation of the CVP? For example, were there any organizational policies, procedures, or operations that affected implementation, etc.
  - What obstacles or unanticipated circumstances made it difficult to accomplish goals?
  - How well were the issues resolved?

Part III (20 mins): Potential recommendations that could be put into action:

- Based on what has been discussed, what specific actions or changes would you recommend to improve engagement with youth, parents, and the community?
- Based on what we know, what should have been done differently?
- What is worth replicating?
- Is the recommendation(s) for action clearly linked to what was learned?



## Pulse Polls

Pulse polls are used to “take the ‘pulse’ of a group of participants at various times during implementation” to ask about the appropriateness, adoption, reach/access, feasibility, effectiveness, or acceptability of an intervention or strategy. A number of existing questions, measured using a Likert 1-4 scale, are available to use (MOMENTUM CLA Toolkit). The sets of questions (e.g. for appropriateness, adoption, etc.) have been validated so all of the questions related to the categories of programming should be included in the pulse poll.

CCIH utilized a pulse poll after a training on Healthy Timing and Spacing of Pregnancies (HTSP) with a group of Religious Leaders in Sierra Leone. The validated questions used are below:

No.	Question	None	A Little	Moderate	Very Much	Don't Know
1	How satisfied are you with the training you received in HTSP?	1	2	3	4	0
2	Do the components of HTSP make sense to you?	1	2	3	4	0
3	Is HTSP effective for your congregants' problems?	1	2	3	4	0
4	Is HTSP likely to be effective for people in other parts of the country?	1	2	3	4	0
5	Is advocating for HTSP something you feel you should be doing as part of your job?	1	2	3	4	0
6	Is advocating for HTSP something that your colleagues support you to do as part of your job?	1	2	3	4	0
7	Will advocating for HTSP be a priority for you in the future?	1	2	3	4	0
8	Do you have all the necessary resources you need to support your activities related to HTSP?	1	2	3	4	0
9	How well does HTSP fit with the beliefs/culture of your congregants?	1	2	3	4	0
10	How well does HTSP fit with your own personal faith/beliefs?	1	2	3	4	0

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## Most Significant Change

The Most Significant Change approach was developed in Bangladesh in the context of a program implemented by the Christian Commission for Development in Bangladesh (CCDB), a local NGO, to elicit stories from beneficiaries to describe the effects of the program (Davis and Dart, 2005). CCDB expanded use of the MSC approach, noting that “the system appears to be very useful in monitoring the changing trends / impact of the programs, as the stories reflect concrete changes that have taken place in the lives of the referenced people within a given time frame” (CCDB, 2000:4, cited in Davis and Dart, 2005: 8).

As its name implies, the approach asks those involved in the program (implementers and/or beneficiaries) to tell stories highlighting what changes had occurred in the context of the program, e.g. the types of changes that are happening during a certain time period in the project area. “MSC can be used with those who are ‘close to the ground,’ such as clients and providers, as well as higher level stakeholders such as district officials, managers, and other project stakeholders. MSC uses open-ended questions that follow a specific structure” (MOMENTUM CLA Toolkit, forthcoming) to elicit stories that are 100 to 200 words. Stakeholders agree on which of the stories represent the most significant change.

In Ghana, the Christian Health Association of Ghana (CHAG) participated in MSC as part of MOMENTUM. Reflecting on changes that took place during the project, staff at the Holy Family Hospital in Berekum, part of the CHAG network, agreed that the most significant change was improvement in the waste management system that also improved patient and staff safety within the grounds of the facility.

In Sierra Leone, CCIH and the Christian Association of Sierra Leone (CHASL) undertook an MSC exercise in 2021 to elicit stories in response to the question: “In your opinion, what is the most significant change that has occurred in the supply of family planning and maternal, newborn and child health services during the past year that are related to your faith-based health facility involvement in capacity strengthening efforts supported by the MOMENTUM Country and Global Leadership Project?” The MSC story was:

Stella Maris is a community health post that was established by the Catholic mission in Sierra Leone. The health facility is situated at Juba community which has been serving people of different categories, including pregnant women, lactating mothers, under-fives, people with disabilities, adolescent boys and girls, aged men and women, etc. This health facility has been operating with no placenta pit, incinerator, burning pit and lack of Veronica buckets which makes it challenging for the proper disposal of placentas after delivery, burning of sharps, and effective hand washing by patients visiting the health facility. Due to these challenges, the health workers have been giving the patients placenta to their relatives to take home and dispose properly. Waste from the health center is disposed of in an open dumping site together with other waste from the school (in the same compound) and church (next to the compound). With the intervention of the MOMENTUM Country and Global Leadership project, we have been supported with an incinerator, placenta pit, burning pit, hand washing station and training on quality improvement and infection prevention and control. After the support provided by MOMENTUM, we no longer give placenta to patient relatives and all placentas are put into the placenta pit, sharps and other health care waste are burned in the incinerator and burning pit, and patients are using the hand washing station to wash their hands before entering the health facility. All of these have improved our quality of care to our patients, the community, and to ourselves as health workers.