
Compelling, Consistent, and Credible: Tearfund's Experience of Measuring the Impact of the Church on Holistic Wellbeing through Church and Community Transformation (CCT) in Low- and Middle- Income Contexts

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In 2022 Tearfund worked with an independent evaluation and social value specialist, State of Life, to measure the impact of the participatory church and community transformation (CCT) process across four countries in Africa, using a holistic wellbeing survey and pioneering an application of the WELLBY (wellbeing-adjusted life year) social value methodology in Africa for the first time. The cross-national study of almost 8,000 community members generated robust evidence of the positive and sustained impact of the CCT process, offering valuable insights for development actors and reinforcing the role of local churches as catalysts for community transformation. The study provides valuable insights for the development sector, showcasing the potential of locally-owned and church-driven initiatives in bringing about transformative and lasting change.

Christian international development charity [Tearfund](#) works with local churches around the world to address poverty and bring transformation to communities. Tearfund's participatory church and community mobilisation process is a Bible-based guided training approach that a local church can use with its community. Through this approach, churches and communities identify the resources they have and work together to create long-lasting, whole-life change, referred to as church and community transformation (CCT). As local churches and communities work through this process together, they decide what outcomes and activities work best in their situation (Tearfund 2021).

Over the last fifty years Tearfund has grappled with the challenge of measuring and aggregating the impact of decentralised and locally-owned development initiatives such as CCT. This article discusses how the recently published [Local Church, Lasting](#)

[Transformation](#) study (Fawcett et al. 2023) presents robust quantitative evidence of the impact of working with the local church in a way that addresses these measurement and aggregation challenges.

Published in March 2023, it is Tearfund's largest ever impact study. Almost 8,000 people across Rwanda, Sierra Leone, Tanzania, and Zimbabwe participated in this research. In order to generate rigorous quantitative evidence, Tearfund engaged UK-based independent evaluation and social value specialist [State of Life](#) to lead the study. State of Life are named advisors on the UK HM Treasury 2021 Green Book supplementary guidance on wellbeing. Tearfund also engaged a peer reviewer with experience of using wellbeing methodologies within the UK government.

The study tested the hypothesis that Tearfund's church and community mobilisation process (referred to for simplicity in this article as the "CCT process") leads to improved wellbeing and reduced poverty for

individuals, church congregations, and communities. The multi-year study, which will incorporate an additional four countries in its second year, also includes a calculation of social value based on wellbeing.

The evaluators, State of Life, described the study as having a “pioneering and robust design,” producing positive results that are “compelling, consistent and credible,” indicating that CCT brings positive whole-life transformation, which is sustained and far-reaching, and is value for money (Fawcett et al. 2023, 4). This article outlines how the methodology of the study supports this conclusion, and the lessons Tearfund has learned from carrying out this study. This is of particular relevance to other development actors seeking to evaluate the impact of highly decentralised and community-owned interventions in low-income settings.

Introduction to Tearfund and CCT

Tearfund recognises that poverty is the result of a social and structural legacy of four broken relationships: with God, damaged understanding of self, unjust relationships between people, and exploitative relationships with the environment (Tearfund 2019). Tearfund believes that local churches have a special place in society and play a unique role at local and global levels. This understanding of the church reflects Tearfund’s understanding of poverty, and is inspired by an “integral mission” theology¹ that recognises the role and responsibility of the church to focus not only on spiritual matters but also to alleviate other forms of poverty and pursue justice.

Tearfund’s vision is therefore to see local churches actively responding to the holistic needs of their communities in practical and sustainable ways, using their own resources. Tearfund does this through the CCT process, which takes between two and five years for an individual church and community to reach the final stage. The aim of this process is to envision local churches to mobilise communities and individuals to achieve holistic church and community transformation, in which these broken relationships are restored and people flourish in all aspects of life: physically, emotionally, and spiritually.

Tearfund’s role is to catalyse this journey by helping churches recognise that they can play an active role in bringing about the change they long to see. The envisioning and equipping process of CCT aims to inspire the church to mobilise the whole community to identify and respond to their own needs. First, a church

member or leader is identified to act as a CCT facilitator, who is then equipped with the knowledge of the process and skills to adapt it to their own context. CCT processes then begin with Bible studies that are facilitated, not taught. This enables those who are on the journey to read the Bible in a new way. After the initial Bible studies, the CCT processes empower church members to reach out to their communities and invite them to work together to mobilise, and then use, local resources to overcome the issues in their communities. The processes are full of participatory tools and activities that help people better understand their communities and their potential to transform them (Tearfund 2021). By encouraging community members to work together to understand their own context, capabilities, and agency and, subsequently, to self-develop through community-led and -resourced activities, churches facilitate holistic development that positively impacts the wellbeing of the community, based on the community’s self-determined priorities.

As a result of being a locally-owned and -led process, in keeping with Tearfund’s aim to work in a decolonised way, the outcomes of CCT can be challenging to measure and aggregate, particularly at a national or even cross-national or global level. The initiatives undertaken by churches and communities can be very diverse, even within similar contexts, ranging from rebuilding bridges physically to rebuilding relationships within communities. As a result, the outcomes relate to a broad range of aspects of wellbeing, from economic and material prosperity to improved relationships in society and greater care for the environment.

About the Study

In order to evaluate this flexible and participatory approach to working with churches, the [*Local Church, Lasting Transformation*](#) study adopted Tearfund’s holistic wellbeing framework, the Light Wheel, which defines nine “spokes” of holistic wellbeing and is used by churches as part of the CCT process, as well as providing a measurement framework for outcomes. The large -n quantitative ex-post design used a cross-sectional and cross-national approach to measure 23 indicators of wellbeing, covering seven out of nine “spokes” or aspects of wellbeing defined by the Light Wheel. The study combined measurement of a broad range of aspects of wellbeing with an approach to social value measurement focused on subjective life satisfaction, allowing diverse impacts on wellbeing (whether social/relational, spiritual, economic, or

¹ For Tearfund, “integral mission...understands that God is working to restore broken relationships by responding holistically to people’s needs, including economic, emotional, spiritual and physical ones. The church, as the body of Christ, therefore has a vital and distinctive role to play in fulfilling this mission” (Tearfund 2019). For more on Tearfund’s view of mission, see Tearfund 2023. See also Padilla 2002.

personal) to be effectively summarised, aggregated, and compared with the costs of the CCT process. It was, to the authors' knowledge, the first study to adapt the WELLBY (wellbeing-adjusted life year) (HM Treasury 2021) in lower-income contexts outside the UK to measure the social value of an initiative, in this case, the CCT process. The next section outlines methodological considerations involved in this design, and why this study is characterised as robust, pioneering, credible, consistent, and compelling.

Choosing an Appropriate, Robust Study Design

One of the challenges Tearfund confronted in implementing this study is the methodological challenge of impact attribution. Attributing observed changes, in this case wellbeing, to a particular intervention or approach, in this case the CCT process, is often difficult due to the absence of a true counterfactual for comparison, i.e., "what the situation would have been had the intervention not taken place."

One way of coming up with a true counterfactual is adopting a purely experimental approach such as a randomised control trial, where individuals are randomly assigned between treatment and control, i.e., participation and non-participation. This approach presents numerous limitations (Deaton and Cartwright 2018) such as the ethical implications of excluding participants or communities from an intervention on a random basis, where there is existing evidence of positive impact (Ogden 2016, xx-xxi). The study compares participants of the CCT process with non-participants within the same communities, as well as those in CCT communities with those in communities which had not started CCT; randomly excluding participants from participating within communities would have been extremely difficult and counter to the approach taken by CCT.

Another limitation of a purely experimental approach is that of compromised external validity, i.e., conducting a development intervention as an experiment can be more intensive and controlled than usual, to the extent that when the same interventions are repeated or scaled, they do not always work as well (de Souza Leão and Eyal 2019). Lastly, experimental approaches are very costly, and the value for money can be debatable, especially when the cost of research outweighs that of the development investment (de Souza Leão and Eyal 2019).

Quasi-experimental approaches that mimic random assignment by statistical design are a widely accepted alternative to more resource intensive and

practically challenging experimental designs (Rogers and Revesz 2019, Handley et al., 2018). The aim is to find a suitable substitute for the true counterfactual, or what would have happened in the absence of CCT, and account for and reduce as much as possible the phenomenon of heterogeneity/selection bias, i.e., differences in outcomes attributable to other observable and/or unobservable factors. Nonetheless, quasi-experimental techniques such as propensity score matching (PSM) can also be relatively resource intensive. For instance, in PSM comparison between treatment and non-treatment only happens between those observations that "balance" in terms of their propensity score,² based on observable characteristics (which may not be the only relevant characteristics). This means collecting a reasonable amount of data that might not be related to the actual intervention to create the matching score. In addition, it is a requirement to oversample non-treatment respondents to compensate for the redundancy of observations that fail to meet the "matching criteria." Again, this creates an ethical dilemma by engaging participants to spend time providing data that may not be used.

There are alternatives to PSM such as regression discontinuity designs, but these require the predictor variable to be continuous, which unfortunately is not the case for the key explanatory variable in this study, i.e., CCT participation. Based on a consideration of the various methodological options, as well as the unique attributes of the CCT process, the [*Local Church, Lasting Transformation*](#) study explores flexible and practical ways of assessing impact, taking into account potential selection bias by (1) identifying comparable treatment and non-treatment respondents based on consistent selection criteria, and accounting for observable factors such as socioeconomic and demographic variables, (2) applying a multi-stage statistically and practically representative sampling technique, and (3) using multiple linear regression analysis with variable selection anchored in a large diverse sample, and supporting theory and evidence related to the determinants of wellbeing. Each of these is explained further below.

While the study could not adopt an experimental or quasi-experimental design, a number of factors allowed for claims of association between various variables to be made with a high level of confidence. These include achievement of a large sample size across countries and regions, and the use of multiple linear regression analysis that allowed for influence of other factors to be accounted for on the basis of supporting

² "The propensity score allows one to design and analyse an observational (nonrandomized) study so that it mimics some of the particular characteristics of a randomised controlled trial. In particular, the propensity score is a balancing score: conditional on the propensity score, the distribution of observed baseline covariates will be similar between treated and untreated subjects" (Austin 2011, 399).

theory and evidence, e.g., from previous qualitative studies.

1. Identifying Comparable Treatment and Non-treatment Respondents Based on Consistent Selection Criteria, and Accounting for Observable Factors such as Socioeconomic and Demographic Variables: The main comparison group in the study were respondents from communities with similar demographic and socioeconomic characteristics, including development initiatives, identified using the same approach as CCT communities, but where CCT activities had not been launched. These communities needed to be sufficiently spaced from the treatment communities to avoid potential spillover or “contamination” from CCT. These were referred to as non-CCT communities. Given practical challenges with community entry, those communities where Tearfund partners had made some contact with local authorities or were otherwise well-placed to access communities were prioritised, as long as they had comparable attributes. This non-CCT community identification process was participatory, involving Tearfund staff, partners, local leaders, and the research team. A total of 29 non-CCT communities (five in Sierra Leone, five in Rwanda, six in Zimbabwe, and thirteen in Tanzania) across the four study countries were selected.

The comparability of these communities is key to the research design. Whilst observable individual and community level characteristics that may determine wellbeing can be controlled for in the regression analysis, the comparator communities might not have yet engaged in CCT due to potential unobservable factors distinguishing them from the treatment group, affecting their ability to offer a good counterfactual to what would have happened in the absence of CCT. As explored in [section 6 of the research report](#) on limitations, selection of communities to implement CCT is based on three criteria: level of need, level of engagement of church leaders, and geographical accessibility. The relative importance of these three factors varies by partner and between countries, and could introduce selection bias in either a positive or negative direction. To the extent that current CCT communities are participating in the process because of greater need relative to non-participating communities, any observed impact of CCT would more likely be an underestimation rather than an overestimation of impact, whilst differences in level of engagement by leaders and geographical accessibility may work in the opposite direction. Selection bias was minimised by requesting Tearfund country teams to select communities that could start CCT in the next two years, both to address the ethical challenges of engaging these communities in research only, and to ensure

comparability by applying the same selection approaches.

A decision was taken to focus on comparing communities actively participating in CCT rather than attempting to trace every community that had ever started CCT. Recording the names of every community that had ever started CCT in the sampling frame was logistically challenging, as in some countries this involved going back more than ten years, and Tearfund was particularly interested in the impact of an active CCT process. Focusing on communities actively participating in CCT could have introduced a related source of selection bias. If continuing with or dropping out of the CCT process is dependent on characteristics of churches or communities that cannot easily be identified or measured, CCT churches or communities might be systematically different from churches and communities that have not yet started CCT in unobservable ways. This latter group is likely to contain a mix of these unobservable characteristics; until these churches and communities start CCT, it will not be possible to know which ones will continue with the process. But this was not anticipated to be a major concern, because the “dropout” rate for churches and communities stopping CCT is estimated to be fairly low, and at least one of the factors that Tearfund has observed to be associated with communities stopping the CCT process—trained CCT facilitators moving to a different church—is not necessarily due to church or community level characteristics, but could plausibly result from individual circumstances related to the facilitators or to decisions by governance structures overseeing churches.

2. Applying a Multi-stage Statistically and Practically Representative Sampling Technique: The study adopted a multistage sampling technique, coupling randomised and purposive selection at different levels to ensure a both statistically and practically representative sample. By identifying a CCT participating church as a community, a complete sampling frame of 2,112 communities actively engaging in the CCT process from the four study countries was established, though the number of communities in the sampling frame in each country ranged from as few as 97 in Sierra Leone to as many as 1,217 in Rwanda. Using a cluster sampling approach, about fifty communities from each country were randomly selected to produce a sample of 201 communities engaged in CCT. At a 95% confidence interval and a margin of error of approximately 6.5%, this can be considered a statistically representative sample size in terms of communities. The randomly sampled communities were evaluated for practical representativeness by assessing the following: (1) the geographical spread of the sampled communities, and,

(2) sufficient spread across various levels of CCT maturity. Using an ex-post approach allowed the study to include communities that had been engaged in CCT for considerably more than five years, allowing the sustainability of the initial training to be explored. Accessibility restrictions were also considered in the review of the random sample, and, where necessary, appropriately similar accessible replacements were made.

Once communities were sampled, church leaders were requested to mobilise around thirty respondents in CCT communities and one hundred in non-CCT communities, representing a mix of ages, genders, members of the sampled church, others who were not members, and in CCT communities, a mix of participants and non-participants.

3. Using Multiple Linear Regression Analysis with Variable Selection Anchored on a Large Diverse Sample, and Supporting Theory and Evidence Related to the Determinants of Wellbeing: In order to compare wellbeing outcomes such as life satisfaction, expectations for the future, or satisfaction with close relationships between CCT participants and non-participants, or any other comparator group, it is important to account for the influence of other factors such as age, gender, marital status, or employment, as these could also explain the outcomes and tend to be significant in determining levels of wellbeing (Vassilev and Manclossi 2019, Joshanloo and Jovanovic 2020, Blanchflower 2021). To achieve this, the study used multiple linear regression analysis. Like all other regression techniques, the direction and strength of the relationship between two variables, a dependent or predictor variable (in our case the wellbeing outcomes) and independent or explanatory variable, for instance CCT participation, is expressed using a coefficient.

The degree to which we can be confident in these coefficients depends on a number of factors related to the research design. As well as increasing the likelihood of detecting statistically significant differences in wellbeing between the CCT and comparison group, in the absence of experimental or quasi-experimental designs, achieving a large sample size derived from multiple regions and countries is likely to lead to robust estimates and to be representative of the impact of CCT more broadly, reducing the likelihood of systematic differences between comparison and CCT communities not due to CCT as an explanatory variable. In addition, if the relationship between dependent and independent variables is backed by a well-developed theory of change and triangulated using existing evidence, this also adds to the robustness of the findings. State of Life was able to draw upon Tearfund's existing literature and theory of change about CCT to inform their interpretation of the findings.

It has already been highlighted how an experimental or quasi-experimental research design would have been ethically and practically challenging. As a result, the study does not infer causation, but instead makes claims about association supported by a large and diverse sample and existing theory and evidence, such as advanced qualitative studies on how CCT influences wellbeing, adding to the degree of confidence in the findings. As such, the study draws conclusions on whether and the extent to which various wellbeing outcomes are associated with CCT participation (in particular, related to the adoption of Tearfund's CCT process in a Sub-Saharan African context), while controlling for observable factors.

A Pioneering Approach to Calculating Social Value:

Building on this robust design and analytical approach, the study sought to measure the social value associated with CCT by pioneering an application of the WELLBY (wellbeing-adjusted life year) in lower-income contexts outside of the UK for the first time.

Social value measurement seeks to monetise wellbeing costs and benefits, including those for which there is no market price (such as the social benefit we experience from increased self-worth, improved trust in our community or the social cost of poor mental health) so that they can be compared in a social cost-benefit analysis. The resulting net benefit indicates the value of an intervention to society in monetary terms. Taking a social value approach enabled Tearfund to understand the monetary value of the "holistic transformation" hypothesised as a result of CCT, and to compare this to the costs.

The WELLBY is a newly-defined, standardised unit of measurement used "to consistently measure and value improvements in wellbeing, first introduced in 2020" (Fawcett, 2023). To its proponents it provides "at least a common currency with which to compare the outcomes of all policies," which can be used as part of a social cost benefit analysis (Layard and Oparina 2021). Although this methodology does not have its origins in faith-based organisations, Tearfund nevertheless considers this to be a valuable approach to assessing the social value of its work with churches. This is because of its potential to measure and aggregate improvements in wellbeing resulting from a wide range of initiatives and sources, through the summary measure of life satisfaction, and to do so in a way recognised by "secular" organisations and can thus be compared with ways of working that are not faith-based. Tearfund understands church and community transformation in terms of holistic wellbeing, incorporating spiritual, social/relational, economic, and personal domains that are defined by the Light Wheel Framework. Tearfund finds this approach to social

value calculation has particular resonance with its organisational focus on holistic wellbeing.

The method utilises a life satisfaction survey question, one of four standard questions recommended by the UK Office for National Statistics for measuring subjective wellbeing.³ One WELLBY is defined as an increase in life satisfaction of one point on a scale from 0 to 10, affecting one person for one year, and caused by the intervention being assessed.⁴ Life satisfaction as a measure of subjective wellbeing has the advantage of being simple, easy to understand, and highly predictive of diverse outcomes related to jobs, relationships, and even voting behaviour (Layard and de Neve 2023). Wider research has shown that faith, or “religiosity,” tends to be positively correlated with life satisfaction (see Sholihin et al. 2022; ten Kate et al. 2017; Pew Research Center 2019). This subjective wellbeing approach allows community members to self-report, rather than outside researchers making assumptions about what matters to them. Its use is based on some key assumptions, as noted by Layard and Oparina (in the World Happiness Report 2021), including that a one point difference at any point between 0 and 10 on the life satisfaction scale is equivalent, and that there is no extra weight given to the prevalence of “misery.”

In the past three years, the WELLBY has been adopted for use by the UK government and by the Treasury in New Zealand. For policy appraisal and evaluation in the UK, government guidance states: “the change in life satisfaction [shown to result from an intervention] can be converted to a monetary value by multiplying by £13,000 (HM Treasury 2021, 30), which signifies a value of £13,000 per WELLBY. This is based on two valuation methods that are sensitive to the target population’s income levels. Both methods utilise UK data. The value of £13,000 is therefore appropriate for use in the UK, or countries with similar income levels.

In Tearfund’s African study countries with significantly lower income levels, the value needs to be converted to a more appropriate figure. In the absence of an equivalent WELLBY valuation for any of the study countries, this was achieved by making comparisons to median income in the UK and scaling accordingly for countries in the CCT study (Fawcett 2023). The strengths and limitations of this pragmatic

approach to converting the WELLBY have been discussed by State of Life in [a blog post on the What Works Centre for Wellbeing website](#) (Fawcett 2023).

While the WELLBY was used to monetise wellbeing benefits associated with CCT, principles of social value measurement were also applied to capture the costs of CCT, including non-market or in-kind contributions as well as financial contributions. Notably, this included the value of the time and resources that community members mobilise and contribute towards their own church and community transformation. Using this approach, all of this could be fed into a social cost-benefit analysis sensitive to the community-led and -owned nature of CCT, and to the holistic nature of its impact.

Measuring Wellbeing Beyond Life Satisfaction:

Though life satisfaction as a measure of subjective wellbeing was sufficient for social value measurement, the study also integrated the Light Wheel, Tearfund’s own tool for measuring holistic wellbeing. A key tenet of Tearfund’s approach to wellbeing measurement is to incorporate multiple aspects of wellbeing, not just one single measure of subjective wellbeing. Developed from internal evaluations, evidence, and published research, and with input from colleagues and partners globally, the Light Wheel, shown below in figure 1, visualises how nine different aspects (or “spokes of the wheel”)—a mix of economic, personal, social/relational, and spiritual factors—add up to whole-life wellbeing (Tearfund 2016). The Light Wheel has been tested, validated, and refined over the last ten years through use by communities Tearfund works with across the world.

The study collected data on 22 aspects of wellbeing in addition to life satisfaction, such as hope for the future, year on year change in income, trust in neighbours, and participation in household and community-level decision-making. These metrics were informed by the Light Wheel, collected using survey questions from validated question sources, and analysed via multilinear regression analysis. To the authors’ knowledge, this is one of few studies to measure life satisfaction and social value alongside a range of specific, tangible aspects of holistic wellbeing.

³ Overall, how satisfied are you with your life nowadays? Please answer on a scale of 0 (not at all) to 10 (completely).

⁴ This individual value can then be applied to the number of individuals who have been or will be reached by an intervention within a defined timeframe and does not normally include any considerations related to life expectancy.

Figure 1: Tearfund's Light Wheel Framework



The Light Wheel © Tearfund 2013, 2021

Compelling, Consistent, and Credible Results

The study found that, compared to non-CCT communities, all 23 measured aspects of wellbeing were significantly higher in communities that had engaged in CCT. According to the regression analysis, people in CCT communities had +1.185 higher life satisfaction and were, on average, 13.9 percentage points more likely to report positive outcomes across the other 22 aspects of wellbeing (see Figure 2). Moreover, those

within CCT communities who participated in CCT activities reported significantly higher life satisfaction and were more likely to report positive wellbeing outcomes than those who did not participate. Even so, those who lived in communities engaged in CCT but did not participate still reported higher wellbeing in terms of life satisfaction and in 20 of the 22 other wellbeing measures compared with those living in communities that had not yet started CCT.

Participating in CCT activities for longer periods or more frequently was also associated with higher life satisfaction. These differences are, as far as possible within the design, attributable to CCT and not to other factors controlled for in the regression models. The high level of consistency in the findings across the different aspects of wellbeing and different communities supports this conclusion.

Considering the length of time churches have been engaged in CCT, even those engaged for less than two years had higher life satisfaction and better wellbeing in their communities when compared with people in non-CCT communities. This was the case across all measured aspects of wellbeing. Meanwhile, those living in communities where churches had engaged in CCT for 3-5 years, and for 5+ years, also showed increased levels of wellbeing. Again, these differences are associated with CCT, implying that CCT had an impact upon people's wellbeing quickly (within the first two years of a church's involvement), but also that this impact is sustained for 5+ years. Notwithstanding, the effect size varies with the length of time engaged in CCT, and between different aspects of wellbeing. For life satisfaction, the largest impact was observed in communities where the church has been engaged in CCT for 3-5 years, implying "optimum" impact during this period. It makes intuitive sense that more "visionary" outcomes (such as people reporting that they have sometimes or often raised an issue to decision-makers in the last 12 months) show the largest impact where churches have been engaged for more than five years.

The study also explored how the relationship between life satisfaction and length of church involvement in CCT varies for different groups of respondents. In Tearfund's experience, the impact of CCT often starts with facilitators as they experience holistic transformation in their own lives.⁵ The study found that facilitators have significantly higher life

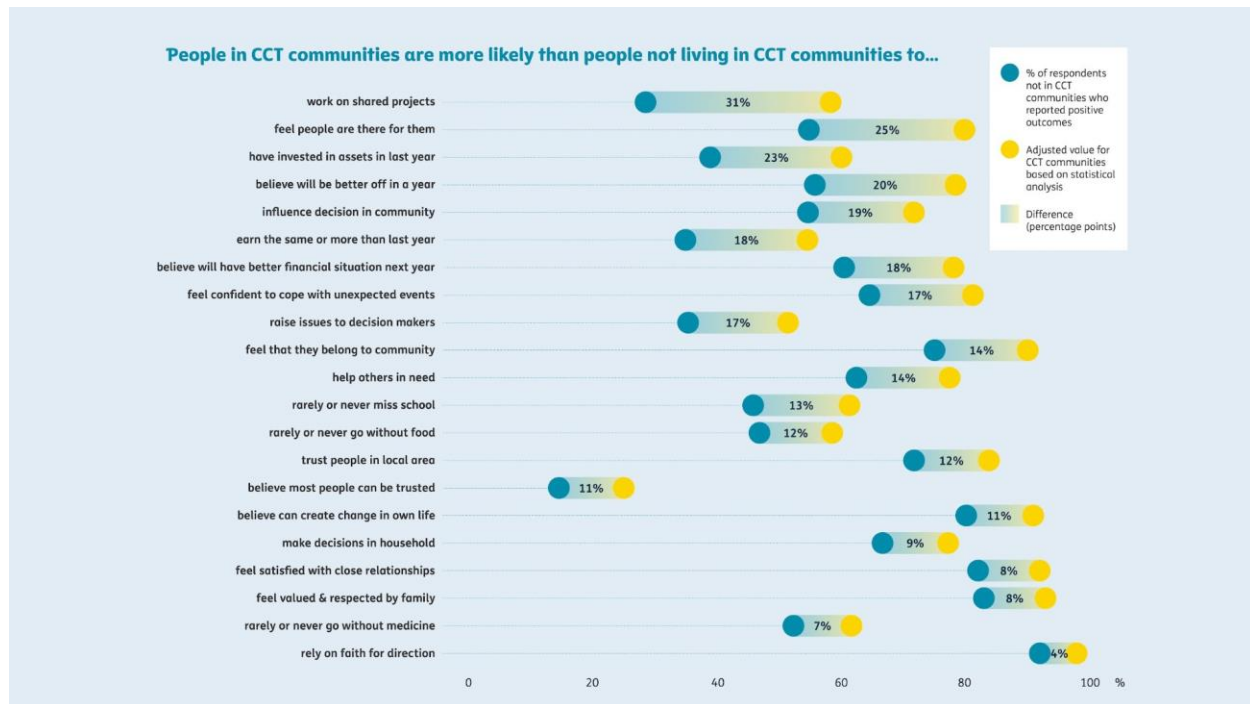
satisfaction than people in non-CCT communities, and the impact is greatest for facilitators during the first few years (0-2) of CCT. Whole-life transformation is soon experienced as well by church members, who are the most likely to attend and take part in CCT activities from the outset. The study found that for church members, the greatest impact occurs once their church has been engaged in CCT for 3-5 years. And then, as church members with facilitators progress through the stages of CCT and reach out to their communities, non-church members become more likely to participate and benefit. Indeed, the study found that non-church members experience the greatest uplift in life satisfaction when CCT has been happening for 3-5 and 5+ years.

After a thorough accounting of the costs of CCT, and monetisation of the social benefits, the social cost-benefit ratio of CCT is between 1:18 and 1:38 (with a midpoint of 1:28). This means that for every £1 invested in CCT by Tearfund and communities, approximately £28 may be created in social value. Time and resources invested by communities account for a substantial proportion of the inputs to the CCT process. For every £1 invested in the CCT process by Tearfund, communities mobilise £7.10 worth of time, money, and resources for projects and initiatives to bring about the change they desire to see. In Tearfund's experience, these initiatives range from installing a new water pump, to establishing a school scholarship scheme, to repairing a local bridge or road, and they help to explain how the impact of CCT might spread from participants to non-participants in CCT communities, one of the findings of the study.⁶ Considering again the cost-benefit ratio, the value of the higher life satisfaction observed in CCT communities, compared to non-CCT communities, substantially exceeds all of these costs.

⁵ Facilitators play a critical role in CCT; they are responsible for guiding churches and their wider communities through the CCT process. Many are pastors/leaders of the participating churches; all are church members. Tearfund trains and invests in facilitators, equipping them with the knowledge of the process and skills to adapt it to their own context, and they commit to implementing it in their local church and community.

⁶ Nine in every ten CCT facilitators whose communities took part in the study reported that their communities have new or improved community assets due to CCT. These are descriptive data not based on regression analysis.

Figure 2: Differences between CCT communities and control communities for wellbeing measures (excluding numeric variables)



Lessons for Tearfund from Conducting the Study

Reflecting on both the research process and the results, Tearfund has drawn a number of lessons from carrying out this study. First, the evidence from the study supporting the positive impact of CCT in these four countries for both church members and those in the wider community supports Tearfund's understanding of churches as potential transformation centres, highlighting that faith-based organisations, and in particular churches, have an important role to play in community development. The findings of the impact study offer compelling evidence for the effectiveness of the CCT approach in promoting community wellbeing in Africa, and contribute to the academic understanding of the church's potential in promoting wellbeing and improved economic outcomes for the poor, countering scepticism even within some Christian organisations about the ability of churches to play such a role.⁷

These results come at an unprecedented time in the history of human development, when the gains of the past six or more decades of community development could be undone by the devastating effects of climate change or the increasing threat of pandemics and conflict. They underscore the

importance of holistic and participatory interventions that empower communities and foster sustainable change. Indeed, these results have prompted Tearfund to focus on scaling up the number of CCT churches across the world, with an ambitious target of a ten-fold increase from around 25,000 currently to 250,000.

The consistency of the findings across the aspects or indicators of wellbeing studied, including subjective assessments of wellbeing such as life satisfaction and more objective aspects such as recent investment in assets, has confirmed the value of measuring wellbeing in low and middle-income contexts, like those of the four countries studied, and in incorporating a range of dimensions of wellbeing. Wellbeing policy-making has been growing in prominence in UK policy circles over recent years, but is much less developed in the international development sector, where "wellbeing" has tended to be used to refer to the outcome of mental health interventions, rather than the broader understanding adopted by Tearfund and highlighted by Amartya Sen's work on capabilities (Sen 1999). The wellbeing measures included in the study speak to a number of Sustainable Development Goals (SDGs), as more conventional development indicators, and there is evidence that achievement of the SDGs is closely related to wellbeing. A study by De Neve and Sachs

⁷ The results do not indicate that the impact of the church on community development is always or necessarily positive, nor that the CCT process has this same positive impact in all contexts.

(2020) notes that “looking at how each SDG relates to wellbeing shows, in most cases, a strong positive correlation” (De Neve and Sachs 2020).

The team leading the study consulted with colleagues in the four participating countries to ensure the approach taken to the study was both appropriate for their ways of working and robust. Throughout the design of the study tools, the team from Tearfund and State of Life navigated the challenge of achieving the necessary consistency across countries alongside the impetus to contextualise the wellbeing measures used. Validated survey items used in cross-national surveys were prioritised for inclusion, along with survey questions developed specifically by Tearfund to measure the nine “spokes” of the Light Wheel. These were simplified where necessary, and enumerators were trained to hold the tension between asking the survey questions consistently based on a pre-agreed translation, and providing country-specific examples or guidance for respondents where necessary.

Investing in a quantitative study, the largest Tearfund has ever commissioned, has been significant at this juncture, building as it has on a strong existing, largely qualitative evidence base and a well-developed theory of change (Tearfund 2022). Before embarking on this study, Tearfund had strong evidence from a robust four-country qualitative study using Qualitative Impact Protocol (QUIP) methodology (Tearfund 2021b) that CCT was having a positive impact on individuals participating, and from this and previous qualitative evidence, how and why CCT was making a difference in communities. This quantitative study enabled Tearfund to increase the level of confidence that these positive differences were associated with CCT and not other factors, and to quantify the size of the impact on wellbeing for those in CCT communities.

Indeed, the countries selected to take part in the study were those with a well-developed existing evidence base for their CCT process, and this existing evidence has been crucial for several reasons. First, it justified the investment in a large-scale, rigorous, and therefore costly, study of this nature, and it informed the research questions explored by the study. Second, as noted above, it provided triangulation for the results of the study, addressing potential limitations. Third, when combined with the wide range of wellbeing measures and comparisons explored in the study, it has enabled Tearfund to interpret the results confidently and learn from the findings. Finally, it has facilitated social value measurement, which has proved a powerful

way to understand and communicate the value of churches taking part in CCT.

Furthermore, the finding that CCT is very good value for money, as suggested by the social value calculation, is important not only to inform Tearfund’s strategy and to convince potential funders of the value of investing in CCT, but also for existing and potential CCT churches considering whether to invest their time and resources into the process. It is important to point out that a large proportion of the costs of CCT are borne by church members themselves (£7 out of every £8 of resources invested in CCT), highlighting the importance of this study in Tearfund’s accountability to participating communities.

Investing appropriately in using and communicating the findings beyond the production of the comprehensive research report has been key to Tearfund making the most of this study. Having the appropriate staff in post—for Tearfund, an Evidence Communication Officer embedded across Impact and Fundraising teams, working closely with the research team—has been a major factor in ensuring effective research uptake within the organisation and external sharing. The global dissemination process was project-managed by a colleague outside of the main research team; this external perspective and particular focus on dissemination was extremely valuable to enable the production of research products that have included written summaries, blog posts, infographics, and an animated video, combined with launch events in the UK and in the study countries. This dissemination process required an appropriate budget to ensure the value of the research was maximised; in studies of this scale, there is a need to budget adequately for dissemination, including to communities taking part in the study and decision-makers, a requirement of Tearfund’s research ethics approach and a very important aspect of dissemination for this study (Daehnhardt and Bollaert 2021).

The process of undertaking the study has underlined the value for Tearfund of working with external experts such as State of Life.⁸ As well as providing an impartial external perspective and credibility, State of Life’s expertise on social value and evaluation has provided invaluable insight, married with Tearfund’s experience of working in low- and middle-income contexts, including rural, hard-to-reach communities across the four African countries studied, and established thinking on wellbeing measurement. State of Life’s experience of contributing to UK Government guidance on and training civil servants in

⁸ As noted above, State of Life is a UK-based consultancy that helps organisations to evaluate and measure the social impact and economic value of their activity or project. State of Life’s expertise lies in quantitative analysis, particularly in measurement and evaluation of wellbeing outcomes, in line with the H M Treasury 2021 *Green Book*, in which State of Life is a named advisor in the Supplementary Guidance on wellbeing.

using the WELLBY methodology placed them perfectly to provide such expertise, and both organisations have learned from working together to carry out the study, applying this methodology to new contexts. The report on the findings was further strengthened by a peer review from a UK government-based economist with extensive experience of applying the WELLBY methodology.

Conclusion

Tearfund's [Local Church, Lasting Transformation study](#) provides robust evidence of the positive and sustained impact of the CCT process across four contexts in Africa, offering valuable insights for development actors and reinforcing the role of local churches as catalysts for community transformation. In a world facing unprecedented challenges such as climate change, disasters, and conflict, the study reaffirms the importance of holistic, participatory interventions that empower local communities to foster sustainable change.

As a result of the success of the study in 2022, Tearfund is continuing the study in 2023/2024, expanding data collection to an additional four countries, including one non-African country, adding to an already large dataset to generate further rich insights about wellbeing in low resource contexts and the role of the church, and exploring the impact of CCT beyond Africa, including in contexts where Christians represent a very small minority.

The study also makes a significant contribution to the field of development evaluation by pioneering the application of the WELLBY methodology in lower-income contexts outside of the UK. This methodology has proven to be a powerful tool for measuring and communicating the social value of CCT, and has the potential to be applied to other development interventions in the future. Furthermore, the integration of wellbeing measures in low and middle-income contexts aligns with emerging trends in wellbeing policy-making (see Hoekstra 2020, Layard and de Neve 2023b), contributing to the understanding of development beyond traditional indicators.

In conclusion, Tearfund's experience, as demonstrated by this study, provides valuable insights for the development sector, showcasing the potential of locally-owned and church-driven initiatives in bringing about transformative and lasting change.

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