

Faith Response to Covid-19:

Taking lessons from the Ebola response into Covid-19, March 2020

Faith-based organisations (FBOs) and leaders can play a major role in saving lives and reducing illness related to Covid-19. They are a primary source of support and comfort for their members. Often trusted more than governments or health-agencies, faith leaders can share health information to protect their communities that will be more likely to be accepted than from other sources¹.

World Health Organization

Purpose of document:

This brief provides an overview of the role of faith communities in responding to global crises like Covid-19, providing evidence of their role in responding to similar epidemics and pandemics. This brief also provides an overview of Tearfund's niche and proposed faith-based response to Covid-19 in partnership with local faith communities that can potentially help delay and prevent the spread, and also provide care and support to those affected through meaningful and timely interventions through our existing faith networks.

1. Introduction

Faith leaders and communities play a significant role in local communities especially in a world where more than 80% of the population affiliate themselves to a major religion. Religious institutions are the largest organised network in the world. Faith leaders and communities often provide immediate support and relief to the most vulnerable, and are first responders in any crisis, being present in hard to reach places. They are also trusted by their communities and the people most go to to get help, counsel and support.

Tearfund works with over 15,000 churches across 50 countries, reaching an estimate of 7.5 million people annually. Over the last 50 years, Tearfund has partnered with thousands of local faith leaders and communities globally and has seen the positive impacts they have made in the holistic well-being of many. Faith leaders and communities have a long term track record in provision of education, healthcare and are key allies in disaster risk reduction and response. Specifically, faith leaders and communities made remarkable contributions in similar pandemics like HIV and the Ebola epidemic.

Tearfund's experience also shows that during a crisis like this, there are instances where faith leaders can spread misinformation, disregard scientific guidance or justify human suffering, which can contribute to stigma. This highlights engagement with faith leaders as a critical need so that their potential for harm is reduced.

¹ <https://www.who.int/teams/risk-communication/faith-based-organizations-and-faith-leaders>

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2. What we learnt from the recent Ebola Response:

'The response team did not understand how we live here. They arrived in villages in biohazard suits, looking like members of armed groups and frightening the population. Without explanation, they would demand to take the patient away...The team did not build a dialogue, taking into account local cultural values. In Butembo, the rumours were that the Ebola response teams were the origin of the outbreak, rather than the solution. Priests worked hard to change this false belief.' - Monsignor Sikuli Paluku Melchisédech, Catholic Bishop of Beni-Butembo² (HPN, March 2020)

The following are key lessons on the critical role of faith leaders and communities from the Ebola response, summarised from the 'Keeping the Faith'³ and Humanitarian Practice Report (March 2020):

- **The value of adopting a holistic approach to emergencies**

One of the most important lessons from the Ebola response is the importance of going beyond traditional responses for non-traditional crises. In the most affected communities, Ebola could not be addressed by the secular humanitarian system and neither could it be brought under control as a consequence of the actions of faith communities alone: it was both of these, and traditional leaders, working together, that offered potential to turn the tide in the Ebola crisis.

- **The essential role played by faith leaders in social mobilisation and behaviour change**

The confidence that initially existed in adopting a purely medical approach to the Ebola virus disease (EVD) outbreak was misplaced; health facilities, treatment units and case management were important but they missed an essential element which was the need to mobilise communities to change behaviour and in many cases neither health staff nor the government were well placed to do this. Instead, the local community itself was best placed to effect change, and faith leaders, as trusted and respected members of communities, played an important role as agents of social change.

- **The effectiveness of an inter-faith approach**

In approaching the task of working together in Sierra Leone, Christian and Muslim faith leaders established an important ground rule: to focus on the issues that united them against the virus. This permitted a conversation that prioritised how to address the Ebola outbreak and allowed them to find similarities in their religious texts in how to promote behaviour change. The coherence in the messaging between the two major religions and the unity that was demonstrated in how the messages were delivered provided an important platform for change.

² [Lessons not learnt?](#) Faith leaders and faith-based organisations in the DRC Ebola response by Bernard Balibuno, Emanuel Mbuna Badjonga and Howard Mollett (March 2020).

³ [Keeping the Faith](#): the role of faith in the Ebola response, joint report by Tearfund, Cafod, Christian Aid and Islamic Relief (July 2015).

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- **Preaching by example**

Religious leaders played important roles in countering rumours and misinformation. Over 70 religious leaders had themselves publicly vaccinated in Mususa district to demonstrate by example that rumours against the vaccine were false. The Catholic bishops' 'Ebola-Free Families Campaign' mobilised grassroots women's and youth groups in parishes to meet in neighbours' homes and talk through misunderstandings surrounding Ebola, the vaccine and the wider response, as well as address the stigma faced by Ebola survivors. Muslim and Eglise de Reveil leaders undertook similar activities.

- **Modifying religious practice**

Behaviour change is a critical part of community engagement in an Ebola response. To that end, faith groups developed and disseminated guidance through parishes and other prayer structures on washing hands before distributing communion and after conducting offertory collections, 'taking communion by hand, and no longer directly in the mouth' and establishing chlorinated water points at places of worship. Priests were trained at diocese level, and passed this training on to parishes (Shirika) and community groups.

- **Religious institutions as centres for refuge and assistance**

Building on other basic forms of assistance provided at religious institutions, faith groups established reception areas and areas where people could be referred on to Ebola treatment facilities, provided hygiene facilities such as handwashing kits, supported monitoring of case contacts through food distribution and psychological assistance, and established early warning groups in schools.

- **Playing an intermediary role between the wider response and communities**

As the backlash grew against the response by the government and international agencies, religious leaders played crucial intermediary and advocacy roles. Local communities resented the disparity between the international resources poured into addressing a health crisis with international ramifications, and the inadequate action taken to tackle national, regional and global drivers of the violence they face every day. Faith leaders have called on the government and international agencies to develop, implement and support community resilience plans to integrate recovery from Ebola alongside wider plans to address intersecting humanitarian, governance and conflict risks in affected areas. Local FBOs and religious leaders in those communities can contribute to work on conflict and governance issues, but efforts on this front must be based on a careful analysis of conflict dynamics, the risks faced by local faith actors and the various ways different actors – government, UN, INGO, FBO – are perceived by local communities and armed actors.

Faith Response to Covid-19:

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3. A global response to Covid-19 through faith communities

In light of the Covid-19 health pandemic, Tearfund believes that faith leaders and communities can once again be a significant ally in slowing down the spread, providing relief, hope and responding to the needs in a meaningful way. Tearfund is keen to see the global community engage faith communities early in their response and not repeat the same mistakes as with the Ebola response. Specifically Tearfund recommends that the humanitarian and development community engage with faith leaders and communities for the following reasons:

1. Leadership:

- They are most often self-mobilised and **lead in times of crisis**, and are able to provide a sense of hope to people.
- Faith leaders are **well-networked**, and in most places have centralised national, regional and local level structures that are effective in cascading and diffusing information.
- They are able to replace **fear with messages of hope**, and can be effective allies in addressing misuse of religious texts to support or justify this pandemic which might add to the social stigma and exclusion of those affected or surviving it.

2. Potential to mobilise and Influence:

- **Support other religious leaders** to lead in community mobilisation and awareness-raising - whilst keeping in with social distancing guidelines - and they are able to do this in ecumenical ways.
- They can be engaged as champions to ensure we **do no harm** by not making Covid-19 worse in the course of religious celebrations and events through safe forms of worship, including digital and other methods, if and when government restrictions are lifted.
- They are a key reference group/influencers to **address social and cultural norms** to change behaviours and decrease transmission.

3. Providers of Care and Support:

- They are able to **support communities**, particularly those who are most vulnerable, to be able to put these measures into practice e.g. ensuring availability of soap, hygiene kits, tippy taps etc.
- Faith leaders and communities can **provide shelter and refuge** for the most vulnerable and affected, and most often use the existing spaces to respond immediately in the face of crisis.
- They are able to **reduce stigma** of those suspected or diagnosed with the virus and victims of it, and increase support for those affected.
- They can be meaningfully engaged to **advocate for social protection mechanisms** to adapt to needs of victims and families.
- During crisis, women and children will have increased risk of violence, and victims of domestic violence will have severe impacts because of lockdowns and forced immobility, faith leaders and communities have shown impact in leading to **reduction of violence** if engaged meaningfully with a structured process.

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4. Tearfund's commitment to faith communities in the Covid-19 response

As an organisation that has faith as its foundation, Tearfund will bring an Integral Mission approach, bridging developmental and scientific understanding with a theological lens that draws on and supports the network of churches worldwide who are keen to serve their communities at this time.

Tearfund will provide:

- Accurate and updated information on Covid-19 with reference to official locally available and verified information.
- Holistic advice for churches and encouragement to serve communities holistically.
- Guidance (including documents, webinars etc) on hygiene and safety, protection and GBV, and other key sectors as deemed important.
- Initial document of basic information to churches, made available electronically through the distribution networks, adapted and translated into Tearfund's three core languages.
- Make this information available and shared through Tearfund's websites ([Tearfund Learn](#)) and social media platforms.
- Ongoing information updated regularly based on feedback from countries/clusters & peer

We will work in partnership with

- Local church leaders & facilitators (who will serve in and with their communities)
- Churches and our faith networks.

We will disseminate information in the following ways, through the:

- Country Directors.
- Church and Community Transformation (CCT) networks, including country and cluster leads.
- Tearfund's Theology Network Engagement team, to their church theological colleges and denominational leaders.
- FOU (Friends of Umoja), christian networks & peer organisations.
- Inspired Individuals program
- Develop a Q&A based on questions received from countries and clusters, to provide further support.
- Media products/communications created with the information for informal networks eg WhatsApp groups.
- Posters adapted, translated and printed for wide distribution through churches.

All our Covid-19 resources, guidance and tools can be accessed here:
www.tearfund.org/covid19