



# COVID-19 GUIDANCE

## Faith response to Covid-19: Taking lessons from the Ebola response into Covid-19

*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 sources<sup>1</sup>.*

**World Health Organization**

### **Purpose of document:**

This brief provides an overview of the role of faith communities in responding to global crises such as Covid-19, providing evidence of their contribution in similar epidemics and pandemics. This brief also provides an overview of Tearfund's distinctive faith-based response to Covid-19 in partnership with local faith communities. Its purpose is to help delay and prevent the spread of the virus, and also provide care and support to those affected through meaningful and timely interventions via 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 per cent of the population affiliate themselves to a major religion. Religious institutions are the largest organised networks 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 a trusted source of help, counsel and support for most people in the community.

Tearfund works with more than 15,000 churches across 50 countries, reaching an estimated 7.5 million people annually. Over the past 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 track record in providing education

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

and health care, and are key allies in disaster risk reduction and response. Specifically, faith leaders and communities made remarkable contributions in epidemics such as HIV and the Ebola outbreak in West Africa (2014–2016).

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 the potential for harm is reduced.

## 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-Butembo**

The following are key lessons on the critical role of faith leaders and communities from the Ebola response, summarised from the Keeping the faith<sup>2</sup> report and Humanitarian Practice Network Lessons not learnt? 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 unprecedented crisis scenarios. In the most affected communities, Ebola could not be addressed by the secular humanitarian system alone, nor could it be brought under control through the actions of faith communities alone. It was both of these working together, alongside traditional leaders, 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 initial confidence 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; 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.

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<sup>2</sup> Tearfund, CAFOD, Christian Aid and Islamic Relief (July 2015) [Keeping the faith: the role of faith in the Ebola response](#)

## 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.

## Preaching by example

Religious leaders played important roles in countering rumours and misinformation. More than 70 religious leaders had themselves publicly vaccinated in Mususa district, Democratic Republic of Congo, to demonstrate by example that negative rumours about 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 addressing the stigma faced by Ebola survivors. Muslim and Eglise de Réveil 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 taking offerings; receiving communion by hand, and no longer directly into the mouth; and establishing chlorinated water points at places of worship. Priests were trained at diocese level, and passed this training on to parishes 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. They also 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,

international non-government organisations, FBOs – are perceived by local communities and armed actors.

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

In light of the Covid-19 pandemic, Tearfund believes that faith leaders and communities can once again be a significant ally in slowing down the spread of the virus, providing relief and hope, and responding to need 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:

- Faith leaders and communities generally mobilise themselves and **lead in times of crisis**, and are able to provide a sense of hope to people.
- Faith leaders have strong links to **existing networks**, 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 a health crisis, which might add to the social stigma and exclusion of those affected or of survivors.

#### 2. Potential to mobilise and influence:

- **Support other religious leaders** to lead in community mobilisation and awareness-raising – while observing physical distancing guidelines. 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. This will include using safe forms of worship, including digital and other methods, if and when government restrictions are lifted.
- They are a key reference point and important influencers to **address social and cultural norms** and so 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 preventative measures into practice eg ensuring availability of soap, hygiene kits, tippy taps etc.
- Faith leaders and communities can **provide shelter and refuge** for the most vulnerable and worst affected, and generally can use existing spaces to respond immediately in the face of crisis.

- They are able to **reduce stigma** around those suspected of having the virus, those diagnosed with it and families bereaved through it, and increase support for those affected.
- They can be meaningfully engaged to **advocate for social protection mechanisms** to adapt to the needs of those affected and bereaved families.
- During a crisis, women and children will be at increased risk of violence, and those experiencing domestic violence will face severe impacts because of lockdowns and forced immobility. Faith leaders and communities have shown they can have an impact in terms of a **reduction in violence** if they are engaged meaningfully through a structured process.

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

As an organisation that has faith as its foundation, Tearfund brings an integral mission approach, bridging developmental and scientific understanding with a theological perspective that draws on and supports a global network of churches which are keen to serve their communities at this time.

##### Tearfund will provide:

- accurate and updated information on Covid-19 with reference to official and verified information available locally
- advice and encouragement to help churches serve communities holistically
- guidance (including documents, webinars etc) on hygiene and safety, protection and gender-based violence, and other key sectors deemed important
- an initial document of basic information, made available to churches electronically through the distribution networks, adapted and translated into Tearfund's three core languages
- make all the information listed above available through [Tearfund Learn](#) and Tearfund's social media platforms
- ongoing information updated regularly, based on feedback from countries/clusters & peers

##### We will work in partnership with

- local church leaders and facilitators (serving in and with their communities)
- churches and faith networks

##### We will disseminate information through:

- Country Directors
- Church and Community Transformation (CCT) networks, including country and cluster leads
- Tearfund's Theology Network Engagement team, to theological colleges and denominational leaders

 [tearfund.org/covid19](https://tearfund.org/covid19)  
 [covid19-response-team@tearfund.org](mailto:covid19-response-team@tearfund.org)

- FOU (Friends of Umoja), Christian networks and peer organisations
- Inspired Individuals programme
- a Q&A we will develop based on questions received from countries and clusters, to provide further support
- media products/communications created with information for informal networks eg WhatsApp groups
- posters adapted, translated and printed for wide distribution through churches