

# FOOTSTEPS

2020 • ISSUE 112

[learn.tearfund.org](http://learn.tearfund.org)

COMMUNICABLE DISEASES



## IN THIS ISSUE

- 3 Communicable diseases
- 6 Church reaching out
- 8 Learning from Ebola

- 11 Child health
- 14 Coping with a pandemic
- 20 How to look after someone who is ill

**tearfund**

## IN THIS ISSUE

### FEATURES

- 3 Communicable diseases
- 7 Faith leaders and behaviour change
- 8 Learning from Ebola
- 10 Disability awareness
- 11 Child health
- 14 Coping with a pandemic
- 16 Living with HIV

### REGULARS

- 5 BIBLE STUDY:  
Resurrection power
- 18 CHILDREN'S ZONE:  
Wash your hands
- 22 RESOURCES
- 23 COMMUNITY
- 24 INTERVIEW: End times?

### TAKE AND USE

- 6 Church reaching out
- 12 Prevent the spread of  
respiratory diseases
- 19 False news?
- 20 How to look after someone  
who is ill

# FOOTSTEPS

## COMMUNICABLE DISEASES

We all become unwell from time to time, sometimes from illnesses that are passed on from person to person. These are called 'communicable' diseases and include common coughs and colds as well as more serious illnesses such as Covid-19, HIV, malaria and Ebola.

In this edition of *Footsteps* we discuss how to reduce the spread and impact of communicable diseases, including the impact on children (page 11), mental health (page 14) and people living with disabilities (page 10). We consider how to support people who are unwell (page 20) and learn lessons from Ebola and HIV (pages 8 and 16).

In the centre of the edition is a poster about how to prevent the spread of respiratory diseases such as Covid-19 (page 12). Feel free to photocopy, translate and adapt it for your context. If you would like us to supply you with the images we have used so you can make your own poster, please get in touch using the contact details on page 23.

Covid-19 has had a profound impact on us all. Many have lost loved ones or been unwell. At one point in April 2020, half of the world's population – 4.5 billion people – were living in lockdown. The interview on the back page tackles some of the common questions people are asking about the pandemic including, 'Is it a sign of the end times?'

A Bible verse that has taken on new meaning for me recently is 'Be still, and know that I am God' (Psalm 46:10). The whole Psalm reminds us that whatever is going on around us, and however anxious we may feel, God is there. We can rest in his presence and be sure of his everlasting love.



A handwritten signature in black ink that reads "Jude".

*Jude Collins – Editor*

📷 Cover photo: Bina (right) and a friend wash their hands at their school in Nepal. Photo: Tom Price/Tearfund



Ted Lankester

# COMMUNICABLE DISEASES

*In one way or another, the tiny virus that causes Covid-19 has affected us all.*

Starting in late-2019, many country borders, schools, transport links and businesses were closed in an attempt to halt the spread of the disease. Towns and cities fell silent as millions of people were told to stay at home and large gatherings were cancelled. People became fearful for their health and the health of loved ones. Disruption to food supplies, education and jobs has affected economic security and physical and emotional well-being. Sadly, many lives have been lost.

During this pandemic we have seen first hand how quickly a disease can spread from person to person, and the devastation it can cause. We have also seen how communities can work together in new ways for the common good.

## PERSON TO PERSON

Covid-19 is one of many communicable diseases. This means it is caused by an infection that can spread from person to person, sometimes without any physical contact. Not all infectious diseases can spread in this way. For example, tetanus does not pass from person to person.

Non-communicable diseases, such as high blood pressure, strokes, diabetes and cancer, are not caused by infections and cannot spread from person to person. You can read more about non-communicable diseases in issue 87 of *Footsteps*.

## IMPACT

Like most challenges the world faces, such as famines, war and floods, it is nearly always the poorest, most

vulnerable and less informed who suffer the most. For people who are already struggling to feed themselves and their families, a serious illness such as Ebola or tuberculosis can push them into deeper poverty if they are unable to work or access medical care.

Other impacts include:

- **PRESSURE ON FACILITIES**

During an outbreak of an infectious disease such as Covid-19, health facilities may be overwhelmed and many consultations and operations cancelled. It is essential that, wherever possible, people who become unwell with other serious illnesses such as cancer or heart disease still continue to seek and receive the early diagnosis and treatment they need. Children should also still receive their important vaccinations.

- **MENTAL ILLNESS**

Health and financial concerns, as well as separation from community and family members, can have a negative effect on mental health. Pre-existing conditions may worsen, or people may experience anxiety, depression and other conditions for the first time.

- **ABUSE**

Being told to stay at home for long periods can increase the risk of abuse for both adults and children. Such abuse may go unnoticed if schools, workplaces and other places of safety are closed.

- **STIGMA**

This is a common side effect of serious infectious diseases, particularly ones that communities do not fully understand such as Ebola and Covid-19. False news, conspiracy theories and hostility towards people who are trying to help combat the disease often make the situation worse.



📷 Delivering food packages to vulnerable families in Colombia as part of Tearfund's Covid-19 response. Photo: Edrei Cueto/Tearfund



The rejection experienced by people who become ill can be worse than the disease itself.

### RESPONSE

Times of crisis often encourage communities to come together in new ways to support each other and protect the most vulnerable. New alliances are formed as people work together to fight a common threat.

For example, by affecting virtually every country, Covid-19 has stimulated societies and scientists to cooperate rather than compete, speeding up the development of new systems and medical solutions. The hope is that this will lead to greater trust and mutual support within and across nations in the longer term.

In any society there are certain groups of people who not only help during times of crisis, but who are well placed to lead and help shape the future.

#### • SOCIAL ENTREPRENEURS

This is a large and growing number of people who emerge as leaders and innovators during a crisis. Their self-grown and community-owned societies, groups, clubs and enterprises bring support, encouragement and hope.

#### • FAITH GROUPS

Present in virtually every community in the world, during difficult times people of different faiths often come together in cooperation, friendship and mutual understanding. This was evident during the Ebola epidemic in West Africa when the intervention of faith leaders led to a breakthrough in community acceptance of the disease.

These groups are able to provide valuable support to governments, while also holding them to account. As a result, they are well placed to help countries and communities become less dependent on long-term outside support.

### THE ROLE OF THE CHURCH

As members and leaders of congregations we have the opportunity to support

people affected by infectious diseases. But we must make sure that we do not do more harm than good.

- We must not consider illness to be a judgement on any person, community or country. Jesus specifically argued against this (eg John 9).
- We must not believe that prayer alone will replace science and guarantee a cure. God does protect and heal, and prayer does make a difference. Yet we are his hands and feet, and it is vital that we play our part, acting upon the advice of experts and setting a good example.

We can find gentle ways of leading with compassion, kindness and love. Not alone, but working alongside people of all faiths and none. As we reach out into our communities to support others during times of great need, we can truly

be the salt and light that Jesus taught us about in the Sermon on the Mount (Matthew 5:13–16).

### FINAL WORDS

My final three words are kindness, collaboration and creativity. We should put kindness first, work joyfully together and think creatively and prayerfully about how we can help build strong and healthy communities.

.....  
*Dr Ted Lankester is a member of the Footsteps Editorial Committee and the co-founder of Arukah Network. He is the co-author of Setting up community health and development programmes in low and middle income settings (see page 22 for more details).*

## COMMON TERMS

### INFECTIOUS DISEASE

Diseases caused by tiny organisms such as bacteria, viruses, fungi or parasites. Not all infectious diseases can be passed from person to person.

### COMMUNICABLE DISEASE

An infectious disease that can spread from one person to another through a variety of ways. These include:

- contact with blood, faeces or bodily fluids (eg Ebola)
- breathing in an airborne virus (eg Covid-19)
- being bitten by an insect that is carrying the infection (eg malaria)
- eating or drinking contaminated food or water (eg cholera)

### NON-COMMUNICABLE DISEASE

A disease such as cancer, diabetes or high blood pressure that cannot be passed from person to person. Non-communicable diseases are responsible for about two thirds of all deaths globally.

### ZOOONOSIS

An infectious disease of animals that can also cause illness in

humans. Scientists estimate that three quarters of new or emerging infectious diseases in people come from animals (eg HIV and Covid-19).

### EPIDEMIC

A widespread occurrence of an infectious disease in a community at a particular time.

### PANDEMIC

The worldwide spread of a new infectious disease, usually affecting large numbers of people.

### VACCINE

A vaccine helps the body's immune system recognise and fight disease-causing organisms such as viruses or bacteria. Vaccines can protect against more than 25 serious diseases including measles, polio, meningitis, tetanus and typhoid. Vaccination is one of the most effective ways to prevent disease.

### ANTIBIOTIC

Antibiotics are medicines used mainly to treat bacterial infections. They are not effective against viruses.



By Rei Lemuel Crizaldo



The empty cross, like this one in Antigua, Guatemala, reminds us that Jesus is alive. Photo: Lydia Powell/Tearfund

# BIBLE STUDY

## RESURRECTION POWER

**'I want to know Christ – yes, to know the power of his resurrection.'**  
*Philippians 3:10*

The Covid-19 pandemic has changed our world. As well as the devastating loss of life and impact on people's physical and emotional health, there has been massive social and economic disruption. The far-reaching impact of the disease has caused many of us to stop and reflect on what is really important.

### LOSS AND GAIN

While locked in prison, the apostle Paul reflected on how he had suffered the loss of 'all things' including his reputation, power and freedom (Philippians 3:4–8). However, he goes on to say that he considers all that has been lost to be nothing compared to what he has gained in Christ.

In verse 10, Paul says, 'I want to know Christ – yes, to know the power of his resurrection.' What Paul is referring to here is knowing Christ *in* or *through* the power of the resurrection.

The resurrection of Jesus was not like the experience of Lazarus

coming back to life (John 11:43–44). Lazarus did rise from the grave, but he eventually died again. Jesus rose from the dead and stayed alive! His victory over death and his glorified body provide us with assurance that not only is he with us today, but one day all things will be renewed. We can look forward to a new creation and a life together with God when there will be no more pain, suffering or tears (Revelation 21:1–4).

### HOPE

The resurrection of Jesus gives us hope. It is a daily reminder that this world is meant for something better: something more beautiful. This vision can inspire us to imagine a new society. One that is more harmonious, caring and compassionate, especially for those in greatest need.

The reality of Jesus' resurrection encourages us as we work to change things for the better. And it assures us that God's power present in the world makes all things possible (Matthew 19:26).

This hope of renewal is a very important part of the good news of Jesus that we

carry. May it give us the boldness to challenge injustice and live differently in the knowledge and power of the resurrection of Christ.



### QUESTIONS FOR PERSONAL REFLECTION OR DISCUSSION

- What are the 'normal' things in our world that need something new and better to take their place?
- How can you, your family, your church and your community play a role in this?
- How can we deepen our knowledge and personal experience of the power of Christ's resurrection?

*Rei Lemuel Crizaldo is Advocacy Coordinator for Integral Mission at Micah Philippines and part of Tearfund's Theology and Network Engagement team.*

*Email: rei.crizaldo@tearfund.org*

# CHURCH REACHING OUT

*Churches have a very important role to play during outbreaks of diseases such as Ebola and Covid-19. As well as providing hope and practical care, they can promote clear health messages and offer a good example. Below are some practical tips to help churches and church leaders respond well to any public health crisis.*



## PROMOTE CORRECT MESSAGES

Provide clear, up-to-date and correct messages about the disease that are appropriate to the context and based on scientific advice (eg from the World Health Organization). Use creative ways to share information, for example church and community meetings (if permitted), dance, drama, phone calls, social media, community radio, videos and posters.

The messages should include clear guidance on how to reduce the spread of the disease.



## CHALLENGE FALSE MESSAGES

Fear or lack of understanding may result in panic. False accusations might be made against people with the disease, causing stigma and discrimination.

Listen to your community to discover if harmful messages are circulating and then speak out and correct them. Try to calm fears and promote positive attitudes and behaviours in a non-judgemental, loving way.

Help church members use the Bible to shape their response to the disease. The Bible shows us that we should not blame those who become unwell. Instead, we are called to bless the people around us, practically, emotionally and spiritually (Matthew 5:13–16).



## CARE FOR THE CONGREGATION

Church members may be feeling isolated, fearful or sad. Some may be unwell or mourning the loss of loved ones. Others may be struggling financially.

If it is not possible to meet in person, find new ways to help members stay connected so they can support each other. This may include video calls, phone calls or WhatsApp groups.



## DEMONSTRATE SAFE BEHAVIOURS

All church members should lead by example, demonstrating behaviours that have the potential to save lives and prevent the spread of the disease, eg regular handwashing.



## CARE FOR THE COMMUNITY

As the body of Christ we are called to love God and love our neighbours (Mark 12:30–31). We should model Jesus' lifestyle during times of crisis, speaking about and living lives of hope, love and care for the people around us.

This may include checking on vulnerable and isolated people to ensure they have enough food and that their other basic needs are being met. We can also speak up on their behalf, making sure that the most vulnerable are not forgotten by policymakers.



## PRAY FOR AN END TO THE DISEASE

The church has been given the full armour of God to respond to the brokenness of this world (Ephesians 6:10–20). We know that our battles are not actually physical but are against 'powers of this dark world and against the spiritual forces of evil in the heavenly realms' (Ephesians 6:12). Jesus understands our fears and worries and asks us to bring them to him in prayer (1 Peter 5:7).

*Visit the Covid-19 section of [learn.tearfund.org](https://learn.tearfund.org) for Bible studies and many other resources for churches and church leaders.*



## DISCUSSION QUESTIONS

- What are the most common communicable diseases where you live? How are they affecting your community in the short, medium and long term?
- How does your local church get involved in supporting people during disease outbreaks?
- Is there more that you and your church could do to help prevent the spread of communicable diseases? If so, what?

# FAITH LEADERS AND BEHAVIOUR CHANGE

*During the West Africa Ebola outbreak, strict control measures were put in place to try to reduce the spread of the disease.*

However, some of these measures, such as rules around isolation and burial, were difficult for people to accept. They seemed to go against cultural values and religious practices. There was also a lack of clear information. This resulted in denial of the disease and hostility towards those who were trying to contain it.

Many of those with Ebola chose to remain with their families, and burials were undertaken in secret. As a consequence, the disease continued to spread.

## GAME-CHANGER

Several faith leaders were invited to meet together to discuss how best they could support their communities. First, they used religious texts to interpret health messages related to the control and prevention of Ebola. Then, as they began to conduct modified religious practices, communities began to comply with the urgent need for safe burials.

A member of United Nations staff said, 'There was a lot of Ebola denial and it

☐ Faith leaders in Sierra Leone presented a unified message. Photo: Layton Thompson/Tearfund



☐ Faith leaders worked together to change people's perceptions during the Ebola outbreak in Sierra Leone. Photo: Layton Thompson/Tearfund

was difficult to get health staff into the area to assist. The Imam and the local chief worked together using messages from the Qur'an and the Bible to discuss behaviour change with the communities. This paved the way for health staff to get access to the county.

'Because people trust them, when they started participating in the revised burial practices, resistance ended. The participation of religious leaders was a game-changer.'

## OVERCOMING STIGMA

By preaching and modelling acceptance of Ebola workers and survivors, faith leaders helped to drive out the stigma that was causing community divisions.

'Stigmatisation is a very serious social problem when it comes to the Ebola virus, as used to be the case with HIV,' said one Christian leader. 'We have challenged HIV stigma and are now doing the same with Ebola. Those who have survived the virus find it difficult to be

accepted back into their communities, so our ministers are preaching that people should accept their brothers and sisters, while still observing health guidelines.'

Medical practitioners also turned to faith leaders to support the huge, unaddressed need for counselling and psychosocial support.

One church leader in Liberia said, 'It is the poor who are the church's priority. This disease makes ordinary human kindness impossible – like putting your arm around someone who is crying. The key to survival is to keep our humanity intact in the face of this deadly Ebola virus, and as a church we are finding ways to do this with our communities.'

.....  
*Taken from Keeping the faith published by Christian Aid, CAFOD, Tearfund and Islamic Relief Worldwide. Download from [www.learn.tearfund.org](http://www.learn.tearfund.org) (search 'keeping the faith').*







*An interview with Deogratias Mwakamubaya, Tearfund's Ebola Response Coordinator in the Democratic Republic of Congo*

# LEARNING FROM EBOLA

## Please tell us about Ebola.

The Ebola virus causes an acute, serious illness which is often fatal if untreated. The virus is transmitted to people from wild animals. It then spreads from person to person via direct contact with blood or body fluids from someone who is sick or has died from Ebola.

Symptoms can be sudden and include fever, tiredness, muscle pain, headache and a sore throat. These are followed by vomiting, diarrhoea and in some cases both internal and external bleeding.

The 2014–2016 Ebola outbreak in West Africa was the largest outbreak since the virus was first discovered in 1976. It started in Guinea and then moved across land borders to Sierra Leone and Liberia. The outbreak in eastern Democratic Republic of Congo (DRC) started in 2018.

## How can Ebola be controlled?

Outbreaks can only be controlled if the community gets involved. Regular handwashing, disinfection of surfaces, early diagnosis and safe and dignified burials are all important. Monitoring the health of people who have been in contact with someone who has Ebola allows them to be treated straight away if any symptoms appear.

Patients receive a combination of medicines. The sooner they start this treatment, the more likely they are to recover. Vaccines to protect against Ebola are under development and have been used to help control the spread of Ebola in DRC.

## What are the challenges in DRC?

Prior to the Ebola outbreak there were already many challenges including

insecurity, limited access to safe water and child malnutrition.

When the outbreak started, some people did not believe Ebola existed because it was a new disease they had never experienced. The first symptoms of Ebola are similar to those of other common diseases such as malaria and typhoid. Some people were suspicious of the outsiders who arrived to help contain the virus. They accused them of profiting from the disease and spreading false information.

Sadly, this mistrust resulted in violence towards some of the people responding to the outbreak. The stigma associated with the disease stopped many people from receiving treatment when they needed it. Bodies were sometimes buried secretly. All of this contributed to the spread of Ebola in DRC.

## How did you respond?

We worked with a network of evangelical churches to bring together people from different parts of the community in a workshop. This provided them with the opportunity to discuss why there was community resistance to the measures being put in place to reduce the spread of Ebola. They were then encouraged to propose actions to reduce stigma, halt the violence and help prevent the spread of the disease.

Following the workshop the participants worked together to regain community confidence. Today, important messages about how to prevent, identify and respond to Ebola are being shared much more widely, using clear language that everyone can understand.

📷 This radio station, run by development agency NEHADO, created jingles to share information about Ebola in Sierra Leone. Photo: Layton Thompson/Tearfund







📷 Checking a child's temperature in Sierra Leone. Photo: Layton Thompson/Tearfund

We also worked with communities to build latrines, improve washing facilities and equip health centres. This included the building of isolation units, triage facilities and incinerators to manage solid waste.

### How can we respond well to future disease outbreaks?

- From the start, involve local people in the planning, implementation and monitoring of any response. People from outside the area must take the time to listen and understand the local context and culture. Translate materials into local languages and keep messages clear and simple.
- Build the capacity of local health care staff in order to gain trust. People feel safer when they are being treated by people they already know.
- Faith leaders are often respected and trusted by community members and government officials. Encourage them to promote public health by sharing clear and accurate information about the disease.

- Help people involved in local media such as radio and newspapers to communicate accurate messages to the wider population. Testimonies from people who have recovered help to convince others of the reality and dangers of the disease. This also encourages them to seek earlier treatment, increasing their chances of survival.

Outbreaks of serious diseases leave wounds in the hearts and lives of many people, particularly survivors and those who lose loved ones. Communities continue to need emotional, social and economic support for many months and years after the outbreak is contained.

.....  
[deogratias.mwakamubaya@tearfund.org](mailto:deogratias.mwakamubaya@tearfund.org)



## CASE STUDY: SUPPORTING SURVIVORS

*Sadly, many survivors of Ebola in DRC face stigma, discrimination and rejection. This is mainly caused by fear of the disease and a lack of understanding about how it is spread.*

Gloire tested positive for Ebola in 2019. She spent several months in an Ebola treatment centre before recovering from the disease. She says, 'After I left the treatment centre I was rejected by my neighbours and my husband. My husband didn't want me anymore and finally decided to leave me.'

'To be known as someone who was at the Ebola treatment centre was painful. When neighbours saw me going to fetch water, they left the place around the source and everyone kept fearing me in my neighbourhood. I felt like it was better to die. We were being treated as if we were no longer human.'

Gloire received support at the Bethesda counselling centre in Beni. She says, 'I was welcomed at the



📷 Counsellors at Bethesda are helping people to cope with the psychological and social impacts of the Ebola outbreak in DRC. Photo: Bethesda

Bethesda centre in a way I had never experienced since my recovery. This is where I realised that I am still human and I am determined to go on with my life. I joined a self-help group and I am now able to borrow money from the group and develop my own economic activities.'

The holistic support given to Gloire and many others at Bethesda has helped them to regain their confidence and sense of self-worth. Many have become advocates for change in their communities, sharing public health messages and helping to increase community understanding of infectious diseases such as Ebola.



By Jubin Varghese

# DISABILITY AWARENESS

*When the whole of India was locked down because of the Covid-19 pandemic, Dipu\* was no longer able to sell vegetables and his wife could not work as a day labourer. With very little money, and relatives unable to visit, they struggled to support their two children, both of whom are living with disabilities and need a high level of care.*

Fortunately, Dipu and his family are now receiving the support they need, but their story is not unique. For many people with disabilities and their families, disease outbreaks not only pose the risk of serious illness but can also cause emotional stress and additional physical hardship.

People with disabilities may be particularly vulnerable if they:

- are malnourished or already have other health conditions
- have limited access to medical and other support services due to lack of transport or financial restraints
- find it difficult to access safe water and sanitation facilities or are physically unable to wash and care for themselves

- need to touch potentially contaminated surfaces for physical support or to obtain information from the environment
- find it difficult to access public health information, perhaps because of hearing or sight impairments, or a lack of technology
- are seen as a burden by family members who may feel it is better to spend their limited time and money supporting other members of the family.

## PROVIDING SUPPORT

Here are some ways to provide support for people living with disability.

### ASK WHAT IS NEEDED

It is wrong to assume that people with disabilities do not know what they need, or cannot explain what these needs are. Take the time to get to know them and their families and agree with them what support they would like you to give, if any. Continue to have these conversations to ensure that they always have a say in the type and level of assistance they receive.

## NEWS AND INFORMATION

Make sure people are receiving information about disease prevention and spread in ways that they can access and understand. Help them to identify which sources of information are trustworthy, eg government advice or information from a local health service. This will mean they can avoid the stress of reading or listening to news that is false, confusing or misleading.

## PRACTICAL SUPPORT

It may be more difficult for people to access sufficient water, food or medicines during outbreaks of disease, especially if everyone is being told to stay at home. Offer to deliver food and any medicines they need. If their water point is some distance away from their home, provide them with enough water each day so they can maintain good hygiene and have plenty of safe water to drink.

## EMOTIONAL AND SPIRITUAL SUPPORT

Isolation, loneliness and worry about the risk of infection may make existing mental health conditions worse, or cause new ones. Change of routine can be especially difficult for people with learning or emotional impairments. Visit regularly if possible. Alternatively, find other ways to offer support such as prayer and scripture-reading over the phone.

## SEEK HELP IF NEEDED

If you are concerned about someone's health or well-being, contact your local health facility and ask for their advice.

*\*name changed*

*Jubin Varghese is the Disability Project Manager for Emmanuel Hospital Association, India*

*Email: [jubin@eha-health.org](mailto:jubin@eha-health.org)*

Some people with disabilities may need additional support during outbreaks of infectious diseases. Photo: Scott Munn photography/EHA Anugrah



# CHILD HEALTH



Edouard enjoys some nutritious porridge in Burundi. Photo: Tom Price/Tearfund

*Despite being preventable and treatable, common communicable diseases are still responsible for the deaths of large numbers of young children each year, particularly in the world's poorest regions. According to the World Health Organization, pneumonia, diarrhoea and malaria were responsible for 29 per cent of global deaths among children under the age of five in 2018.*

## PNEUMONIA

Pneumonia is a dangerous infection that affects the lungs. It may be caused by bacteria, viruses or fungi. When someone has pneumonia, their lungs become congested with fluid which makes breathing difficult and painful. They may also develop a cough and a high temperature. If caught soon enough the disease can usually be effectively treated with antibiotics.

Pneumonia is the leading infectious cause of death among children under five. Many of these deaths are linked to undernutrition, poor sanitation, inadequate access to health care and indoor air pollution caused by stoves and people smoking.

The best ways to protect children from pneumonia include:

- frequent handwashing with soap
- keeping homes free of smoke
- early and exclusive breastfeeding
- good nutrition after weaning
- vaccination, particularly against pneumococcal infections and measles
- vitamin A supplementation.

**Breast is best** Breast milk contains antibodies that help babies fight off viruses and bacteria. Babies who receive only breast milk for the first six months, and who continue to have breast milk for up to two years, have fewer ear infections, respiratory illnesses and bouts of diarrhoea.

## DIARRHOEA

Between 70 and 90 per cent of child deaths caused by severe watery diarrhoea can be prevented by the use of oral rehydration solution. Zinc supplements are also helpful and selective use of antibiotics may be recommended in certain circumstances.

The best ways to protect children from diarrhoea include:

- the use of safe water for drinking and washing (if in doubt, boil water for two minutes before drinking)
- community-wide sanitation
- frequent handwashing with soap
- early and exclusive breastfeeding
- vaccination against common infectious diseases such as measles and rotavirus.

### Make your own oral rehydration solution

Add six level teaspoons of sugar and half a level teaspoon of salt to one litre (five cups) of safe drinking water. Stir until the sugar dissolves. Encourage the person with diarrhoea to drink as much of the solution as they can to help prevent dehydration. If they are vomiting, they should take small sips at regular intervals.

## ANTIBIOTIC RESISTANCE

*Since their discovery, antibiotics have saved millions of lives. However, widespread misuse of the drugs means that bacteria are becoming increasingly resistant to them. This is making it harder to treat the diseases caused by these bacteria.*

Preventing infections from occurring reduces the need for antibiotics and slows the development of antibiotic resistance. Help prevent infections by vaccinating children against common infectious diseases and washing your hands regularly with soap.

In addition:

- Only take antibiotics that have been prescribed to you by a health professional. Follow the instructions and do not stop taking them until

you have finished the course of treatment (even if you begin to feel better).

- Never share antibiotics.
- Do not buy antibiotics from unregulated sources such as street vendors, the black market or online.

Antibiotics do not treat viral infections such as colds and flu. Taking antibiotics when they are not needed leads to antibiotic resistance.

For more information, visit [www.unicef.org/health/childhood-diseases](http://www.unicef.org/health/childhood-diseases)

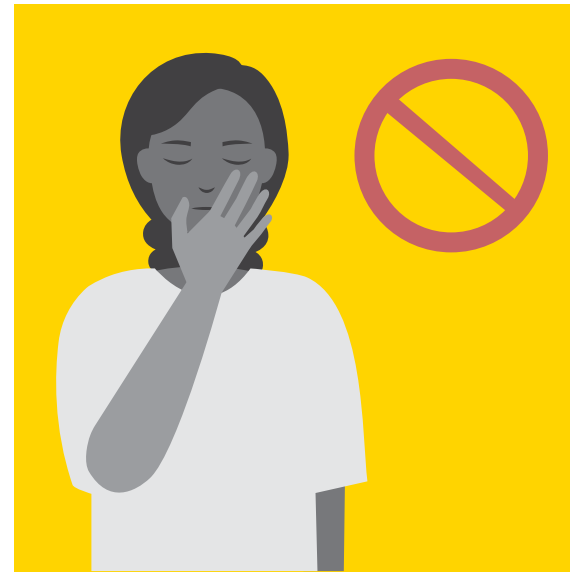


# PREVENT THE SPREAD OF RESPIRATORY DISEASES

Help to prevent the spread of respiratory (breathing) diseases by following these recommendations



Wash all surfaces of your hands with soap for at least 20 seconds. Frequent handwashing is the most effective way to protect yourself and others from respiratory diseases.



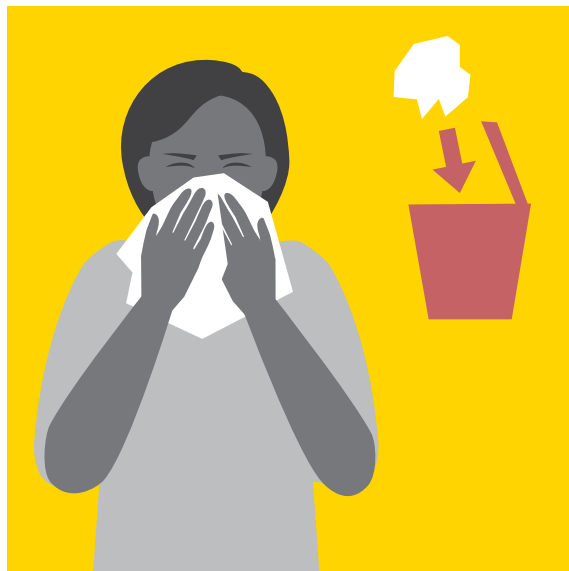
Avoid touching your face. If germs are on your hands, they may enter your body through your eyes, nose or mouth.



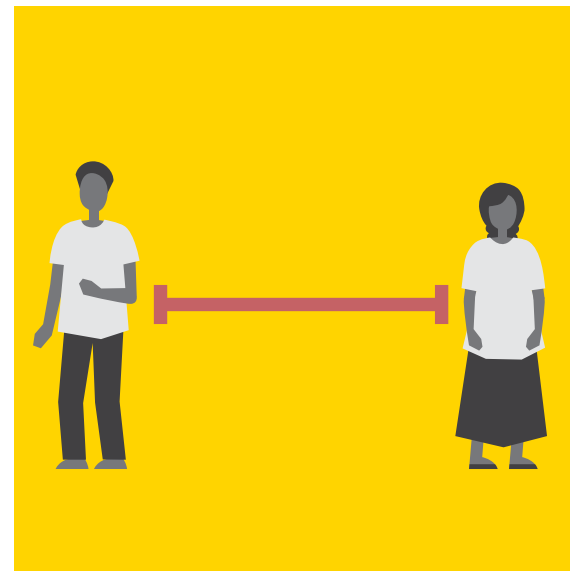
Many of the germs that cause respiratory diseases are spread by droplets in the air after coughing and sneezing. It is also possible to become infected by touching something with germs on it and then touching your eyes, mouth or nose. Infectious respiratory diseases include Covid-19, pneumonia, bronchitis, influenza, diphtheria and tuberculosis.



Some germs can live on surfaces for several hours. Clean surfaces regularly with disinfectant.



Cover your mouth and nose with a tissue when you cough or sneeze. Dispose of the tissue immediately. If you do not have a tissue, turn away from other people and use your bent elbow.



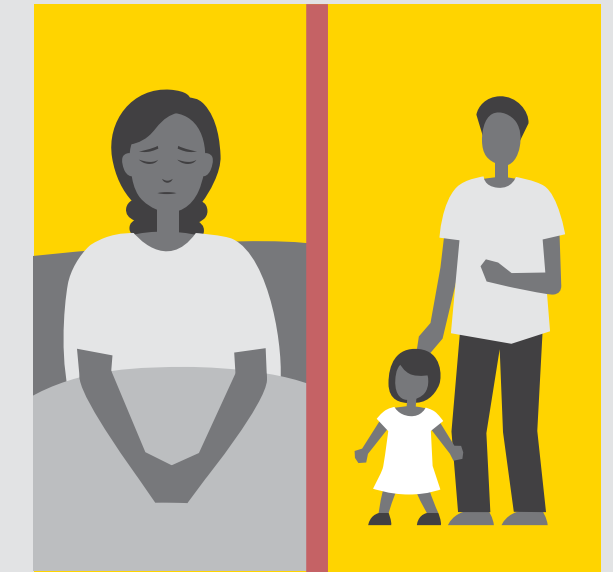
Reducing physical contact helps to prevent the spread of respiratory diseases. During disease outbreaks, stay at least two metres (six feet) away from other people and wear a face covering if you are advised to do so. If you are unwell, stay at home as much as possible.



The elderly, people with existing health conditions and some people living with disabilities may be at greater risk of becoming very ill if they develop a respiratory disease. During disease outbreaks, support vulnerable people to stay at home to help protect them from infection.

## CARING FOR A SICK PERSON

Take special care if you are looking after someone who is unwell with a respiratory disease.



Help the person who is unwell to stay at home and keep their distance from other members of the household until they have recovered.



Provide them with their own bedding, towels, food and kitchen utensils. Thoroughly wash anything they have used and clean surfaces regularly with disinfectant. Encourage everyone in the household to wash their hands regularly.





*Adapted from a webinar delivered by Mark Snelling*

# COPING WITH A PANDEMIC

*Fear and anxiety about any disease can be overwhelming and cause strong emotional reactions. This is particularly the case when the disease is highly infectious and has the potential to cause significant loss of life.*

The fact that the virus, bacteria or other organism causing the disease cannot be seen often increases the level of fear, especially if the disease is new and not fully understood. In addition, measures put in place to reduce the spread of the disease, such as requiring people to stay at home, can cause financial hardship, loneliness and family conflict.

## UNDERSTANDING THE PATTERN

With any disaster, including pandemics such as Covid-19, a similar psychological and social pattern often emerges. This pattern can help us understand how best to support ourselves and others during periods of extreme stress or trauma.

### 1. PRE-DISASTER

Disasters vary in the amount of warning communities receive before they occur. This may be a time of fear and uncertainty as communities wait to see what will happen in their location.

### 2. IMPACT

In any crisis, people often respond initially with shock, confusion and disbelief. Their focus is on the survival and physical well-being of themselves and their loved ones. They may experience a level of fear that can cause irrational behaviour.

### 3. HEROIC

During this phase, some people become very busy responding to the crisis and helping others. While activity levels may be high, the actual amount

achieved may be low because of a lack of focus.

### 4. COMMUNITY COHESION

People gradually begin to work together more effectively and formal government and volunteer assistance may also become available. Community bonding occurs as a result of the shared experience and the giving and receiving of support.

### 5. DISILLUSIONMENT

Over time, people are likely to become physically and emotionally exhausted because of multiple pressures. They may have difficulties sleeping, struggle to concentrate or adopt unhealthy coping strategies such as the use of alcohol or drugs. People very active at the beginning of the crisis may tire more quickly and need additional support.

### 6. RECONSTRUCTION

Eventually the crisis starts to ease and reconstruction can begin. A pandemic

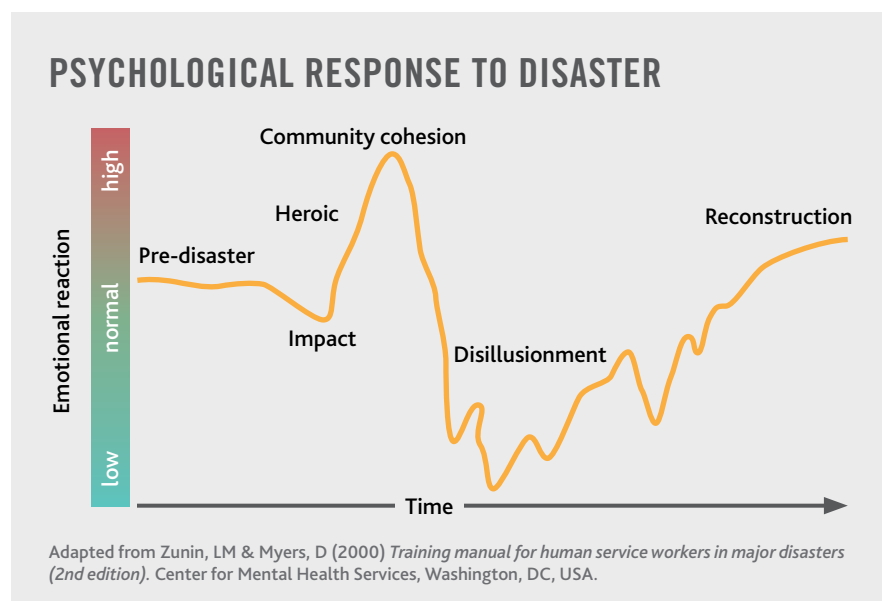
such as Covid-19 may cause profound, life-changing losses, but it also provides an opportunity for people, communities and societies to recognise their strengths and re-examine their priorities.

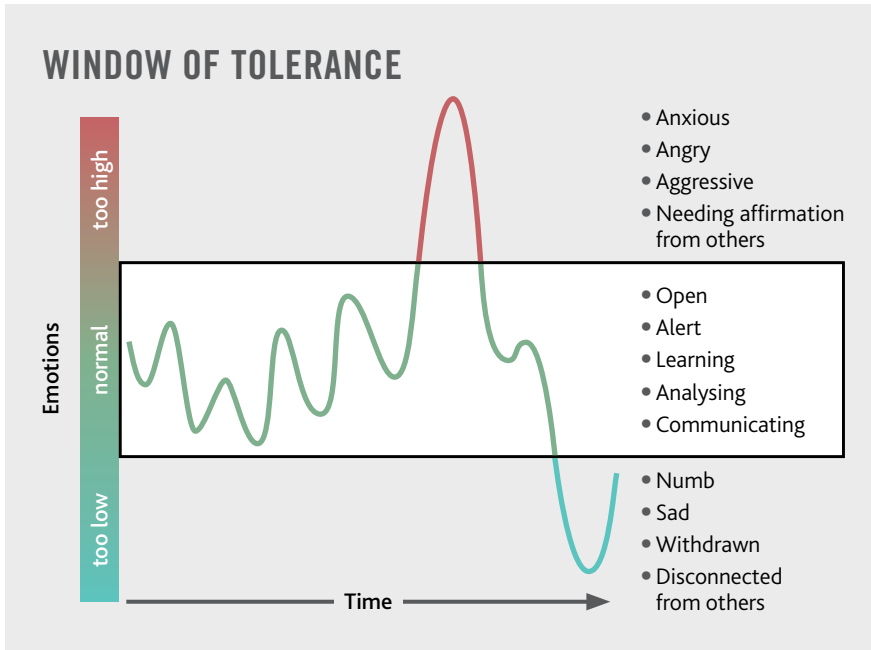
Psychological resilience, social support and financial resources influence the ability of individuals and communities to move through the phases described above. In any society some people will need more help than others.

## WHAT HAPPENS WHEN WE GET STRESSED?

During our day-to-day lives, we experience a range of highs and lows. However, if our level of stress remains inside what is sometimes called our 'window of tolerance', we will be able to cope with our experiences as they happen (see box on next page).

However, when the stress we are experiencing becomes too much or





goes on for too long, we can begin to find that our ups and downs become more extreme.

At one extreme, we may find ourselves becoming anxious or even aggressive. This is part of the 'fight or flight' response of our brains to a crisis. It is a natural response, designed to keep us safe if we encounter a threat such as a dangerous wild animal. At the other end of the scale, the stress we are experiencing may cause us to become disconnected, numb or depressed.

How we respond to stress will depend to a certain extent on our personalities. Some people are naturally more resilient than others. Previous experiences – good and bad – will also have an impact on how we respond. If we can begin to recognise when our emotions are either too high or too low, we can then use coping strategies to help us function normally again.

**COPING STRATEGIES**

These can be divided into spiritual, physical, emotional and mental.

**SPIRITUAL STRATEGIES**

Having a sense of meaning, hope and trust in God can help us to cope with difficult circumstances. Spiritual disciplines such as prayer, forgiveness and Bible study enhance well-being.

Belonging to a church provides both spiritual and social support. It is good to remember that throughout Jesus' ministry the busier he got, and the more people crowded round him, the more time he made for quiet prayer on his own.

**PHYSICAL STRATEGIES**

Maintaining physical health through regular exercise and healthy eating is very important. Drinking too much alcohol or taking drugs can help relieve stress in the short term, but in the longer term they will make the situation worse. The best way to develop healthy habits is to set small, easily achievable goals. For example, taking a short walk each day. Every success results in feelings of achievement, increasing our resolve to make bigger changes next time.

**MENTAL STRATEGIES**

When normal routines are no longer possible, it is important to create new ones. These may include exercise, prayer and specific times for resting, eating and sleeping. These routines can be flexible, but it is good to maintain a sense of daily and weekly rhythm, without trying to do too much.

During a time of national or international crisis it is good to be informed, but too much news can be overwhelming. False or misleading information may also be circulating, particularly on social media.

Depending on the circumstances, it may be better to access a trusted source of news, just once or twice a day.

**EMOTIONAL STRATEGIES**

When we experience a high level of stress we may feel that we are unable to control our emotions and reactions. When this happens it is very important to stop and notice what is going on in our minds and bodies. We can then begin to understand ourselves better, helping us to make wise choices about how best to respond.

Questions to ask are:

- What am I experiencing (eg anger, sadness, frustration, tension in the body, feelings of worthlessness)?
- Are these familiar experiences? When have they happened before?
- What can I do in response (eg pray, exercise, talk to someone)?

Sometimes we can be reluctant to tell people how we are feeling. But there is something very powerful about talking through a problem and being honest about our vulnerabilities.

**KNOW WHEN TO ASK FOR HELP**

There are many things we can do to support ourselves and each other through difficult times. However, there may be situations when professional or medical help is needed: for example, if we are threatened, abused, struggling with addiction or are feeling too traumatised to cope.

We are always changed by adversity – sometimes positively and sometimes negatively. The challenge is understanding how we have changed. We can then work out how best to move forward, based on this knowledge.

.....

*Mark Snelling is a counsellor and psychotherapist based in London, UK. Prior to training as a therapist, he spent many years working as an International Red Cross delegate. He now specialises in supporting people who work in traumatic environments around the world.*

*Email: mark@marksnelling.co.uk*

# LIVING WITH HIV

*Human immunodeficiency virus (HIV) has claimed more than 32 million lives and it continues to be a major global public health issue. However, with increasing access to effective prevention, diagnosis, treatment and care, most people with HIV are now able to live long and healthy lives.*

Three people from different parts of the world reflect on what HIV means to them.

## SUPPORTING MOTHERS

*HIV had a devastating impact on maternal and child health when it came to Zambia, more than 30 years ago.*

In one urban community in Lusaka, a quarter of mothers tested positive for HIV. They had many complications during pregnancy and their babies were often premature and small. More than a third of these mothers passed on HIV to their infants. This caused high levels of childhood illness and malnutrition, and many children died. It was an extremely difficult and painful time.

We set up several projects including a large, countrywide HIV awareness and prevention campaign. Over time, this resulted in a drop in HIV among mothers to less than 12 per cent. Routine testing in antenatal clinics and treatment of HIV in pregnancy and after delivery brought the mother-to-child transmission rate down to less than ten per cent.

We faced big problems of stigma. Mothers were afraid to tell their partners that they had been diagnosed with HIV, even though it was often the partner who had infected them. We established caring and confidential counselling and support, and the proportion of mothers accepting treatment steadily increased. Last year, over 80 per cent of mothers who needed long-term antiretroviral therapy (ART) took it regularly.

All of this required a massive increase in laboratory testing, skilled staff and ART medicines. Fortunately, we were supported well by our government and international agencies. Management of HIV in pregnancy is now incorporated into the Zambian government's national maternal and child health programme.



📷 Cynthia Buseje and Ateefah work as Mother Buddies with Tearfund's partner LISAP in northern Malawi. They help women living with HIV to reduce the risk of passing on the virus to their babies. Photo: Rehema Figueiredo/Tearfund

.....  
*Dr Lackson Kasonka, University Teaching Hospital, Lusaka, Zambia*

[www.uth.gov.zm](http://www.uth.gov.zm)

## HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV weakens the immune system and makes people more likely to suffer from infections, cancers and other diseases. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS).

HIV can now be diagnosed through rapid tests with same-day results. This allows people to quickly receive the treatment and care they need. There is still no cure for HIV infection, but effective antiretroviral therapy (ART)

can control the virus and help prevent transmission to other people.

HIV can be transmitted via the exchange of body fluids including blood, breast milk, semen and vaginal secretions. HIV can also be transmitted from a mother to her child during pregnancy and delivery. The risk of mother-to-child transmission can be almost eliminated if both the mother and her baby are provided with ART as early as possible in pregnancy and during breastfeeding.

Individuals cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

Tuberculosis (TB) is the leading cause of death among people living with HIV. Early detection of TB and prompt treatment can prevent these deaths. TB screening should be offered at HIV care facilities, and HIV testing should be offered to all patients with TB.

## LOVE IN ACTION

*It was our first gathering and among the guests was six-year-old Livia. Both of Livia's parents had died from AIDS-related illnesses and Livia had acquired HIV through her mother's milk.*

I was serving refreshments and from the kitchen I saw that Livia was playing with my daughter, who was four years old. At that time, and I don't know why, I had the urge to stop my daughter from playing with her. It took me a few long seconds to react and realise that my fear was unfounded.

I am a Patsida facilitator in Sucre, Bolivia, and I am also the pastor of a small church. The Patsida programme trains church facilitators to speak about sexual health in their congregations, schools, colleges and the wider community. The aim is to break down barriers of silence and discrimination and open the way for the most vulnerable in our communities to seek help and support.

I had been speaking in a church about HIV when someone quietly asked me if I would visit a girl in hospital, to pray for her. The next day we went to see her.

Livia was in an isolated room, very thin and with an infection that would not leave her. The only relative willing to look after her was an elderly aunt.

This experience changed my perspective. I began to focus on the need that each individual has for love, acceptance and support. I spoke with my wife and some church friends and we decided to invite people living with HIV to a gathering every two weeks in our house.

Initially some people were very against this plan, and a few even left our church. However, we persevered and as a congregation we are now much more sensitive to the needs of our community, especially people living with HIV.

Livia is receiving the treatment she needs and is experiencing much better health. She plays with my daughter regularly and they have become good friends. We,



📷 Patsida facilitators and volunteers use drama, dance and song to share messages about sexual health. Photo: OESER Bolivia

as parents, are no longer afraid and we love and accept Livia, just as we do all our friends.

.....  
*Pastor Eduardo Sotomayor, Patsida, Bolivia*

*The Patsida programme is run by Organización para la Educación y el Servicio a la Comunidad (OESER).*

[www.oeserbolivia.org](http://www.oeserbolivia.org)

## HOPE AND A FUTURE

*It is so easy to fall into risky behaviour. Before you know it, you have put your family in danger. I used to inject drugs, and often used unclean injecting equipment. That was the start of our problems.*



📷 Churches in Nepal are leading the way in breaking down stigma and discrimination by loving and caring for people living with HIV. Photo: Ralph Hodgson/Tearfund

Several years ago, my wife became very sick. While she was in hospital she tested positive for HIV. I sought help from a group of local churches called NJSS (Nawa Jeevan Samaj Sewa: New Life Service Organisation). They supported my wife, and her health was restored. Later, I took my children for an HIV test and found out that they are also HIV positive. NJSS provided counselling, and we have all learnt to live with the condition.

My community did not want to know us and we became very poor. We found it difficult to get enough food. We lived in a small, temporary hut made of dry grass and mud that became uninhabitable, especially in the wet season. Sometimes we lived on a neighbour's veranda.

I visited NJSS again and explained my family's problems. Twenty-five members from a local church came and

constructed a two-roomed house for my family. They collected construction materials by donation and did all the work themselves. That was real love in the name of Jesus. They also provided me with a rickshaw to help me earn enough money to support my family. My children now go to school and my daughter wants to be a doctor when she grows up.

I share my story with community groups and have seen neighbours change their attitudes towards people living with HIV and AIDS. I am thankful to NJSS, the church and God for giving my family hope and a future.

.....  
*Raju, Nepal*

[www.umn.org.np/partners/njss](http://www.umn.org.np/partners/njss)

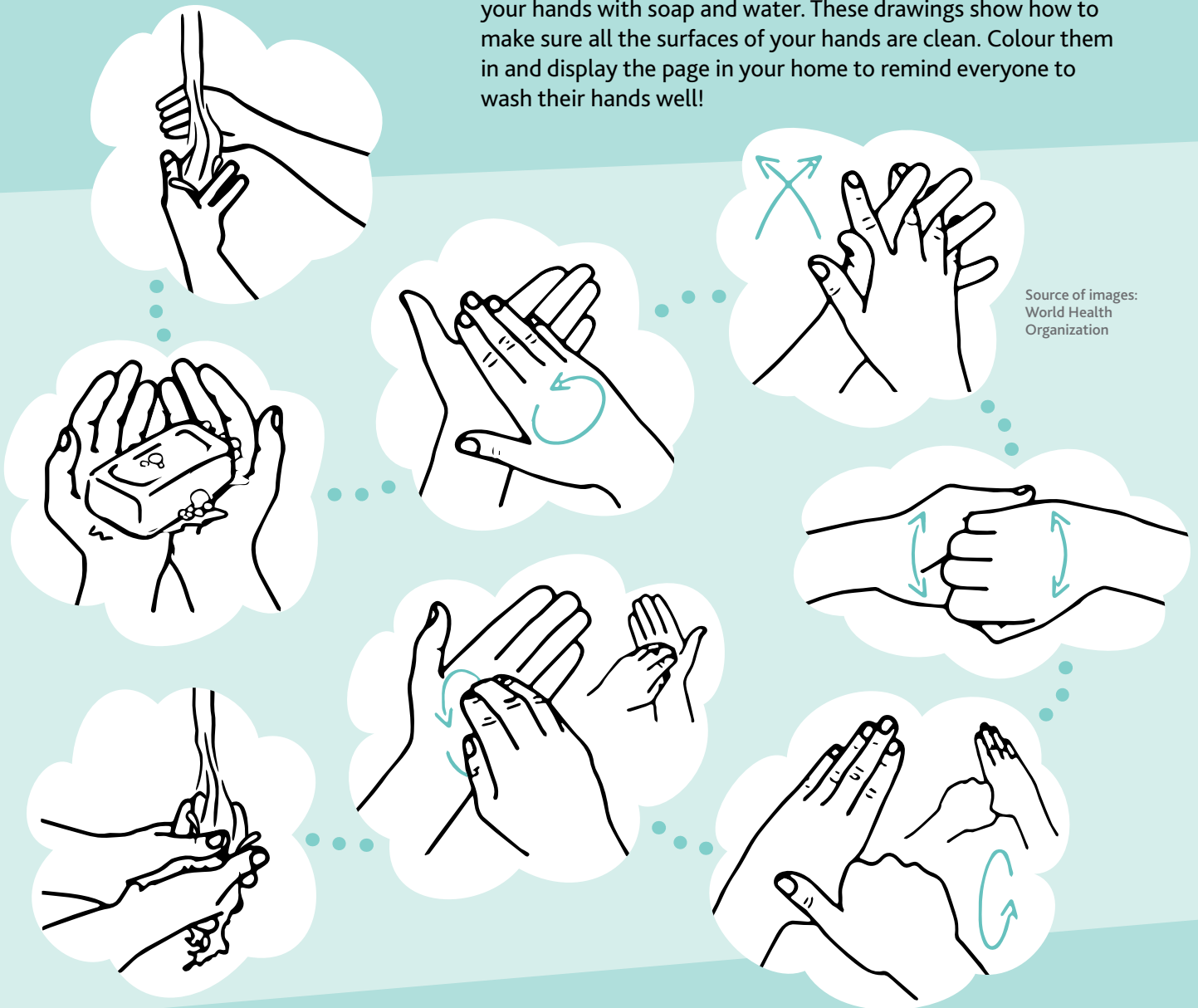




# WASH YOUR HANDS

Our hands touch many things during the day and they can easily become covered in germs. If we then touch our mouths, eyes or noses, the germs may enter our bodies and some of them might make us unwell.

You can protect yourself from getting sick by regularly washing your hands with soap and water. These drawings show how to make sure all the surfaces of your hands are clean. Colour them in and display the page in your home to remind everyone to wash their hands well!



Source of images:  
World Health  
Organization

Wash your hands: before preparing food; before eating; after going to the toilet; after cleaning a baby; after touching animals or pets; after cleaning the house or yard; after playing outside; before and after taking care of people who are unwell; before and after treating a cut or wound; after blowing your nose, coughing or sneezing.

## GERMS

There are many different types of germs including bacteria and viruses. Some of these germs can make us ill if they get inside our bodies. Most germs are too small to see without using special equipment. This means that even if our hands look clean, they may have germs on them.



By Jake Lloyd


## FALSE NEWS?

*The internet is full of information about different diseases. Some of it is good, some of it is not. Being able to tell the difference is important, because good, reliable information helps each of us to make decisions that can benefit our lives, and the lives of those around us.*

*To help you decide if the information you are reading or listening to can be trusted, ask yourself these seven questions.*

.....  
*Jake Lloyd is Communications Coordinator for Arukah Network. Email: [Jake@arukahnetwork.org](mailto:Jake@arukahnetwork.org)*

*Arukah Network supports people to work together to increase the health and well-being of their communities. [www.arukahnetwork.org](http://www.arukahnetwork.org)*

 *Shanti in Nepal checks her smart phone for news.  
Photo: Kit Powney/Tearfund*



### 1 WHO WROTE IT?

If you can, try to find the original source of the article. Visit the website and look at the organisation's contact details, values and aims. Find out if the author is real and credible. If you are looking at information copied from a social media page or an email, ask the person who copied it where they got it from.

### 2 HAVE YOU SEEN IT REPORTED ELSEWHERE?

Try to see if there is other information that supports the article. You might be able to click on links in the article to read more. Or you could search for more information using an online search engine. Check trusted sources to see if they are saying the same thing, for example the World Health Organization.

### 3 HAVE YOU READ MORE THAN JUST THE HEADLINE?

Headlines are often exaggerated in an effort to encourage more people to click on an article. It helps to read the whole article, and then ask yourself if the headline is accurate.

### 4 WHEN WAS IT WRITTEN?

An older news story might sometimes be out of date and no longer relevant to current events.

### 5 IS IT A JOKE?

Sometimes people write untrue articles to make people laugh, or to deliberately confuse people. If you think this might be the case, research the website and the author.

### 6 ARE YOU BIASED?

Think about whether your own beliefs or mood might be affecting your judgement. For example, if you are fearful of something, then you might be tempted to accept information that reduces that fear, even if it is untrue.

### 7 IF STILL IN DOUBT, ASK AN EXPERT

If you know someone who has in-depth knowledge about the subject, consider getting in touch with them to see what they think.

# HOW TO LOOK AFTER SOMEONE WHO IS ILL

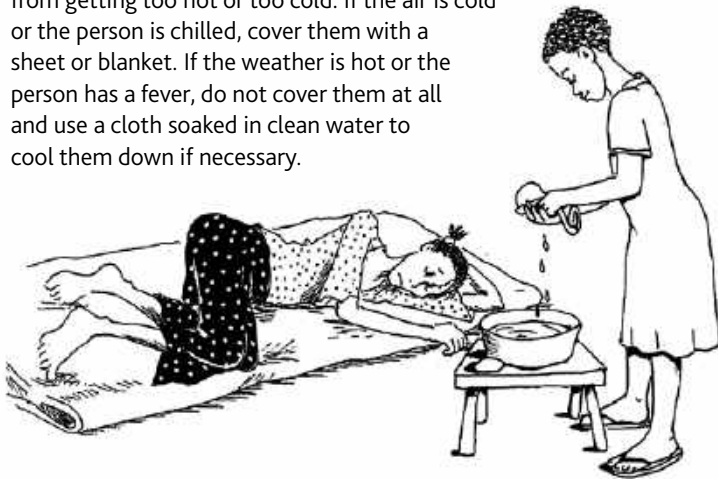
*Sickness weakens the body. To help someone who is ill gain strength and get well quickly, special care is needed. The care a sick person receives is frequently the most important part of their treatment.*

If you are caring for someone who is unwell, remember to look after your own needs too. Wash your hands thoroughly with soap before and after helping them, eat regular meals and make sure you get enough rest. Ask for help if you need it.

The following points provide the basis of good care for anyone who is unwell.

## REST

A person who is sick should rest in a quiet, comfortable place with plenty of fresh air and light. Keep them from getting too hot or too cold. If the air is cold or the person is chilled, cover them with a sheet or blanket. If the weather is hot or the person has a fever, do not cover them at all and use a cloth soaked in clean water to cool them down if necessary.



## GOOD FOOD

A sick person should drink plenty of liquids and eat nourishing food. If the person is very weak, give them small amounts of food, several times a day. If necessary, mash food up or make it into soups or juices.



Foods that are high in energy are especially important, for example porridges of rice, wheat, oatmeal, potato or cassava. Adding a little sugar and vegetable oil will increase the energy. Protein is also important such as eggs, beans, fish and meat.

If the sick person is unable to eat much, increase their energy intake by offering them sweetened drinks.

## WATCH FOR CHANGES

Watch for any changes in the sick person's condition that may tell you if they are getting better or worse. Make a record of the three facts to the right, four times a day.

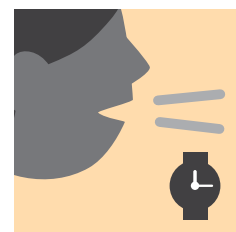
Also write down the amount of liquid the person drinks and how many times a day they urinate and have a bowel movement. Save this information for the health worker or doctor.



**Temperature**  
(how many degrees)



**Pulse**  
(beats per minute)



**Breathing**  
(breaths per minute)

It is very important to look for signs that warn you that the person's illness is serious or dangerous. If you see any of the signs in the box on page 21, seek medical help straight away. Do not wait until the person is so ill that it becomes difficult or impossible to take them to a health centre or hospital. Their life may be in danger.



## POSITION

A person who is very weak and cannot turn over should be helped to change position in bed many times each day. This helps prevent sores developing on their body.

Frequent changes of position also help to prevent pneumonia, a constant danger for anyone who is very weak or ill and must stay in bed for a long time. If the person has a fever, begins to cough and breathes with fast, shallow breaths, they may have pneumonia and will need medical help.



## PERSONAL CLEANLINESS

It is important to keep the sick person clean. They should be bathed every day. If they are too ill to get out of bed, wash them with a sponge or cloth and warm water. Their clothes, sheets and covers must also be kept clean. Take care to keep crumbs and bits of food out of the bed.

Soiled or bloodstained clothes, bedding and towels of a person with an infectious disease should be handled with care. To kill any viruses or other germs, wash these in hot soapy water or add some chlorine bleach.

## SIGNS OF A DANGEROUS ILLNESS



- Loss of large amounts of blood from anywhere in the body
- Coughing up blood
- Marked blueness of lips and nails
- Great difficulty in breathing; does not improve with rest
- The person cannot be woken up (coma)
- The person is so weak they faint when they stand up
- Twelve hours or more without being able to urinate
- A day or more without being able to drink any liquids
- Heavy vomiting or severe diarrhoea that lasts for more than one day or more than a few hours in babies
- Black stools like tar, or vomit with blood or faeces
- Strong, continuous stomach pains with vomiting in a person who does not have diarrhoea or cannot have a bowel movement
- Any strong continuous pain that lasts for more than three days
- Stiff neck with arched back, with or without a stiff jaw
- More than one seizure (fit) in someone with fever or serious illness
- High fever (above 39° C) that cannot be brought down or that lasts more than four or five days
- Weight loss over an extended time
- Blood in the urine
- Sores that keep growing and do not go away with treatment
- A lump in any part of the body that keeps getting bigger
- Very high blood pressure (220/120 or greater)
- Complications with pregnancy or childbirth

## LIQUIDS



In nearly every illness, especially when there is fever or diarrhoea, the person should drink plenty of liquids: safe water, tea, juices, broths etc.

If in doubt about how safe the water is, boil it for two minutes and let it cool before giving it to the patient to drink. Giving unsafe water to someone who is ill could make them much worse.

*Article adapted from Chapter 4 of Where there is no doctor (2015 edition), pages 39–41. See page 22 for more details.*





## PREVIOUS FOOTSTEPS

- FOOTSTEPS 108: Living with disability
- FOOTSTEPS 102: Health and faith
- FOOTSTEPS 98: HIV
- FOOTSTEPS 97: Hygiene and sanitation
- FOOTSTEPS 91: Maternal health
- FOOTSTEPS 87: Non-communicable diseases
- FOOTSTEPS 86: Stigma

Visit [www.tearfund.org/footsteps](http://www.tearfund.org/footsteps) to download free copies, or contact us to order paper copies in English, French, Portuguese or Spanish.



## SETTING UP COMMUNITY HEALTH AND DEVELOPMENT PROGRAMMES IN LOW AND MIDDLE INCOME SETTINGS

*Edited by Ted Lankester and Nathan J Grills (fourth edition)*

This book provides clear and practical advice on how to start, develop and maintain health care programmes in rural or urban settings. Visit [www.oup.com/academic](http://www.oup.com/academic) to buy or download the book free of charge (search for the title and then click on the 'open access' icon). Alternatively, write to Oxford University Press, 198 Madison Avenue, New York, NY 10016, USA.



## ARUKAH NETWORK E-LEARNING COURSE

This course aims to help people and groups communicate with integrity, clarity and quality. For more information visit [www.arukahnetwork.org/training](http://www.arukahnetwork.org/training). The course costs 44 USD but Arukah offers some free spaces for people working in low or middle-income settings. Email [jake@arukahnetwork.org](mailto:jake@arukahnetwork.org) to enquire.



## KEEPING THE FAITH

This document produced by Christian Aid, CAFOD, Tearfund and Islamic Relief Worldwide discusses the important role of faith leaders during the Ebola crisis in Liberia and Sierra Leone. Download from <https://learn.tearfund.org> (search 'keeping the faith').



## WHERE THERE IS NO DOCTOR

*By David Werner, Carol Thuman, Jane Maxwell*

This manual is an indispensable resource for anyone involved in primary health care and promotion. Download free of charge from <https://hesperian.org/books-and-resources>. Printed copies can be ordered by emailing [bookorders@hesperian.org](mailto:bookorders@hesperian.org) or writing to Hesperian, 1919 Addison Street, Suite 304, Berkeley, CA, 94704, USA. Available in English, Spanish, Portuguese, Creole, Urdu and Bambara.



## USEFUL WEBSITES

### [childrenforhealth.org](http://childrenforhealth.org)

Children for Health is dedicated to developing children as communicators of essential health messages in their families and communities. Download health messages, books, posters and smart phone/tablet resources free of charge in multiple languages.

### [sil.org/covid-19](http://sil.org/covid-19)

SIL International has compiled a list of Covid-19 resources across more than 700 languages. Browse the list by language, country or organisation responsible for the resource.

### [who.int](http://who.int)

Search the 'health topics' section of the World Health Organization website for information and fact sheets on many different diseases including Covid-19, HIV and Ebola. Available in multiple languages.



## HELPING CHILDREN LIVE WITH HIV

*By Susan McCallister, Zoe Marinkovich, Todd Jailer*

This guide is designed to help communities affected by HIV support the well-being and healthy development of children. Download free of charge from <https://hesperian.org/books-and-resources>. Printed copies can be ordered by emailing [bookorders@hesperian.org](mailto:bookorders@hesperian.org) or writing to Hesperian, 1919 Addison Street, Suite 304, Berkeley, CA, 94704, USA.

*Footsteps* is a magazine linking health and development workers worldwide. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in their communities.

*Footsteps* is free of charge to grassroots development workers and church leaders. Those who are able to pay can buy a subscription by contacting the Editor. This enables us to continue providing free copies to those most in need.

Readers are invited to contribute views, articles, letters and photos.

*Footsteps* is available in French as *Pas à Pas*, in Portuguese as *Passo a Passo* and in Spanish as *Paso a Paso*. It is also available in Hindi.

Editor Jude Collins

Tearfund, 100 Church Road, Teddington, TW11 8QE, UK

Tel: +44 20 3906 3906

Fax: +44 20 8943 3594

Email: [publications@tearfund.org](mailto:publications@tearfund.org)

Website: [learn.tearfund.org](http://learn.tearfund.org)

Translations Editors Carolina Kuzaks-Cardenas, Alexia Haywood, Helen Machin

Editorial Committee Barbara Almond, Maria Andrade, J Mark Bowers, Mike Clifford, Paul Dean, Helen Gaw, Ted Lankester, Liu Liu, Roland Lubett, Ambrose Murangira, Rebecca Weaver-Boyes, Joy Wright

Design Wingfinger Graphics, Leeds

Illustrations Unless otherwise stated, illustrations are from Petra Röhr-Rouendaal, *Where there is no artist* (second edition).

Scripture quotations taken from the Holy Bible, New International Version Anglicised (unless otherwise stated). Copyright © 1979, 1984, 2011 Biblica. Used by permission of Hodder & Stoughton Ltd, an Hachette UK company. All rights reserved.

Printed on 100 per cent recycled FSC-accredited paper, using environmentally friendly processes.

Subscription Write or email, giving brief details of your work and stating preferred language, using the addresses given above. Alternatively, follow the instructions below for subscribing to e-footsteps and tick to receive printed copies.

e-footsteps To receive *Footsteps* by email, please sign up through the Tearfund Learn website, [learn.tearfund.org](http://learn.tearfund.org). Follow links to '*Footsteps*' on the homepage.

Change of address Please give us the reference number from your address label when informing us of a change of address.

Copyright © Tearfund 2020. All rights reserved. Permission is granted for the reproduction of text from *Footsteps* for training purposes provided that the materials are distributed free of charge and that credit is given to Tearfund. For all other uses, please contact [publications@tearfund.org](mailto:publications@tearfund.org) for written permission.

Opinions and views expressed in the articles do not necessarily reflect the views of the Editor or Tearfund. Technical information supplied in *Footsteps* is checked as thoroughly as possible, but we cannot accept responsibility should any problems occur.

Tearfund is a Christian relief and development agency working with partners and local churches to bring whole-life transformation to the poorest communities.

Published by Tearfund. A company limited by guarantee. Registered in England No 994339.

Registered Charity No 265464

(England and Wales)

Registered Charity No SC037624

(Scotland)



Many readers keep previous editions of *Footsteps* so they can look back at them and use the material again. Photo: Louise Thomas/Tearfund

## UNIQUE

*Thank you to those who recently helped us carry out a review of Footsteps by talking to our researchers or filling in a survey. We were overwhelmed by the response and are sorry that we did not have time to interview you all!*

Below are a few of the main points that came out of the review.

*Footsteps:*

- is a much-loved resource, providing access to a unique source of practical, accessible and trusted information from around the world
- is an important resource for capacity building and training
- offers a broad and highly relevant range of perspectives on development
- helps to build skills and provides motivation and encouragement
- maintains a unique balance between practical development content and Christian perspective, leading to spiritual transformation as well as the application of practical solutions to development challenges.

The review confirmed that the best way to increase the impact of the magazine would be through the development of more local language editions. This is something that we have been working on for several years and we remain committed to producing *Footsteps* in as many languages as possible.

We are also discussing new ways to share *Footsteps* material. Ideas so far include WhatsApp updates, e-learning, podcasts and radio broadcasts in different languages. We have already developed a short, online course based on the *Footsteps* edition 'Youth'. Try it for free by visiting [learn.tearfund.org](http://learn.tearfund.org) and searching for '*Footsteps* short course'.

## HAVE YOUR SAY!

*The Footsteps reader feedback group is a great way for you to get involved in shaping the future of the magazine.*

As well as asking for feedback on each edition, I will soon be inviting members of the group to help me run regional online discussions. These discussions will allow me to gain greater insight into the topics and content that readers in different parts of the world would like *Footsteps* to include.

If you would like to be involved in the reader feedback group and/or regional discussions, please get in touch using the contact details below.

*PS If you would like to receive Footsteps by email or multiple printed copies to share with others, please let me know. We will be happy to send them to you, free of charge!*

Please write to: The Editor, *Footsteps*, 100 Church Road, Teddington, TW11 8QE, UK

[publications@tearfund.org](mailto:publications@tearfund.org) [facebook.com/tearfundlearn](https://www.facebook.com/tearfundlearn)



Church leaders in Colombia gather together to pray before delivering food to vulnerable families during the Covid-19 crisis. Photo: Edrei Cueto/Tearfund

# INTERVIEW

## END TIMES?

*Sheryl Haw is the former international director of Micah Global. She has lived and worked in many different countries, including her home country of Zimbabwe. Here she reflects on some common questions related to the Covid-19 pandemic.*

### Is Covid-19 God's judgement?

The disciples of Jesus had similar concerns in Luke 13:1–5. Were the people killed by Pilate, or crushed by the tower in Siloam, worse sinners than others? Was this judgement? Jesus clearly says no. Covid-19 should not be viewed as God's judgement.

However, Jesus does emphasise that such events should be taken seriously. Life is precious and fragile. We have one life to live, and no one knows when it will end. Jesus encourages us to think carefully about our priorities and actions. Eventually, each of us will have to give account for the life we live (Romans 14:12). Jesus calls us to turn away from wrongdoing, choose good, choose life and follow him.

### Why has Covid-19 happened?

The outbreak of Covid-19 is not a 'natural disaster'. When people are in close contact with animals, viruses from the animals can pass to humans. Deforestation, the bushmeat trade, wild animal trafficking and unsustainable agricultural practices make this more likely to happen.

The Leviticus rules about food and hygiene practices had both health and theological links. The importance of washing, knowing what was clean and unclean and how to prevent contamination shows God's concern for people's health (for example, see Leviticus 11).

If God took such detailed interest, so should we. The church should lead the way in teaching and modelling best practice in health, hygiene and environmental protection.

**'WE HAVE ONE LIFE TO LIVE, AND NO ONE KNOWS WHEN IT WILL END'**

### Should Christians be afraid?

It is natural to be concerned about Covid-19 or any other threat to our health and well-being, but God promises to be with us always (Romans 8:38–39). He has given us a spirit not of fear, but of power, love and self-control (2 Timothy 1:7).

We can step forward in faith and hope (1 Corinthians 13) as we find ways to bless, serve and care for our communities.

### Is Covid-19 a sign of the end times?

The biblical description of the 'end times' refers not only to a time in the future, but

to the whole time from the first coming of Christ until he returns (Hebrews 1:1–2).

In every generation, some people try to predict when Jesus will return. However, he clearly warned his disciples that the date and hour is not known (Mark 13:32). Our role is to live in readiness so that we will be found doing what we have been called to do. We can view events such as the Covid-19 pandemic as creation groaning and longing for Christ's return (Romans 8:22).

### What can we be sure of?

Romans 8:28 says, 'And we know that in all things God works for the good of those who love him, who have been called according to his purpose.'

God is light: there is no darkness in him. He does not make bad things happen, but he does work in every situation to ensure good comes out of it. God does not promise us freedom from suffering, but he does promise to give us what we need to glorify him (Hebrews 13:20–21).

There will come a time when God will dwell fully with us, in a transformed heaven and earth (Revelation 21 and 22). Then there will be no more suffering, sickness or death, and the wider natural world will flourish with us. We can let that future hope motivate how we live our lives today as we hold on to God our rock, pray for an end to Covid-19 and care for the people around us.