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JOINT AGENCY POSITION PAPER: Highlighting the role of faith leaders in the Ebola virus disease outbreak in West Africa

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“It could have been stopped without the work of the faith leaders, but it would have taken longer and it would have killed many more people and had a much more devastating impact on our country and on the economy”²

Ibrahim Kabba, Chief Imam of Kambia District and member of the Council of Imams of Sierra Leone

“People believe the traditional healers and secret society leaders and the faith leaders more than they believe the government because they are closer to them. So eventually the government realised that they had to listen to and take the advice of traditional healers and illiterate leaders because they touch the pulse of the people, they laugh and cry with them. Faith leaders are the heart of the people and Ebola has no boundaries.”³

Father Henry Magbity, Parish Priest of Our Lady of Grace, Madina

Faith leaders and faith based organisations have played a key role in addressing the Ebola disease outbreak in Sierra Leone and Liberia since the middle of 2014 when the response to the outbreak intensified. Faith has a huge place in people’s lives in countries like Sierra Leone, Liberia and Guinea where the majority of the population are practicing believers, and they trust their faith leaders in a way that they do not trust the government, politicians or people coming from outside their own communities.

Faith-based organisations have been in a unique position to build on this relationship of trust and to work with our partners and faith leaders on social mobilisation and community engagement with faith leaders in affected countries. Since November of 2014 CAFOD has been working with World Vision and CRS training faith leaders using the Channels of Hope methodology which draws on biblical and Qur’anic teaching to support Muslim and Christian leaders in spreading messages aimed at preventing the spread of Ebola.

¹ A Burial Team training session in Sierra Leone with CAFOD partner Caritas Makeni

² Ibrahim Kabba, Chief Imam of Kambia District and member of the Council of Imams of Sierra Leone, April 2015 during a research scoping mission meeting with CAFOD and Islamic Relief

³ Father Henry Magbity, Parish Priest of Our Lady of Grace, Madina, April 2015 during a research scoping mission meeting with CAFOD and Islamic Relief to scope the upcoming research

In June of this year four faith based agencies, CAFOD, Islamic Relief, Christian Aid and Tearfund will be conducting a major review of the role of faith leaders in the Ebola response in Sierra Leone and Liberia, which will provide an evidence base about their role, particularly in relation to prevention, social mobilisation and stigmatisation. This will contribute to joint learning on what constitutes and what are the critical elements of effective community mobilisation and participation in relation to the role of faith leaders to support their critical engagement in country response and recovery strategies and contribute towards their early engagement in future humanitarian crises.

Like the HIV epidemic, the Ebola Virus Disease (EVD) has given rise to deep-rooted fear and stigma in many affected areas as communities struggled to understand what was happening and how to protect themselves. Ebola is new in West Africa and many communities initially did not understand why the disease had suddenly arrived. The legacy of civil wars in Liberia and Sierra Leone has deeply influenced the way people relate to and take on board official information, and as a result informal networks are perceived as more reliable than government sources.

The 2 FOCUS 1000/CRS/UNICEF KAP survey⁴ showed that religious leaders are a trusted source of information and have influence on knowledge and behaviours of individuals and communities in Sierra Leone. In a time of deep fear and uncertainty people turn to those they trust to provide them with advice and guidance. Fear has proved to be one of the most difficult barriers to overcome: deaths have caused panic and further dysfunction within already weak public health systems. Fear drove some families to shun hospitals, and a perception that humanitarian organisations may pose a danger rather than offer help. Rumours triggered aggressive behaviour towards relief workers and authorities, while rumours of cannibalism, organ trafficking and international workers' witchcraft stoked further suspicion.

Inter-religious groups have a track record of successfully addressing health challenges. In Sierra Leone the Inter-Religious Council and the Islamic and Christian Action Group which have branches in all four regions and the 149 chiefdoms of Sierra Leone have a network down to community level. In the mid-1980s these two groups made a significant contribution towards the national achievement of Universal Child Immunization, when coverage increased from 4% to 75%.

Many churches have their own radio stations which are widely listened to and influential, often broadcasting religious programming and transmitting weekly sermons. Weekly religious services, Friday prayer or Sunday church services are a key opportunity for transmitting sensitization messages.

Ensuring behaviour change is challenging, but the trust and authority invested in faith leaders means they may be better placed than others to communicate the changes to customs and practices which are needed in order to stem Ebola transmissions. These include practices such as washing the dead body and touching of the corpse at funerals, the laying on of hands and shaking hands and holding hands. Many of these practices are deeply rooted traditions and without sensitive guidance and absolution, it can cause deep distress when people are asked to stop observing them.

Many religious communities have long experience of working on HIV and understand the need to address issues of fear, misinformation and mistrust and address and dealing with stigma and exclusion⁵. Biblical and Qur'anic teachings have much to say about caring for the outsider and the poor and marginalised

Faith leaders have been shown to have a significant multiplier impact, for example through multiple communication methods including small group gatherings, Sunday sermons in churches, and Friday prayers in mosques. By reinforcing the same messages on a weekly basis through their sermons sensitization messages have a good chance of being listened to and acted upon. Such messages also have a good chance of reaching a high percentage of the population as a significant number of people are regular attenders at a place of worship and they trust their leaders.

CAFOD and Islamic Relief urge humanitarian policy makers to learn from the upcoming research on the role of faith leaders in the Ebola response and to recognise the special role that faith leaders, both Muslim and Christian, can play in reinforcing balanced and accurate communications for social mobilisation and sensitisation. Supporting the work of faith leaders can enhance the effectiveness of messaging to improve understanding of EVD prevention and ensure that individuals and communities' needs are at the heart of the response.

⁴ http://newswire.crs.org/wp-content/uploads/2014/10/Ebola-Virus-Disease-National-KAP-Study-Final-Report_-final.pdf

⁵ See <http://www.cafod.org.uk/Campaign/Get-clued-up/HIV-and-AIDS> and http://christianaid.org.uk/images/dying_to_learn.pdf

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