

RELIGION & SUSTAINABLE DEVELOPMENT

Building Partnerships to End Extreme Poverty

JULY 7-9, 2015

Ebola and HIV

Faith based responses-

A presentation of the evidence, lessons learned and recommendations for future action

The role of faith leaders in the Ebola response

- **Hot off the press this week**-feedback from a study commissioned by CAFOD, Christian Aid, Islamic Relief, Tearfund. July 2015
- A long history of inter-faith engagement in Sierra Leone and Liberia
- Government contacted faith leaders relatively early in the response
- In the initial stages of the outbreak, faith leaders played an essential role in organising communities to prevent and control EVD, particularly in Liberia
- Whilst limited due to financial constraints on many occasions faith communities were among the first to provide assistance
- Faith leaders played an important role in supporting those placed in quarantine and in supporting survivors who had often lost everything

Addressing Stigma

- Pastors and Imams have preached the importance of acceptance and welcomed survivors back into congregations
- Muslim leaders encouraged survivors back to the mosques and instead of singling them out, encouraged them to stand in line with others
- Faith leaders have role-modelled acceptance by visiting and supporting survivors

Responses of Religious leaders

Used existing platforms (Inter-Religious Councils, Interfaith Health task forces, Malaria and immunisation networks, HIV networks, Church pulpits/Mosques etc) to:

- raise awareness and address stigma and
- engage with chiefs and local community leaders to understand and communicate the need for social behaviour change, esp burial practices, in villages.
- Over 2,112 religious and traditional leaders have been involved in promoting S&D burials as well as handling of sick persons and reintegration of Ebola survivors

- Additional Data from a survey conducted by the World Council of Churches. June 2015

Community engagement- faith based responses

- Raised awareness: posters, radio, pulpit/mosque messages, trainings
- Distribution of sanitation equipment
- Material support for quarantined people and Ebola survivors



Lessons emerging....

- The importance of a 'holistic' approach – a secular response alone could not have addressed the EVD outbreak. Not one or other but both!
- Faith leaders played an essential role in social mobilisation and behaviour change
- Inter-faith collaboration was unprecedented and unity in messaging across the faiths was powerful
- Engagement with faith leaders as part of 2-way dialogue with communities important for Ebola and in the future
- The tardiness in establishing dialogue with traditional healers and secret societies was a missing link

The scale of FBO involvement

Data collated from UNMEER, UNICEF and National Reports:

Guinea:

- As at June 2015, the General Secretariat for Religious Affairs coordinated the training and sensitization of 4,324 religious leaders with the support of UNICEF. This includes:
 - 1,625 in the five communes of Conakry
 - 1,104 in the prefectures of Coyah, Dubréka , Boffa and Forecariah
 - 1,595 in other prefectures.

UNICEF Sierra Leone Social Mobilization Response

The UNICEF C4D response to the Ebola outbreak began in April 2014, immediately after case detection in Liberia. The C4D response has grown exponentially since then. UNICEF supports the Health Education Division (HED) of MoHS in coordinating the National Social Mobilization Pillar by providing technical support in designing district specific social mobilization plans to ensure community engagement, increase participation by implementing culturally relevant interventions, as well as mass mobilization using a multi-media approach guided by the evolving epidemiological context at different stages of the response. National KAP study results indicate a high levels of knowledge and awareness of the means of EVD transmission and how to prevent it. This may suggest the effectiveness of the combined national social mobilization response.

Key Achievements to date

825, 063

Households Reached through Door to Door visits by UNICEF and its implementing partners.

18,792

Traditional & Religious Leaders oriented to support community engagement

7000

Teachers trained through UNICEF financial and materials support

6

C4D Specialist & **14** FSOs have been guiding and coordinating the SM Pillar across 14 districts

16,034

People triaged at the

CCCs. **71%**

of these were informed about CCCs by social mobilizers/community meetings/religious leaders

2,473,536

People Reached through Community Meetings & Discussions

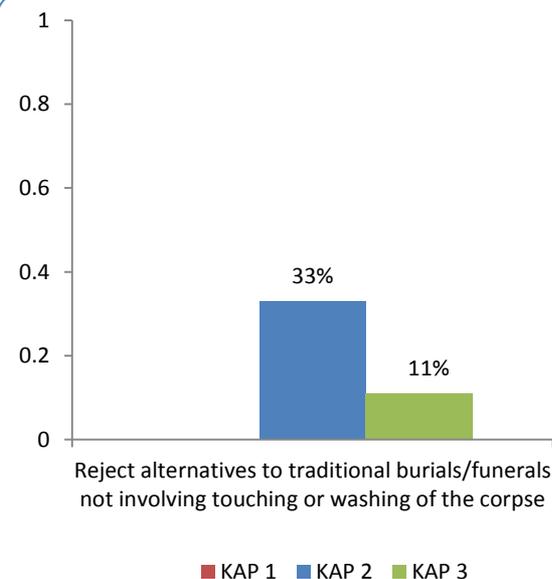
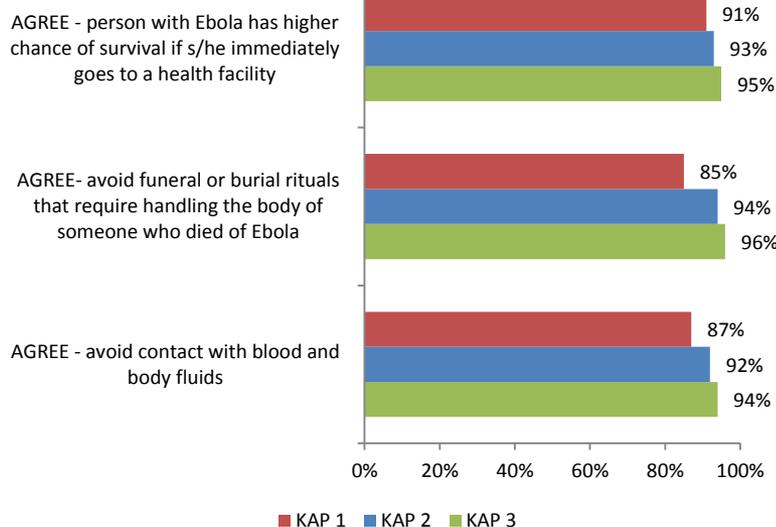
over **30,000** front-line mobilizers trained by MOHS & partners. UNICEF provided training materials.

64

FM & Community Radio Stations airing EVD messages for at least 1 hr/day.

850,000

Communication materials, i.e. posters, flipcharts, training manuals produced and disseminated across the country, reaching approx.1million people



Liberia.

- In the reporting period ending 4 June 2015 , UNICEF reported that 202,820 religious and traditional leaders were reached through community discussions.
 - For comparison during the same time period:
 - 7,370 front-line mobilizers were trained by the Ministry of Health with support from partners and
 - 565,697 households were reached through door-to-door visits by UNICEF and its implementing partners.

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UNMEER initial operational principles

Phase 1:

- Stop the epidemic
- Treat the infected
- Ensure essential services
- Preserve stability
- Prevent outbreaks elsewhere

Phase 2: Crisis management combined with public health competencies

- ‘The goal of the “*phase two*” response—is to *work with communities* to end all chains of transmission, strengthen national capacities to recover stronger and maintain health security, and ensure that societies (with support from their health systems) can respond to future outbreaks, drawing on flexible and rapidly deployable resources.’ *UNMEER report 2015*



ADVENTIST DEVELOPMENT AND RELIEF AGENCY
SIERRA LEONE IN PARTNERSHIP WITH ADRA INTERNATIONAL

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Call 117 for more Information

Facts: Faith based organisations

- FBOs and religious leaders' historical continuous presence through war and peace; their accompaniment of people through significant events in life and their voice on behalf of the people has earned them the trust and respect of local communities.
- They are able to mobilize and exert considerable influence over communities
- Their networks extend between the international and the local level

Volunteers

- CHA had early recognition of need to mobilise communities in identification, isolation and safe response to EVD in their midst. Importance of community understanding and ownership
- Extensive training for community leaders.
- In SL (with Consortium of 10) 1,425 volunteers, esp unable to work community trainers, trained on Ebola:
- 40 households each, early detection of infection, isolation if EVD suspected, rehydration information, referral, then follow-up of HH for 21-90 days.
- 1,425 community volunteers reached out to 160,000 households identifying 68 confirmed EVD cases (*Difaem reports July 2015*)

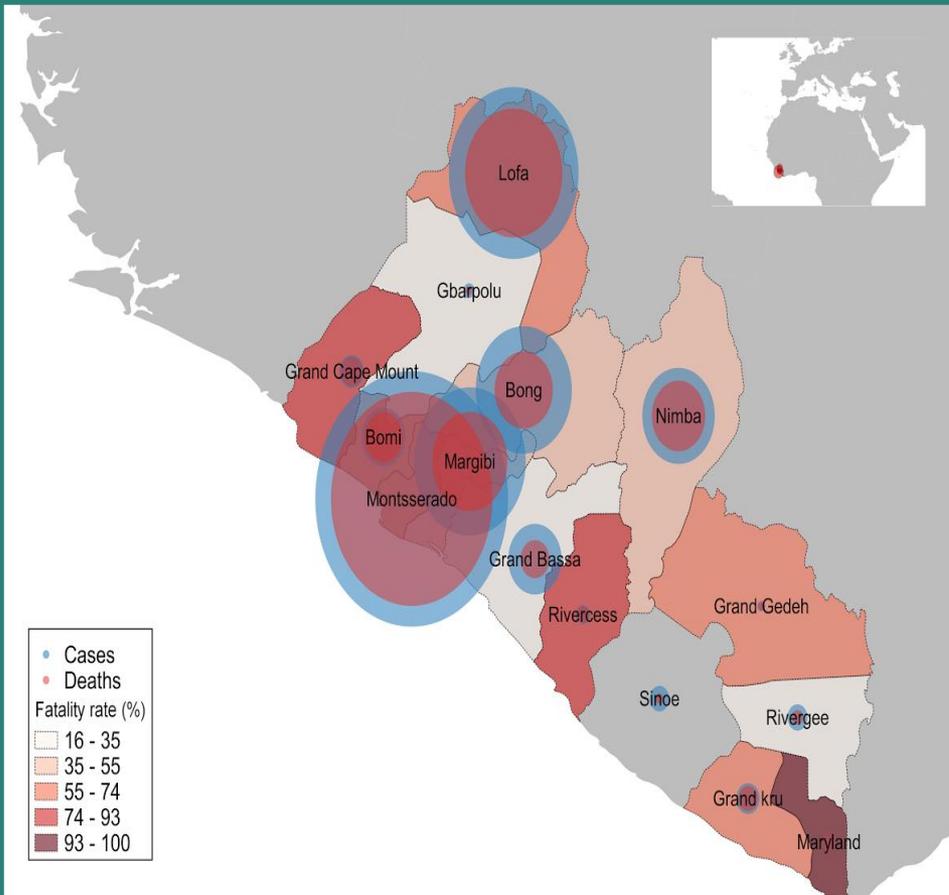
Church Health Institutions in Africa

- Are the medical arm of the church
- Are non-partisan in the service provision
- Are the bed-rock of rural health care
- Contribute a substantial proportion of national health care, particularly in the hard-to-reach and under-served areas where the poor are usually found (20- 30% in Liberia and Sierra Leone)
- Complement government provision yet often not represented in decision making fora

CHA & Religious leaders were already working with communities

- Christian Health Associations: national umbrella organisation for multiple Christian health facilities providing 25-30% of national health care in Liberia & Sierra Leone.
- Most remained open when govt facilities closed. Chose to 'Keep safe and keep serving.'
- Focused response in 2 areas:
 1. Health facilities and services (non-Ebola)
 2. Community engagement

Distribution of faith based health centres in Liberia



Distribution of faith based health centres in Sierra Leone



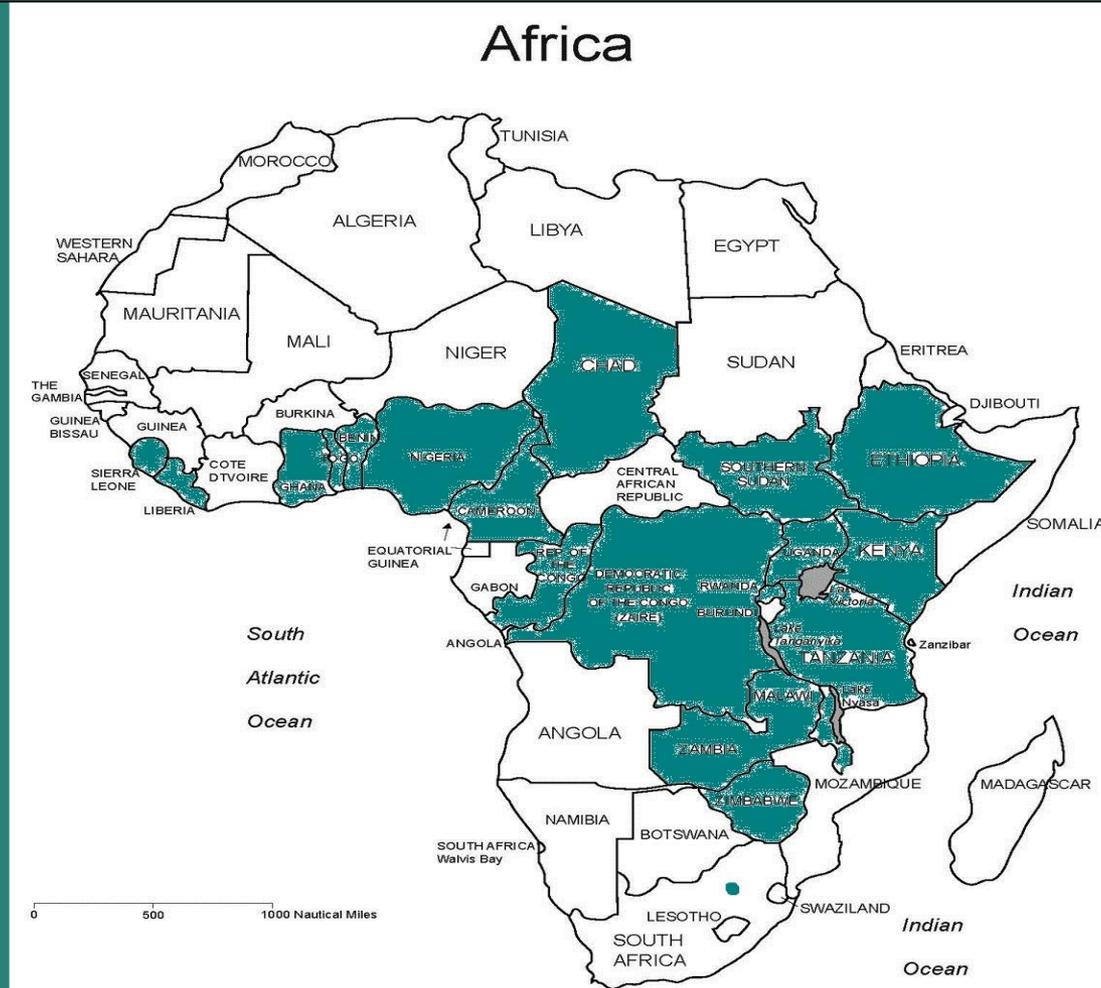
Safe & Dignified Burial guidelines

- 'Dead body management' -> 'Safe & dignified burial guidelines' developed by IRCRC, WHO, UNAIDS, Caritas Int., World Council of Churches, World Vision and Islamic Relief.
- Acceptance promoted widely through religious channels and networks and accompanied by religious leaders.
- From Nov 2014, in Sierra Leone, more than half the burial teams and cemetery care was taken over by WVI, Catholic Relief Services and Catholic Agency for Overseas Development who combined forces to help stop the transmission of Ebola through unsafe burials. Consortium called SMART (Social Mobilisation and Respectful Burials Through faith-based alliance). These 57 teams have buried > 16,000 people with dignity.

World Council of Churches- drew on HIV experience to inform Ebola Response



WCC "Fire walling" against Ebola- Building preparedness for future epidemics



Ebola: a classic example, of lessons learned from HIV

Epidemic response will be successful when public health officials, decision-makers and practitioners integrate behavioural and social science and community engagement into technical interventions and operations:

1. Put people at the centre
2. Respect rights and dignity in providing services
3. Engage communities to design, deliver and evaluate services - creating demand for quality health services
4. Include women, young people and religious leaders in the design, implementation, monitoring and evaluation of responses
5. Address stigma and discrimination in health care deliver

Both Ebola and HIV expose:

The lack of investment in basic social services, especially health, in fragile and post- conflict states has far reaching long term social and economic costs and consequences.

‘Ebola exposed weaknesses in the health system, and it was unforgiving.’ *Sierra Leone health worker*

Faith Based Organisations engagement with the UN and national governments.

One of the biggest challenges, in relation to UN, most international agencies and Governments, is the pre-conception and prejudice that associates FBO humanitarian services with proselytization.

However

- FBOs provide essential complementary services to Government
- Their service is both a *mandate* and an *expression* of their faith

Faith Based Organisations engagement with the UN and national governments- 2.

- UN partners are increasingly learning how to engage with NGOs/ FBOs effectively
- Long gap in Ebola response from UN agencies yet there were many NGOs already on the ground
- UN did not leverage the capacity or the local knowledge of the NGOs and FBOs. Poor orientation
- FBOs have a long history in these countries

Recommendations

- Early engagement of FBOs, Christian and Islamic, Traditional healers and societies – local knowledge & community influence should not be underestimated.
- FBO health services should be recognized, supported and included in policy, planning, implementation and budget allocations.
- Improve communication channels for information flow
- Decentralise disaster risk management and include FBOs in the chain - they have huge networks
- Create opportunities for interface between UN agencies, government and FBOs- build on the experience of Joint UN teams for HIV
- Collaborate with respect
- It is cost effective to invest in FBO community engagement

