World Vision

Faith in action

Power of faith leaders to
fight a pandemic

ACKNOWLEDGMENTS

Cover photo: © Jon Warren / World Vision
Francisco Rodriguez, 50, is a lay leader at the Ermita San Francisco de Asis church in Yamaranguila, Honduras. As a lay leader at the rural church, Francisco welcomes congregants for Bible reading and prayers three times during the week and teaches World Vision's curriculum 'Parenting with Love' to parents in his congregation. "In our community, World Vision is linked to development in so many different areas," Francisco says.

FOREWORD

When the world thinks of the roll-out of COVID-19 vaccines, the faces that come to mind are those of doctors, nurses, health ministers, and politicians. But also essential in the battle to end the pandemic are an invisible population of faith leaders, including pastors, priests, and imams, who are active in countries and communities around the globe. Faith plays a role in the lives and behaviours of 84% of the world's population.[1] As trusted community members with vital social, access and spiritual capital, faith leaders can exercise considerable positive influence in many communities during the current crisis.[2] As a Christian organisation, we have spent decades building meaningful, trusted relationships with faith leaders who have served on the frontline of responses to HIV and AIDS, Ebola, and Zika. Through this, we have seen mounting evidence of faith leaders' critical role in addressing each health crisis we have fought together.

As part of our current COVID-19 Response, World Vision is partnering with more than 124,000 faith leaders in care and prevention campaigns. In an unprecedented era of misinformation, disinformation, conspiracies, and confusion, these faith leaders play a pivotal role in leveraging their platforms to share accurate, fact-based information about COVID-19. They are well-positioned and trusted in their communities, enabling them to identify challenges, design solutions, and promote ways of overcoming barriers that keep children and young people and their communities from accessing vital health care. New Barrier Analysis studies conducted by World Vision in six countries prove that communities really do trust what their faith leaders say when it comes to vaccines.[3]

This report details the unique and essential role of faith leaders in the COVID-19 Response before outlining the role they can play in the support of COVID-19 vaccine programmes. There is no time to waste. Vaccines have given us a possible way out of this pandemic, but we are only halfway there. Without widespread uptake of vaccines around the globe, we will not escape the pandemic or its devastating consequences. We must respond to the dramatic impact that COVID-19 is having on the world's most vulnerable children and young people, who are facing increased violence, disruption to their education, and devastated economies, driving child labour and child marriage. Until the world is vaccinated, the futures and freedoms of children and young people, the vulnerable, and our own families hang in the balance. Against this backdrop, faith leaders have a critical role to play in our collective goal to end the pandemic.

The indirect impact of COVID-19

Statements that emphasise the minimal direct health impact of COVID-19 on children and young people do not take into consideration the indirect impacts. These can have life-long effects on children and young people, threatening their health and well-being. World Vision's Aftershocks report series outlined how indirect impacts will threaten many more children and young people's lives than the COVID-19 virus itself.[4]

"We must acknowledge COVID-19 as a children's rights crisis. Experience tells us that when epidemics overwhelm health systems, the impact on children is deadly. They are the most vulnerable as other diseases and malnutrition go untreated," says Andrew Morley, World Vision International President and CEO. "COVID-19 has become a devastating pandemic, but the indirect impacts will likely be a lot worse for children in fragile contexts."

- Disruptions to health systems could result in anywhere from **215,000 to 1.15 million additional child deaths** in 118 low- and middle-income countries over the next six months.[5]
- Child protection services have been disrupted in 104 countries, seriously **limiting access to prevention and response services for 1.8 billion children and young people.**[6]
- As many as **13 million extra child marriages** will occur in the years following the pandemic, with at least 4 million more girls married in the first two years of the crisis.[7]
- Up to **66 million more children and young people could fall into extreme poverty because of the COVID-19 pandemic**, adding to the estimated 385 million children and young people who were already living in extreme poverty in 2019.[8]
- The World Food Programme has warned that the **number of people worldwide requiring lifesaving food assistance could double to 265 million.**[9]
- COVID-19 threatens to **reverse the significant gains made in reducing the number of child labour cases**, which had fallen by 94 million cases since 2000.[10]
- A record **30 to 34 million children and young people were displaced in 2019**. More than 80% are in countries or territories affected by acute food insecurity and malnutrition which are ill-equipped to respond to COVID-19.[11]

Faith leaders and faith communities, along with many other local actors, such as community health workers, are already at the forefront of the COVID-19 Response, identifying and supporting the most vulnerable children and young people in their communities. World Vision and our network of more than 450,000 faith leaders therefore stand ready to partner to end the pandemic, addressing the negative impacts of COVID-19 on children and young people, and ensuring that we do not leave a generation of children and young people behind.

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FAITH LEADERS AND THE PANDEMIC

As a Christian organisation, we have spent decades building meaningful, trusted relationships with faith leaders who have served on the frontline of responses to HIV and AIDS, Ebola and Zika. Faith leaders are trusted community leaders with vital social access and spiritual capital.[12] World Vision has found that faith leaders are important influencers, promoting attitude and behaviour change and ensuring that communities receive assistance in times of crisis. When supported by partners, their potential to be agents of change and effective communicators is unleashed.

Since World Vision's global response launched on 11 March 2020, the day the World Health Organization declared COVID-19 a pandemic, we have partnered with more than 124,000 faith actors who have been engaged in an incredible breadth and depth of work to respond to the devastating impact of the pandemic on their communities.[13] In partnership with local authorities and stakeholders, they have shared health messages, strengthened families and caregivers, protected children and young people, promoted economic support and bolstered livelihoods, advocated for access to education, and provided spiritual and psychosocial support to children and young people and their caregivers.

Critical to faith leaders' success as change agents is their unique insights into the impact of COVID-19 on their communities. Data from a global faith leader survey conducted by World Vision indicates that faith leaders recognise the significant and multi-faceted challenges facing children and young people in their communities as a result of the COVID-19 pandemic, including health, education, and livelihood-related implications.[14]

For example, faith leaders in West Africa reported that the two main child protection risks arising due to the pandemic were child labour (88%) and teenage pregnancy (88%), followed by neglect in the form of insufficient food (82%).[15]

However, a global WhatsApp survey and other World Vision programme reports also illustrate faith leaders' insights into more hidden impacts of the crisis. They report that children and young people are more vulnerable to abuse and violence in lockdown settings,[16] and are keenly aware that the economic fall-out from COVID-19 is leading to a rise in poverty and overall vulnerability in their communities, creating a new cohort of most vulnerable children and young people.

They also see, and are responding to, the mental, emotional, and spiritual crises children, young people, and their caregivers are experiencing due to lockdowns, loneliness, and exacerbated fears and anxieties as a result of COVID-19.

Faith leaders' nuanced understanding of the impacts of COVID-19 on their communities, coupled with their social standing in the community, uniquely positions them to play a central role in the COVID-19 Response. Faith leaders have certainly spread misinformation and amplified conspiracy theories that contribute to the spread of the virus. Many faith communities felt compelled to continue meeting, directly defying national laws and restrictions. For example, faith communities and practices were linked to an early spread of the disease in South Korea.[17] Religious misinformation has led to fear, confusion and influenced communities to ignore

public health advice.[18] Faith leaders and communities have promoted false and even harmful cures, opposed medical intervention in favour of divine intervention and intentionally defied public health mandates to pursue religious meetings and practices.[19] However, the crisis has also shown that faith leaders can and do share messages and take actions to mitigate the spread of the virus and protect children and communities. Other faith communities worked hard to balance their mandate to provide vital spiritual and religious support, while also taking steps to follow health guidelines. This highlights that when provided with accurate information and support, faith leaders serve as vital community partners. Nonetheless, the current wave of misinformation and distrust of political leaders, authorities, and health systems presents a global challenge. Furthermore, the sheer volume of information available from social media, formal and informal communication, and political and social leaders often leaves people overwhelmed to the point of inaction. At World Vision, we recognise that accurate information – even when delivered by trusted and knowledgeable leaders – does not, on its own, lead to behaviour change. This is why we have also leveraged a Barrier Analysis research tool with local stakeholders to understand each context and barriers to – and enablers of – acceptance of COVID-19 vaccines.[20] Based on these findings, we can work with key local stakeholders, such as faith leaders, to develop tailored approaches to promote positive health practices and vaccine uptake in their communities.

What is Barrier Analysis?

Barrier Analysis is a rapid assessment (formative research) tool that is used to identify behavioural determinants associated with a particular behaviour, such as mask use, handwashing, or vaccine acceptance. It contributes to more effective behaviour change messages and activities and is based on the 'health belief' model and 'theory of reasoned action'. Barrier Analysis compares responses from those doing a behaviour ('doers' or 'accepters') with responses from those who are not (the 'non-doers' or 'non-accepters'). This helps to identify and build responses that address the most important behavioural determinants. It has been used in more than one-third of low-to-middle-income countries and has been used extensively by World Vision during both the Ebola[21] and COVID-19 pandemics.

The 12 behavioural determinants studied using Barrier Analysis include:

- **perceived social norms** – the extent to which the behaviour is approved or disapproved

- **perceived self-efficacy** – the extent to which it is believed that one can do the behaviour if one wants to

- **perceived divine will** – the extent to which it is believed that God approves of one adopting the behaviour

- **perceived risk** – the extent to which it is believed that the behaviour represents risk to the individual or community

- **perceived severity** – the level of negative impact of not doing the behaviour.

Pastors, priests, and other faith leaders have already been indispensable partners in addressing many known barriers to the uptake of other vaccines (e.g. Ebola and current childhood vaccines). They model and promote positive social norms, articulate trust in accurate information, address faith-related barriers, help people to understand how vaccines work, and promote an accurate understanding of the level of risk. Based on this, there is little doubt that they can be instrumental in supporting the uptake of COVID-19 vaccines in their communities. However, this means first successfully understanding and addressing numerous barriers impeding vaccine programmes, including misinformation, distrust, and cultural and social norms.

▶ World Vision and faith leaders in the COVID-19 Response

450,000 faith leaders in network equipped to respond to child well-being challenges in their communities.

More than 124,000 faith leaders partnering to disseminate accurate health information in the COVID-19 Response

In the first months of the pandemic, faith leaders were:

sharing health and hygiene practices with their congregations and/or communities	**84%**
preaching or teaching about the COVID-19 crisis	**78%**
actively correcting misinformation about COVID-19	**52%**

"Malicious actors capitalize on confusion, fear, and sorrow online for profit and political gain, intentionally spreading falsehoods and conspiracy, and stoking engagement among social media users. Though a long-standing practice, this has perhaps never been more apparent than with COVID-19. Simultaneously, ongoing global attention and evolving scientific understanding of the novel coronavirus have created conditions for widespread sharing of misinformation." (Simpson, E. and Conner, A., 2020)

▶ COVID-19's impact on children and young people

Disruptions to health systems could result in anywhere from **215,000 to 1.15 million additional child deaths** in 118 low- and middle-income countries over the next six months.

Child protection services have been disrupted in 104 countries, seriously **limiting access to prevention and response services for 1.8 billion children and young people.**

As many as **13 million extra child marriages** will occur in the years following the pandemic, with at least 4 million more girls married in the first two years of the crisis.

Up to **66 million more children and young people could fall into extreme poverty because of the COVID-19 pandemic**, adding to the estimated 385 million children and young people who were already living in extreme poverty in 2019.

A record **30 to 34 million children and young people were displaced in 2019**. More than 80% are in countries or territories affected by acute food insecurity and malnutrition which are ill-equipped to respond to COVID-19.

▶ Barriers to vaccine uptake vary by context

In **Bangladesh**, all of those surveyed who intended to get a COVID-19 vaccine ('accepters') said: "Most of my community leaders and religious leaders would want me to get a COVID-19 vaccine."

Only **38%** of those who did not intend to get the vaccine ('non-accepters') believed that community and faith leaders would advocate for individuals to take the COVID-19 vaccine.

Non-accepters were 9.7 times more likely than accepters to say that they strongly agreed with the statement: "Whether I get COVID-19 or not is purely a matter of God's will or chance."

In **Tanzania**, vaccine non-accepters were more than five times more likely than accepters to believe that the COVID-19 vaccine would lead to impotence.

Accepters in **Kenya** were 3.8 times more likely, and those in Tanzania 10 times more likely, to say that most of their community and religious leaders would want them to get a COVID-19 vaccine.
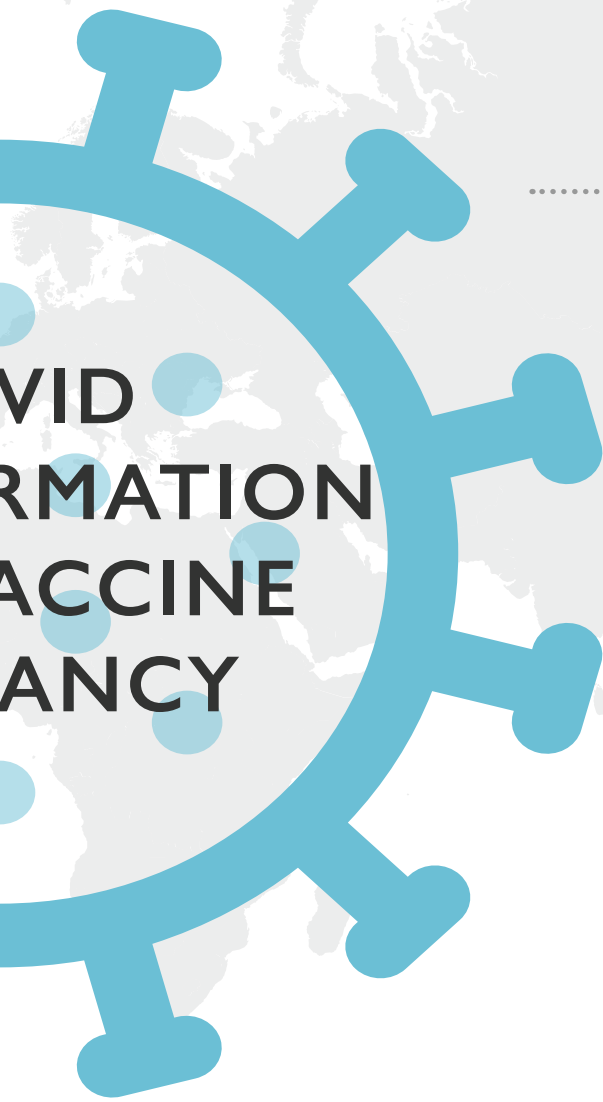
▶ History of faith leaders impact

Sierra Leone: Once faith leaders developed and promoted the safe and dignified burial process, people started reporting deaths. They jumped from only 400 over a few months to 1,000 in a month. This helped stop the spread of Ebola.

Senegal: 97% of faith leaders involved in Channels of Hope child protection training (and 85% of their congregations) reported engaging in child protection activities.

In **Kenya**, faith leaders trained in healthy timing and spacing of pregnancies contributed to a contraceptive prevalence rate increase from 5% to 12% in the intervention site amongst mothers with a child under 2.

In a **multicountry** study, Channels of Hope's HIV and AIDS module led to a 12% increase in participants accessing voluntary counselling and testing and individuals were 2.5 times more likely to participate in a support group.

COVID MISINFORMATION VACCINE HESITANCY

▶ Accept COVID-19 vaccine if generally available (%)

- Completely agree 46.8% (6,288)
- Somewhat agree 24.7% 3,316
- Neutral/no opinion 14.2% (1,912)
- Somewhat disagree 6.1% (819)
- Completely disagree 8.1% (1,091)

Recommendations

- ⊘ Ensure equitable access to vaccines
- ⊘ Do a Barrier Analysis (or other social determinant survey)
- ⊘ Governments, multilaterals, non-governmental organisations, and donors should engage faith actors
- ⊘ Faith actors should engage in advocacy, sharing accurate information and designing programmes that address barriers

Faith leaders protect their communities from COVID-19
By Gamal Ghallab, World Vision Sudan communications officer

Pastor Boutros has been spreading hope in Damazine in Sudan's Blue Nile state since he arrived in 2009 as an internally displaced person. As his community faces COVID-19, now he additionally promotes accurate information and health messages as well as advocating for the community's needs.

"I feel obligated to the community to not only provide religious teachings but also to persuade members of my church to take time and understand the risks associated with the novel coronavirus, how the virus spreads, and various preventative measures."

As the chairperson of the Blue Nile Council of Churches and pastor of Hai al Shatti church, he has been incorporating COVID-19 risk prevention messages in his religious teachings and community mobile campaigns since attending a World Vision workshop focused on information, education, and communication.

Pastor Boutros insists that strict adherence to the preventative and protective measures must continue. "Such efforts are necessary to make sure that our community is safe and healthy." Thus, he adjusted the church's Sunday prayer gatherings so he could engage with community members while meeting outdoors, to ensure safety.

"We use Sundays not just for prayers. [We] also allocate an hour for education sessions on COVID-19 and for community members to share openly their challenges. A lot has to do with changing people's behaviours and

attitudes, which can be very challenging . . . there are community members who believe that the coronavirus is a lie, and therefore refuse to observe the given guidelines."

Abu Babiker, an imam at a nearby mosque, echoed Pastor Boutros' concerns: "We still witness people gathering and mingling at social events such as weddings, funerals and in the markets. But as religious leaders, part of our calling is to keep encouraging and urging people to listen and heed the messages being conveyed to them. Part of this [includes] keeping explaining the risks associated with this virus and their role in keeping the community safe."

Pastor Boutros concurs. "As a religious a leader, I have to keep reaching out to the people, including those who strongly refuse to accept the reality, and have ongoing conversations with them."

"With time, people have been accepting of the reality, and I see them reconsider their attitudes and behaviour towards the pandemic, and begin to take it more seriously."

World Vision is partnering with trusted community influencers, such as faith leaders, across Sudan. Besides incorporating COVID-19 messages into their teachings, faith leaders have also been sharing messages of hope to the communities, including through broadcast media.

MISINFORMATION, DISTRUST, AND VACCINE BARRIERS

▶ Misinformation – an 'infodemic'

In February 2020, even before COVID-19 was declared a pandemic, the World Health Organization expressed concern about a 'massive infodemic'.[22] This has continued to be an issue as the pandemic has progressed. Reflecting this, during a real-time learning process in November 2020, staff from 56 offices in the six regions where World Vision has pandemic responses identified 'lack of understanding and misinformation about COVID-19' in communities as a key obstacle to supporting overall well-being.[23]

" **Malicious actors capitalize on confusion, fear, and sorrow online for profit and political gain, intentionally spreading falsehoods and conspiracy, and stoking engagement among social media users. Though a long-standing practice, this has perhaps never been more apparent than with COVID-19. Simultaneously, ongoing global attention and evolving scientific understanding of the novel coronavirus have created conditions for widespread sharing of misinformation."[24]**

Compounding this confusion, malicious actors have also intentionally capitalised on fear and sorrow online to spread falsehoods and conspiracy. The most common misleading or false claims about the pandemic have typically been about the actions and policies of public authorities, including government and international organisations, such as the World Health Organization.[25] Misinformation has undermined people's trust in their governments, institutions, and leadership, which can serve as a significant barrier to people seeking health care. The combination of misinformation spread by public figures further undermines the trust and social capital necessary for a unified public health response to COVID-19.

Additionally, the spread of too much unfiltered information can also promote fear and confusion and 'tap into psychological habits that make people think doing nothing is safer than taking action'.[26] As COVID-19 vaccines are approved for use, a key concern is that people need to receive timely and accurate information about vaccines to allow them to make informed decisions and feel comfortable acting on this information. Misinformation about COVID-19 and the COVID-19 vaccines could lead to more deaths, as people struggle to navigate through the many voices on social media and mainstream media to access reliable, fact-based information about vaccines.[27] Slow and inadequate vaccine roll-outs will also extend the indirect impacts of prolonged lockdowns, economic shutdowns, school closures, and other counter-pandemic measures on vulnerable children and young people.

▶ Promoting trust in accurate information sources

The nature of COVID-19 means that social media, television, and other news media increasingly serve as primary sources of information.[28] The rise in the public's reliance on social media is problematic as it is the primary source of misinformation (88%), with television a distant second (9%), followed by other news outlets (8%), and other websites (7%).[29] Fortunately, 90% of people surveyed by World Vision said their primary sources of information came from radio and television.[30]

Our internal reports highlight many instances of collaboration between national and local media and faith leaders to share accurate COVID-19 messaging.

Without access to accurate information, community actors, such as faith leaders, risk passing along or reinforcing incorrect health information. However, positively, nearly half of the faith leaders who responded to the World Vision survey, conducted between May and June 2020, stated that information provided by the government was their most frequently used resource to share with their communities. They also referenced mobile applications, health workers, friends, and relatives as important sources for information.[31] With adequate training and support, faith leaders can play a vital role in challenging misinformation by promoting trust in accurate information sources.

▶ Identifying and addressing social, religious, and cultural vaccine barriers

Even before the COVID-19 outbreak, the World Health Organization identified vaccine hesitancy as one of the top 10 global health threats.[32] An October 2020 survey conducted by World Vision in 15 countries in West Africa found a 4% drop in the number of people who were willing to take a COVID-19 vaccine from July 2020.[33] Concerns about side effects (34%) and the speed of vaccine development and testing (33%) were the main reasons given for hesitancy.[34] Other reasons included a general lack of faith in vaccine effectiveness, concerns about the effectiveness of COVID-19 vaccines, and a belief that their risk of contracting COVID-19 was low.[35]

Barriers also vary by context. Studies by World Vision and other organisations have increased understanding about key drivers affecting vaccine acceptance. More than 600 people in six countries across three regions participated in a Barrier Analysis study to find out what would prevent or encourage people to take a COVID-19 vaccine.[36] Understanding and addressing these barriers is key for our partnership with local faith actors, increasing their abilities to counter false claims or address religious questions or other sensitive topics. It also ensures communities are connected to broader health systems and other stakeholders, as well as having access to the information needed to address vaccine barriers. Across the Barrier Analysis studies, we found:

- In Bangladesh, all of those surveyed who intended to get a COVID-19 vaccine ('accepters') said that 'most of my community leaders and religious leaders would want me to get a COVID-19 vaccine'.
- Only 38% of those who did not intend to get the vaccine ('non-accepters') believed that community and faith leaders would advocate for individuals to take the COVID-19 vaccine.
- Accepters in Kenya were 3.8 times more likely, and those in Tanzania 10 times more likely, to say

that most of their community and religious leaders would want them to get a COVID-19 vaccine.
- Non-accepters were 9.7 times more likely than accepters to say that they strongly agreed with the statement: "Whether I get COVID-19 or not is purely a matter of God's will or chance."
- In Tanzania, vaccine non-accepters were more than five times more likely than accepters to believe that the COVID-19 vaccine would lead to impotence.

The Barrier Analysis survey results consequently highlight that access to health information is a key pillar to enjoying the fundamental right to health. Clear, specific and detailed information is necessary so that people feel like they are knowledgeable and able to make a decision for themselves without feeling coerced.[37]

Other influences that can break down vaccine barriers include trust in the person communicating the information and socio-psychological factors that influence decisions and tendencies of specific groups.[38] In a global survey of people's likelihood to take up a COVID-19 vaccine,[39] respondents who reported higher levels of trust in information coming from their government were more likely to accept a vaccine.[40] This finding was reinforced in multiple Barrier Analysis studies conducted by World Vision offices. For example, in Kenya, accepters were 2.9 times more likely to say that they were 'very likely' to get the vaccine if a health worker were to recommend it. Similarly, freedom to decide for oneself was also essential: "All respondents, regardless of nationality, reported that they would be less likely to accept a COVID-19 vaccine if it were mandated by employers." Trusted community leaders, such as faith leaders, are therefore well-placed to convince their communities to accept a COVID-19 vaccine.

LEVERAGING FAITH LEADERS TO SUPPORT RECOVERY

An effective, integrated response requires successful leveraging of the unique and essential role of faith leaders to ensure children and young people, their families, and communities receive accurate information and support to make decisions about their health and well-being. World Vision partners with faith leaders through its Celebrating Families[42] and Channels of Hope[43] project models, promoting positive parenting skills and spiritual nurture in families. Faith leaders can play a vital role in combatting fear, reducing stigma, and encouraging social cohesion. Furthermore, they can also provide spiritual support for children and young people and caregivers to serve as an essential resource for healing and resilience. Building on our work with faith leaders

Celebrating Families teaches parents, caregivers and faith leaders about their role in creating a safe and loving environment to support the spiritual and social nurture of children and young people. Parents, caregivers, and faith leaders learn to identify and address issues that hinder children and young people's spiritual and holistic development. This leads to improved family relationships and a decrease in harmful attitudes and practices, including violence. Caregivers and faith groups in the community can provide a protective and loving environment for children and young people.

Channels of Hope is a core project model developed by World Vision that engages with faith leaders to positively influence entrenched sociocultural norms. It does this by sharing fact-based information, drawing on trusted religious texts to provide fresh understanding and insights, and mobilising faith groups to take direct actions to address child well-being issues. The faith groups empowered through this programming continue to work to address these matters long after World Vision's engagement ends. Since its launch in 2003, more than 450,000 faith leaders have participated in Channels of Hope programming.

in our COVID-19 Response thus far, and our Channels of Hope and Celebrating Families models, World Vision will continue to partner with global, national, and local faith actors to advocate for safe and equitable vaccine distribution. Our partnership strengthens their understanding of, and commitment to, addressing children and young people's vulnerabilities during the pandemic, and draws on the unique strengths and abilities of faith leaders, outlined in the remainder of this report.

▶ Faith leaders as effective collaborators who promote positive social norms

Based on decades of experience partnering with local faith communities, we know that faith leaders are most effective when working with other actors in the community to communicate important messages.[44] They thrive when supporting wider community efforts, leveraging available resources, such as social support networks and protections for vulnerable families, and promoting action that leads to behaviour change in partnership with all relevant stakeholders. World Vision often convenes collaborations between faith leaders and governments through training, advocacy, and joint messaging[45] that reinforces and builds trust and encourages community members to take appropriate actions.

During the 2014 Ebola crisis in Sierra Leone, official burial practices were not sensitive to religious practices, so faith-based organisations, like World Vision, and local faith leaders worked with the Centers for Disease Control and Prevention (CDC),[46] Sierra Leone's health and sanitation ministry, and the World Health Organization to develop safe and dignified burials. In addition to reducing transmission through safer burial practices, this led to an important development in stemming and monitoring the spread: critically there was a dramatic increase in the reporting of deaths, from only 400 reported over a number of months to over 1,000 reported in one month.[47]

The effectiveness of collaborative efforts has been especially evident when faith leaders have promoted positive social norms.

Channels of Hope programming has also been effectively used to support faith leaders and faith groups to promote positive social norms. For example, in Senegal, Channels of Hope encouraged the uptake of birth registration; in Uganda it raised awareness about child marriage, abuse, and corporal punishment; whilst in Kenya and Ghana it was used to promote contraception use.

Over the course of our COVID-19 Response, World Vision has engaged with more than 124,000 faith leaders in more than 40 countries[48] as 'first responders' to share COVID-19 health messages and information about preventative measures, child protection, and child well-being.

Building on the experience of other Channels of Hope programmes, World Vision has created a COVID-19 module to train existing faith partners on important health messaging[49] to reach more families, including those in isolated areas, with accurate and up-to-date information about COVID-19.[50] Staff used this programme not only proactively, but also reactively, to reports of faith leaders sharing misinformation and conspiracy theories, doubling efforts to support faith leaders with credible, accurate, and fact-based information.

▶ **Faith leaders as natural and trusted communicators**

❝ **People may not trust public health officials or political leaders, but they trust their neighbours."**
– Jim Kim, former president, World Bank"[51]

Most faith leaders have regular and repeated – often at least weekly – opportunities to speak with their communities. Because of the importance faith and scripture play in the lives of many, their messages have a more unique depth, meaning, and nuance than simple development messaging. In addition to health messages, faith leaders preach forgiveness, acceptance, and compassion, which can help to address some of the stigma and fear that motivates people to hesitate to follow health guidance and/or accept vaccines. Faith leaders can also consider underlying causes, spiritual dimensions, fears, uncertainties, and community members' concerns as they try different approaches and promote hope. The effectiveness of collaborative efforts has been especially evident when faith leaders have engaged in activities to promote positive social norms.

❝ **The clear word that comes from the pastor and from these meetings is 'peace', with everyone and with each other. He tells his congregation what was said in the meetings and that they have to seek peace. [They] know that it is true that we must do it because it is in the Bible. The pastor says it, and [they] know it is there in the Bible, so that is confirmation."[52]** (Male village member participating in World Vision's interfaith programming, Central African Republic)

Faith leaders can, and do, promote self-efficacy, a sense of self control, and agency in their communities, addressing fatalism and acknowledging that individual decisions can and do have an impact in the fight against COVID-19.
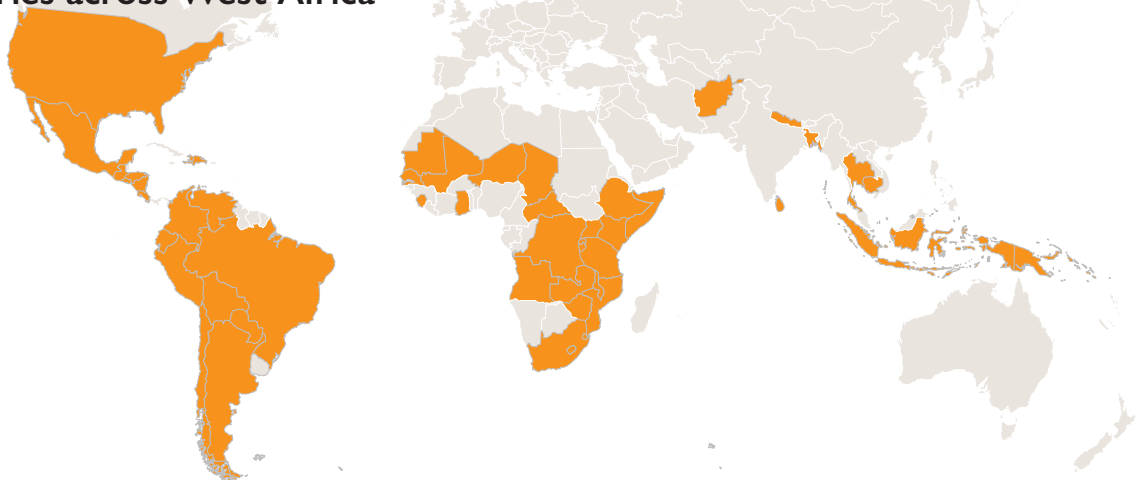
Qualitative evidence from World Vision surveys supports this assertion, drawing a strong link between faith leaders promoting behaviour change in the context of providing congregants with spiritual support. This helps to build a loving and supportive environment where congregants feel heard and encouraged to heed guidance. With COVID-19, faith leaders' platforms have become virtual and/or taken on other forms to ensure social distancing and follow government mandates,[53] but remains an effective tool for challenging thinking and drawing attention to reliable information and guidance.[54]
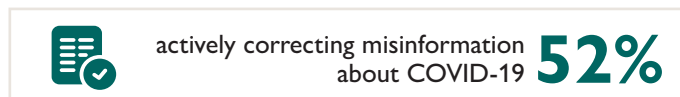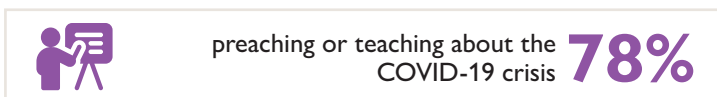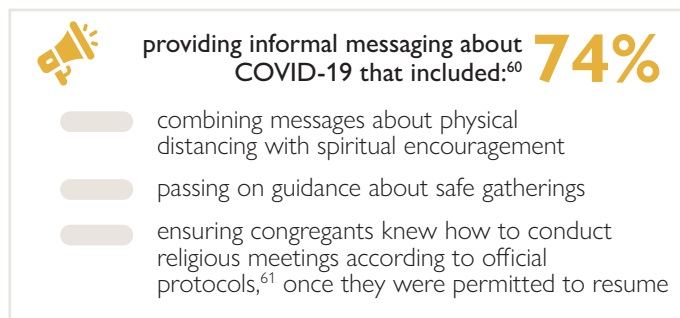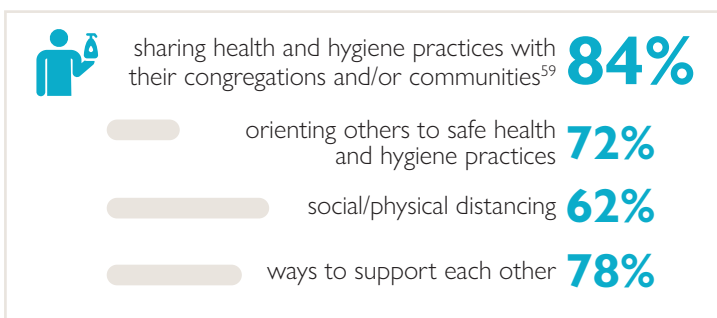
> A local government official said that the most important contribution of religious leaders in Zamboanga, Philippines was the spiritual nurture and the related psychosocial support they provided, helping people process and find meaning in what they were experiencing. In a time when trust was fragile and fear was pervasive, a comforting voice from a faith leader helped bring a message of hope and assurance, and a sense of some stability.[55]

Over the first year of the pandemic, World Vision supported faith leaders to integrate, in some cases quite technical, health messaging information about infection, disease transmission, and hygiene practices into religious teachings so that they could address concerns or barriers rooted in faith (see figure 1). Over the next year of our COVID-19 Response, this experience will prove invaluable as faith leaders begin to share information and address myths and concerns around COVID-19 vaccines, perceived conflicts between spiritual healing and medical interventions, and ethical concerns about vaccine development. In order to support faith leaders in this task, World Vision is developing a vaccine module that provides basic information on COVID-19 and the vaccines, aligned with the World Health Organization and local Ministry of Health messaging. The module promotes dialogue and discussion that responds to the key barriers and determinants identified in national Barrier Analysis surveys. This module[56] will equip local faith leaders with the information, resources, and confidence to share information about the vaccines within their faith and broader communities.

Figure 1. Surveys conducted by World Vision with faith leaders around the world from May to July 2020 and with faith leaders in October 2020 in 12 countries across West Africa[57]

▶ **In the first months of the pandemic, faith leaders were:[58]**

sharing health and hygiene practices with their congregations and/or communities[59] **84%**

orienting others to safe health and hygiene practices **72%**

social/physical distancing **62%**

ways to support each other **78%**

providing informal messaging about COVID-19 that included:[60] **74%**

combining messages about physical distancing with spiritual encouragement

passing on guidance about safe gatherings

ensuring congregants knew how to conduct religious meetings according to official protocols,[61] once they were permitted to resume

preaching or teaching about the COVID-19 crisis **78%**

actively correcting misinformation about COVID-19 **52%**

▶ **"What are the most important things for members of your congregation to do in this crisis?"**

social and physical distancing

wearing masks

stay at home

handwashing

follow health guidance

▶ **Six months in, faith leaders in West Africa still believed the most important way they could contribute to the fight against COVID-19 was to:**

✓ **share** prevention messaging **91%**

✓ **partner** with other organisations **74%**

✓ **provide** psychosocial support to women **71%**

✓ **address** issues of gender-based violence **71%**

Bangladesh
Religious leaders disseminated COVID-19 awareness-raising messages to 15,000 people at mosques and through regular announcements during calls to prayer and sermons.

Zambia
World Vision worked with faith leaders to respond to myths associated with the lack of understanding about COVID-19 and misinterpretation of scripture.

Ethiopia
Faith-based organisations reported linking COVID-19 prevention messaging to Bible teaching.

11

▶ Faith leaders as catalysts for change

Faith leaders are most effective at spreading messages and promoting healthy behaviours when they accompany their words with action. Hence, World Vision has worked with them to offer integrated support, recognising that, for many faith communities, caring for body and soul come together.

Faith leaders can help meet the material needs of vulnerable families, both within their own congregations but also within their wider communities. Evidence suggests that in times of crises, even as most faith leaders prioritise the well-being and immediate physical needs of their congregations, their compassion drives them to reach others within their communities.

> Church leaders highlighted ways in which they could support and expand 'Celebrating Families' [a World Vision positive parenting programme] in their communities, such as by linking with 'tuition' programmes already provided by the church for vulnerable children and young people.[62]

"In masjid, as the [community hope action team] CHAT group, we come together as women every Friday after prayers. [As a group,] we decided to visit homes of children that have challenges, [and to use the money we earn from] working in plantations [to] support those [children who] need some things, like scholastic materials and other items."[63] (female, World Vision's interfaith programming, Uganda)

The most effective faith leaders are role models who keep their congregations and communities safe through their actions as well as their words. They model best practices, such as wearing masks and have their temperatures taken, whilst speaking out against inappropriate religious interpretations and practices, and sharing fact-based messages.

World Vision Senegal worked with hundreds of faith leaders and faith communities to orient Qur'an and Sunday School teachers on stigma and barriers to COVID-19 preventative behaviours as part of a mask distribution and awareness raising campaign.[64]

Faith leaders in the **Democratic Republic of Congo** demonstrated how to follow health protocol – like getting their temperatures taken – in front of their congregations, helping pave the way for community members to adhere to temperature screening and other best practices.[65]

Since the onset of the COVID-19 pandemic, World Vision has supported the efforts of faith leaders to be effective role models by providing faith communities in many countries with masks, hand sanitiser, and other hygiene materials, as a part of, or follow up to, training on COVID-19 preventative measures. Since the start of the pandemic:

14,647,283
Community members provided preventative materials

4,738,707
Handwashing supplies distributed

2,724,318
Comprehensive hygiene kits distributed[66]

Faith leaders can also encourage change by acting on their beliefs. For example, they can use their position to advocate for enforcement of laws or change. Historically, faith leaders have been at the forefront of many justice campaigns, ensuring access to services or opportunities for the most vulnerable. Faith leaders have also driven change on a range of child protections issues. With time, these shifts in behaviour extend to other community members.

After attending a Channels of Hope child protection module, almost all participants in **Uganda** and **Senegal** (94% to 97% respectively) took action to address child protection issues in their communities in the year following their participation, and imams in Senegal refused to perform child marriages or baptisms for children who did not have birth certificates for baptism. After follow-up activities in both countries, 83% to 85% of general members of the congregations whose faith leaders attended said that they were involved in child protection work.[67]

Finally, faith leaders can also be proactive in identifying the most vulnerable households within their congregations and communities to offer support.

World Vision often undertakes distributions of food and other non-food items in collaboration with faith leaders and other humanitarian partners who can help to identify the most vulnerable households. In other instances, faith leaders mobilise resources within their own communities to support vulnerable community members with their basic needs and organise social activities.[68]

▶ Faith leaders mobilising community structures

Faith communities have infrastructures that can further extend messages and proactively support their communities. It is much faster to work within existing infrastructure systems than to build something new, and faith leaders and communities are skilled in recruiting volunteers into service. Faith leaders are therefore well-poised for efficient and timely identification and mobilisation of people and community structures to meet specific needs. Within World Vision programmes, faith actors are also connected to other formal structures – such as health clinics or vaccination campaigns – to strengthen a community-wide approach.

" **It is . . . from the *dahira*[69] congregation [composed of 20 women], in our locality [in Senegal], that I launched the CHAT group. In the past, our dahiras focused more on spiritual [topics], but since my training, we have included child protection issues. At each meeting, I make sure that we have a reminder about the child situation. We [also] set up a fund dedicated to children, [and] members contribute what they [can]."[70]** (Female CHAT member, Nguene, Senegal)
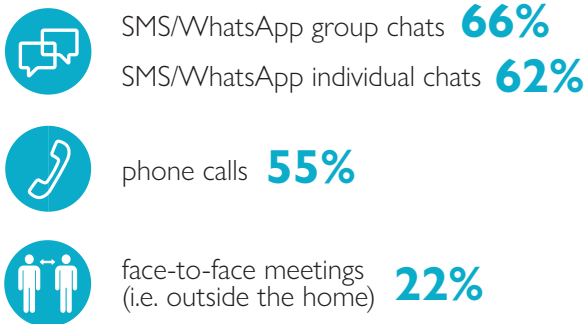
One of the pastors surveyed in **Kenya** provided an example of one such interaction where they engaged with 10 teenagers who mentioned they missed going to school due to the COVID-19 pandemic, so they encouraged them to interact and support their communities during this time by volunteering for a clean-up.[71]

Their intimate knowledge of community structures, coupled with sufficient social capital to mobilise these tools, uniquely positions them to support the COVID-19 Response and address the holistic needs of their communities.

▶ Most useful communication tools[72]

SMS/WhatsApp group chats **66%**

SMS/WhatsApp individual chats **62%**

phone calls **55%**

face-to-face meetings
(i.e. outside the home) **22%**

In **Kenya**, faith leaders are doing door-to-door sensitisation about COVID-19 prevention and integrating prevention into their church sermons. They have also developed a public address on COVID-19 using vehicles' loudspeaker systems.

▶ Other communication tools used

social media/online platforms

mass media (e.g. television appearances, radio spots)

face-to-face meetings
(i.e. at-home visits)

posters/signage

websites

other (e.g. river ship, incorporating messages into calls for prayer over mosque or vehicle loudspeakers, street performances, etc.)

World Vision Afghanistan collaborated with faith groups and government ministries to prepare information, education, and communication materials from a faith perspective to display in communities and mosques.

An interreligious council in **Sierra Leone** created a taskforce at the chiefdom level to ensure that followers were well-informed about government policies and strategies regarding COVID-19.

World Vision Haiti organised a joint handwashing and advocacy campaign over the radio in collaboration with a national partnership of Christian organisations.

Similarly, faith leaders speaking with one voice across different denominations, or across faith lines, can also get people's attention and encourage response.

> **There is a need to bring together religious leaders who can interpret their faith in a way that brings people together. One situation that applies to both Christian and Islamic people is the impact of social issues."**
> **(Le Roux, E. and Kramm, N., 2016)[73]**

Finally, faith leaders are able to identify what means of communication are already prevalent in their communities and harness those to share messages efficiently and effectively. While the reach of social media and online technologies is extensive, many isolated populations require other means of communications. For example, in many countries in southern Africa, less than half of the population have access to the Internet, and in 2017, the World Bank estimated that Internet coverage only reached 19% of the population in sub-Saharan Africa.[74] Respondents from a recent World Vision child consultation shared that they did not have access to the Internet or phones with Internet connectivity, and in the Central African Republic, 60% of participants said they did not have Internet access at all.[75] Thus, in many communities, it is still safe, socially distanced face-to-face interactions that faith leaders find most effective.

CONCLUSION

World Vision and our extensive network of faith partners are well-positioned to ensure accurate and timely health information is disseminated about the COVID-19 vaccines. Faith leaders have social capital and understand underlying norms and behaviours. They are generally well-connected within their communities and have the opportunity to address and engage with contextual barriers and promote behaviours that will play a pivotal role in ending the COVID-19 pandemic, addressing the indirect detrimental impact of the pandemic on children and young people.

Going forward, World Vision, local faith leaders, health officials, and other stakeholders will work together to ensure each community has an understanding of the local, contextual barriers and determinants that influence vaccine decisions.

All key stakeholders must advocate for safe and equitable distribution, have accurate information, and ensure that as many barriers to uptake of the COVID-19 vaccine as possible are understood and addressed.

Together, we can end the pandemic, save lives, and end the devastating impact of COVID-19 on the world's most vulnerable children and young people. But this will only be possible if we all work together to ensure children and young people, their families, and their communities have the information and access needed in order to make informed decisions and take appropriate actions to safeguard their health. Only then can we end the pandemic and focus on the process of building better lives for children and young people.

▶ **Recommendations**

National governments should:

- Conduct Barrier Analysis or use other social data survey tools to better understand what communities think, feel, and know about the vaccines, and utilise these findings to inform design of vaccine deployment strategies.

- Engage faith leaders and community representatives in decision-making on vaccine acceptance in their communities in order to address misinformation, disinformation, rumour management, and ultimately ensure widespread vaccine uptake.

- Ensure the creation of a permanent participation space for faith leaders and community representatives in the coordination structure of the national vaccination campaign.

Governments, United Nations agencies, multilateral organisations, donors, non-governmental organisations, and academic institutions should:

- Collaborate with and support local faith communities to increase their knowledge about COVID-19 vaccines and national vaccination plans.

- Collaborate with and support faith leaders to develop safe, clear, and accurate messaging about

vaccination and establish strategies to address faith-related acceptance barriers in national vaccination plans.

- Invest in research and interventions to help the health and humanitarian sectors to understand, leverage, and more effectively partner with faith leaders and communities to promote life-saving behaviour change.

Faith actors should:

- At the global level, advocate for safe and equitable global distribution of COVID-19 vaccines, ensuring all countries have access to life-saving vaccines for their vulnerable populations.

- At the local level, commit to sharing accurate, fact-based information about the COVID-19 vaccines to enable families and communities to make key decisions about their own health and well-being.

- Advocate for and participate in a comprehensive Barrier Analysis of underlying spiritual beliefs alongside general levels of understanding related to COVID-19 vaccines.

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[56] Contact channelsofhope@wvi.org for more information to request access to Channels of Hope modules.

[57] World Vision West Africa (2020).

[58] Kraft, K., Ansong, E., Pickering-Saqqa, S. (2020) p8.

[59] Ibid. p8. Lay leaders were the most likely to message about health and hygiene practices (88%), followed by congregational leaders who were otherwise employed (86%), while full-time, professional faith leaders were less likely to do so (79%). Messaging about social distancing followed a similar trend.

[60] Ibid. p6. Informal communication includes messages not delivered through sermons, training courses or other 'structured' settings. Most 'informal messaging' was in the form of conversations or WhatsApp chats or equivalent. A significant number were also engaging in humanitarian work, such as collecting donations locally to help people (39%), identifying people in need (36%), directing people in need to groups providing assistance (35%), and protecting people suffering violence or abuse (28%).

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