

Keeping the Faith

The Role of Faith Leaders in the Ebola Response

July 2015

Introduction and approach

With its focus on faith leaders, this study uses the Ebola outbreak in Sierra Leone and Liberia to explore the relationship between humanitarianism and religion and seeks to provide evidence, in real time, of the role of faith leaders in the Ebola response. It offers recommendations for how faith leaders can support the recovery efforts of the affected countries and it contributes to a discussion on the broader role of faith in humanitarian response.

Method	Description of research methods
Literature review	A literature review was undertaken to examine the role of faith leaders in humanitarian response (23 documents), and their specific role in the Ebola outbreak (54 documents) in addition to background documents on the broader outbreak, humanitarian response and recovery (44 documents) and inter-faith humanitarian response in Liberia and Sierra Leone (9 documents).
Key informant interviews	Key informant interviews and focus group discussions were conducted in Sierra Leone (Western area, Bo district and Kenema district) and Liberia (Montserrado and Bong County) with faith leaders (33 interviews), NGOs and UN agencies (31 interviews), government representatives (10 interviews), donor agencies (4 interviews).
Faith leader survey	A formal survey and additional focus group discussions were undertaken in Western Area, Bo and Kenema districts by a team of two enumerators. This was largely targeted at village-level faith leaders (92 interviews with faith leaders).
Focus group discussions	18 focus group discussions were conducted in Bo and Kenema districts in Sierra Leone and in Montserrado and Bong counties of Liberia (and community members (176 people).

Findings of the research

Faith leaders play an important role in communities...

Faith plays an important role in people's lives in Liberia and Sierra Leone where the majority of the people are practising believers and faith leaders enjoy significant trust and respect.

But there was a significant delay in engaging them at the start of the outbreak...

In the initial weeks after the Ebola outbreak, there was a lack of information about the disease and as a consequence, the response of faith leaders was mixed. As the outbreak spread, draconian measures were taken which went against cultural values and religious practices and which resulted in denial of the disease and hostility towards those who were seeking 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.



Once they became involved, faith leaders played a transformational role...

Faith leaders used religious texts to interpret biomedical messages on the control and prevention of Ebola.

“Lofa County had been a hot-bed of Ebola-denial and it was difficult to get health staff in to assist. The Imam and the local chief worked together using messages from the Quran and the Bible to discuss behaviour change with the communities. This paved the way for health staff to get access to the County.”

Senior UN staff member, Monrovia, Liberia

By faith leaders accompanying burials and by conducting modified religious practices, communities began to comply with the urgent need for safe and dignified burials.

“Because people trust them, when they started participating in the revised burial practices, people knew they could trust it and resistance ended. The participation of religious leaders was a game changer.”

UN staff member, Sierra Leone

By preaching acceptance of Ebola workers and survivors and by role-modelling it in religious services, faith leaders helped to drive out the stigma that was destroying community coherence.

“Stigmatisation is a very serious social problem when it comes to the Ebola virus, as used to be the case with HIV. 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.”

Christian faith leader, Freetown, Sierra Leone¹

While the assistance they provided was often modest, it was frequently among the earliest and provided much-needed support to those affected by the disease, those placed in quarantine or who those had survived Ebola.

“Religious leaders were the first ones to provide assistance to us.”

Banjo community member, Montserrado County, Liberia

In the absence of adequate services, medical practitioners turned to faith leaders to support the huge unaddressed need for counselling and psychosocial support.

How and why change happened

By replacing messages of fear with messages of hope

Through the use of religious texts and with the leadership of the faith community, biomedical messages which at first appeared harsh and which brought fear were given religious context and delivered with compassion in a way that provided hope and encouragement. It is the holistic way in which faith leaders were able to engage with people from both a technical and religious perspective that enabled changes in both the hearts and minds of communities that were being asked to sacrifice practices that they knew and trusted.

By shaping the attitudes and transforming the practices of local community members

The embeddedness of faith leaders in the community allowed them to form meaningful relationships and networks that have their roots in the trust and respect that people have for them. Their community leadership role permitted them to shape opinion and behaviour.

Once faith leaders had been engaged and understood the risks associated with some religious practices, they took measures to adapt them and then modelled the changes that were required. The lesson here is the importance of local engagement and ownership in humanitarian response.

“Faith leaders have reach into every part of the country and they are highly trusted by community members.”

Government
coordination staff
member, Bo district,
Sierra Leone

Attribute	Description
Values	Faith leaders were highly motivated to support their communities and did so out of a spirit of compassion.
Access	The access that faith leaders had to communities, even in the most remote parts of the countries, was unparalleled.
Trust	The effectiveness of faith leaders in responding to Ebola relied in large part on the trust that community members had in them which stemmed from their shared beliefs.
Long-term presence	Interviews highlighted staff turnover in NGOs and in government. In contrast, religious leaders were unique in occupying long-term leadership positions. While this has played a role in garnering the trust and respect of community members, it also provides faith leaders with a unique perspective on development of their communities.
Knowledge of communities	Faith leaders had a deep knowledge and love for the communities in which they lived. During interviews, they spoke passionately about those who had been lost to the disease and played a key role in modeling acceptance back into the communities for those who had recovered.

Reflections from the research

The value of adopting a holistic approach to emergencies

One of the most important lessons from the Ebola response is the importance of going beyond traditional response types for non-traditional crises. Ebola could not be addressed by the secular humanitarian system and neither could it be brought under control as a consequence of the actions of faith communities alone: it was both of these, plus traditional leaders, working together, that offered the potential to improve the situation significantly.

The essential role played by faith leaders in social mobilisation and behaviour change

The confidence that initially existed in adopting a purely medical approach to the Ebola virus disease (EVD) outbreak was misplaced; health facilities, treatment units and case management were important but they missed an essential element which was the need to mobilise communities to change behaviour and in many cases neither health staff nor the government were well placed to do this. Instead, the local community itself was best placed to effect change, and faith leaders, as trusted and respected members of communities, played an important role as agents of social change.

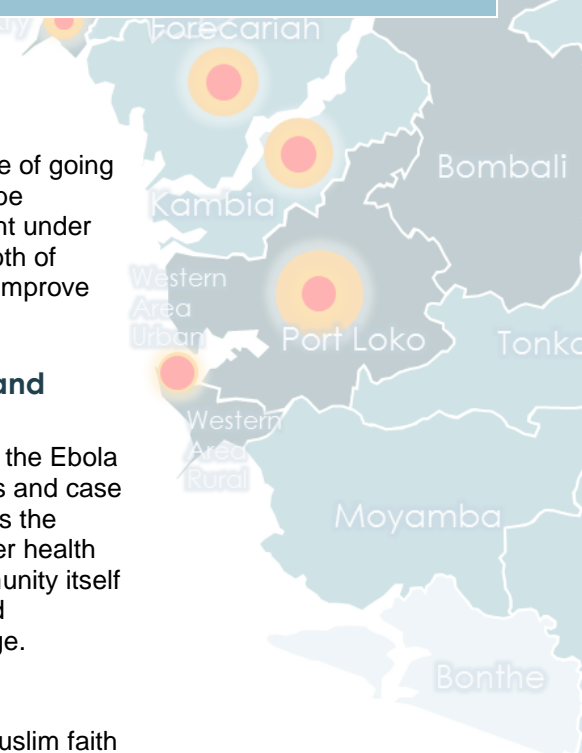
The effectiveness of an Inter-faith approach

In approaching the task of working together in Sierra Leone, Christian and Muslim faith leaders established an important ground rule: to focus on the issues that united them against the virus. This permitted a conversation that prioritised how to address the Ebola outbreak and allowed them to find similarities in their religious texts in how to promote behaviour change.

The coherence in the messaging between the two major religions and the unity that was demonstrated in how the messages were delivered provided an important platform for change.

The value of engaging with faith leaders as part of two-way communication with communities

The international humanitarian system has historically been weak in engaging local communities in the provision of assistance. The engagement of faith leaders in the Ebola response as community representatives in two-way discussions permitted the contextualisation of behaviour change messages. The response offers a rare example of power being shifted from the international to the local level and serves as an important example for humanitarian response elsewhere.



“Association with Muslims has been strengthened as a result of Ebola. The church cannot make change on its own...at a social level the inter-faith movement is a powerful tool to aid community development.”

Christian faith leader,
Bo district, Sierra Leone

Conclusion and priority recommendations

The response offers some important lessons, not least the added value that came from seeking to respond to crises in a holistic manner. But faith leaders should not be considered merely as behaviour change agents to be used in times of crisis; with the number of people affected by conflict and disaster escalating at an alarming rate and with the World Humanitarian Summit less than a year away, there is growing consensus on the importance of local engagement in response and resilience. Many of the skills and capacities that faith leaders have demonstrated in the response to the Ebola outbreak have important value in placing people at the forefront of these important tasks which present an exciting opportunity for the future.

Priority recommendations:

For international organisations, government and donors

- **Include faith leaders in planning for recovery and in health emergencies:** While faith leaders were considered to be instrumental in promoting positive change during the Ebola response, there was a significant delay in engaging them at the start of the outbreak. Given their embeddedness in communities and their unparalleled knowledge of local-level needs, it is essential they are proactively engaged in planning processes for recovery.
- **Engage faith leaders in restoring health systems:** Faith leaders are well placed to draw on their respect within communities and a shared agenda in strengthening the health and well-being of their communities.
- **Strengthen faith literacy among humanitarian staff and undertake research:** Many relief and development staff have a narrow view of faith and the role of faith leaders and communities, particularly at field level. All humanitarian agencies should take advantage of the growth of literature on how to engage with FBOs and train their staff accordingly. The capacities of faith leaders are largely unmapped and their overall impacts uncharted. Further research should be undertaken to address this.
- **Avoid instrumentalisation of faith leaders:** There is a risk that the success of faith leaders in promoting behaviour change may lead to them being seen as a means to an end and used as passive actors to address social ills. Yet the changes they promoted came out of dialogue and a shared agenda which should serve as a blueprint for future engagement.

For faith-based organisations (FBOs)

- **Provide technical support:** FBOs should continue to build capacity and provide technical support to faith leaders as they respond to the Ebola crisis and recovery including in psychosocial support, addressing stigma and behaviour change. FBOs should support faith leaders to be empowered to respond to future EVD outbreaks and other disasters.
- **Strengthen inter-faith dialogue:** FBOs should work across denominations and faiths to catalyse and strengthen inter-faith dialogue and ensure consistency and accuracy of messages delivered by faith leaders. This could also incorporate pooling resources, undertaking cross-learning visits, coordinating activities and monitoring progress.
- **Facilitate national-level engagement:** Faith leaders should be supported to continue their engagement with national-level processes such as recovery plans and the rebuilding of health systems. If FBOs are unable to connect them directly to these processes, they should engage with agencies who may be better placed to do this, such as humanitarian international NGOs.

For faith leaders

- **Support the Ebola response:** The continued engagement of faith leaders to maintain momentum on changing behaviour, facilitate psychosocial support to survivors and affected families, address stigma and discrimination, and support vulnerable groups is critical.
- **Catalyse community engagement:** As health systems are reestablished, faith leaders should play a key role in advocating for, and engaging communities in, health-related programmes. It is important that women are proactively engaged in this and suitable conditions are established to enable their involvement.
- **Build resilient communities:** Faith leaders should continue to play a critical leadership role in supporting communities' capacities to prepare for and respond to uncertainty, shocks and stresses.²

This document is a summary of a longer report³ written by Andy Featherstone with in-country research undertaken by Sekou Konneh (Liberia) and Teddy Morlai (Sierra Leone).

¹ CAFOD, Christian Aid, Tearfund, World Vision (2014). Faith Leaders on the frontline of the Ebola crisis, 26 May 2015, p.2

² See Ed. Fiddian-Qasimiyeh E. Dr and Ager, A. Prof (2013). 'Local faith communities and the promotion of resilience in humanitarian situations, a scoping study', Working paper series no. 90, February 2013, Refugee Studies Centre

³The full report can be found at keepingthefaitreport.org