PARTNERING WITH FAITH-BASED LEADERS IN RCCE/SBC IN EMERGENCIES

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SOCIAL + BEHAVIOUR CHANGE

FOREWORD

In times of crisis whether health emergencies, natural disasters, or humanitarian conflicts communities across Eastern and Southern Africa turn to trusted voices for guidance and reassurance. Among the most influential are religious and faith-based leaders. These leaders and institutions not only provide spiritual care but also shape behaviour, influence social norms, and mobilize collective action.

With deep-rooted connections to their communities, faith leaders are uniquely positioned to foster trust, promote equity, and challenge harmful practices. Their extensive communication networks make them vital partners in community engagement and emergency response.

UNICEF recognizes the critical role of faith leaders in Risk Communication and Community Engagement (RCCE) and Social and Behaviour Change (SBC). As educators, caregivers, and advocates, they help ensure that life-saving messages are trusted, understood, and acted upon especially among the most vulnerable. And evidence suggests that faith leaders can influence practice and behaviour not only at an individual level, but also on a larger societal level.

This publication offers practical guidance for partnering with faith-based actors in emergencies across Eastern and Southern Africa. It outlines key principles, suggested interventions, and real-world case studies from cholera response to COVID-19 prevention. It reflects UNICEF's commitment to equity, inclusion, and local ownership, and our shared vision: that every child survives and thrives, and every community is empowered to shape its future.

We hope this resource supports practitioners, governments, and civil society organizations in building meaningful partnerships with faith leaders' partnerships that save lives, build trust, and strengthen resilience across the region.

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ACRONYMS

ACRL   African Council of Religious Leaders

CO   Country Office

CTC   Community Treatment Center/clinic

ESARO   Eastern and Southern Africa Regional Office

FBL   Faith Based Leaders

FBO   Faith Based Organizations

FPCC   Faith and Positive change for children

IP   Implementing Partners

RCCE   Risk Communication and Community Engagement

RL   Religious Leaders

SBC   Social and Behaviour Change

INTRODUCTION

Faith leaders hold significant influence through their religious and social roles, often officiating major life events such as weddings and funerals. Their importance extends beyond religious duties, as they play a crucial role in addressing public health issues within their communities. This role becomes especially vital during public health emergencies, where their influence can either enhance disease prevention efforts or act as a barrier to accessing essential services.

The intersection of public health, humanitarian crises, and religious practices highlights the need for faith leaders as trusted supporters, communicators, and advocates. Their involvement is crucial during outbreaks like cholera, mpox, and COVID-19, as they can help dispel misinformation, encourage health behaviours, and provide emotional support to affected communities.

OBJECTIVE

The objective of this document is to highlight recommended strategies for collaborating with faith leaders, drawing on best practices from the regions and beyond, as well as a review of relevant literature. It also provides links for some tools developed by implementing partners in collaboration with religious or faith-based leaders.

WHAT ARE RELIGIOUS / FAITH-BASED COMMUNITIES

Religious/Faith-Based Communities refer to groups of individuals who come together based on shared religious or spiritual beliefs, values and practices. These communities are typically organized around a particular faith tradition, and they provide a space for worship, education, fellowship, and service. They often work to strengthen the spiritual, social, and cultural lives of their members.

Types of religious / faith-based communities:

- **Worship communities:** Gatherings like churches, mosques, synagogues, temples, etc., where individuals come together for prayer, religious ceremonies, and spiritual growth.

- **Religious leadership:** Religious leaders such as priests, imams, rabbis, monks, or other spiritual figures who guide communities

- **Faith-based organizations:** Non-profit groups that are driven by religious principles, often working in areas such as education, health, humanitarian aid and social services.

- **Missionary groups:** Faith-driven organizations or individuals who spread religious teachings and offer community service, often in regions where faith is not widely practiced.

- **Youth and women's faith networks:** Groups that focus on engaging specific demographics within a religious context, such as youth ministries or women's faith networks, often addressing the unique needs and roles of these groups within their religious communities.

- **Denominational and intra-religious institutions, umbrella organizations, and networks:** These entities serve as coordinating bodies that bring together various religious or denominational groups, aiming for cooperation, dialogue, or joint action on shared issues.

- **Interfaith institutions:** These are organizations dedicated to fostering cooperation and understanding between people of different faiths. They may focus on promoting peace, mutual respect, and shared social goals while respecting the distinctiveness of each religious tradition.

Key characteristics religious / faith-based communities:

- **Shared beliefs:** A commitment to religious doctrines, practices and values.

- **Collective worship:** Opportunities for individuals to come together for worship, prayer and religious ceremonies.

- **Community service:** Many religious communities engage in humanitarian work, such as charity, poverty alleviation, education and healthcare, often rooted in religious teachings.

- **Social and cultural role:** These communities provide support, identity, and a sense of belonging for their members. They also advocate for social justice, peace and human rights.

Religious or faith-based communities play a significant role in shaping the spiritual, social, and cultural dynamics of societies, influencing everything from personal beliefs to public policy, all driven by a common set of religious values or principles. They can be found at both local and global levels, offering support and resources to their members and beyond. Faith-based leaders are trusted and influential figures within their communities, enabling them to effectively communicate health messages, counter misinformation, and promote life-saving behaviours during emergencies. Their established networks, cultural understanding, and moral authority facilitate community mobilization, resilience building, and long-term engagement, ensuring more inclusive and sustainable emergency responses.

GUIDING PRINCIPLES

Practical principles for partnering with FBL

Cultural sensitivity: Respect and understand the cultural, religious, and traditional beliefs of faith communities, ensuring that interventions are contextually appropriate and do not conflict their values.

Inclusion and collaboration: Ensure fostering inclusive partnerships that actively involve faith-based actors in decision-making, planning, and implementation, recognizing their unique roles in community.

Synchronization "do no harm": Align religious values with biomedical guidance through mutual adaptation, ensuring interventions are respectful, do no harm, foster peaceful & inclusive outcomes.

Integrity: Uphold high ethical standards in all engagements, ensuring honesty, transparency, and accountability in relationships and actions with faith-based partners.

Respect for autonomy: Recognize and support the independence of faith-based actors, allowing them to make decisions aligned with their values while working towards common goals.

Mutual accountability: Create shared responsibility for outcomes, with FBO/L holding all parties accountable for implementation of programs, respect for the rights & needs of affected communities.

Non-discrimination: Ensure that faith-based collaborations do not favour one group over another and provide equal access and support to all individuals, regardless of their faith or background.

Respect for human rights: Ensure all actions and decisions taken in collaboration with FBO uphold and promote human rights, dignity, and justice for all people, especially marginalized groups.

Capacity building: Train and equip faith-based leaders in RCCE and community engagement using culturally appropriate materials. Strengthen their role in development to ensure faster, more effective emergency response through sustained capacity building and involvement.

Coordination: Religious leaders enhance emergency coordination by forming task forces, mobilizing communities, promoting cooperation, and fostering unity. They support conflict mediation, cross-sectorial ties, and should be integrated into broader coordination

Gender and youth lens: Promote inclusive religious leadership by actively involving women and youth, ensuring they hold leadership roles. Support this through training, policy reform, and leadership backing to advance gender equality and empower communities.

Sustainability: Support faith-based actors in adopting sustainable practices that empower communities and drive long-term change by involving them in ongoing development efforts across health, WASH, education, and child protection.

Advocacy: Religious leaders drive SBC initiatives by leveraging their moral authority, trust, and community reach to promote positive behaviour change, align messages with religious teachings, and overcome resistance.

HOW TO SYSTEMATICALLY INSTITUTIONALIZE RELIGIOUS LEADERS ENGAGEMENT

Institutionalizing religious leaders engagement systematically means creating a sustainable, structured, and policy-driven approach to involving religious leaders in public affairs, peacebuilding, development, health, education, and governance. Here's a step-by-step framework to guide this process:

Stakeholder mapping and relationship building - Identify key religious leaders and institutions across denominations and faiths. Assess their influence, reach, willingness, and past involvement in social initiatives. Build trust through initial consultations, interfaith dialogues, and listening sessions.

Legal and policy frameworks - Review existing legal and constitutional provisions governing the role of religious institutions in public life. Propose formal guidelines or policies that outline how religious leaders can be officially engaged (e.g. in advisory councils, community mobilization, or peacebuilding).

Create institutional mechanisms - Establish Interfaith Councils or Religious Engagement Units within government bodies (e.g. Ministry of Interior, Ministry of Social Affairs). Define clear mandates and responsibilities for these bodies, with procedures for participation, decision-making, and monitoring.

Capacity building and training - Train religious leaders on civic education, conflict resolution, public health, gender equality, and human rights. Train government officials and NGOs on how to work respectfully and effectively with religious actors.

Formal inclusion in national and local decision making - Include religious leaders in national development plans, policy dialogues, and peace negotiations. Create advisory roles for them in local government structures, school boards, and public health committees.

Communication and coordination platforms - Develop regular forums (e.g. monthly or quarterly) for interfaith dialogue, joint action planning, and community engagement. Use digital platforms to coordinate activities, share resources, and report progress.

Funding and resource allocation - Allocate public or donor funding to support religious engagement mechanisms. Ensure transparency in how funds are used, especially for interfaith or community-based initiatives.

Monitoring, evaluation, and feedback - Establish KPIs and impact metrics (e.g. number of communities reached, reduced conflict incidents, improved health indicators). Implement feedback loops where religious leaders and communities evaluate the partnership and suggest improvements.

Promote inclusivity and pluralism - Ensure representation across faith traditions, sects, genders, and regions. Address power imbalances or extremist tendencies by promoting moderation and inclusivity.
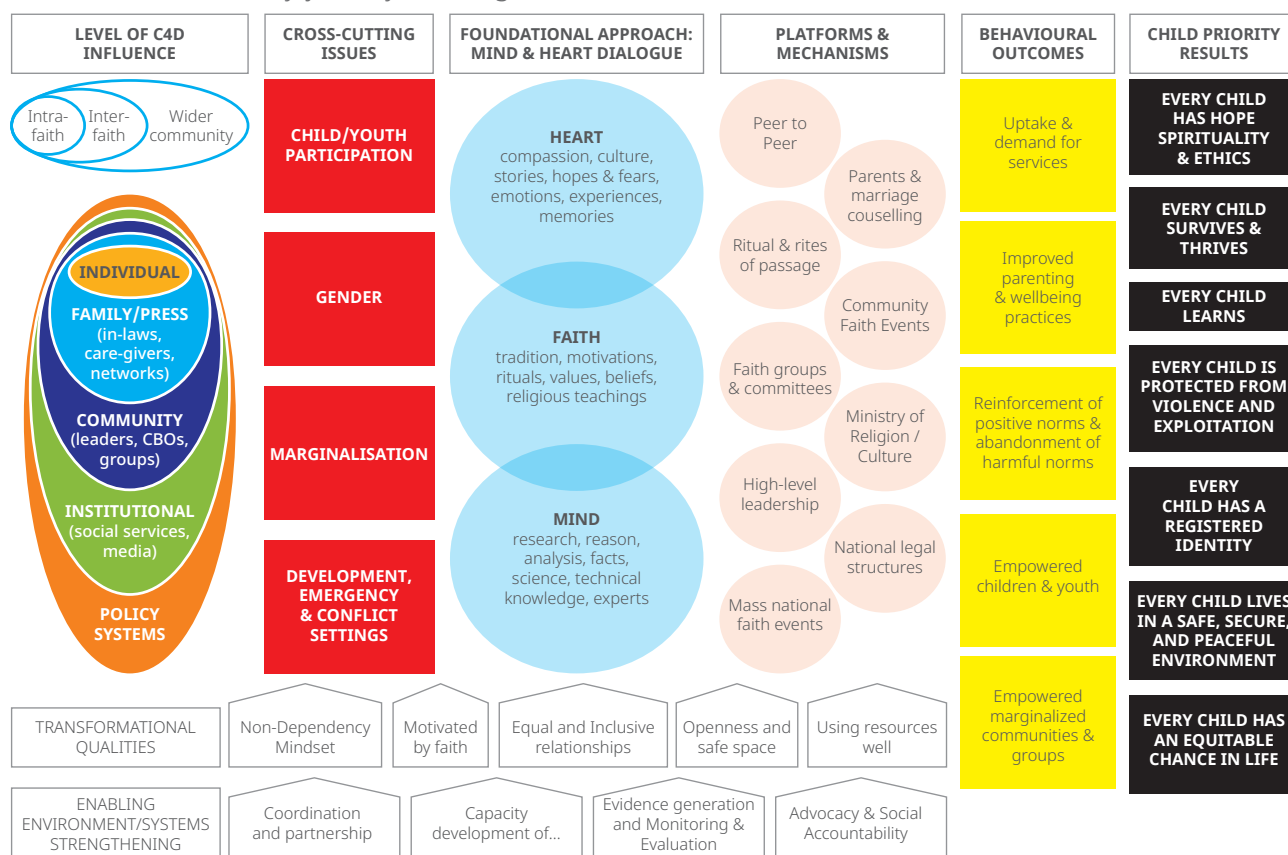
POTENTIAL KEY INTERVENTIONS WITH FAITH-BASED ACTORS

Key Intervention/Area of Focus	Actions
Building Trust and Community Engagement	- Collaborate with faith-based leaders and organizations to build trust. - Team up faith networks to share emergency messages. - Host community dialogues with faith leaders and health professionals.
Disseminating Lifesaving Information	- Share health messages during religious gatherings. - Integrate public health into sermons and teachings. - Use faith-based radio and digital platforms to reach remote areas.
Promoting Health and Safety Practices	- Model and promote hygiene and social distancing during services. - Support vaccination efforts and counter misinformation. - Provide mental health and spiritual support.
Counteracting Misinformation and Rumors	- Use faith leaders to clarify misconceptions and debunk myths. - Position them as trusted sources of health information.
Supporting Vulnerable Groups	- Ensure outreach and support to elderly, children, and marginalized communities. - Mobilize faith groups to distribute relief equitably.
Mobilizing Volunteerism and Resources	- Engage existing faith-based volunteer networks for emergency support. - Leverage faith resources (e.g. spaces, funds) for response efforts.
Facilitating Healing and Recovery	- Provide spiritual, emotional, and psychological support. - Promote hope, resilience, and community unity.
Building Long-Term Community Resilience	- Involve faith groups in disaster preparedness and risk reduction. - Develop sustainable health education and behaviour change initiatives.
Advocacy and Policy Influence	- Advocate for inclusive health and social justice policies. - Include faith leaders in emergency decision-making processes.
Fostering Interfaith and Intersectoral Collaboration	- Promote interfaith cooperation for peacebuilding and aid. - Partner with government and non-religious organizations for holistic responses.

Below is the Faith and Positive Change for Children (FPCC) initiative grounded in the belief that engaging faith-based actors and their resources can drive positive change for children.

It acknowledges the strong influence of religious and spiritual beliefs on communities and seeks to harness this power to promote child well-being and uphold children's rights.

Figure 2: Adapted from https://www.faith4positivechange.org/ Faith and Positive change for children (FPCC) theory/journey of change

LEVEL OF C4D INFLUENCE	CROSS-CUTTING ISSUES	FOUNDATIONAL APPROACH: MIND & HEART DIALOGUE	PLATFORMS & MECHANISMS	BEHAVIOURAL OUTCOMES	CHILD PRIORITY RESULTS
Intra-faith, Inter-faith, Wider community	CHILD/YOUTH PARTICIPATION	HEART compassion, culture, stories, hopes & fears, emotions, experiences, memories	Peer to Peer, Parents & marriage couselling, Ritual & rites of passage, Community Faith Events	Uptake & demand for services	EVERY CHILD HAS HOPE SPIRITUALITY & ETHICS
INDIVIDUAL, FAMILY/PRESS (in-laws, care-givers, networks)	GENDER	FAITH tradition, motivations, rituals, values, beliefs, religious teachings	Faith groups & committees, Ministry of Religion / Culture	Improved parenting & wellbeing practices	EVERY CHILD SURVIVES & THRIVES, EVERY CHILD LEARNS
COMMUNITY (leaders, CBOs, groups), INSTITUTIONAL (social services, media)	MARGINALISATION	MIND research, reason, analysis, facts, science, technical knowledge, experts	High-level leadership, National legal structures, Mass national faith events	Reinforcement of positive norms & abandonment of harmful norms	EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION, EVERY CHILD HAS A REGISTERED IDENTITY
POLICY SYSTEMS	DEVELOPMENT, EMERGENCY & CONFLICT SETTINGS			Empowered children & youth, Empowered marginalized communities & groups	EVERY CHILD LIVES IN A SAFE, SECURE, AND PEACEFUL ENVIRONMENT, EVERY CHILD HAS AN EQUITABLE CHANCE IN LIFE

TRANSFORMATIONAL QUALITIES	Non-Dependency Mindset	Motivated by faith	Equal and Inclusive relationships	Openness and safe space	Using resources well
ENABLING ENVIRONMENT/SYSTEMS STRENGTHENING	Coordination and partnership	Capacity development of...	Evidence generation and Monitoring & Evaluation	Advocacy & Social Accountability	

GENERAL TIPS TO WORKING WITH FAITH-BASED LEADERS

Working with Faith-Based Leaders (FBLs) can be highly effective for community development and behaviour change initiatives. Here are some tips to foster a strong, productive collaboration:

1. **Build trust and respect:** Establish a respectful, collaborative relationship by acknowledging the leader's influence and role in the community. Show genuine interest in their values, beliefs, and the challenges they face.

2. **Understand their faith and values:** Take the time to learn about the leader's religious teachings and how they might align with your goals. Framing your initiatives within the context of their faith can make your message more relatable and accepted.

3. **Engage early in the process:** Involve FBLs early in the planning stages of any initiative. Their input will not only help shape the program but also build their ownership and support for the effort.

4. **Collaborate on communication strategies:** Work with FBLs to craft messages that resonate with their congregation. Tailor your communication to fit the context of their religious gatherings, using the appropriate language and methods to ensure maximum reach.

5. **Provide resources and training:** Equip faith leaders with the necessary tools, resources, and training to effectively share your message with their communities. This could include workshops, educational materials, and support for integrating your initiative into their activities.

6. **Acknowledge their role as community influencers:** Recognize that FBLs have a deep understanding of the community's needs and challenges. Involve them in community assessments or surveys to better tailor interventions to the people they serve.

7. **Respect their time and priorities:** Faith-based leaders often have many demands on their time. Be mindful of their schedule and try to align your activities with their religious calendar and events.

8. **Work towards mutual goals:** Focus on shared objectives that benefit the community, such as health, peace, education, or social justice. This helps in fostering a partnership where both parties feel invested in the outcomes.

9. **Being transparent and honest:** Open communication is key. Be clear about your goals, expectations, and potential outcomes, and always follow through on commitments to maintain credibility and trust.

10. **Foster long-term relationships:** Building a long-term partnership rather than a short-term collaboration can lead to more sustainable results. Continue to engage and support faith leaders, even after specific projects are completed.

By following these tips, you can create strong, collaborative relationships with faith-based leaders that will help ensure the success and sustainability of your initiatives.

CASE STUDIES

Engagement of faith leaders in cholera RCCE: highlights from an exchange workshop among Zimbabwe, Zambia and Malawi

Religious leaders, crucial stakeholders in a region where over 80% of the population are Christian or Muslim, were recognized in the SBC/RCCE framework during the 2024 cholera outbreak in Zimbabwe. A rapid assessment revealed that the Apostolic movement was particularly vulnerable due to close-knit communities and limited healthcare access, often relying on faith healing. Building on a partnership with the African Council of Religious Leaders (ACRL), SBC ESARO organized a consultation workshop with religious leaders from over 10 ESA countries to explore their enhanced role in emergency preparedness, response, and recovery.

Key findings from Zimbabwe rapid survey

The Zimbabwe rapid survey focused on the Apostolic faith community, a high-risk group during the 2024 cholera outbreak. While the findings are not representative of the broader faith community, they offer valuable insights into a significant group contributing to the country's case load. The survey highlights the importance of contextual assessments to identify vulnerable groups and develop tailored response strategies addressing specific barriers through key community figures.

a) Apostolic Communities did not use physical building or structures to pray or conduct religious ceremonies, so it was common practice to do open defecation whilst attending church gatherings.

b) Apostolic communities did not use physical buildings or structures to pray or conduct religious ceremonies, so it was widespread practice to do open defecation whilst attending church gatherings.

c) The fear of being caught receiving biomedical treatment and the stigma of being a cholera patient were highly prevalent factors that delayed health seeking more prominent to the Apostolic communities because of religious beliefs.

d) Clinical staff reported being called to treat Apostolic community members at home, often in plain clothes, for milder cases. However, in severe cholera cases, they noted that community members eventually seek treatment at health facilities, albeit with a delay, hoping for forgiveness from religious leaders afterward.

e) The Apostolic community faced stigma for their views on biomedical health measures. However, health-seeking behaviour appeared to have increased during the current cholera outbreak compared to the previous measles outbreak, despite varying attitudes within the community.

f) There also seemed to be openness amongst some Apostolic members to treat water with Water Guard. Aqua tabs were said to be less accepted as these come in pill form and therefore associated with medicine. However, there were also reports of Apostolic communities using Water Guard to bleach their religious clothing instead of as water treatment.

g) The Apostolic community commonly used home remedies for cholera, such as vinegar, bicarbonate of soda, and salt solutions, eating toothpaste or porridge, and placing patients in cold water baths, based on the belief that water could be reabsorbed.

h) Bathing patients sick with cholera was often done in rivers, posing a significant contamination risk. Other remedies include dissolving ash into water and drinking the solution, in the belief that ash (which is often used for disinfecting hands) would disinfect the internal organs from the cholera bacteria.

i) Spiritual healers in the Apostolic community used stones to cast out evil spirits as a treatment for cholera symptoms. When this approach failed, patients typically sought help at the CTC.

j) There was a perception among some members of the Apostolic community that they cannot prepare ORS themselves but if it is prepared by someone else and given to them then this is more acceptable.

These findings were very important in shaping the strategy for SBC/RCCE for Zimbabwe, shedding light on one of the most important at-risk groups owing to their opposition to biomedical interventions including vaccination.

Workshop discussions and recommendations

The discussion focused on using religious leaders to address public health emergencies, especially cholera outbreaks in Zimbabwe and Zambia. Key points included coordination, community mobilization, combating vaccine hesitancy, and involving youth and women. Religious leaders stressed their role in providing psychosocial support, disseminating information, and combating stigma. They called for early involvement in emergencies and training to effectively engage and support communities.

How religious leaders viewed their roles:

a) **Communication and community engagement:** Religious leaders were considered crucial in promoting information and mobilizing communities due to their authoritative status and widespread influence. Their involvement ensured sustainability and effective communication within communities.

b) **Engagement with Government:** Collaborating with government agencies and policymakers was considered essential to garner political support and resources for cholera response efforts. Religious leaders engaged with government officials to advocate for necessary interventions and support.

c) **Respect for religious doctrine:** Efforts were made to respect religious beliefs and doctrines while conveying health messages. Strategies were tailored to align with different faiths' teachings to ensure acceptance and cooperation within religious communities. The response engaged with religious leaders with concrete objectives of supporting and negotiating practice changes and acceptance of cholera and the response with communities

Overall, religious leaders and interfaith partnerships played a vital role in public health emergencies like cholera by building trust, promoting behaviour change, and supporting community acceptance of response efforts. Religion, rooted in shared values and strong local networks, can empower communities to become active responders in crises not just recipients of aid. By bridging spiritual and public health efforts, faith actors help mobilize communities, reinforce key messages, and strengthen resilience and accountability.

Country level updates: Zambia, Tanzania and Malawi

Religious leaders provided country specific updates on some of their work in emergencies in the region as follows:

a) **Zambia response:** Religious leaders in Zambia were mobilizing their congregations about cholera and ways to prevent its spread. They were collaborating with organizations like ZINGO and UNICEF to promote healthy and protective practices and behaviours and provide relevant support.

b) **Tanzania response:** Similarly, Tanzania had a strong interfaith partnership engaging religious leaders to combat cholera. They utilized faith-based platforms to spread awareness, provide psychosocial support, and ensure adherence to safety protocols.

c) **Malawi response:** Malawi interfaith associations were also actively involved in addressing cholera. They emphasized treatment literacy and used religious texts to convey health messages, leveraging the influence and trust people have in religious leaders.

Catholic religious agency during the Covid-19 emergency: the issue of vaccines:

https://link.springer.com/article/10.1007/s11017-024-09673-3?fromPaywallRec=false

The Catholic Church's reflection on and assessment of the Covid-19 pandemic has developed in several areas. Inspired by the tradition of its social teaching, specifically by the values of the dignity of the human person, justice, solidarity, and the common good, a strong sense of responsibility on the part of all to prevent the spread of the pandemic and care for the affected sick was called for. This resulted in a series of interventions and documents on the various medical and spiritual issues involved, particularly concerning the vaccines again Covid-19. In this article draws out these insights from the official and universal reference point of the Catholic Church (i.e. Vatican sources in their various expressions and expertise). Interventions from other religions have also played a significant role during the Covid-19 pandemic as exemplified by the close relationship between certain religious actors and the World Health Organization.

Resource mobilization (funding)

Advocate for faith-based organizations (FBOs) to be appropriately funded so that they can play a role commensurate with their capacities in supporting the development, implementation, monitoring and evaluation of national responses to health emergencies. It is crucial for COs to map out the religious organizations that are active, list of religious IPs that can be engaged for fund raising. It is empowering to have the organizations funded directly; thus, in proposals it may be important to have budget lines for subventions/grants to religious counterparts.

ANNEX 1

These recommendations are made based on the guidance of systematic SBC planning process which encapsulates i) evidence generation, ii) development of strategy and planning iii) co-creation of interventions and materials iv) implementation v) participatory monitoring and vi) evaluation and replanning

Evidence generation

- Involve religious leaders in generating evidence on knowledge, attitudes, intentions, and practices around the pandemic. This can be rapidly conducted within their faith community.
- Share with religious leader's national level evidence for their broader understanding of issues.
- Involve faith leaders in conducting community listening, recording and sharing such with coordination committees/task forces.

Some important aspects to consider in evidence generation

- Questions for the community of faith need to center around assessment of knowledge, attitudes, skills, behaviours, social networks, needs, aspiration, degree of self-efficacy and who influences their behaviour.
- Assess existing faith doctrines and laws to see how they can contribute or affect welfare promotion in an emergency.
- Inquire about available and potential communication channels that exist within the faith community e.g. WhatsApp groups, household/community gatherings, counseling (interpersonal influencers), religious radio and TV stations.
- Identify religious influencers who can work as allies in emergency SBC. These could be organizations or individuals at community, district, regional and national levels.
- Conduct capacity assessment of the allies i.e. their capacity in Interpersonal Communication, Community Engagement, Mass Communication, Advocacy, community listening and management of disinformation etc.
- Analyze gender and youth aspects in the religious settings to see how women's and youth voices are taken into consideration and the level of leadership by women, girls, and the youth in general.

Co-designing strategy and plan

- Based on the mapped allies, organize a workshop to develop a strategy for engaging religious leaders in emergencies. The workshop needs to bring together all the religious influencers identified during the evidence generation phase.
- Consider the major change models (theoretical aspects) that will guide the strategic approaches in religious settings. This will help harmonize interventions by religious leaders.
- Ensure that proposed approaches and interventions are realistic considering availability of resources. It is important to focus on a few high-impact low-cost interventions.

Aspects to consider in the strategy for engagement of faith community:

- **Primary and secondary participant groups** e.g. pregnant mothers, girls/boys between 9 to 14 years etc.
- **SBC objectives:** Decide on what you want the participant groups to do and frame Specific, Measurable, Realistic and Time-bound (SMART) objectives.
- **SBC Interventions:** Decide on interventions to be utilized considerably in Interpersonal Communication, Group Engagement, Counseling, Management of Misinformation and Advocacy (Social Activism).
- **Communication channels:** Consider a combination of channels to mix mass, media and interpersonal communication. A combination of different approaches maximizes results & reach.
- **Plan:** Develop an implementation plan with roles and responsibilities indicated for different religious influences.
- **Monitoring and evaluation plan:** It is very important to outline indicators that will be monitored and develop tools for collecting information at each level i.e. unit (church, masjid, parish, district, regional/national).
- **Dissemination plan:** Outline how results will be shared. This could include dissemination workshops/conferences and webinars at national/international levels as well as journal articles.

Co-creation of materials and messages:

- Work with faith leaders to develop guidance on religious practices that prevent the spread of outbreaks within the community of believers and the larger community.
- Develop strategies, materials, messages, as well as prevention and control guidance guidelines together with religious leaders e.g. care for the sick and burial processes, guidance on conducting faith-based gatherings safely, conducting rituals and faith-related activities remotely/virtually etc.
- Where possible, align public health messages with sacred text. Note that this may not always be possible. The aim is not to forcefully seek linkages between religious text and public health.

Some considerations during co-creation of materials

- Contract a creative team in good time to help design the materials developed. Consider talents in print, radio, and television.
- Conduct a design workshop to develop prototypes of the materials. Remember to involve the creative team, the key influencers/stakeholders and representative of participant groups, including women, girls, and the youth in general.
- Pretest the draft materials with participants groups within the faith community. This could be done using FGDs with groups in the faith community (mothers' guides, choir members etc.) or through interviews with key informants (parish chairman, lay leaders, women leaders etc.)
- Discuss findings of the retesting with the creative team and agree on changes to be made.
- After revisions pretest again to see if the issues observed in the first pretest have been resolved after the revision.
- Design and produce final materials.

Implementation

Implementation within religious communities can be done through mass, communication, interpersonal communication, community mobilization and advocacy.

- **Mass communication:** Plan with religious leaders on how they can use mass gathering e.g. sermons, radio/TV outreach to communication information about the emergency. While maintaining religious values, encourage faith leaders to communicate health information to their followers in line with scientific evidence.

- **Interpersonal communication:** There are several opportunities where religious leaders interact directly with individuals and families. Some of the activities include family visits conducted by pastors and women leaders. Plan on how such can be leveraged upon to dialogue on issues around the emergency and influence individual attitudes and practices.

- **Group engagement:** There are numerous groups in the religious community e.g. fathers, mothers and youth groups, choirs, church counselors, youth couples, development committees etc. Work with leaderships to see how they can mobilize such groups to get involved in prevention and control activities.

- **Plan** for provision of care, education, and support to affected communities in line with the national health emergency response strategy.

- **Counseling:** One of the critical areas in emergencies is mental health. Faith-based counselors have a critical role in supporting individuals and families manage stress. Plan with religious leaders on conducting sessions to maintain mental and spiritual health and be resilient among the community of believers.

- **Managing misinformation**: Involve faith leaders monitoring misinformation and disinformation and refraining from discrediting or undermining evidence-informed practices of other actors.

Participatory monitoring

- In collaboration with religious leaders, develop establish mechanisms and tools for tracking down indicators of success in processes and outcomes as well as monitoring accountability and functionality of feedback mechanisms.

- Develop an easy-to-use tool for collecting information about processes and reach e.g. number of people reached through community engagement and interpersonal communication activities. Such simple tools can be used by different mobilized groups with the faith community e.g. trained father/mother/youth groups.

RESOURCES AND TOOLS

- World Health Organization strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies: https://www.who.int/publications/i/item/9789240037205
- Practical considerations and recommendations for religious leaders and faith-based communities in COVID-19 context: https://www.who.int/publications/i/item/WHO-2019-nCoV-Religious_Leaders-2020.1
- 230812_UNICEF IRAQ SBC Religious Leaders Toolkit_Design_Part1-2-3_NEW COVER.
- Messages supported by Sacred Texts from the Qur'an: Egypt Sacred Texts from the Qur'an.
- Family Health Practices: Messages for Muslim Community: Madagascar.
- A Package of Resources for Religious Leader: Rwanda Resources for Religious Leader.
- Joint Learning Initiative on Faith and Local Communities. Strengthening Evidence based Faith Engagement: https://www.faith4positivechange.org/
- UNAIDS Strategic Framework: Partnerships with Faith-Based Organizations.
- Annual Report of the UN Interagency Task Force on Engaging Faith-Based Actors for Sustainable Development. 2. Annual Report of the UN Interagency Task Force on Engaging Faith-Based Actors for Sustainable Development.
- Religions for Peace Strategic Plan. 2020-2025.
- April 2020 Islamic Relief Religious Guidance on Coronavirus.
- ACT Alliance EU, Caritas Europa, EU-CORD and Islamic Relief Worldwide toolkit: Engaging with Religious Leaders and Faith Communities. September 2020 Toolkit: Engaging with Religious Leaders and Faith Communities.
- Ecumenical Global Health COVID-19 Response Framework.
- UNDP Guidelines on Engaging with Faith-based Organizations and Religious Leaders.
- Joint Learning Initiative on Faith & Local Communities: Resource library for faith and positive change for children.
- The P-Process, Johns Hopkins Center for Communication Programs.

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Whoever she is.

Wherever he lives.

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A future.

A fair chance.

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