

**COVID-19**

# PRACTISING OUR FAITH SAFELY DURING A PANDEMIC



**HELPING  
PEOPLE  
WHO ARE  
AT RISK**



**Resource Guide for Religious Leaders and Faith Communities**

**Cover photo credits (clockwise):**

*Bangkok / Thailand April 2, 2020: Thai Buddhist monks wearing face shields to protect themselves from Covid-19 collect morning alms*  
By Thavorn Rueang

*Muslim woman reading Holy Quran praying for God to bless her in a public place*  
By chomplearn

*Portrait of male surgeon praying in an operation theater at a hospital. Healthcare workers in the Coronavirus Covid19 pandemic*  
By wavebreakmedia

*A young Asian father teaches a child to read the Holy Quran*  
By Aidil Akbar

*A priest and a devotee wear masks and maintain social distance while offering prayers at a temple in Ghaziabad, Uttar Pradesh, India*  
By Ashutosh Sharma

*A woman, holding a holy text, bows her head with her hands raised in prayer*  
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*Migrant labourers who failed to reach their native villages after lockdown offer (Namaz) prayers besides the closed shop where they used to work.*  
By A. Mukjherjee

*A portrait of a man holding Holy Quran and prayer beads*  
By Heru Anggara

*A woman raises her hands in prayer, seated in the pews of a church*  
By frantic00

*Reverend Tito Ringanza, the Provincial Secretary of Episcopal Church of South Sudan, reads a Bible at his office in Yambio, South Sudan, March 2020. Rev. Tito's mother died in the 1976 Ebola outbreak. Reverend Tito's church spends time during church services to educate people on how to take care and protect themselves from Ebola virus.*  
By Brian Ongoro

# BACKGROUND ON THE GLOBAL MULTI-RELIGIOUS FAITH-IN-ACTION COVID-19 INITIATIVE

**Faith and Positive Change for Children, Families and Communities (FPCC)** <https://www.faith4sbcc.org/> is a global partnership between the United Nations Children's Fund (UNICEF), the world's largest inter-faith network **Religions for Peace (RfP)**, and knowledge partner **Joint Learning Initiative on Local Faith Communities (JLI)**. FPCC was conceived in 2018 to move beyond single sector, siloed, ad-hoc and sometimes instrumentalist approaches of faith engagement in development work and was officially launched by RfP and UNICEF's Executive Director in Washington DC in October 2019.

The central aim of the partnership is **to support positive social and behaviour change with and for children, parents and communities** with specific emphasis on going beyond simply delivering messages, to engaging faith communities in self-reflection, dialogue, exchange and feedback in order to achieve lasting positive change on jointly agreed priorities affecting children and their families. After a year of evidence generation, development of 17 country case studies, reviews of existing resource guides and development of a Theory of Change, the partners agreed to work together more systematically and deeply in keeping with the new engagement model in six African "Early Adopter Countries".

In the last quarter of 2019, a process of country level "WorkRocks" was initiated to pilot the new way of coordinating planning and action of UNICEF country offices with their respective Inter-Religious Councils and the local offices of international faith-based organizations.

In February 2020, in response to the COVID-19 worldwide pandemic, the FPCC partners agreed to immediately shift focus of its joint workplan to respond to the international crisis through a new global multi-religious Faith-in-Action initiative to provide coordinated and evidence-based inter-faith support for the protection and well-being of children and their communities. UNICEF's Executive Director signed a joint global statement and call to action on the COVID-19 response with 12 of RfP's most senior religious leaders. <https://rfp.org/launch-of-global-multi-religious-faith-in-action-covid-19-initiative-2/>  
<https://www.unicef.org/press-releases/launch-global-multi-religious-faith-action-covid-19-initiative>.

The initiative aims to mobilize religious leaders, faith communities, women of faith, and youth networks within RfP through its Inter-Religious Councils at country level to support COVID preparedness and response.

The key objectives of the campaign are to:

1. Manage communication, address misinformation and rumours
2. Dispel fear, stigma, discrimination, and promote social harmony
3. Promote adaptation of religious gatherings, practices, rituals, handwashing and hygiene
4. Address specific needs of vulnerable groups
5. Promote the prevention of violence against children and women
6. Promote the participation of children and young people and their active engagement in the initiative
7. Promote and support the recovery of social services, resilience and return to normalcy

In order to achieve the above objectives, the Faith-in-Action initiative has outlined the following strategies:

- High level advocacy at global, regional and country level
- Generation and analysis of faith-related behavioural evidence to inform action
- Development, dissemination and local customization of global guidance on key thematic issues
- Periodic webinars at the different levels for sharing of knowledge, issues and experiences
- Digital engagement and capacity development
- Tracking, monitoring and documentation of the results of the initiative.

Working with UNICEF, RfP and many other partners, JLI developed a Global Reference Document <https://jliflc.com/resources/multi-religious-faith-in-action-covid-19-initiative-reference-document-ed-1/> to inform the development of series of COVID-related specific thematic guides.

This package of thematic Guides is aligned with and are expected to support the achievement of each of the 7 objectives of the Multi-Religious Faith-in-Action COVID-19 global initiative as outlined in the background. **The Guides have been designed specifically for use, updating and adaptation by religious leaders, faith communities and FBOs at country and community-level with support from UNICEF** and other humanitarian and development partners to support the implementation of the Faith-in-Action initiative.

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**YOUR ROLE AS A  
RELIGIOUS LEADER OR  
FAITH COMMUNITY  
IN THE COVID-19 CAMPAIGN  
TO HELP GROUPS  
AT RISK**

*Series 3: Resource Guide for Religious Leaders and Faith Communities*



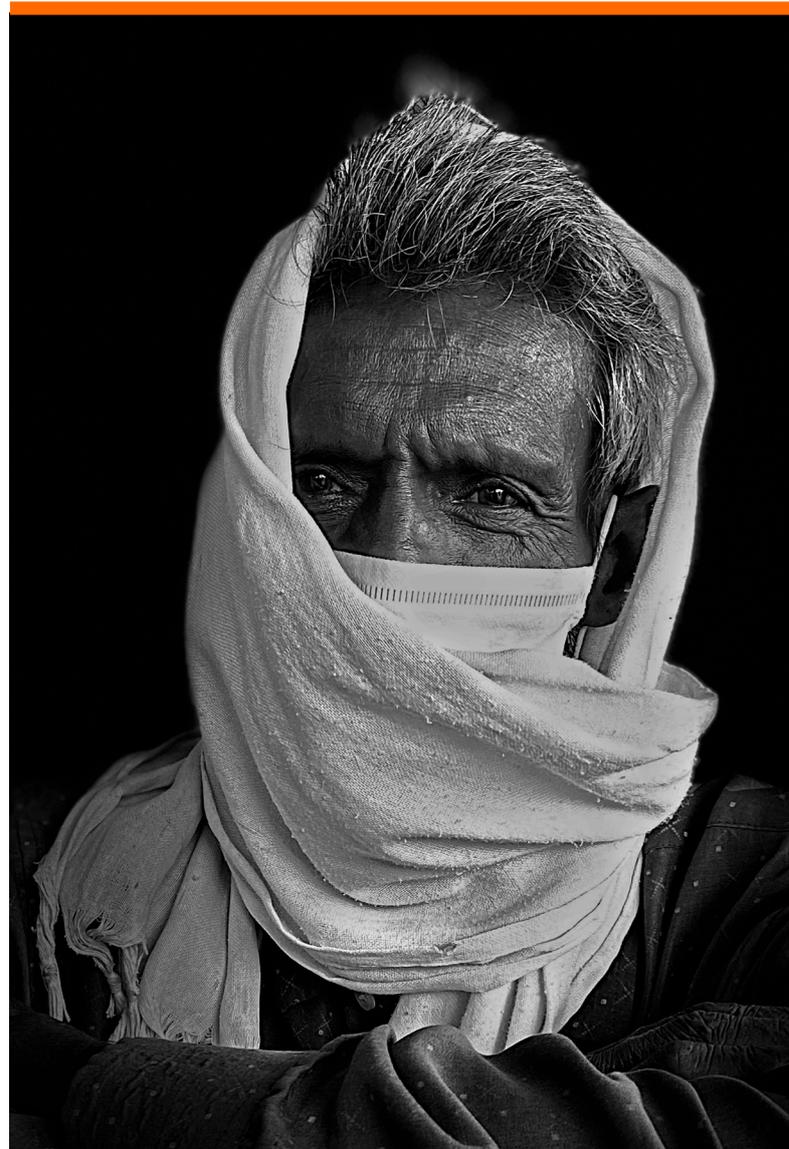


## ISSUES

*Certain groups of people are at greater risk of complications and death. These include the elderly and those with underlying health conditions such as diabetes, asthma, and heart disease. People with disabilities or weakened immune systems and those in nursing homes or long-term care facilities are also at risk. People living in crowded spaces with limited sanitation facilities like migrants, those living in poverty or in urban settlements, displaced populations, refugees, and people affected by humanitarian emergencies are also at risk and may not be able to practice the recommended preventive behaviours, especially physical distancing. Referred to as groups at risk or facing vulnerabilities, these people often are likely to suffer more negative consequences when crises occur.<sup>1</sup>*

Religious leaders – through their position of trust – can establish valuable support and safety networks for these groups. They can also promote dialogue and action among communities to provide assistance and encourage values of solidarity, community and hope. The issues contributing to people’s vulnerabilities include:

- Lack of access to health services and accurate information.
- Higher risk of dying from the virus than other people (for certain groups e.g. the elderly).
- Higher dependency on family members and caregivers for assistance.
- Separation from family, community, and peer networks.
- Limited capacity to understand and avoid risks.
- Living in crowded households and settlements lacking adequate hygiene and sanitation facilities.
- Living in extreme poverty, dependent on the informal economy or daily wages, without the resources for survival for long periods of isolation and self-quarantine.
- Often not included in national response plans and marginalized in many ways.
- Affected by multiple factors like other outbreaks of diseases, climate-change effects, other disasters such as floods and conflict.
- At risk of violence, abuse, and exploitation.



*An elderly migrant labourer waits for a bus to take him back to his village, during the COVID-19 lockdown in India  
By Anindito Mukherjee*

## IDENTIFYING PEOPLE AT GREATER RISK FROM COVID-19

While these groups are diverse, what they have in common is their limited access to support and services, as well as their lower ability to cope with crises such as pandemics. Vulnerable or at-risk groups are less prepared or able to plan for disasters, prevent them, cope with them, or recover from them. For example, children, women, the elderly, those living with illnesses or in poverty tend to suffer more when emergencies or disasters strike.<sup>2,3</sup> This section highlights seven categories of at-risk groups and explains key issues affecting each group.

- The elderly and those with existing health conditions.** People over 65 years of age and those living with existing health conditions are at the highest risk of complications and death. Elderly people also depend on family or community members for their care, and often live alone. Social distancing measures and lockdowns will affect their care and provision of medical and food supplies. The elderly may be less informed about the necessary precautions for COVID-19 and might find it difficult to keep themselves updated with current information and notices from the government.<sup>4</sup>
- People living in extreme poverty.**<sup>5</sup> It is difficult, if not impossible, for people living in poverty to take preventive measures such as social distancing or self-isolation. Poor housing conditions and crowded spaces, limited access to clean water, sanitation and hygiene facilities, malnutrition and low literacy increase their vulnerability and exposure to risk.<sup>6</sup> Informal settlements, especially in urban settings, are often not included in emergency response plans, in spite of their potential for rapid spread of diseases.<sup>7</sup> Poor families depend on the informal economy to survive and will find it difficult to stock up or stay at home and will be forced to expose themselves, and their children in particular, to risks for basic survival.<sup>8</sup>
- Children and pregnant women.** Pregnant women are susceptible to COVID-19 risks and must always follow safety practices. At this point we do not know if the virus can be passed on from a mother to the baby while she is still pregnant, but there is no evidence of the disease being passed through breastfeeding.<sup>9</sup> Pregnant women will also face disruption of ante-natal health-care services, and hospital visits may be less frequent. Childbirth at hospitals may also be a matter of concern if healthcare facilities are filled with COVID-19 cases. Post-birth, visitors will need to be restricted as far as possible.<sup>10</sup>

Though children are less vulnerable to the virus, they are affected by the pandemic because they depend on their adult caregivers for support and protection.<sup>11</sup> The majority of the world's children are not attending school during the pandemic and are faced with disruption of learning, and possibly increased violence at home and online;<sup>12</sup> they may have more limited access to health and nutrition, as many had been relying on meals at school for proper nutrition.<sup>13</sup>

- People with disabilities.** People living with mental or physical disabilities might require special assistance to meet their mobility, nutrition, and hygiene needs. They might also need special communication strategies and guidance in changing their behaviour to minimize infection risk for themselves and for their caregivers.
- People experiencing discrimination.** Often when health crises occur, minority groups are at higher risk of discrimination and stigma.<sup>14</sup> People who are considered "minorities" may suffer from discrimination, at times resulting in physical violence and social isolation.<sup>15</sup> This can affect their capacity to follow recommended practices or seek care when they are sick. They may also have limited access to services and information and may be living in poverty or crowded housing with limited mobility and access to water, sanitation, and hygiene facilities.



Relief work in Guatemala  
By amslerPIX/Flickr (used under Creative Commons License)

- **People experiencing homelessness.** Homeless people live and access services in settings where there are many other people (such as shelters, public bathrooms, soup kitchens and meal services), which puts them at added risk of infection. Many people who are homeless already suffer from certain medical conditions and typically have less access to health-care.<sup>16</sup> People living on the streets cannot practise preventive behaviours like handwashing, social distancing, or disinfecting their surroundings, and they lack social support and safety networks.
- **People on the move.** Migrant groups, seasonal workers, or internally displaced populations live in difficult conditions such as settlements and camps with limited sanitation and hygiene facilities. Their living conditions are crowded, and social distancing is not possible. These groups also lack means for basic survival, documentation, and status to guarantee their rights to various benefits, including healthcare, government schemes, subsidies, and information.<sup>17</sup> People on the move also often experience many forms of discrimination.<sup>18</sup>

This list highlights some key groups who face greater risk from COVID-19, but there are other groups who have similar vulnerabilities, for example people in prisons or health institutions. Also, people living in countries affected by humanitarian conflicts or disasters experience similar risks.<sup>19</sup> Religious leaders and faith communities will need first to identify the vulnerable groups within their communities and then adapt the response and support based on those people's specific needs.



*On 19 July 2018 in the Central African Republic, Pierre and his father in bed at the malnutrition stabilisation centre at the Bangui Paediatric hospital.  
By Donaig Le Du*



## WHAT CAN RELIGIOUS LEADERS AND FAITH COMMUNITIES DO

Given the trust and respect religious leaders and faith communities command, they are well placed to mobilize people to help at-risk groups by providing emotional and spiritual counselling, food, money, shelter, or supplies. Religious leaders can clarify doubts and convey accurate information to avoid confusion and misinformation. They can also be intermediaries between government and local organizations. These are some specific ways to reach out and provide support:



### Identify the most at-risk

Religious leaders and faith-communities can help local authorities identify groups who are at risk. Religious leaders, including youth and women's leaders, live with and know their communities well. As a result, they are the best ones to identify people and groups who are at risk, and they can reach out to people to offer help.

- **Make a map or list of the people you are concerned about**, to identify individuals and families at risk.<sup>20</sup>
- **Assess their needs as well as capacities** and identify community assets, resources, and ways to provide support.<sup>21</sup>
- **Organize follow-up and monitoring**, which can also serve as information and counselling opportunities. If physical follow-ups are not possible, consider telephone and virtual check-ins.<sup>22</sup>

During the Ebola outbreak in Sierra Leone, local women and religious leaders established Community Watch Committees to bolster national efforts in sensitizing people to the risks of the disease and identifying possible cases.<sup>23</sup>



### Adapt and respond to special needs

Different groups and individuals within these groups will have varied needs related to COVID-19. They may require particular ways to access COVID-19 information, practise preventive behaviours, such as handwashing or social distancing, avail of care and support if affected, or receive emotional and mental support. Consider these differences in needs when planning faith-led support.

- **Identify communication needs**, as some of these groups may have difficulty accessing or understanding health-related messages. For example, the elderly may prefer different channels of communication and may not be able to access digital technology or social media.<sup>24</sup> Those with disabilities or who do not speak the official language well (especially migrants or displaced populations) will need tailored messaging in Braille, sign language or other languages.
- **Listen to and document the concerns and needs** voiced by members of at-risk groups. Very often vulnerable groups are not consulted in local plans, and their needs and realities are overlooked. Seek feedback and understand what is working well and what can be improved to meet their needs better; involve at-risk groups in response and recovery planning.
- **Engage community-level volunteers and act as advocates who dialogue with the authorities** to meet these different needs. For some communities, the need may be provision of water and soap for handwashing; for others it may be monetary support or food supplies during lockdowns.<sup>25</sup> Act as advocates to gain supplies and additional support as well as funding for these groups.<sup>26</sup>
- **Support access to essential services and care**, and help respond to the needs of at-risk groups through volunteer and faith networks.<sup>27</sup> Periodical check-ins, timely communication during emergencies and support to seek health-care or social services<sup>28</sup> can be lifesaving.

In response to the COVID-19 pandemic, Religions for Peace's Interreligious Council in Peru is working to provide approximately 8,000 vulnerable asylum seekers, refugees, and migrants (around 2,000 families) with essential emergency-response materials including food, hygiene kits, and rent vouchers. <https://rfp.org/interreligious-council-of-peru-provides-essential-supplies-to-venezuelan-refugees-asylum-seekers-and-migrants/>

The International Network of Engaged Buddhists (INEB) has set up a fundraising initiative that has allowed distribution of food during the COVID-19 emergency to people living in extreme poverty, for instance in a Dalit (Untouchable) village in India.<sup>29</sup> They have also issued a statement advocating for policies and resources to address the needs of vulnerable groups, and to call for more inter-ethnic and interreligious solidarity.<sup>30</sup>

Religions for Peace Japan launched a project to hand-make and distribute masks to the most vulnerable population in response to a low supply of masks in the country. It is utilizing its vast networks and experience working with social-welfare centres and support centres, to distribute the masks to refugees, people with disabilities, people experiencing homelessness, and healthcare workers.  
<https://rfp.org/religions-for-peace-japan-disseminates-10000-masks-to-the-most-vulnerable-2/>



## Approach at-risk groups with respect and compassion

At-risk populations tend to be side-lined and discriminated against. It is important for religious leaders to promote care and respect for these groups while also practising and modelling respectful behaviour.

- **Speak out against stigma and discrimination** towards at-risk groups based on their differences, such as age, ethnicity, illness or ability, occupation, or economic status. Promote messages of harmony and respect for all human beings. Address the needs of these groups as human beings: their physical needs, but also their emotional and social needs, to overcome isolation and discrimination.<sup>31</sup>

Religious leaders and faith communities are also involved in combatting the pandemic of HIV and we can learn lessons from these efforts about how to support people who are stigmatized because of illness. In Cambodia, the Buddhist Leadership Initiative (BLI) supports families affected by HIV. Trained monks offer group meditation and home visits to families and children affected by the disease and to other vulnerable children. The BLI also provides small amounts of money to children to help their families cover basic needs including education and health care. The monks provide spiritual as well as material aid.<sup>32</sup>

- **Respect people's opinions**, ways of living and perspectives, even if they are different. Accept these differences while sharing accurate information<sup>33</sup> and suggesting alternatives that are safe and recommended during a pandemic to substitute for traditional rituals and rites of passage.<sup>34</sup>
- **Promote empathy among your faith group** and engage communities to support individuals and families at risk. Religious leaders can encourage followers and volunteers to provide support and safety networks to those in need.<sup>35</sup>
- **Address and counter fear**, because at-risk groups may be targeted by rumours and threats. Religious leaders and faith communities can provide correct information that is simple and easy to understand, while also providing reassurance, solidarity, hope and courage.<sup>36</sup>

The Hindu Forum of Britain provides advice on how to react to the COVID-19 crisis in a way that respects the needs of older adults and other vulnerable groups. They suggest that Mandirs move to online activities if possible, e.g. through streaming of kirtan, yoga, and other ways to keep connected during physical isolation. It also advises people living with older relatives to keep 2 metres distance at home and use separate bathrooms if the choice is available.

## RELIGIOUS TEACHINGS AND SACRED TEXTS

### Buddhism

- “May I be a protector for those who are without protectors, a guide for travellers, and a boat, a bridge, and a ship for those who wish to cross over! May I be a lamp for those who seek light, a bed for those who seek rest, and may I be a servant for all beings who desire a servant.” Bodhisatva Shantideva in the Bodhicaryavatara.

### Christianity

- “God loves mercy more than anything else as he has this to say, ‘For I desire mercy, and not sacrifice; and the knowledge of God rather than burned offerings.’ (Hos. 6:6). Charity to the needy is one way of showing compassion. If a person assists the destitute and the weak, he is very compassionate. Among the destitute, physically weak and the impoverished are victims of HIV and AIDS. [...] Let us help victims of HIV and AIDS [and other diseases] physically, financially and morally.” Ethiopian Orthodox Tewahedo Church, Developmental Bible.

### Islam

- The Holy Qur’an says, “My Lord! bestow on them (parents) thy Mercy even as they cherished me in childhood.” (17:23-24)

### Hinduism

- The Bhagavad Gita urges people to act selflessly for the welfare of others: “Strive constantly to serve the welfare of the world; by devotion to selfless work one attains to the supreme goal in life. Do your work with the welfare of others in mind.” (3.19-26).

### Sikhism

- “The wise exalted Sikh (Brahmgiani) of Waheguru (God) is always unstained, like the sun, which gives its comfort and warmth to all. The wise exalted Sikh (Brahmgiani) of Waheguru (God) looks upon all alike, like the wind, which blows equally upon the king and the poor beggar.” (Guru Granth Sahib Ji, p.272)

### Jainism

- All life is sacred, and every being has a right to live fearlessly to its maximum potential. Living beings need not fear those who have taken the vow of ahimsa (non-violence). According to Jainism, protection of life, also known as abhayadānam, is the supreme charity that a person can make.

### Judaism

- “Defend the poor and the orphan; deal justly with the poor and the destitute.” (Psalm 82:3)

### Baha’i

- “Be kind to all peoples; care for every person; do all ye can to purify the hearts and minds of men; strive ye to gladden every soul. To every meadow be a shower of grace, to every tree the water of life; be as sweet musk to the sense of humankind, and to the ailing be a fresh, restoring breeze. Be pleasing waters to all those who thirst, a careful guide to all who have lost their way; be father and mother to the orphan, be loving sons and daughters to the old, be an abundant treasure to the poor.” (Selections from the Writings of ‘Abdu’l-Baha)

### Zoroastrian

- “Always do the right thing, without any expectations, because it’s the best way to live. Offer your support to those in need and help them return back to a better life. By doing this, we will make others happy, make our world a better place, and that will bring us the best happiness for ourselves, too!” (Teachings of the Prophet Zarathushtra, from the Gathas)

#### Photo credits (clockwise):

*Two young Sikhs wear face masks while attending an outdoor rally in downtown Washington DC.  
By Tom Sampson*

*On 29 February 2020, Nour, 16, stands in her war-ravaged and now partially inhabited neighbourhood of Karm Al-zaitoun in Homs city, Syria.  
By Abdulaziz Al-Droubi*

*A man offers Namaaz prayers under a tree, during the lockdown for COVID-19 in New Delhi, India.  
By Anindito Mukherjee*



## IDEAS FOR DIALOGUE AND ACTION

For religious leaders, your position and the role of faith becomes even more central in these troubled times. People will have a lot of questions, and there may not always be easy answers. The documents in the Multi-Faith Action for COVID-19 initiative provide more guidance on all of these topics and you can consult them for further information. As a starting place alongside your adaptations to religious gatherings and practice, you can also consider the following:

How do you connect with older and younger people in your faith community? Are there different and better ways to connect with varying age groups?



What are the different risks that people face in your community?

How can we work on improving our respect and compassion for people who face particular risks?

**Share an example of collaboration with local authorities for adapting your religious gatherings and practices. Share your written example by email (no more than 50 words) and a photo (150 pixels) if you have one.**

**[info@rfp.org](mailto:info@rfp.org)  
[c4dunicef@gmail.com](mailto:c4dunicef@gmail.com)**

**CONNECT BACK WITH US!**

How are community members helping each other? Do you run volunteer networks? What do your faith community volunteers work on?





## ADDITIONAL RESOURCES

### Inclusion:

- IFRC, OCHA, WHO, “How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement”, 15 March 2020  
<https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and>
- Regional Risk Communication and Community Engagement (RCCE), “Guidance on Including Marginalized Groups in Risk Communication and Community Engagement”  
[https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19\\_CommunityEngagement\\_130320.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf)
- WHO, “Practical Considerations and Recommendations for Religious Leaders and Faith-Based Communities”  
<https://www.who.int/publications-detail/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19>

### Disabilities:

- UNICEF, “Considerations for Children and Adults with Disabilities”  
[https://www.unicef.org/disabilities/files/COVID-19\\_response\\_considerations\\_for\\_people\\_with\\_disabilities\\_190320.pdf](https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf)
- CDC, “Guidance on Supporting the Needs of People with Disabilities”  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>
- IASC, “Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak”  
<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>
- UNICEF, “Risk Communication and Community Engagement for COVID-19: Engaging with Children and Adults with Disabilities”  
[https://www.unicef.org/disabilities/files/COVID-19\\_engagement\\_children\\_and\\_adults\\_with\\_disabilities\\_final.pdf](https://www.unicef.org/disabilities/files/COVID-19_engagement_children_and_adults_with_disabilities_final.pdf)

*A homeless man sleeps on a bench in a park, Washington DC.  
By Tom Sampson*



## Older adults:

- The John A. Hartford Foundation, "Coronavirus Disease (COVID-19) Resources for Older Adults, Family Caregivers and Health Care Providers" <https://www.johnahartford.org/dissemination-center/view/coronavirus-disease-covid-19-resources-for-older-adults-family-caregivers-and-health-care-providers>

## People experiencing homelessness:

- CDC, guidance on homelessness and COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/faqs.html> and <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/homelessness.html>
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*Mandari Majhi is 38 years old and has three children. She is now nine months pregnant with her 4th child.  
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## Endnotes

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## JOINT CALL TO ACTION

for the Faith-in-Action COVID-19 Initiative by the UNICEF Executive Director, Henrietta Fore, and 13 of Religions for Peace's Senior-most leaders representing diverse religious traditions:

1. **Religious practices:** Adapt faith gatherings, rituals, and services to ensure the safety of worshippers and develop alternative pastoral approaches.
2. **Hygiene:** Promote a heightened focus on handwashing, hygiene and sanitation.
3. **Active listening:** Listen to the experiences, needs and hopes of children and families and provide support for inter-generational dialogue.
4. **Advocacy:** Promote the inclusion of voices of faith and wider community engagement to inform local responses.
5. **Communication and inclusion:** Tackle misinformation, rumours, stigma and discrimination associated with the disease.
6. **Active engagement:** Engage networks of religious communities including faith-based women's and youth organizations in collaboration with local governance structures to provide organized voluntary services.
7. **Pastoral Care:** Provide further spiritual and emotional care and support to bring comfort and hope for parents, children, and the elderly.
8. **Parenting:** Promote positive age and gender-specific parenting guidance and support to families, particularly the most vulnerable and the hardest to reach.
9. **Youth engagement:** Practice youth-friendly communication and engagement including more systematic use of technology and social media during periods of physical distancing and beyond.
10. **Recovery:** Provide support for recovery of social services.

### Signatories:

Ms. Henrietta Fore, UNICEF Executive Director

Dr. Vinu Aram, Director, Shanti Ashram

Rev. Kosho Niwano, President-Designate, Rissho Kosei-Kai

H.E. Shaykh Abdallah bin Bayyah, President, Forum for Peace in Muslim Societies, Abu Dhabi

H.E. Metropolitan Emmanuel, Metropolitan of France, Ecumenical Patriarchate

Ms. Bani Dugal, Principal Representative to the UN, Bahá'í International Community

Mr. Homi Gandhi, President, Federation of Zoroastrian Associations of North America

The Most Rev. Antje Jackelen, Archbishop of Uppsala, Primate of Sweden, Church of Sweden

H.E. Sheikh Shaban Ramadhan Mubaje, Grand Mufti, Uganda

H.E. John Cardinal Onaiyekan, Archbishop Emeritus of Abuja, Nigeria

Ms. Aruna Oswal, Vice-President, World Jain Confederation

Grand-Father Dominique Rankin, Algonquin Hereditary Grand Chief

Chief Rabbi David Rosen, KSG CBE, International Director of Interreligious Affairs, American Jewish Committee

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<https://rfp.org/launch-of-global-multi-religious-faith-in-action-covid-19-initiative/>







