
Jenifer Wothaya Wambugu1,* and Dorothy Kyalo2

ABSTRACT
Responding to public health emergencies needs efforts from all participants. Quick mobilization of people targeted a remarkable and successful change in behavior. Responding to the COVID-19 pandemic requires a strategic, sustainable approach that causes desirable outcomes. In Africa, a remarkable number of people are religious. This allows institutions of faith to be used as a set structure to reach the right target with the right information. Through the SCOPE COVID scheme, World Relief uses an elaborate and established mechanism of collaborating with the faith leaders in its planning. A qualitative approach was the main methodology of this research. SCOPE COVID Project developed sermon guides for Christian Leaders (clergy and pastors), a guide for leaders of Muslim (imams), and also a guide for Hindu leaders, respectively entitled; ‘Does Christianity advocate for COVID-19 vaccine?’, ‘Does Hinduism advocate for COVID-19 vaccine?’, and ‘Does Islam advocate for COVID-19 vaccine?’ The guides were distributed to 490 faith leaders, Christians, and Muslims in Turkana and Kajiado counties. The trained leaders of faith were given a chance to reach out to members of their faith with COVID-19 lessons as well as other preventive measures. Findings show that 490 leaders of faith were trained as trainers of trainees. In a quarter, the leaders of faith were 12,670 persons with messages about vaccines, while others suggested preventive measures. The 490 faith institutions were represented by leaders trained to enable COVID-19 measures of prevention. The results indicated that faith leaders are willing to collaborate with the government and other participants in emergency response. Leaders of faith are willing to be included in health response. It can be concluded that leaders of faith have taken their responsibility of curbing COVID-19 seriously and kept off the syndrome of poor wisdom of interpreting the scourge as punishment from God to human beings.

Keywords: COVID-19, health emergency response, religious leaders, sustainable advocacy.

1. Introduction
The coronavirus disease 2019 (COVID-19) is a respiratory and communicable disease caused by a new strain of coronavirus that causes human illness. COVID-19 is caused by a novel coronavirus named SARS-CoV-2; it is an ailment that can affect the lungs and airways. WHO confirmed that a coronavirus was the cause of respiratory illness in a cluster of people in China on January 12, 2020, which was then reported to WHO on December 21, 2019. Word has it that China had this challenge as early as August 2019, though it chose to be quiet in dealing with this issue. Compared to SARS of 2003, the virus has been much lower, but its transmission has been remarkably greater with a remarkable mortality rate (WHO, 2020a; 2020b).

295,028 cases and 5,378 fatalities had been reported in Kenya by December 31, 2021 (Ministry of Health, 2021a; WHO, 2021). In the same time frame, Kenya has experienced four COVID-19 epidemic waves since March 2020 (WHO, 2020c).

Response to emergencies affecting the public’s health requires efforts from all participants. Quick mobilization of people has a target of desirable impact. Response to this pandemic needs a strategic, sustainable approach that can cause success. In Africa, a remarkable percentage of people believe in this. This gives a stage for using institutions of faith as setting faith institutions as set structures to reach the right target (UNEP, 2020).

WHO (2020c) found that the pandemic is not just a health crisis; the virus is not just a crisis for humans. It is a crisis for humans that is damaging the entire society. To deal with this, lawmakers will require the aid of experts, scholars, scientists, religious leaders, society at large, and the community. Traditional leaders and traditional leaders are always in crises and act as a source of consolation that is valuable for local people. Because of this, religious leaders are in a position to address any concerns relating to the pandemic (UNEP, 2020).

Faith-based and religious leaders, social care workers, and health and pastoral are some of society’s most relied-upon sources of basic facts, even compared to the authorities. Leaders of faith have a unique opportunity and responsibility to address and counter confusing rumors and teachings, misinformation that can disseminate through society quickly and continue hate speech and stereotypes (NRTP, 2021).

Anytime people worldwide imagine a vaccine’s introduction, the main people who appear are doctors, nurses, ministers of health, and politicians. However, a population that is not visible is also very key in the struggle to deal with the pandemic-religious leaders such as imams, priests, and pastors worldwide. Faith plays a part in shaping 84% of the world’s population’s behavior and lives. As trusted members of society with important social and spiritual access and capital, faith leaders can successfully impact most societies during such situations (Kraft & Kaufmann, 2021).

### 2. Literature Review

In comprehending better, the participants of religion, The Network for Religious and Traditional Peacemakers (NRTP), in association with stakeholders led by MUHURI, Tangaza University College, SUPKEM & Islamic Relief Kenya, are putting in place the NORAD-funded consortium project, “Religious Minorities in Kenya: Overcoming Divides, Respecting Rights” (RMP Project). The scheme dealt with the difficulties facing the full rights enjoyment by the African Traditional Religions (ATR) Kenyan communities and Muslim minority. This comes because of a lack of trust and practices by the authorities of the state, a lack of understanding with other faiths, and a lack of finite knowledge about their right in the constitution, including gender equity. The country witnessed a remarkable effect from COVID-19, so the scheme shifted resources to fight and curb COVID-19 (NRTP, 2021).

According to NRTP (2021), other forms of technology and social media act as a platform for innovation for leaders of religion and organizations linked to faith to pass information to the worshipers while ensuring they keep social distance and adhere to movement restrictions. The communication strategy was put into practice to support religious leaders in spreading guidance on health safety for opening again places of worship. The communication addressed concerns, anxieties, fears, the “dos and don’ts” surrounding safety measures, and accurate information on the COVID-19 pandemic. The operation throughout the platform was very critical in winning the attention of religious minorities during that time.

During the start of the pandemic, NRTP has been helping youth, religious leaders, traditional peacemakers, women, and other participants in planning discussions and events and giving guidance on the pandemic via TV. The leaders were able to spread information regarding health as well as religious guidance and give spiritual guidance and support linked to psychosocial life (NRTP, 2021).

As part of the Network for Religious and Traditional Peacemakers, NRTP engaged three National Muslim COVID-19 Response Committee members during a virtual webinar. The committee looked at how faith-based organizations and religious leaders have been spreading the information that is true diligently about the pandemic, put in place mechanisms of support and resources, and modified their practices to fit the guidelines issued (NRTP, 2021).

An increase in asymptomatic patients has created difficulty in putting all of them under the treatment of home-based care, particularly when the country practices home-based care to support the health system from being overwhelmed by the situation. Nonetheless, the lack of skills and facts to control effective home-based care is still difficult. NRTP worked with the National Muslim COVID-19 Response Committee to teach faith leaders about COVID-19 Home-based Care (HBC). The process helped in training madrassa teachers, community workers, and imams to aid the community and family
members in taking care of patients with the virus regarding general care, infection prevention, and health awareness (NRTP, 2021).

Together with more than 124,000 faiths, Leader World Vision is offering care and prevention campaigns. This is because faith leaders play a very important role in using their platforms to spread genuine facts and accuracy about the virus in an unexpected era of information, disinformation, confusion, and conspiracies. They are advantaged as they hold the trust of their cities, allowing them to point out the difficulties and devise remedies to advocate means of surpassing issues that prevent young people and children and their societies from getting important health awareness information. New Barriers Analysis research done by World Vision in six nations showed that communities trust leader religious leaders when it comes to vaccines (Kraft & Kaufmann, 2021).

Kenyan Inter-Religious leaders supported the efforts of the government to vaccinate people against the COVID-19 pandemic, encouraging citizens to get the vaccination. The leaders started an awareness campaign that took three months, signed a declaration to advocate vaccination, and permitted religious places to be used for vaccinations. The notice agreed to advocate vaccination and was signed by leaders of different religions, Hindus, Christians, and Muslim communities under the Inter-Religious Council of Kenya (IRCK) (Ministry of Health, 2021b).

In the United States (US), some actors of faith have given out their worship places and basic facilities to enhance testing for COVID-19 and to give the vaccines adequately. Temples, churches, mosques, and other religious places have become a society struggle to fight the pandemic and COVID-19 hub responses, with community leaders, faith practitioners, and health workers working together to give vaccines and do tests (US Department of State, 2021).

In Bangladesh, religious leaders decided to participate in the struggle against the pandemic. The imams applied the megaphones of the mosquey the imams to call their believers; however, during the onset of the COVID-19 pandemic in Bangladesh, they served the extra purpose of disseminating key public health messages. The imams in Bangladesh play a crucial role as most believers trust them as it is a Muslim nation. Thus, around 500,000 leaders of faith and imams disseminated facts about the virus throughout the country. They helped share important facts on hygiene and prevention of the infection, including social distancing and hand washing. This was very helpful because a remarkable percentage of people in areas that are not accessible and rural can access newspapers, radio, or television compared to urban. Thus, were it not for the religious leaders, it could have been difficult to reach the residents in the rural and hard-to-reach areas (UNICEF, 2020).

In Israel, local rabbis advocated for vaccination in advance of Jewish leaders as well, and Muslim leaders gave guidance on vaccine misleading, making more than 12,000 citizens get vaccinated. The religious leaders also developed a declaration that urged authorities in health sectors, religion, and the community to collaborate in response to the current situation and emergencies that may arise (WHO, 2022).

3. Data and Research Methodology

This part highlights techniques used in the study. These are the strategy of the study, population targeted, size of the sample, techniques of sampling, tools of study, techniques of collecting data, and examination methodology. The sample population was described by qualitative methodology, which mainly entailed content analysis.

3.1. Target Population

The target population in this project was all the religious leaders in Turkana and Kajiado Counties. However, the total population of each of the two counties was unknown. Thus, a convenience stratified sampling was applied, which yielded a sample of 490 religious leaders from both counties.

3.2. Data Collection Procedures

Sermon guides for leaders of Christians (clergy and pastors), a leaders’ guide of Muslims (imams) and Hindus, entitled respectively, ‘Does Christianity promote COVID-19 vaccine?’, ‘Does Hinduism promote COVID-19 vaccine?’ and ‘Does Islam promote the vaccine?’ were disseminated to the 490 leaders of faith from both Christians and Muslims in Turkana and Kajiado counties. The leaders that were trained were allowed to take part in reaching out to the public of their worship places with COVID-19 lessons about vaccines as well as suggested measures that are preventive.

Feedback was then obtained from the religious leaders by interviewing them.

3.3. Data Analysis Techniques

This SCOPE COVID project produced qualitative data to analyze the effect of Religious Leaders’ Stewardship on COVID-19 and establish whether religious leaders’ stewardship is an approach that is
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Fig. 1. Number of congregants reached.

sustainable to advocate response to emergencies of health in Kenya. The data was analyzed by utilizing content analysis. Where thematic areas were identified, Descriptive statistics, which included sums and percentages, were utilized, and graphs and frequency distribution tables then illustrated data for better comprehension. Microsoft Excel was utilized to develop the graphs.

4. Results

The SCOPE COVID project generally sought to determine the effect of religious leaders’ stewardship on COVID-19 and establish whether religious leaders’ stewardship is a sustainable approach to advocacy for health emergency response in Kenya. The data was analyzed by utilizing content analysis. Where thematic areas were identified, Descriptive statistics, which included sums and percentages, were utilized, and the data was then illustrated via frequency distribution tables and graphs.

The SCOPE COVID project sought to determine the number of congregants reached with the messages of vaccines and other preventive measures against COVID-19. The results are displayed in Fig. 1.

The findings highlight that 490 trained religious leaders conveyed messages about vaccines and other preventive measures to 12,760 congregants in one quarter. This displayed an effective outreach ratio of 2604.08% quarterly.

The SCOPE COVID project also sought to determine if the 490 institutions of faith illustrated by the trained leaders enabled COVID-19 preventive measures. The trained religious leaders said they had enhanced COVID-19 prevention measures, including vaccination, hand-washing, and social distancing.

The SCOPE COVID project further sought to determine whether faith leaders are willing to engage the government and other participants in response to an emergency. The trained religious leaders stated that they are willing to collaborate with the government and other participants in response to emergencies.

Finally, the SCOPE COVID project sought to determine whether religious leaders are willing to be included in health responses. The trained religious leaders said they are willing to be included in the health response.

5. Discussion

The SCOPE COVID project findings display that the trained religious leaders reached out to a cross-section of congregants, having an outreach ratio of 2604.08% in one quarter. This is in tandem with UNICEF’s (2020) finding that 500,000 faith leaders and imams in Bangladesh spread COVID-19 facts country-wide.

The SCOPE COVID project findings further revealed that the trained religious leaders had enhanced COVID-19 prevention measures. This is in tandem with WHO’s (2020c) assertion that COVID-19 pandemic is not just a health crisis. It is a situation overwhelming human society. To deal with it, lawmakers will require the help of researchers, analysts, society and religious leaders, scholars, and communities.

The project finding is also congruent with UNEP’s (2020) assertion that traditional and religious leaders are always in crisis and provide comfort, aid, and information for local people. Due to this, these leaders can deal with any concerns, anxieties, and fears about COVID-19.

The scheme results relate to NRTP’s (2021) statement that faith-based organizations, religious leaders, social care workers, health care workers, and pastoral care workers are the most trusted sources of information in societies more than the government. Also, leaders of faith have a unique opportunity
and responsibility to address and counter misinformation, rumors, and teachings that are misleading and can disseminate quickly through society and potentially perpetuate hate speech and stereotypes.

The project findings are similar to Kraft and Kaufmann’s (2021) assertion that populations essential in the struggle to stop the virus are not visible as faith leaders, including imams, pastors, and priests, who are very active in their societies worldwide. Faith plays a key role in the behaviors and lives of 84% of the world’s population. They can exercise considerable and successful impact in most communities during such crises as they are trusted community members with important social and spiritual capital and access.

The project findings are in tandem with the New Barrier Analysis research done by World Vision in 6 nations, which proved societies hold their trust in their leaders of faith in vaccine matters (Kraft & Kaufmann, 2021).

The project findings are similar to an event in Israel where local rabbis’ advocated vaccination in advance of Muslim leaders and Jewish holidays talked about misinformation about the vaccine, making more than 12,000 persons be vaccinated (WHO, 2022).

Finally, the project findings are similar to UNICEF’s (2020) findings that imams play a very important part in Bangladesh as they hold believers’ trust, and that is a Muslim nation.

The SCOPE COVID project finding that the religious leaders are willing to be allowed to take part by other participants and the government in response to emergencies and also health responses can be backed by the act of the Kenyan Inter-Religious leaders backing the efforts of the government of Kenya to vaccinate its citizens against the virus persuading them to get the jab. They started an awareness campaign that lasted for three months and signed a declaration to advocate for and allow the application of religious spaces for vaccinations. Religious leaders and Hindu, Christian, and Muslim communities signed the declaration committed to advocating vaccination under the umbrella of the Inter-Religious Council of Kenya (IRCK) (Ministry of Health, 2021b).

The project findings can also be exemplified by some faith actors in the US who provide worship places and other basic facilities to enhance vaccination. Temples, churches, mosques, and other places of worship have become visible symbols and have enhanced the struggle against the pandemic and a COVID-19 hub response, with faith practitioners, health workers, and community leaders collaborating to deliver tests and vaccines (US Department of State, 2021).

Finally, the project findings are mirrored in Israel, where local rabbis advocated for vaccination in advance of Muslim leaders and Jewish holidays talked about the misinformation about vaccines, making more than 12,000 people be vaccinated. Religious leaders came up with a declaration that demanded all community health and religious leaders collaborate to deal with the current situation and emergencies in the future (WHO, 2022).

6. Conclusion

The SCOPE COVID project concludes that leaders of faith have played their role diligently in responding to the virus and tried to avoid the syndrome of poor wisdom of teaching their congregation that the pandemic is just a punishment by God to human beings.

The SCOPE COVID project also concludes that religious leaders have effective outreach to their congregants. Thus, they can be utilized in emergency and health response programs, and religious leader’s stewardship is a sustainable approach to health emergency advocacy.

The SCOPE COVID project concludes that religious leaders can enhance COVID-19 prevention measures. Finally, the SCOPE COVID project concludes that religious leaders are willing to be allowed to participate by other participants and the government in response to emergencies and health responses.

Recommendations are made to the Ministry of Health (MoH) and the COVID-19 Response Committee to leverage the religious leader’s stewardship as it can be a sustainable approach to promote responses to emergency health. This is because they have effective outreach to their congregants, can enhance preventive measures against COVID-19, and are willing to be engaged by the government and other stakeholders in emergency response and health responses.

Additional recommendations are made to Ministry of Health and the COVID-19 Response Committee to encourage and empower religious leaders to use other forms of communication besides physical sermons to spread the COVID-19 prevention message. The NRTP utilized other forms of technology and social media to act as a platform for innovation for faith-based organizations and religious leaders to communicate with their followers while adhering to restrictions of movement and social distancing measures (NRTP, 2021).

NRTP also supported traditional peacemakers, youth, religious leaders, and women in planning discussions online to provide religious guidance on the COVID-19 pandemic via TV. Leaders of faith
were in a position to spread health information together with important teachings based on religious beliefs and give psychosocial and spiritual support spiritually (NRTP, 2021).

However, physical sermons cannot be discarded altogether. In Bangladesh, physical sermons were beneficial because many rural people and areas are not accessible to television, newspapers, or radio compared to urban areas. Thus, were it not for the religious leaders’ physical sermons, it could have been challenging to reach the residents in areas that are not accessible and rural [11].

Another recommendation is made to MoH and the COVID-19 Response Committee to utilize the religious leaders proactively and not passively, as well as to utilize them for post-COVID-19 infection management and COVID-19 prevention. An increased number of asymptomatic patients has created difficulty in separating all patients in home-based care, mainly as Kenya puts into practice a home-based model to help its health system from pressure due to the pandemic. Nonetheless, the lack of management skills and objective information on effective home-based care remains the problem. NRTP worked with the National Muslim COVID-19 Response Committee, training leaders of religion on COVID-19 Home-based Care (HBC). The practice helped train madrassa teachers, community workers, and imams to aid community members and families in taking complete control of the patients, general care, health awareness, and prevention (NRTP, 2021).

Additionally, in the United States, some faith participants gave their worship places other basic facilities to enhance COVID-19 testing and deliver them efficiently. Temples, churches, mosques, and other religious places have become symbols that are visible to enable the community to deal with the pandemic and act as a hub for COVID-19 response, with faith practitioners, community leaders, and health workers collaborating to deliver both tests and vaccines (US Department of State, 2021).

Conflict of Interest

The authors declare that they do not have any conflict of interest.

References


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