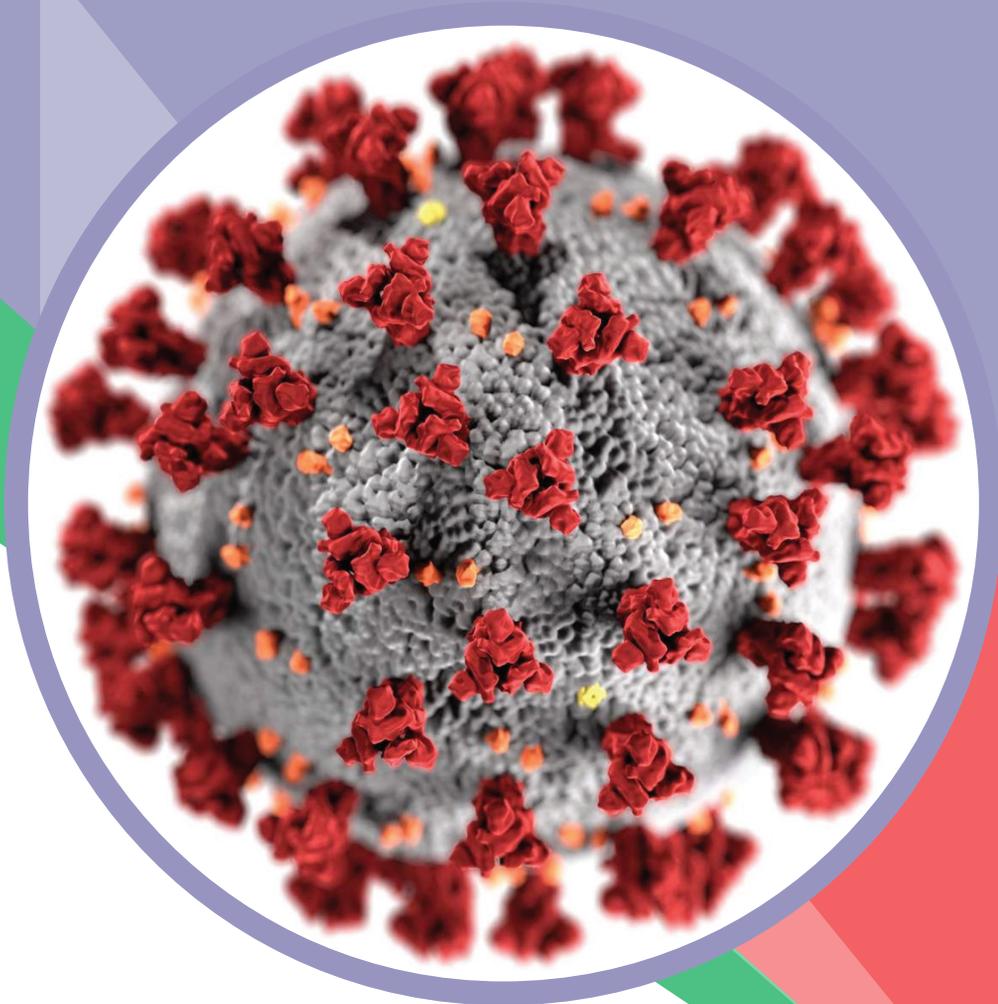


# COVID-19 JOINT FAITH COMMUNITY RESPONSE AND ADAPTATION FRAMEWORK



**2021 - 2023**

**actalliance**





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## 1. ACKNOWLEDGEMENTS

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## 2. ACRONYMS

ACEM	Association of Christian Educators in Malawi
ACT Alliance	Action by Churches Together Alliance
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CARD	Churches Action in Relief and Development
COVID-19	Corona Virus Disease 2019
DIAC	District Interfaith AIDS Committees
EAM	Evangelical Association of Malawi
FBO	Faith Based Organization
GBV	Gender-Based Violence
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
GBV	Gender Based Violence
ISAMA	Independent Schools Association of Malawi
M & E	Monitoring and Evaluation
MAM	Muslim Association of Malawi
MCC	Malawi Council of Churches
MECOM	Muslim Education Council of Malawi
MIAA	Malawi Interfaith AIDS Association
MoH	Ministry of Health
PPE	Personal Protective Equipment
PRISAM	Private Schools Association of Malawi
QMAM	Qadria Muslim Association of Malawi
ST	Steering Team
VSL	Village Savings and Loans
WHO	World Health Organization
ZIAC	Zonal Interfaith AIDS Committees

### 3. BACKGROUND

The COVID-19 pandemic is the latest crucial crisis and one of the greatest challenges the world has faced since World War Two. Since its emergence in China towards the end of 2019, the virus has not spared any country to date. Malawi recorded the first three cases of COVID-19 on 2nd April, 2020. 12 days later after the first three cases were confirmed, the number for COVID-19 rose to 19 (an increase of more than 500 %). Malawi now is one of the high risk countries to COVID-19 as cases are increasing speedily. Unfortunately, the country has a very weak health system that cannot manage an outbreak like COVID-19 on its own. COVID-19 has thus impacted Malawi heavily. With co-infections to HIV (1 in 10 Malawians are living with HIV), TB, Cancer and Malaria (endemic to Malawi), the impact could be very devastating.

It is against this back ground, that a faith platform on COVID 19 Response in Malawi steered by ACT Alliance Malawi Forum and The Malawi Interfaith AIDS Association (MIAA) was formulated to enhance coordinated response to COVID 19 among the faith actors. The platform is committed to providing support to strengthened multi-religious actions and community mobilization, in countering the COVID 19 pandemic and mitigating its impact. In this vein, ACT Alliance Malawi forum and MIAA have facilitated development of this joint framework with the purpose of presenting in a single framework, the basis for faith based response approach to complement government efforts in achieving the National COVID 19 Preparedness and Response Plan.

### 4. PURPOSE OF THE FRAMEWORK

The COVID-19 Joint Faith Community Response and Adaptation Framework, aims at responding to real issues and addressing the short, medium, and long term needs of the faith community to ensure effective preparedness, prevention as well as timely, consistent and coordinated response.

The framework will further help reduce duplication of faith-based efforts, guide resource mobilization, enhance networking and collaborative efforts among faith actors, and will be a measurement tool.

## 5. CRITICAL ROLE OF FAITH BASED RESPONSE IN THE CONTEXT OF PANDEMICS

Research by Christian Aid, CAFOD, Tearfund and Islamic Relief on the Ebola response **Keeping the Faith**, 2015 shows faith actors – priests, nuns, pastors, lay-preachers, imams and muezzins in churches & mosques and in communities have an essential role in promoting safe spacing, restrictions and behaviour change essential to ‘slow the spread, reduce infection, illness and death’. It is evident that 84% of the world’s population identify with a religious group (ibid, 2015). Africans are more likely to contact religious leaders over any other group including traditional leaders, MPs, councillors or other officials (**Afrobarometer 2020**).

Through experience, it is now evident that interfaith approach works in delivering humanitarian response. Success stories from the previous efforts show that Faith leaders can play a major role of saving lives and slowing the spread of pandemics by offering sound health information framed in ways that are intelligible, culturally and theologically relevant, contextually practical, and trusted. Additionally, they are a primary source of support, comfort, guidance, and direct health care and social service, for the communities they serve.

Faith leaders, religious networks, faith-based organizations and communities of faith can share important health and Early Warning information to protect their own members and wider communities, which may be more likely to be accepted than from other sources. They can provide pastoral and spiritual support and can advocate for the needs of vulnerable populations. By sharing clear, evidence-based steps to prevent disasters and pandemics, they can promote helpful information, prevent and reduce fear and stigma, provide reassurance to people in their communities, and promote health Disaster Risk Reduction and health saving practices. Faith leaders are integrated into their communities through service and compassionate networks and are often able to reach the most vulnerable with assistance and DRR information and identify those most in need. They are a critical link in the safety net for vulnerable people within their faith community and wider communities.

## 6. CASE BUILDING

COVID-19 has and continues to diversely impact the general population in Malawi including the faith community.

Faith practices, not limited to those under this framework, face challenges which include but not limited to:

- i. **Psycho-social and economic problems:** The faith community has suffered damage to its socio-cohesion structures and therefore brought never-thought of economic hurdles on congregations, households, and also inadvertent poverty, loss of economic opportunities, educational and even congregational rights. Individual faith institutions and leaderships have therefore been challenged with resources, widowhood, orphan hood, stigma associated with virus and various marginalised group challenges.

The Rapid Assessment of the Socio-Economic Impact of COVID-19 on the faith community in Malawi report [2020] conducted by ACT Alliance, confirms that COVID-19 has evidently brought about a lot of psychological issues to faith leaders, husbands and wives as breadwinners, women as mothers and caretakers, as well as children that need support to grow in all aspects of life have been affected. Stress, depression and uncertainty have thus in many cases translated into cases of Gender-Based Violence (GBV), family breakages, early and unwanted marriages and pregnancies, crime and gradual degradation of faith practices.

Loss of employment, business, family, and community wellness cohesion are some of the typical outcomes from the multiple and multifaceted challenges COVID-19 has brought on the faith community.

In the presence of all these challenges, there is a limited and in many cases an unprepared psycho-social support response strategy or mechanism at state and faith community levels to enable early identification and also deal with psychological cases.

- ii. **Inadequate reliable information:** Faced by both the positive strength and negative impacts of modern era information systems such as social media, the faith community at levels of leadership, clergy and laity has been challenged with making properly informed decisions and choices that are needed to contain COVID-19 and other pandemics.

The spread of fake news or unverified information has, in many ways, brought about more uncertainty and indecisiveness on the part of those

faith-based tools that are used to prepare and affirm the faith community on their preventive, adaptive and mitigation capabilities.

- iii. Stigma and/or discrimination:** COVID-19 has put aside valuable family and community values. Where COVID-19 positive, even where they have recovered, community members have been distancing themselves from the survivors, and in many cases, leading to actions that are psychologically disturbing. Stigma has also been noted within a household or community with a patient or survivor whereby other neighbouring communities may shun members of the 'affected' community.

Cases of discrimination have challenged the faith community's doctrine of "Love thy neighbour" and the faith community's value of "I am my brother's keeper".

- iv. Dilemma between faith practice and COVID-19 measures:** Faith teaches love, oneness, compassion, hope, care, support, sympathy and empathy as some of the values to being of holistic standing. As much as these call for closeness, touch and embracing of those afflicted, COVID-19 measures are seen to counter this "righteous" way of life i.e. social distancing, not shaking hands, washing hands after contact with anything including a fellow human, isolating and putting in quarantine those infected and affected. The two expectations- faith and COVID-19 containment measures, remain a dilemma in a faith setup where faith claims heals and protects and where physical distancing and hand washing is being promoted.

The biggest challenge is to strike the balance and ensure that the two streams work to support each other. This faith based response framework aims to propose creative ways of integrating both faith and COVID-19 prevention measures in acceptable ways for dealing with the COVID-19 and other pandemics..

- v. Non-compliance to COVID-19 preventive measures by some religious quarters:** The challenge highlighted in (iv) above heightens the dilemma of gathering for worship among the faith community. The faith setup, be it at a prayer house or setting, has faced challenges in coming to terms with applying COVID-19 preventive measures.

Personal Protective Equipment (PPE), to a certain extent, is perceived to work against most faiths. This framework, therefore, is poised to bring mind-set change and forge a discourse that is spiritually seen as accommodative and strategies that allow for preventive measures to be effective.

- vi. **Gender based violence, and early marriages.** GBV has been recognized as a public health issue during pandemics, and it is an important aspect that demands serious attention in the era of Covid-19. COVID-19 pandemic has exacerbated key risk factors for Violence Against Women and Girls, such as food shortages, unemployment, economic insecurity and school closures. These have led to an increase in multiple forms of violence against women and girls especially physical, psychological, sexual and economic forms of domestic violence.

The Rapid Assessment of the Socio-Economic Impact of COVID-19 on the faith community in Malawi report [2020] conducted by ACT Alliance, confirms that COVID 19 has led to a drastic income decline, as travel and work restrictions applied, businesses collapsed, and unemployment increased during the outbreak. These factors alongside closure of schools have contributed to increased child marriages. It is evident that in some cases, parents and guardians have resorted to marrying off girls to reduce financial pressure on their own households.

It is imperative for faith actors to synergize their efforts and jointly address challenges brought about by COVID 19 and other pandemics.

## 7. OBJECTIVES

### a. Main objective

The main objective of this COVID-19 Framework is to prevent, and effectively respond to any COVID-19 outbreak thereby reducing morbidity and mortality in the country.

### b. Specific objectives:

- To prevent further spread and transmission of COVID-19 among populations of the country by November, 2023.
- To design and roll out COVID-19 impact mitigation strategies, and coordinate joint resource mobilization efforts.
- To empower communities with adaptive mechanisms to COVID-19 and other pandemics; enhance coping and resilience practices in the wake of COVID-19 and other pandemics.

## 8. STRATEGIES AND BROADER ACTIVITIES

**Objective: 1 To prevent further spread and transmission of COVID-19 among populations of the country**

STRATEGIES	BROADER ACTIVITIES
Social and Behavior Change Communication strategy	<ul style="list-style-type: none"> <li>• Conduct campaigns in churches, mosques, other worship centers and communities.</li> <li>• Conduct sensitization and awareness meetings in churches, mosques, other worship centers and communities.</li> <li>• Procure and supply PPE.</li> </ul>
Capacity building	<ul style="list-style-type: none"> <li>• Orientation and training of religious leaders, clergy and laypersons.</li> <li>• Train congregants and community members on how to locally make PPE.</li> <li>• Training youths in Theatre for Development.</li> </ul>
Community mobilization (to counter miss information of the <b>COVID 19 vaccine</b> , and to promote the adoption of preventive measures)	<ul style="list-style-type: none"> <li>• Dialogue sessions with congregants and community members.</li> <li>• Conducting choral and musical festivals</li> <li>• Development and of guidelines for conducting funeral services.</li> </ul>
Information, Education and Communication (IEC) on <b>COVID 19 vaccine</b> , preventive measures and success stories	<ul style="list-style-type: none"> <li>• Use of talent and creativity of faith community (drawing, weaving, graffiti, mural, sewing, etc.) to disseminate information.</li> <li>• Production and distribution of IEC materials i.e. brochures, fliers, bill boards, body media etc.</li> <li>• Development of covid-19 messages.</li> </ul>

<b>Objective 2: To design and roll out COVID-19 impact mitigation strategies, and coordinate joint resource mobilization efforts</b>	
<b>STRATEGIES</b>	<b>ACTIVITIES</b>
Advocacy	<ul style="list-style-type: none"> <li>• Conduct interface meetings with duty bearers (presidential task force on COVID 19, religious leaders, community leaders, healthy workers).</li> <li>• Engaging donors for COVID-19 resource provision.</li> <li>• Engage the faith leaders on faith healing in relation to COVID-19 and other pandemics.</li> </ul>
Internalising WASH behaviour	<ul style="list-style-type: none"> <li>• Drilling boreholes.</li> <li>• Lobbying with water supply agencies to extend their water supply grid.</li> <li>• Continued orientation towards sustainable provision of hand washing facilities at homes and places of worship.</li> <li>• Promotion of WASH practices among faith members.</li> </ul>
Combatting Gender Based Violence	<ul style="list-style-type: none"> <li>• Conduct Advocacy initiatives against GBV using a faith based approach.</li> <li>• Strengthen local structures in response to GBV with greater focus on the faith community.</li> <li>• Establish and strengthen reporting mechanism for GBV among both faith and community contexts.</li> <li>• Support government to respond to GBV</li> <li>• Raise awareness on GBV related laws, reporting mechanism and referral system to the faith community.</li> <li>• Conduct dialogue sessions with gate keepers including faith and traditional leaders and conduct outreach sessions with faith and general community to condemn harmful cultural practices exacerbating GBV.</li> </ul>
<b>STRATEGIES</b>	<b>ACTIVITIES</b>

Combating early marriages	<ul style="list-style-type: none"> <li>• Conduct advocacy initiatives using a faith based approach</li> <li>• Conduct capacity building initiatives for faith leaders</li> <li>• Support government and local leaders in nullifying early marriages</li> <li>• Rehabilitation support for the girls withdrawn from early marriages</li> </ul>
Capacity building and support for service delivery of CHAM and Muslim based Health facilities	<ul style="list-style-type: none"> <li>• Provision of oxygen cylinders</li> <li>• Provision of PPE</li> <li>• Trainings</li> </ul>

**Objective 3: To empower communities with adaptive mechanisms to COVID-19 and other pandemics; enhance coping and resilience practices in the wake of COVID-19 and other pandemics.**

STRATEGIES	ACTIVITIES
Economic strengthening (cash or asset transfers, Village Savings and Loans (VSL), and enterprise development	<ul style="list-style-type: none"> <li>• Facilitate the formation, strengthening and support of VSL associations.</li> <li>• Cash transfers</li> <li>• Business management trainings</li> <li>• Livelihoods support for self-reliance</li> </ul>
Psycho-social support	<ul style="list-style-type: none"> <li>• Development/adaptation of a psychosocial support manual for use by the faith community</li> <li>• Training religious leaders in psycho-social support services</li> <li>• Providing psycho-social support.</li> </ul>
ICT awareness to religious institutions, parents and their children.	<ul style="list-style-type: none"> <li>• Production of television and radio programs.</li> <li>• Airing of television and radio programs.</li> <li>• Procurement of radios.</li> <li>• Formation of radio listening clubs.</li> </ul>

STRATEGIES	ACTIVITIES
<p>ICT awareness to religious institutions, parents and their children.</p>	<ul style="list-style-type: none"> <li>• Promote health seeking behaviors among existing youth clubs. / Strengthen faith led youth clubs on Covid 19 mitigation and prevention measures including health seeking behaviors.</li> <li>• Lobbying with government, Association of Christian Educators in Malawi (ACEM), Muslim Education Council of Malawi (MECOM), Independent Schools Association of Malawi (ISAMA), Private Schools Association of Malawi (PRISAM) and other academic stakeholders for the inclusion of e-learning at all levels of education.</li> </ul>
<p>Application of scriptures and other practices.</p>	<ul style="list-style-type: none"> <li>• Developing preventive and adaptive scripture-based guidelines for COVID-19 and other pandemics.</li> <li>• Printing and dissemination of preventive and adaptive scripture-based guidelines for COVID-19 and other pandemics.</li> </ul>

## 9. APPLYING LESSONS LEARNT FROM MANAGING HIV/AIDS, EBORA AND OTHER EMERGENCIES

The faith community in Malawi steered by ACT Alliance Malawi Forum and the Malawi Interfaith AIDS Association (MIAA) is committed to providing support to strengthen multi-religious actions and community mobilization, in countering the COVID 19 pandemic and mitigating its impact. MIAA is drawing on its experience with managing HIV /AIDS disease outbreak while ACT Alliance Malawi forum is drawing on its both national and international experience managing other emergencies such as Ebola, floods and droughts to effectively coordinate the faith response to this new COVID 19 pandemic. Faith actors in Malawi steered by ACT Alliance Malawi Forum and MIAA would therefore like to roll out a joint response to apply and adapt their proven lessons from tackling other serious humanitarian challenges and epidemics such as Ebola and HIV/AIDS. The key lessons are these:

**a. The value of adopting a holistic approach to emergencies**

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

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

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

**c. The effectiveness of an Inter-faith approach**

In Sierra Leone, Christian leaders led by ACT Alliance and Muslim faith

leaders established an important ground rule: to focus on issues that united them against the Ebola virus. In Malawi the formation of a Faith Leaders Platform on COVID 19 Response comprising of both Muslim and Christian top leaders drawn from key religious mother bodies has already shown greater results in championing preparedness and response efforts. Both experiences led to conversation on how to address the pandemic/outbreak and to find similarities in their religious texts in how to promote behaviour change. The coherence in messaging of the two major religions and the unity of message delivery was a key platform for change.

**d. The value of engaging with faith leaders in two-way communication with communities**

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

## 10. TARGET GROUP

The framework will cover the entire country as the faith communities have nationwide coverage and presence. With reference to the Malawi Government Guidelines for COVID-19 Message Development, this framework also targets populations and families affected by the outbreak of COVID-19; both health-wise and psycho-socially, and economically, particularly the most marginalized and vulnerable including children, women, elderly, people with disabilities, children in institutions, migrants, victims/survivors of Gender-Based Violence (GBV), persons deprived of liberty, people with HIV/AIDS and chronically ill, and those in hard-to-reach locations or with poor access to services. It also targets service providers such as faith leaders (clergy and lay persons) at various levels and health workers to ensure continued provision of essential social protection services.

## 11. GUIDING PRINCIPLES

- i. **Sustainability:** The faith community has already existing structures. It should work towards capacity building and strengthening of the structures to ensure sustainability.
- ii. **Participation and social inclusion:** All the policies, strategies, plans and interventions across the faith community should be participatory, so that the faith community participates in relevant decision-making processes. We shall combat misinformation, empower community-based mechanisms to maintain trust, and prevention of violence against women/ vulnerable groups.
- iii. **Holistic approach:** The faith actors should work on all aspects of a congregant's life: spiritual, economic, social and physical aspects.
- iv. **Coordination and cooperation:** All diverse faith community leaders should ensure that works affecting them are done in a coordinated and cooperative way. The faith community should come together despite their faith differences, putting in consideration other stakeholders. i.e. Efforts shall be in line with the government directives and National Response Plan on COVID-19 and efforts shall also be made to consult, coordinate and compliment government's district level plans and gaps.
- v. **Seeking impartiality:** All faith actors herein have their own prejudices and make their own assumptions about their fellow faith actors, beneficiaries and other stakeholders. In this regard, the involved actors will maintain a non-judgmental attitude about beliefs and practices that are different from their own.
- vi. **The right to the enjoyment of the highest attainable standard of physical and mental health:** The faith community also has fundamental rights, as do all human beings, to the enjoyment of the highest attainable standard of health, without distinction of race, religious and political affiliation, economic or social condition.
- vii. **Equality and non-discrimination:** The right to the enjoyment of the highest attainable standard of health should be exercised through non-discriminatory policies, approaches and practices including social protection.
- viii. **Equitable access to health services:** Equitable access to health

promotion, disease prevention and care should be provided for faith community.

- ix. **Transparency and accountability:** Promoting a sense of responsibility and good governance in the implementation of the framework.

## 12. IMPLEMENTATION PROCESS

The implementation process of the COVID-19 Joint Faith Community Response and Adaptation Framework will involve the faith actors with their respective structures to ensure that it achieves its purpose and objectives. The implementation process will embrace capacity building through training and provision of technical support, facilitation of decision making, design, implementation and coordination of its related programs, information sharing and adequate delivery of the framework deliverables. The faith actors will strive to ensure that its involved structures are able to reach out to the beneficiaries and serve faith community populations effectively and efficiently and bring about the intended impact of the framework. Some roles and responsibilities in the implementation of the framework shall include:

- e. **Steering Team (ST)**

- i. **Facilitation and Coordination**

The ST comprised of ACT Alliance Coordination Desk and MIAA Secretariat is responsible for facilitation of designing and implementing of the framework related programs and actively coordinate such programs to ensure that there is a harmonized response among the various players. The ST shall also ensure that there is adequate networking and collaboration among the players, other stakeholders and the government without compromising the foundations of faith and their values. The ST will also ensure the availability and management of resources.

- ii. **Resource Mobilization**

The ST working collaboratively with members shall facilitate resource mobilization for financing programs in this framework.

- iii. **Conduct Monitoring, Evaluation and Data Quality Assessments to partners and programs.**

The ST shall lead in conducting monitoring and evaluation activities including data quality assessment visits to partners and programs.

**iv. Build and/or strengthen capacity and competences of faith actors.**

The ST shall ensure adequate capacity and competences of the faith actors for an effective and efficient implementation of the framework through trainings, workshops and seminars, orientations, resource and technical support among other strategies.

**f. Faith actors**

**i. Popularization of the framework.**

The faith actors and related structures have the responsibility to popularize the framework for moral, financial and resource support and will utilize every individual in building collective partnerships and opportunities.

**ii. Implementation of the frame work**

The faith actors and related structures shall be required to implement programs derived from the framework with collective or individual resource support and availability. Even with program implementation with individual resourced funds and materials faith actors shall report as derived and contributing to this framework.

**iii. Building and strengthening capacities and competences of faith actors' structures.**

The faith actors will be required to trickle down to individual structures, same process as provided by the ST to ensure that these have trickled down to respective structures and facilitate sustainability.

**iv. Conduct monitoring and evaluation**

The faith actors should include data quality assessments exercises within their own partner structures to ensure that these are feeding into the actors' Monitoring, Evaluation, Accountability and Learning (MEAL) dashboard.

## 13. IMPLEMENTATION PLAN DESIGNATION

- **Prevent further spread and transmission of COVID-19 among populations of the country**

APPROACHES	ACTIVITIES	LEAD FAITH ACTOR
BCC / Communication strategy	<ul style="list-style-type: none"> <li>• Conduct campaigns in churches, mosques, other worship centers and communities.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>• Conduct sensitization and awareness meetings in churches, mosques, other worship centers and communities on the science and importance of COVID 19 vaccine, and on preventive measures</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>• Procure and supply PPE.</li> </ul>	MIAA and ACT Secretariat
Capacity building	<ul style="list-style-type: none"> <li>• Orientation and training of religious leaders, clergy and laypersons.</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>• Train congregants and community members on how to locally make PPE.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>• Training youths in Theatre for Development.</li> </ul>	MIAA and ACT Alliance members
Community mobilization	<ul style="list-style-type: none"> <li>• Dialogue sessions with congregants and community members.</li> <li>• Conducting choral and musical festivals</li> </ul>	MIAA and ACT Alliance members

APPROACHES	ACTIVITIES	LEAD FAITH ACTOR
Information, Education and Communication (IEC)	<ul style="list-style-type: none"> <li>Use of talent and creativity of faith community (drawing, weaving, graffiti, mural, sewing, etc.) to disseminate information on preventive measures and the vaccine.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Use of talent and creativity of faith community (drawing, weaving, graffiti, mural, sewing, etc) to disseminate information.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Production and distribution of IEC materials i.e. brochures, fliers, body media etc.</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>Development of covid-19 messages.</li> </ul>	MIAA and ACT Alliance Secretariat

➤ **Design and roll out COVID-19 impact mitigation strategies, and coordinate joint resource mobilization efforts**

APPROACHES	ACTIVITIES	LEAD FAITH ACTOR
Capacity building and support for service delivery of CHAM and Muslim based Health facilities	<ul style="list-style-type: none"> <li>Facilitate the formation, strengthening and support of VSL associations.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Conduct Cash transfers.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Conduct Business management trainings.</li> </ul>	MIAA and ACT Alliance members
Psycho-social support	<ul style="list-style-type: none"> <li>Training religious leaders in psycho-social support provision</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>Providing psycho-social support.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Conduct interface meetings with duty bearers (religious leaders, community leaders, healthy workers).</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Engaging donors for COVID-19 resource provision.</li> </ul>	MIAA and ACT Alliance Secretariat

APPROACHES	ACTIVITIES	LEAD FAITH ACTOR
Advocacy	<ul style="list-style-type: none"> <li>Engage the prophetic and charismatic leaders on faith healing in relation to COVID-19 and other pandemics.</li> </ul>	MIAA and ACT Alliance Secretariat
Combating early marriages	<ul style="list-style-type: none"> <li>Conduct advocacy initiatives using a faith based approach</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>Conduct capacity building initiatives for faith leaders</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>Support government and local leaders in nullifying early marriages</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Rehabilitation support for the girls withdrawn from early marriages</li> </ul>	MIAA and ACT Alliance members
Capacity building and support for service delivery of CHAM and Muslim based Health facilities	<ul style="list-style-type: none"> <li>Provision of oxygen cylinders</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Provision of PPE</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Trainings</li> </ul>	MIAA and ACT Alliance Secretariat

- **Empower communities with adaptive mechanisms to COVID-19 and other pandemics; enhance coping and resilience practices in the wake of COVID-19 and other pandemics.**

APPROACHES	ACTIVITIES	LEAD FAITH ACTOR
Internalising WASH behaviour	<ul style="list-style-type: none"> <li>Drilling boreholes.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Lobbying with water supply agencies to extend their water supply grid.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>Continued orientation towards sustainable provision of hand washing facilities at homes and places of worship.</li> </ul>	MIAA and ACT Alliance members

APPROACHES	ACTIVITIES	LEAD FAITH ACTOR
Information, Communication and Technology awareness to religious institutions, parents and their children.	<ul style="list-style-type: none"> <li>• Production of television and radio programs.</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>• Airing of television and radio programs.</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>• Procurement of radios.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>• Formation of radio listening clubs.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>• Establishing health seeking youth clubs.</li> </ul>	MIAA and ACT Alliance members
	<ul style="list-style-type: none"> <li>• Lobbying with government, Association of Christian Educators in Malawi (ACHEM), Muslim Education Council of Malawi (MECOM), Independent Schools Association of Malawi (ISAMA), Private Schools Association of Malawi (PRISAM) and other academic stakeholders for the inclusion of e-learning at all levels of education.</li> </ul>	MIAA and ACT Alliance Secretariat
Application of scriptures and other practices.	<ul style="list-style-type: none"> <li>• Developing preventive and adaptive scripture-based guidelines for COVID-19 and other pandemics.</li> </ul>	MIAA and ACT Alliance Secretariat
	<ul style="list-style-type: none"> <li>• Printing of preventive and adaptive scripture-based guidelines for COVID-19 and other pandemics</li> </ul>	MIAA and ACT Alliance secretariat
	<ul style="list-style-type: none"> <li>• Dissemination of preventive and adaptive scripture-based guidelines for COVID-19 and other pandemics.</li> </ul>	MIAA and ACT Alliance members

## 14. COORDINATION, MONITORING AND EVALUATION

### **g. Coordination**

Faith groups and Faith Based organizations (FBOs) are engaged in and continue to support national and local government-led response to COVID-19 in Malawi. Faith community in Malawi established the National COVID 19 Response Platform, steered by ACT Alliance Malawi forum and MIAA. The steering team provides oversight and strategic guidance for the overall implementation of this framework to ensure the most efficient and harmonized use of resources, rapid identification of gaps, duplication, and operational challenges, so that response and adaptation efforts can reach those who need it most in a timely and efficient manner. Chaired by ACT Alliance, the steering team is part of the Humanitarian Country Team (HCT) responsible for facilitating resource mobilization and effective and efficient implementation of COVID-19 preparedness and response. The steering team also plays a liaison role with the Presidential Taskforce on COVID-19 and relevant line ministries for sector specific issues.

### **h. Monitoring and evaluation (M & E)**

To ensure efficiency and effectiveness, monitoring and evaluation framework and tools will be developed which will guide all M & E work for implementing activities of the framework. Monitoring will aim primarily to provide the stakeholders of the framework with early indicators of the quality, quantity and timeliness of progress towards delivering intended results. Therefore, all project activities will be subject to continuous monitoring (outcome and impact monitoring) against the indicators defined in the COVID-19 Joint Faith Community Response and Adaptation Framework.

The sharing of monitoring results, as well as the coordination with faith actors will be facilitated through the instruments to be defined and scheduled in the specific project documents i.e. coordination meetings, steering team meetings, faith actors' meetings, monthly and quarterly project progress reports, annual project progress reports, mid-term reviews, a project final report and a final evaluation mission.

## 15. ANNEXES

### B. Annex 1.

#### ACT ALLIANCE MALAWI FORUM PROFILE

Action by Churches Together (ACT) Alliance Malawi Forum is a network of 8 churches and FBOs working together to create positive and sustainable change in the lives of poor and marginalized people. The forum is part of the Global ACT Alliance which is the largest Protestant/Orthodox coalition in the world that engages in humanitarian, sustainable development and advocacy work. Together, members of ACT Alliance Malawi Forum strive for a nation where all people may live with dignity, justice, peace and full respect for human rights and the environment.

Members of ACT Alliance Malawi Forum include Christian Aid (CA), Churches Action in Relief and Development (CARD), Dan Church Aid (DCA), Blantyre Synod Health and Development Commission (BSHDC), Evangelical Lutheran Development Service (ELDS), Norwegian Church Aid (NCA), Salvation Army, and World Renew(WR). There is also extended membership to ACT Alliance Malawi Forum which include Synod of Livingstonia Development Department, Moravian Church Humanitarian Development Service, Malawi Council of Churches, Anglican Diocese of the Upper Shire and Evangelical Association of Malawi.

### C. Annex 2

#### MALAWI INTERFAITH AIDS ASSOCIATION PROFILE

The Malawi Interfaith AIDS Association (MIAA), a non-profit Faith Based Organization (FBO) was established in 2003 and became a legal entity on the 12th June, 2007. The organization was established to facilitate a united commitment of faith communities in the HIV and AIDS response. The MIAA membership comprises of major Christian and Islamic mother bodies in Malawi namely; Malawi Council of Churches (MCC), Evangelical Association of Malawi (EAM), Episcopal Conference of Malawi (ECM), Muslim Association of Malawi (MAM), Qadria Muslim Association of Malawi (QMAM), and Malawi Union of Seventh Day Adventist (SDA). MIAA affiliate members include Malawi Network of Religious Leaders Living with AIDS (MANERELA), Christian Health Association of Malawi (CHAM) and the Association of Christian Educators in Malawi (ACEM). MIAA provides an institutional framework for facilitation and coordination of

faith-based response to the HIV and AIDS epidemic in Malawi. In order to improve its operations and coordination, MIAA facilitated the establishment of District Interfaith AIDS Committees (DIACs) across the country. The existence of the 28 DIACs and 4 City Interfaith AIDS Committees (CIACs) coupled with already existing network of different denominations Churches and Mosques within the districts presents the most viable coordination at the grass roots level. DIACs have proved to be strategic because they are on the ground and are better positioned to move the response as they can easily reach the marginalized and hard to reach areas through the Zonal Interfaith AIDS Committees (ZIAC).

MIAA envisions a productive interfaith community that is empowered in HIV and AIDS management; and as an umbrella of interfaith networks and its **mission** is to facilitate and coordinate the faith based response to the HIV and AIDS using rights based and gender sensitive approaches. The Association's **Values** are: the belief that God/Allah is love and the creator of all human beings; that human life is sacred and needs to be protected and dignified; transparency and accountability-being reliable and open in all practices; and fairness in offering services regardless of gender, age, status or ethnic groups.

## D. Annexe 3

### THE FAITH PLATFORM ON COVID 19 RESPONSE IN MALAWI

The Faith Platform on COVID 19 response in Malawi is steered by ACT alliance Malawi forum Coordination Desk and The Malawi Interfaith AIDS Association (MIAA) Secretariat. Eligibility of membership to the Faith leaders' platform is also open to other religious networks, faith-based organizations, and faith communities other than those falling under ACT alliance and MIAA. The platform was formed in May 2020. Creation of a Faith platform on COVID 19 Response in Malawi was a milestone in bringing together religious umbrella bodies and representatives of various faith-based organizations across Malawi with the following key objectives:

- To come together at national level in order to create space for discernment and cooperation to respond to this crisis in a compassionate and effective way.
- Share a common understanding of the pandemic so as to provide accurate information to the faith community on Covid19.
- Mobilize a unified voice of faith leaders that is capable of advocating for issues within the Covid19 national response.





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