

Special Edition

# Footsteps

Covid-19



 CERF  
**NAMNA MZURI YA KUMETA**  
Kunawa mikono ukitumiya maji safi na sababhi zilizotokana na Covid-19  
Maji safi Inabidi ku wacha mikono yako safi

1. Mlenika maji mibononi
2. Mlaka sababhi changa ya utanga ya sababhi
3. Shika utanga vya mikono yako utawake wakati kadiri ya vyenyelele
4. Pacha mikono yako wakati wa utanga
5. Wacha mikono kwa maji safi
6. Pacha mikono yako wakati wa utanga
7. Pacha mikono yako wakati wa utanga

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## A note from the editors

Welcome to our first-ever *Footsteps Special Edition* – a digital, occasional resource designed to cover a specific topic in greater depth than an edition of *Footsteps* alone.

In this special edition we have brought together adapted articles from [Tearfund Learn](#), previous issues of *Footsteps* and other trusted sources to create a practical, up-to-date resource on Covid-19. We have also included many stories of how local churches and organisations are working with their communities to support them through the pandemic.

We hope you find this resource useful. Please let us know what you think!

*Jude Collins and Luke Warrington*  
Co-editors

# The global impact of Covid-19

*By Luke Warrington*

**The World Health Organization first learnt of the virus that causes Covid-19 on 31 December 2019. Between then and now (April 2022), more than 494 million cases have been reported worldwide, and more than 6 million people have lost their lives.**

As with most challenges the world faces, such as climate change

and conflict, it is the world's most vulnerable people who are suffering the most. But all of us have been affected by Covid-19 in one way or another.

- Restrictions on movement put in place to reduce the spread of the disease have resulted in job and income losses. This has been particularly strongly felt in



📌 Encouraging people to wash their hands regularly and wear face masks to reduce the spread of Covid-19 in Bangladesh. Photo: Tearfund partner



the informal sector of low- and middle-income countries, where many depend on daily wages.

- Children have lost opportunities to play, socialise and learn. For some, this has resulted in delays in development, as well as emotional and educational challenges.
- With the added pressure put on health services, many people have missed out on appointments, treatment and access to medication for conditions other than Covid-19.

- Mental health has been affected by the loss of loved ones, separation from community and family members, and health and financial concerns. As well as the worsening of pre-existing conditions, high numbers of people have experienced depression, anxiety, trauma and other conditions for the first time.
- The combination of health, economic and emotional stresses has resulted in increased levels of violence and abuse in the home, particularly affecting women and children.



📍 In Colombia, Tearfund's partner, Crecer con Amor (Grow with Love), has been delivering food parcels to people unable to earn money because of Covid-19 restrictions.

Photo: Edrai Cueto/Tearfund

- Fear and lack of understanding of the disease have led to conspiracy theories, stigma and hostility towards people who are trying to help combat the disease.
- In many countries an overabundance of information about the pandemic – some accurate and some not – has made it difficult for people to find reliable guidance when they need it.

### The role of the church

Although many churches have had to close their doors during periods of lockdown, they have found new ways to provide practical assistance and spiritual and emotional support to the people worst affected by the pandemic. In many places the internet, radio, podcasts, email, social media, texts and phone calls have become invaluable ways to keep people connected, supported and well informed.

The church has a particularly important role to play in sharing trustworthy information. The World

Health Organization recognises that when faith leaders share health information it is more likely to be accepted than from other sources, and research in Asia and Africa suggests that endorsement by religious leaders is vital for community acceptance of Covid-19 vaccines.

### Hope

The impacts of the pandemic will be felt for many years to come, but there is also cause for hope. The disease has stimulated societies and scientists to cooperate rather than compete, speeding up the development of new systems and medical solutions, including vaccines. And in many places local organisations, governments, churches and communities have started working together in new ways to enhance economic, emotional and spiritual wellbeing.

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*Luke Warrington is a Project Information Officer in Tearfund's Global Fundraising Group*

## Case study Calming public fears

In May 2020, the government of Tanzania claimed that the country was free from Covid-19, and shortly after this the Ministry of Health stopped releasing new information on cases or deaths. As the rest of the world experienced waves of publicly announced infections and government-imposed restrictions, many people in Tanzania were left feeling confused and afraid.

In response, Africa Inland Church Tanzania (AICT) supported church leaders to:

- share clear information about Covid-19 with their congregations, including inviting local health facility staff to speak during church services about symptoms and prevention measures
- run workshops on hygiene and sanitation
- install handwashing stations at their churches.

AICT distributed posters with Covid-19 prevention messages to local churches, communities and health centres. Local radio programmes and television shows also included information about the disease.

Recognising the need to help people with small businesses cope with the economic impact of Covid-19, AICT taught self-help group members how to make tippy taps (a hands-free device for handwashing in rural areas where there is no running water), liquid soap, hand sanitiser and face masks. The members of the groups were therefore able to help reduce the spread of the disease, while continuing to earn money.

As well as significantly reducing the impact of Covid-19 in the local area, AICT's proactive approach also led to the reduction of waterborne diseases such as diarrhoea, urinary tract infections and cholera.

**‘The local church members fasted and prayed for God’s mercy and for God to protect the nation against the Covid-19 pandemic. Through prayers and observing preventive measures, the first wave of Covid-19 was manageable.’**

**Timothy Pallangyo**, AICT’s Programme Manager



📌 The church in Tanzania is playing a key role in raising awareness of Covid-19 and reducing the spread of the disease. Photo: Mark PW Scott/Tearfund

### Dignified burials

Lack of information, fear and stigma meant that people in Tanzania were beginning to hide the fact that family members had died from Covid-19, and they were burying them at night.

The Christian Council of Tanzania worked with church leaders to advocate for dignified burials. They sent an appeal letter to the President and, in response, the President denounced on national television the practice of night burials and promoted positive health precautions against the disease.

The government invited the church’s input into the national response to Covid-19, called for Tanzanian Christians to pray for three days and spoke about how the church’s involvement was helping to calm public fears.



# Questions Christians are asking

**Sheryl Haw is the former International Director of Micah Global. Sas Conradie is Tearfund's Theology and Networks Lead for Africa. Rei Crizaldo is Tearfund's Theological Education Learning Coordinator for South-East Asia. Here they reflect on some common questions Christians are asking related to the Covid-19 pandemic.**

## Is Covid-19 God's judgement?

The disciples of Jesus had similar concerns in Luke 13:1–5. Were the people killed by Pilate, or those crushed by the tower in Siloam, worse sinners than others? Was this judgement? Jesus clearly says no. Similarly, Covid-19 should not be viewed as God's judgement. God is light: there is no darkness in him. God does not make bad things happen but does work in every situation to ensure good comes out of it (Romans 8:28).

**‘God does protect and heal, but he also gives us knowledge and ability to invent effective medicines and vaccines.’**

## Does having the vaccine show a lack of faith?

Some people feel that instead of being vaccinated we should believe that God will protect us from the virus. God does protect and heal, but he also gives us knowledge and ability to invent effective medicines and vaccines. The Bible contains many examples of people using medicines (Jeremiah 8:22; Ezekiel 47:12; Luke 10:25-37; Revelation 22:2).

## Is Covid-19 a sign of the end times?

In every generation, some people try to predict when Jesus will return. However, he clearly warned his disciples that the date and hour are not known (Mark 13:32). Our role is to live in readiness so that we will be found doing what we have been called to do. We can view events such as the Covid-19 pandemic as creation groaning and longing for Christ's return (Romans 8:22).



Praying for an end to Covid-19 in Ethiopia. Photo: Mahider Tulu/Tearfund

## How can we have hope?

There will come a time when God will dwell fully with us, in a renewed heaven and earth (Revelation 21 and 22). We can let that future hope motivate the way we live our lives today as we hold on to God our rock, pray for an end to Covid-19 and find ways to bless, serve and care for our communities.

### Further reading

[\*A Christian perspective on Covid-19\*](#) by Dr Ruth Valerio and Gideon Heugh

# Coping with a pandemic

**Fear and anxiety about any disease can be overwhelming and cause strong emotional reactions. This is particularly the case when the disease is highly infectious and has the potential to cause significant loss of life.**

The fact that the virus that causes Covid-19 cannot be seen often increases the level of fear, especially because the disease is new and still not fully understood. In addition, measures put in place to reduce the spread of the disease, such as requiring people to stay at home, can cause financial hardship, loneliness and family conflict.

Over time, many people have become physically and emotionally exhausted because of the multiple pressures associated with the disease. This can result in difficulties with sleeping, lack of concentration or the adoption of unhealthy practices such as the use of alcohol or drugs.

## Coping strategies

Positive coping strategies can help us to manage our stress levels. These can be divided into spiritual, physical, mental and emotional.

### Spiritual

Having a sense of meaning, hope and trust in God can help us to cope with difficult circumstances. Spiritual disciplines such as prayer, forgiveness and Bible study enhance wellbeing. Belonging to a church provides both spiritual and social support.

### Physical

Maintaining physical health through regular exercise and healthy eating is very important. Drinking too much alcohol or taking drugs can help relieve stress in the short term, but in the longer term they will make the situation worse. The best way to develop healthy habits is to set small, easily achievable goals. For example, taking a short walk each day. Every success results in feelings of achievement, increasing our resolve to make bigger changes next time.

### Mental

When normal routines are no longer possible, it is important to create new ones. These may include exercise, prayer and specific times for resting, eating and sleeping. These routines can be flexible, but it is good to maintain a sense of daily and

weekly rhythm, without trying to do too much.

During a time of national or international crisis it is good to be informed, but too much news can be overwhelming. False or misleading information may also be circulating, particularly on social media. Depending on the circumstances, it may be better to access a trusted source of news, just once or twice a day.

### Emotional

When we experience a high level of stress we may feel that we are unable to control our emotions and reactions. When this happens it is very important to stop and notice what is going on in our minds and bodies. We can then begin to understand ourselves better, helping us to make wise choices about how best to respond.

**Belonging to a church provides both spiritual and social support.**



### Questions to ask

- What am I experiencing (eg anger, sadness, frustration, tension in the body, feelings of worthlessness)?
- Are these familiar experiences? When have they happened before?
- What can I do in response (eg pray, exercise, talk to someone)?

Sometimes we can be reluctant to tell people how we are feeling. But there is something very powerful about talking through a problem and being honest about our vulnerabilities.

### Know when to ask for help

There are many things we can do to support ourselves and each other through difficult times. However, there may be situations when professional or medical help is needed: for example, if we are threatened, abused, struggling with addiction or are feeling too traumatised to cope.

We are always changed by adversity – sometimes positively and sometimes negatively. The

### Further reading

- [Communicable diseases – Footsteps 112](#)
- [Mental health and well-being – Footsteps 113](#)
- [Psychosocial support during or post a disaster or crisis – a resource kit for churches](#)
- [Covid-19: A guide to mental health and psychosocial support](#)

challenge is understanding how we have changed. We can then work out how best to move forward, based on this knowledge.

*Adapted from a webinar delivered by Mark Snelling. Read the full article in [Communicable diseases – Footsteps 112](#).*

*Mark Snelling is a counsellor and psychotherapist who specialises in supporting people who work in traumatic environments around the world.*

# Addressing domestic abuse

**As Covid-19 has spread across the world, reports show that domestic abuse has increased as families and individuals struggle to cope with the many physical, economic, social and emotional impacts of the pandemic.**

The term ‘domestic abuse’ (sometimes called ‘domestic violence’) is used to describe any violent act or neglect within the family. Survivors of domestic abuse

may experience high levels of stress, sleeping problems, flashbacks to the trauma, feelings of aggression, social isolation, self-destructive behaviour, depression and phobias.

There are many different forms of domestic abuse, but the abuse of power over defenceless family members is a key characteristic. Women, children, older people and people with disabilities are particularly at risk.



📍 **El Refugio (The Refuge): a home for women who are escaping domestic abuse in Guatemala.**  
Photo: Virginia Lattul/Tearfund



## Types of abuse

**Physical abuse** involves the intentional use of physical force, with the purpose of causing pain. Sometimes physical abuse results in death.

**Sexual abuse** describes situations where someone is forced to take part in sexual activity against their will, with or without violence.

### Emotional abuse

The following kinds of behaviour can cause long-term damage to self-esteem and wellbeing:

- when someone, particularly a child, does not receive emotional support through kind words, encouragement and ongoing interest
- when someone is constantly contradicted, criticised, threatened or controlled (eg by limiting access to money, or by restricting the person's movements), often leading to isolation and a lack of self-belief
- when unrealistically high expectations of performance at school or work are made.

## Helping survivors

Cases of domestic abuse ideally need to be treated by professionals, since inadequate help can lead to further

problems. However, when this is not available, friends who are willing to listen and give support can make a big difference.

The sooner ill-treatment is identified and addressed, the greater the chances of preventing further problems and being able to help everyone affected, including the abusers.

## How can friends help?

As a first step, it is important to listen carefully to the survivor and to believe them. Go with them to an official government department to make their case, and help them to find professional help. Usually survivors are afraid to seek help, but with such support, they may be able to move forward.

**Never** ask the survivor to ignore or forget what happened. You should not ask survivors of abuse simply to forgive those who ill-treat them, particularly if the abuse continues. Instead, the survivor needs to be believed and able to talk openly. Shame and guilt are among the most common feelings experienced by survivors of domestic abuse.

**Never** let the survivor think that you blame them for what has happened. Encourage them to seek help and to talk with someone they can trust. If ill-treatment is suspected, do not

ignore it but, for the sake of the survivor, investigate or ask for help.

## The role of the church

To prevent domestic abuse we need to change harmful social norms – the unwritten rules that shape people's values, attitudes and behaviours. Faith groups have a lot of influence on social norms and traditional practices. They are also often the ones providing education and health services in local communities, and can often find ways to reach out to survivors of abuse.

There are many practical things that local churches can do:

- Become educated about domestic abuse and speak about it openly in sermons and meetings, addressing harmful ideas about gender from theological and cultural perspectives.
- Provide services such as counselling and healthcare, or accompany survivors to access these services.
- Create safe spaces for people to speak openly about domestic abuse. Support groups for women and for children can be very helpful.
- Create emergency funds to support people and families in crisis.

- Support and strengthen women, including through income-generation activities, so they do not feel trapped into living with perpetrators of violence and abuse for the sake of basic needs.
- Mobilise men to be champions for the rights of women and children.
- Advocate with local authorities to make sure they too become safe spaces for survivors to find compassion, care and justice.

Domestic abuse and other forms of violence are preventable. We all have to play our part in ending it. We can start by beginning conversations in our homes, and in our places of work and worship. We need to model the change we want to see and inspire others to do the same.



### Further reading

- [Sexual and gender-based violence – Footsteps 106](#)
- [Journey to Healing](#) – training materials for peer-support work among survivors of sexual violence
- [Transforming Masculinities](#) – a training manual for Gender Champions and faith leaders



# Church reaching out

Churches have a very important role to play during outbreaks of diseases such as Covid-19. As well as providing hope and practical care, they can promote clear health information and offer a good example.

Here are some practical tips to help churches and church leaders respond well to any public health crisis.

## Promote correct information

Provide clear, up-to-date and correct information about the disease, treatment and vaccines that is appropriate to the context and based on scientific advice (eg from the World Health Organization).

Use creative ways to share this information, for example church and community meetings (if permitted), dance, drama, phone calls, social media, community radio, videos and posters.

The messages should include clear guidance on how to reduce the spread of the disease such as handwashing, physical distancing and wearing masks.

## Challenge false information

Fear or lack of understanding may result in panic. False accusations might be made against people with the disease, causing stigma and discrimination. There may be a spread of wrong information about the vaccines.

Listen to your community to discover if inaccurate information is circulating, and then speak out and correct it. Try to calm fears and promote positive attitudes and behaviours in a non-judgemental, loving way.

Help church members use the Bible to shape their response to the disease. The Bible shows us that we should not blame those who become unwell. Instead, we are called to bless the people around us, practically, emotionally and spiritually (Hebrews 13:16).

## Demonstrate safe behaviours

All church members should lead by example, demonstrating behaviours that have the potential to save lives and prevent the spread of

the disease, for example regular handwashing.

## Care for the congregation

Church members may be feeling isolated, fearful or sad. Some may be unwell or mourning the loss of loved ones. Others may be struggling financially.

If it is not possible to meet in person, find new ways to help members stay connected so they can support each other. This may include video calls, phone calls or social media groups.

## Care for the community

As the body of Christ we are called to love God and love our neighbours (Mark 12:30–31). We should model Jesus' lifestyle during times of crisis, speaking about and living lives of hope, love and care for the people around us.

This may include checking on vulnerable and isolated people to ensure they have enough food and that their other basic needs are being met. We can also speak up on their behalf, making sure that the most vulnerable are not forgotten by policymakers.

## Further reading

- [Conducting faith activities remotely/virtually](#)
- [Communicable diseases – Footsteps 112](#)
- [Weekly update on Covid-19](#) from the World Health Organization
- The [Covid-19 section of Tearfund Learn](#) includes Bible studies and many other resources for churches and church leaders.

## Pray for an end to the disease

The church has been given the full armour of God to respond to the brokenness of this world (Ephesians 6:10–20). Jesus understands our fears and worries and asks us to bring them to him in prayer (1 Peter 5:7).





## Case study Psychosocial support

In Zimbabwe, pandemic-related restrictions on movement meant that church members were finding it difficult to provide practical, emotional and spiritual support to community members.

The Evangelical Fellowship of Zimbabwe approached government ministers and asked them to give church leaders permission to visit the communities, if they could do so in a way that minimised risk. As a result, they received an exemption



Providing practical support in Zimbabwe. Photo: Tearfund

letter from the Ministry of Home Affairs allowing church leaders to operate because they were providing psychosocial support, which was considered to be an essential service.

## Case study United

Early in 2021 the Evangelical Fellowship of Zambia (EFZ) became aware that false information was circulating about the Covid-19 vaccines.

With Tearfund's support, EFZ gathered together denominational leaders, a respected theologian and a scientist experienced in vaccines. Together, they helped

the leaders to understand that the common myths about the vaccine were untrue.

The denominational leaders agreed a statement on the Covid-19 vaccines and supported local churches to address misinformation. This unified position allowed EFZ to facilitate conversations between church leaders and the Minister of Health, enabling the church to influence the government's Covid-19 vaccination plans.



Tearfund's partners in India share health information and advice with their communities to help reduce the spread and impact of Covid-19. Photo: EFICOR



# Sharing trustworthy information

**It is very important that everyone has access to clear, trustworthy information about Covid-19 and how to reduce the spread of the disease, including vaccination options. People also need to know about any economic and social support that is available.**

There are many ways that this information can be shared including radio, television, posters, leaflets

and community meetings. Often the best approach will be to use a range of methods to ensure that everyone receives the information they need.

Be careful to consider:

- the best language(s) to use
- literacy levels – is verbal communication likely to be the best approach, or the use of images rather than words?

- the needs of people with disabilities
- the different needs of children, older people, men and women.

Often a participatory approach can work best where people are able to ask questions, discuss and share with each other the information that is most relevant for them.

For example, a radio show run by community members can provide opportunities for people to express and discuss their concerns, alongside clear, relevant information from trusted sources. Hearing friends and other community members speaking on the radio can help to reduce feelings of isolation, confusion and panic in challenging situations, such as the Covid-19 pandemic.

## Bolivia

Tearfund's partner OESER in Bolivia is using podcasts (audio recordings with interviews and discussion) to share information and stimulate conversations about issues caused by Covid-19 restrictions. The podcasts cover themes such as teenage pregnancy, wellbeing and healthy relationships.


Listeners say that this has been an excellent way to work with churches during the pandemic, and that the podcasts have led to many helpful conversations and discussions in their churches and communities.

## Ethiopia

The Evangelical Churches Fellowship of Ethiopia has persuaded the government to allow church leaders to use national television channels to reach out to Ethiopians with prayer, worship services and Covid-19 prevention messages. This had previously been prohibited, so it is an historic collaboration between the religious leaders and the government.

As well as providing spiritual comfort, the use of television is allowing the church to influence the nation to respond positively to government rules established to help prevent the spread of the virus. The President has publicly supported the response of faith leaders to Covid-19, and communities across Ethiopia have responded well to their faith leaders' example.



 Locally produced radio programmes can be an excellent way to share relevant information about Covid-19. Photo: Layton Thompson/Tearfund



Posters are being used to share handwashing information in Cambodia.

Photo: Evangelical Fellowship of Cambodia

 **Malawi**

Local organisation Eagles is using radio broadcasts to share information about Covid-19. Towards the beginning of the pandemic they received a call from a community member who pointed out that people with sight loss had no access to any of the written information being shared by the government because it was not available in braille. Many were also unable to attend village meetings, so they were not receiving support such as hygiene supplies.

Eagles contacted local government officials who admitted that they had not considered the needs of people with sight loss when they were

planning the response to Covid-19. Since then, Eagles has received government funding to produce leaflets in braille and is petitioning the government to provide more funding to organisations and district initiatives to support all vulnerable groups in rural communities.

 **Mozambique**

The Christian Council of Mozambique realised that people who do not speak the official Portuguese language did not have access to information about Covid-19.

Senior church leaders approached government officials and asked them to start providing the information

in local languages. The government responded positively and is now promoting a large prevention and awareness campaign using television and community radio in local and sign languages.

 **Yemen**

Mariam, in Yemen, lives in a house without a toilet and has to travel for an hour each day to collect water. Her family all developed symptoms of Covid-19, but at the time she had no knowledge of the disease.

In community meetings, staff from Tearfund’s local partner spoke about Covid-19 and made sure that everyone knew how to reduce its spread. They also provided hygiene kits including water filters and hand sanitiser.

‘Now we understand the importance of physical distancing and drinking clean water,’ says Mariam. ‘It was great assistance that helped me and my family to be safe.’ Mariam is setting up a mothers’ group to continue to raise awareness in her community.



**Have you listened to our podcast yet?**

*How to build community* gives people around the world the opportunity to inspire and motivate others by talking about their community projects and ideas.

**If you would like to take part, please get in touch!**



# Is it true?

By Jake Lloyd

The way that we respond to Covid-19, and the decisions we make about vaccination, have the potential to affect both ourselves and our wider community. So it is important that the choices we make are based on reliable information. However, in some places, conflicting information is creating confusion.

To help decide if the information you read or hear about Covid-19 and the vaccines can be trusted, ask yourself these six questions.

## 1 What is the source?

If the information came from a website, do not automatically assume that it is trustworthy. Look at the organisation's contact details, values and aims. If the information is copied from a social media page, find out where it came from.

## 2 Have you read more than the headline?

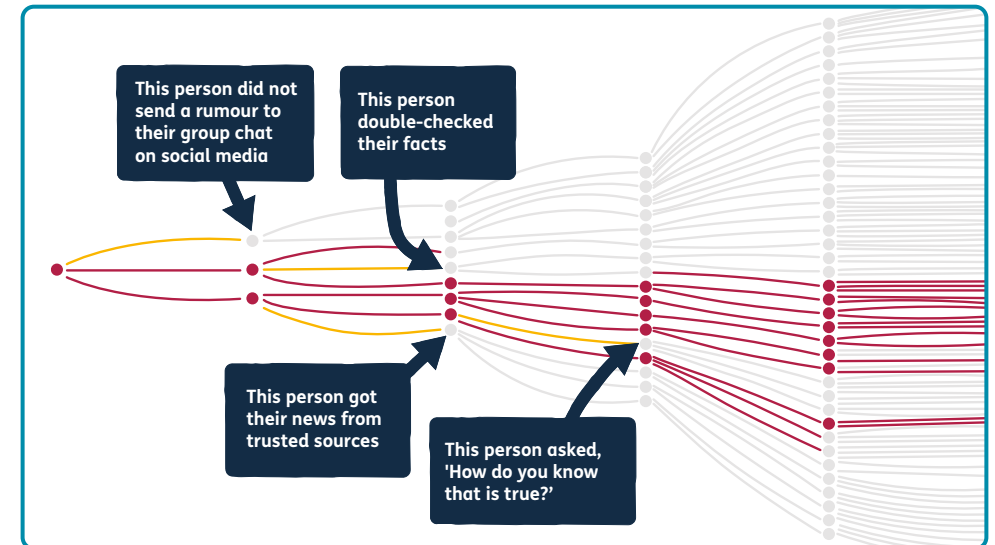
Headlines are often exaggerated to encourage more people to read an article. Read the whole article and then ask yourself if the headline is accurate.

## 3 Who is the author?

Find out if the author is real and credible. Credible sources back up their claims with reliable evidence. Check various trusted sources to see if they say the same thing.

## 4 When was it written?

New research information is being published regularly on Covid-19 and the vaccines. Older news may now be out of date and no longer relevant.



This diagram shows how false information can spread quickly from person to person (red lines), and how this can be stopped (yellow lines). We can reduce the rapid spread of false information by finding out if the information we have received is true. If we are not sure it is true, we should not pass it on to others. Credit: Adapted from a [World Health Organization illustration](#)

## 5 Are you biased?

Think about whether your own opinions might be affecting your judgement. Be aware that social media sites and internet search facilities filter what they suggest we look at based on the types of posts we have accessed in the past, so they may not be balanced sources of information.

## 6 If still in doubt, can you consult other trustworthy sources?

If you know people who have in-depth knowledge about Covid-19 and the vaccines, ask them what they think.

Adapted from an article originally published in [Communicable diseases – Footsteps 112](#)

Jake Lloyd is the podcast host for [How to build community](#), a joint collaboration between Arukah Network and Footsteps magazine.

### Further reading

- [Covid-19 advice for the public: Mythbusters](#) by the World Health Organization

# Reducing the spread

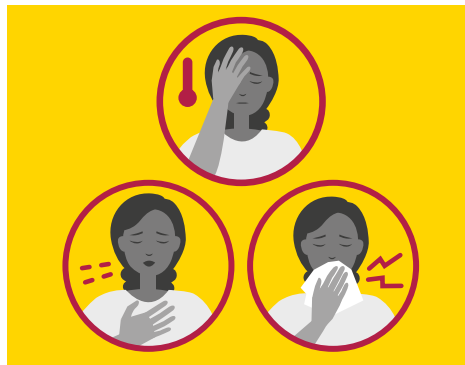
**Covid-19 is a new disease caused by a coronavirus (SARS-CoV-2) that affects the lungs.**

The virus is spread from person to person through the air in tiny droplets, by coughing, sneezing and speaking. People can also become infected by touching objects or surfaces that have the virus on them and then touching their eyes, nose or mouth. It is very easily passed from one person to another.

## What are the symptoms?

The most common symptoms are:

- a new, persistent cough
- fever
- loss of taste or smell
- tiredness



As new variants of the disease emerge, other symptoms may also become more common such as a sore throat, blocked nose or diarrhoea.

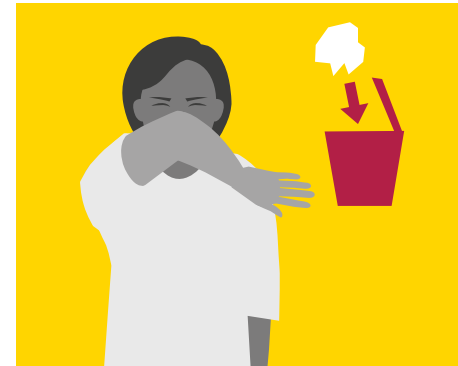
If you, or someone you know, starts to experience difficulty breathing, chest pain or loss of speech or movement, seek medical care immediately. If possible, call your healthcare provider, hotline or health facility first, so you can be directed to the right clinic.

## Who can catch Covid-19?

Anyone can catch Covid-19 – young or old – including those who are fit and healthy. For most people, the symptoms are mild. Some people have no symptoms at all and may not know they have the virus. This means that anyone can pass the virus on to others.

Covid-19 affects some people more than others. The disease can be more serious for:

- people who have existing health conditions, for example diabetes, respiratory diseases or cancer
- older people
- those with a weak immune system.



## How can I reduce the spread of Covid-19?

- Wash hands frequently with soap and water for at least 20 seconds or use an alcohol-based sanitiser gel.
- Catch coughs and sneezes in a tissue or your bent elbow.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wear a face covering when it is difficult to avoid being in close contact with others.
- Keep rooms well ventilated.
- Clean surfaces regularly.
- When looking after people who are unwell with Covid-19, wash your hands regularly and try to reduce direct contact as much as possible.

## What should I do if I get Covid-19?

Most people recover well from Covid-19 without any medical treatment. If you have been vaccinated you may still get the disease, but the symptoms are likely to be milder.

If you have symptoms:

- stay at home and avoid contact with other people as far as possible
- drink plenty of water
- rest
- if you have a fever, use a damp towel to cool yourself down and, if possible, take paracetamol
- ask others to bring you food and water so that you do not have to go out.

### Further reading

- [Symptoms of Covid-19](#) described by the Centres for Disease Control and Prevention
- [World Health Organization Covid-19 advice](#)
- [Covid-19 advice](#) from the Africa Centres for Disease Control and Prevention





## Case study Tippy taps

In Haiti, Tearfund is promoting the importance of handwashing by helping families to construct tippy taps next to their homes. Marc Antoine, who leads Tearfund's work in Haiti, says, 'Tippy taps are very helpful for rural communities since water, sanitation and hygiene infrastructure is very poor in these areas. They serve as a physical reminder to constantly wash hands, which can be overlooked, especially in homes and communities with no running water.'

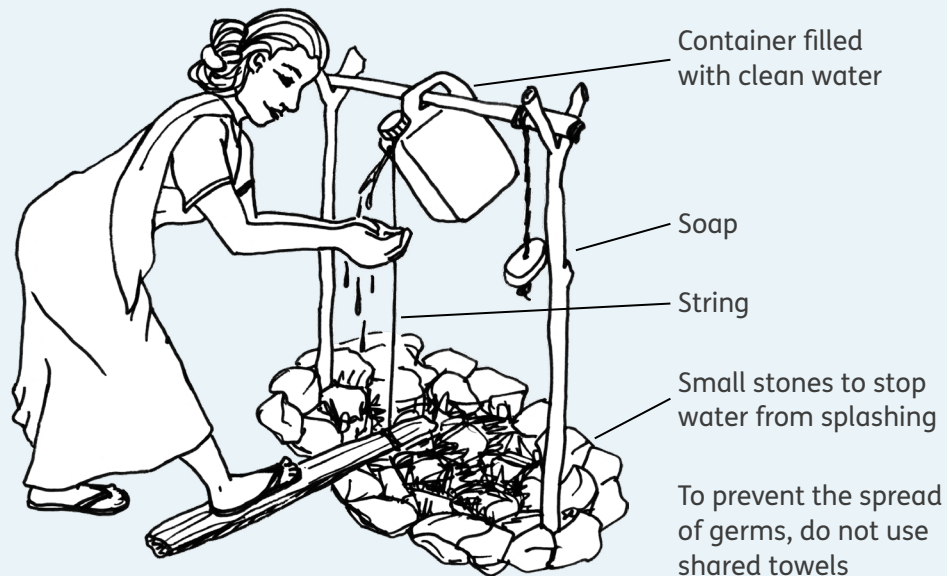
Tippy taps are cheap, easy to construct and can be made with locally sourced materials. All that is

needed to create one is several sticks, string, soap and a container for the water. The device is then simply operated with a foot lever, which significantly reduces the chance for diseases to be spread as the user only touches a bar of soap, supported by a string.



### Further reading

- [The tippy tap](#), an article in *Water, sanitation and hygiene – Footsteps 30*



# Covid-19 vaccines

**The development of vaccines is a major step forward in the global struggle against Covid-19. Research has shown that the vaccines are very effective at preventing serious illness, hospitalisation and death due to the disease.**

## How do the vaccines work?

The vaccines teach the body's immune system to safely recognise and block the virus that causes Covid-19, without causing illness.

When someone has been vaccinated, their immune system is better able to:

- recognise the invading virus
- produce antibodies (proteins produced by the body to fight disease)
- remember the disease and how to fight it.

If the person is then exposed to the virus in the future, their immune system can quickly destroy it before they become unwell.



☐ Covid-19 vaccines teach the body's immune system to safely recognise and block the virus that causes the disease. Photo: Shutterstock

Rather than treating a disease after it occurs, vaccines help to prevent people from getting sick. If they do get ill after being vaccinated, their symptoms are more likely to be mild.

## Are the vaccines safe?

A vaccine must be proven to be safe and effective across a broad population before it can be approved and introduced into a national vaccination programme.

Once a group of scientists has developed a trial vaccine, several different stages of testing are required. Scientists carefully assess

the safety of the vaccine including any side effects, the way the vaccine affects the body's natural immune responses and the number of doses that are needed to provide sufficient protection against the virus.

Each stage tests the experimental vaccine with more and more volunteers, until thousands of people have taken the vaccine across many different groups (age, ethnicity, current health status etc).

Monitoring of the vaccine continues after it is approved for use. This enables scientists to keep track of the vaccine's impact against different variants of the disease, and its safety over a long timeframe.



📍 Hundreds of people decided to be vaccinated against Covid-19 during an event in Ethiopia.  
Photo: Mahider Tulu/Tearfund

None of the Covid-19 vaccines approved by the World Health Organization contain any animal or human cells. Millions of doses of Covid-19 vaccines have now been safely administered across the world.

## Who needs to be vaccinated the most?

The World Health Organization recommends that in areas where vaccine supply is limited, the people who are more likely to get severely ill if they get Covid-19 should be vaccinated first.

This includes:

- older people
- people with existing adverse health conditions
- people who are more likely to be exposed to the virus (such as health workers)
- pregnant women.

## How many doses are needed?

The number of doses needed depends on the vaccine being used. Usually two or three doses is enough to provide protection against Covid-19 for a significant period of time.

## Are there any side effects?

Like with any vaccine, some people will experience mild to moderate side effects after being vaccinated against Covid-19. This is a normal sign that the body is developing protection against the virus.

Side effects might include a mild fever, tiredness, headache, muscle ache, chills, diarrhoea, or pain and redness at the injection site. These usually pass after a day or two and can be managed with rest, plenty of non-alcoholic drinks and, if needed, medication to ease pain or a fever.

More serious or long-lasting side effects are possible, but extremely rare.

### Further reading

- [Covid-19: Vaccines and vaccination](#)



## Case study Vaccination in Ethiopia

By Mahider Tulu

As a trusted voice in the community, the Ethiopian Kale Heywet Church, together with Tearfund, launched a campaign in December 2021 to raise awareness about the Covid-19 vaccines. Nearly 2,000 people attended the three-day event.

Government officials addressed the crowds and time was taken to commemorate and remember those who had lost their lives during the pandemic. Local musicians took part, refreshments were provided and the event had good media coverage.

### Group discussions

After listening to scientific, practical and theological presentations, participants were asked to discuss in groups their thoughts about the Covid-19 vaccines. Representatives from each group were then invited to feed back their concerns and questions. They were also asked to share their thoughts on why people might choose not to be vaccinated, and what could be done to help people overcome these barriers.

As a result of these discussions, several hundred people took the opportunity to get vaccinated during the event.

### Participant-led

Holding a participant-led campaign that included prayer, clear advice, time for discussion and the opportunity to be vaccinated proved to be a great success.

‘I used to be afraid. Today my children encouraged me and I finally came. Now that I am vaccinated, I want to tell my neighbours and my community that there is nothing to be scared of.’

### Event participant

*Mahider Tulu is Tearfund’s Gender and Digital Inclusion Coordinator in Ethiopia*



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Covering a range of different topics, *Footsteps* is a print and digital magazine for people working with their local communities to bring positive change.

Photo: Ravi Bhandari

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**‘We are always changed by adversity – sometimes positively and sometimes negatively. The challenge is understanding how we have changed. We can then work out how best to move forward, based on this knowledge.’**

**Mark Snelling**, counsellor and psychotherapist

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