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# The Impact of COVID-19

## on the Peace Building Activities of Local Faith Actors in Sri Lanka

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## Abbreviations Used

<b>ACJU</b>	All Ceylon Jamiyyathul Ulama
<b>ARSSS</b>	Amarapura-Ramanna Samagri Sangha Saba
<b>CSO</b>	Civil Society Organization
<b>DIRC</b>	District Inter-Religious Committees
<b>FBO</b>	Faith Based Organization
<b>GMOA</b>	Government Medical Officers Association
<b>GOSL</b>	Government of Sri Lanka
<b>IRWSL</b>	Islamic Relief Worldwide -Sri Lanka
<b>KII</b>	Key Informant Interview
<b>INGO</b>	International Non-Government Organization
<b>IR</b>	Islamic Relief
<b>IRPF</b>	Inter-Religious Peace Foundation
<b>LFA</b>	Local Faith Actor
<b>LTTE</b>	Liberation Tigers of Tamil Eelam
<b>NCEASL</b>	National Evangelical Christian Alliance for Sri Lanka
<b>NGO</b>	Non-Government Organization
<b>NA</b>	Not available
<b>Operation Centre</b>	National Operation Centre for Prevention of COVID 19
<b>RC</b>	Roman Catholic
<b>SDG</b>	Sustainable Development Goal
<b>WVL</b>	World Vision Lanka

# Executive Summary

The study explores the role of religion and local faith actors in peace building and reconciliation from Buddhism, Hinduism, Islam and Christian groups and denominations during the COVID-19 pandemic in Sri Lanka. A mixed method approach was employed in this study. As such, telephone interviews were conducted with a total of 44 key informants including priests and other faith actors to garner qualitative evidence and an online survey of 164 respondents representing different religions was carried out in order to explore their religious activity and participation in the pandemic response. Even though their participation in religious gatherings were highly restricted in view of the health guidelines and quarantine regulations in operation at the time, switch to digital media, TV, radio and loudspeaker sermons and chanting helped overcome the barriers to physical congregation to some extent. The study found that the religious leaders and faith actors made a substantial contribution to the pandemic response through their participation in humanitarian services, presentation of public health information in culturally sensitive ways, countering misinformation, building productive rapport with local level government institutions at the frontline to respond to the pandemic, and the donation of religious spaces for establishment of treatment centers and vaccination drives.

Their specific contribution in trust building, promotion of social harmony and addressing drivers of conflict was particularly relevant due to the focus of this enquiry. An outstanding achievement in this regard was successful mobilization of interfaith action for restoring the burial rights of Muslims who died of COVID-19, overturning a government imposed mandatory cremation of all COVID-19 dead. Similarly, a digital citizenship program developed by the National Evangelical Christian Alliance for Sri Lanka sought to counter the pandemic of hate by educating young people about responsible use of digital media, identification of fake news and use of digital media for cultivating a sense of citizenship and related human values and environmental concerns. These interventions point to the positive role religion can play in addressing adversity caused by the pandemic and related social crisis. Despite a majoritarian bias in decision-making at the national level, a productive relationship was gradually evolving among local faith actors and state institutions at the local level in responding to the pandemic collectively. It has given space for faith actors from different religions to express their views and beliefs in responding to the pandemic jointly across the religious divide. This remains an important avenue for discussion and deliberations among all religions to take health information, safety measures and counter misinformation on the pandemic and vaccination to the local communities. This indicates that effective engagement of religion and faith to fight the common crisis is likely to bring positive outcomes in the areas of reconciliation, respecting unity, diversity, and pluralism so that this can be taken as a useful point of departure for peace-building initiatives in future. Finally, the study points to policy changes at the national level needed to promote social harmony, development, and long-term sustainability in Sri Lanka. Nurturing of appropriate human values including unity and diversity, human rights, dignity of all individuals and social justice calls for fostering of suitable partnerships between state, civil society, and faith actors at all levels.

# Chapter One

## Introduction

As elsewhere in the world, the COVID-19 pandemic unleashed concurrent public health, social, economic, and existential crises in Sri Lanka. The social and political impacts of the pandemic in Sri Lanka were compounded by the fallout of Easter Sunday attacks in April 2019, a wave of anti-Muslim violence that erupted periodically since 2012 and a preceding armed conflict between the Government of Sri Lanka (GOSL) and the LTTE that ended in 2009 leaving many unresolved post-war issues. As an important group of stakeholders in all these processes, faith actors have already received considerable research attention from the angles of peace and conflict dynamics (Silva 2020a, 2020b, Spencer et al. 2015, Gunatilleke 2018). However, their specific role during the pandemic particularly from the angles of healing of social wounds that predate the pandemic, and spiritual guidance, trust building and peace building as well as relief services for pandemic affected population are yet to be assessed using empirical data other than some internal evaluations of specific interventions such as programs by certain agencies for countering hate speech. This is exactly the broader mandate of the current study.

Against this background the COVID-19 pandemic resulted in the voluntary interventions by local faith actors (LFAs) not only in providing relief to affected population groups but also in harnessing interfaith dialogue towards countering hate speech, addressing misinformation, rebuilding trust and mutual support programs and prevention of possible articulation and mobilization of religious extremism for escalating intergroup tension and violence (Silva 2020a, Silva 2020b, Peiris 2021). Much of the available literature on the pandemic has looked at the social fault lines exacerbated by the pandemic to the relative neglect of the positive role played by religious actors in addressing humanitarian needs and the social tension triggered by the pandemic. For instance, much of the pandemic-related social science literature on India has examined the intervention of the religious right such as Hindutva groups in constructing the problematic notion of corona-jihad to blame the Muslim community for spreading the pandemic (Desai and Amarsingam 2020, Kapur 2020). The 'pandemic of hate' triggered by the public health crisis has also received considerable research attention (Ng 2020). Similarly, the rise of bio-political nationalism in the wake of the pandemic has been investigated in a number of studies in East Asia (e.g. de Kloet, Lin, and Chow, 2020). In our view the positive role played by faith-based organizations and diverse religious actors in creating bridges and eliminating barriers among communities is yet to be explored and meaningfully analyzed in a systematic manner for informing policy and programs in future.

The study seeks to inform World Vision Lanka (WVL), Islamic Relief (IR) and the other agencies including the Government of Sri Lanka (GOSL) about how to harness and facilitate faith actors at all levels to contribute towards development and peace building among pandemic-affected communities and populations in Sri Lanka.

## Sri Lanka as a Multi-religious Society with Identity-Based Mobilizations and Conflicts

As a multi-religious society with parallel presence of four world religions, namely Buddhism, Hinduism, Islam and Christianity, within an overall population of about 22 million people in 2020 (DCS 2020), Sri Lanka has had a long history of religious tolerance and syncretism interspersed with periodic outbursts of religious tension and confrontations, particularly after the populist political transformation from the domination by an anglicized pro-western elite following independence from England in 1948 to a predominantly Sinhala-Buddhist nationalist elite in 1956. The Buddhist and Hindu resurgence from the 19th century onwards as anti-colonial and anti-Christian mass movements and Islamic reform and revival from the 1970s onwards have added to the identity-based social and political mobilizations and related inter-ethnic and inter-religious conflicts during the past several decades. The role of religion during the COVID-19 pandemic must be examined within this larger canvas of the changing role of religion as a basis of identity formation and socio-political mobilization in a post-colonial setting.

Ethnic and religious diversity of the population as at the last population census in Sri Lanka is presented in Tables 1.1 and 1.2.

**Table 1.1 Population of Sri Lanka by Ethnicity, 2012**

Ethnic Group	Number	%
Sinhala	15,250,081	74.9
Sri Lanka Tamil	2,269,266	11.2
Indian Tamil	839,504	4.1
Muslim	1,936,768	9.5
Other	63,820	0.3
Total	20,359,439	100.0

Source: Department of Census and Statistics, 2012

<http://www.statistics.gov.lk/pophousat/cph2011/Pages/Activities/Reports/FinalReport/Population/Table%20A3.pdf>

Thus, the Sinhalese who make up nearly 75% of the total population, comprise an overwhelming majority in Sri Lanka. Sri Lankan Tamils, Muslims and Indian Tamils, all of whom speak Tamil as their mother tongue, comprise separately identified minority communities in Sri Lanka. Others include a wide variety of smaller groups such as Burghers, Barathas, Sri Lanka Chetties and Veddas.

**Table 1.2 Population of Sri Lanka by Religion 2012**

Religion	Number	%
Buddhism	14,272,056	70.1
Hinduism	2,561,299	12.6
Islam	1,967,523	9.7
Roman Catholic	1,261,194	6.2
Other Christian	290,967	1.4
Other	6,400	0.0
Total	20,359,439	100.0

Source: Department of Census and Statistics, 2012

<http://www.statistics.gov.lk/pophousat/cph2011/Pages/Activities/Reports/FinalReport/Population/Table%20A3.pdf>

In terms religious composition, Buddhists make up over 70% of the population, followed by Hindus, Muslims, Roman Catholics, and other Christians.

As for ethnoreligious affiliations, a vast majority of Sinhalese are Buddhist, most Tamils are Hindus and Muslims are followers of Islam. On the other hand, Christians include ethnic Sinhalese as well as ethnic Tamils with different Christian denominations being ethnically diverse in many instances. A majoritarian mindset gradually set in as part of state policy as the Sinhala Buddhists gained ascendancy in electoral politics in post-independence Sri Lanka. Sri Lankan politics has been increasingly dominated by the Sinhala Buddhists since 1956, imposing perceived discriminatory policies on ethno-religious minority groups in areas such as official languages, state-aided land settlement, education, and political representation (Wickramasinghe 2009, De

Votta 2017, Kadirgamar 2020). The Liberation Tigers of Tamil Eelam (LTTE) led political uprising from 1983 to 2009, and a terror attack by a small group of suspected Islamic terrorists during Easter of 2019 were violent campaigns against the establishment. There has been a wave of anti-Muslim violence by Sinhala-Buddhist mobs targeting Muslim establishments, including selected mosques since 2012, heightened by an upsurge in Islamophobia and political mobilization of ethnoreligious identities by different groups. The majoritarian political configuration that came to power in 2019 mobilized Sinhala Buddhist identity and grievances to rest power from a political affiliation made up of a majority-minority coalition that initially came to power on a campaign of good governance and social harmony across the ethnoreligious divide (Razak and Saleem 2021, Kadirgamar 2020, NCEASL 2020b).

## Pandemic Outbreak and the Challenges Posed

The COVID-19 pandemic unfolded in Sri Lanka from March 2020 within a social and political context which was fragile and conflict-prone. Caught in the geopolitical rivalry between India and China and a domestic debt crisis resulting from accumulated huge debts to international lenders and China in particular, the onset of the pandemic added to these burdens. Economic activities such as tourism and inward remittances from Sri Lankans working overseas were disrupted and public expenditure by the state increased due to the cost of importing vaccines and medical equipment needed to deal with the pandemic. Even though Sri Lanka has a well-developed health infrastructure and a comprehensive welfare state that evolved from the 1930s, the pandemic posed multiple

challenges due to its adverse impact on livelihoods and economic activities at a time of political instability, ethno-religious tension, and balance of payment difficulties. Further problems included disruption of the education system during the pandemic and social problems such as domestic violence triggered by pandemic related social changes. Internationally too, Sri Lanka encountered difficulties due to the continuing concerns over the country's human rights record during the last phase of the war and during the subsequent ethnic riots, increased militarization of civil administration particularly after the change of government in 2019 and difficulties in balancing relations with India and China.



## Pandemic Response

The pandemic response in Sri Lanka was swift and included preventive and remedial measures as well as relief services to the affected people on the part of the state. The first possibly imported case of COVID-19 was reported by a Chinese tourist in Sri Lanka on 27 January 2020. The first local transmission of the virus was detected in a Sri Lankan tourist guide on 10 March 2020. Two presidential task forces were established to coordinate the state response to the pandemic. The first was the National Operation Centre for Prevention of COVID 19 Outbreak (Operation Centre). This was established on 17 March 2020 under the chairmanship of the commander of the armed forces and involved the participation of health officials, representatives of Government Medical Officers Association (GMOA), police officers and key politicians responsible for health services. Its mandate included the organization of quarantine services, surveillance of infected persons and their contacts and the implementation of lockdowns. This task force facilitated pandemic control, the quick implementation of control measures and the enforcement of regulations.

Another presidential task force, called Economic Revival and Poverty Eradication Task Force, was established for the coordination of relief services and livelihood development activities under the leadership of Basil Rajapakse. These two mechanisms facilitated a swift response to the pandemic and the centralization of decision making in relation the public health

crisis. These two bodies, however, did not have any participation from civil society engaged in humanitarian response, minority or social science representation making the decision-making processes exclusive rather than inclusive, essentially majoritarian, and top down rather than participatory (CPA 2020). The majoritarian mindset did guide the decision-making processes, as evident in the imposition of the mandatory cremation of the COVID-19 dead bodies, which violated the religiously sanctioned compulsory burial of dead Islamic persons, triggering Muslim and interfaith agitations against the move. There was also state initiated pirith chanting in temples as a widely used Buddhist protection measure against the pandemic and the initial state support for a paniya, a herbal sweetener invented by a previously unknown person with the initial blessing of some Buddhist monks and political leaders who identified and publicly defended it as a miracle cure for the disease derived from indigenous knowledge. This majoritarian bias in the pandemic response, however, became unviable as the pandemic unfolded and a diversified and responsive approach to pandemic control became necessary in the light of protests and external pressures. More on the diverse roles of religious actors in facilitating required changes in pandemic response will be discussed later in this report.

## Pandemic Waves

As of July 2021, the pandemic unfolded in Sri Lanka in three waves as recognized by national health authorities (Epidemiology Unit 2021).

- |                         |                          |                     |
|-------------------------|--------------------------|---------------------|
| <b>1 The first wave</b> | <b>2 The second wave</b> | <b>3 Third wave</b> |
| 27 January 2020         | 4 October 2020           | 13 April 2021       |
| 3 October 2020          | 12 April 2021            | Present             |

### First Wave

Sri Lankans returning from Italy and other overseas destinations played a key role in disease transmission with several clusters emerging among substance users, prisoners, navy soldiers and some minority communities such as selected Muslim villages. Electronic media and social media were inclined to scape goat the ethnic and religious others as super spreaders of the disease. The identified disease clusters were immediately locked down, surveillance and quarantine operations were successfully implemented, and infected people were sent to treatment centres by health authorities with the assistance of police and security forces. Continuous curfew imposed by the government from March 15 to May 9 served to curtail transmission and limit it within the identified clusters. As a result, the number of cases and infection rates remained under control.

### Second Wave

The second wave began with the diagnosis of some garment factory workers in Minuwangoda in Gampaha District on October 7, 2020. Workers in several other garment factories too came to be identified with the disease in the weeks that followed. A fish market in a suburb of Colombo was later identified as an important centre of disease transmission throughout Sri Lanka as fish traders from all over the country visited this market as buyers or sellers. The second wave was more difficult to control because of disease transmission through production and market networks. The social and economic impact of the pandemic was more devastating due to closure of factories and fish markets also affecting the fish production and distribution in the country. The number of cases increased significantly but morbidity and mortality remained under check due to continuous monitoring and surveillance and successful operation of quarantine services. Civil society and faith actors became more involved in the pandemic response during the second wave, partly because the second wave also affected the Catholic belt north of Colombo, urban low income communities with a disproportionate presence of Muslims in Colombo and elsewhere and Buddhist communities in places like Gampaha and Kaluthara.

Some important religious celebrations were to take place in this period, but they were all cancelled due to the decision made by the Operation Centre and communicated to each religious organizations through appropriate state agencies and partner religious organizations. Among the religious activities due to be held in this period were Easter celebrations and Ramazan during April and Vesak celebrations in May. As all religious gatherings were banned during this period, relevant activities were held at home with the blessing of the relevant religious agencies and broadcast over television and radio in some instances. This may be seen as a successful avoidance of large-scale public gathering typically associated with these religious events with the active participation of faith actors and their support for cancellation of religious congregations and gathering.

## Third Wave

The origin of the devastating pandemic third wave in Sri Lanka is attributed to relaxations associated with the Sinhala and Tamil new year celebrations in April 2021 and the emergence of new strains of the virus that are more infective and more virulent. The new year celebrations reportedly involved a shopping spree, customary home visits into the countryside by residents in Colombo, some entertainment activities for visitors coming to Nuwara Eliya, the holiday resort in Central Sri Lanka, for the festive season, all contributing to increased transmission of the new virus strains throughout Sri Lanka. The resulting COVID-19 cluster in Sri Lanka has been officially identified as “the New Year Cluster”. It is important to point out that this surge in infections was not due to any collective religious activities such as kumba mela in India, but rather due to socially and politically inspired relaxations following a lull in infections in the preceding period during which restrictions on mobility were enforced by the security establishment.

The third wave resulted in a sudden upsurge in morbidity and mortality attributed to the disease. The rapid increase was so significant that the entire case load reported in a period of 9 months during the first wave of the pandemic was now reported in a single day. The daily death toll far exceeded the total death toll from the pandemic during the entire first wave. The third wave drove home the point that the pandemic was no longer limited to some isolated clusters and marginalized social groups who could be identified and labelled as super spreaders. In other words, as the pandemic broke out more widely during the third wave it came to be increasingly understood as a common threat for all people and not merely a burden of some specific groups as was apparently perceived during the previous two waves. This in turn had important implications for building solidarity across ethno-religious divides as will be elaborated later in this report.

Table 1.3: Number of COVID-19 patients and deaths in Sri Lanka by the three pandemic waves, as of July 20, 2021

Wave	No of patients	COVID-19 deaths
First	3388	13
Second	91743	585
Third	191,288	3,228
Total	286,419	3,827

Source: Epidemiological Unit, Ministry of Health, accessed on July 20, 2021

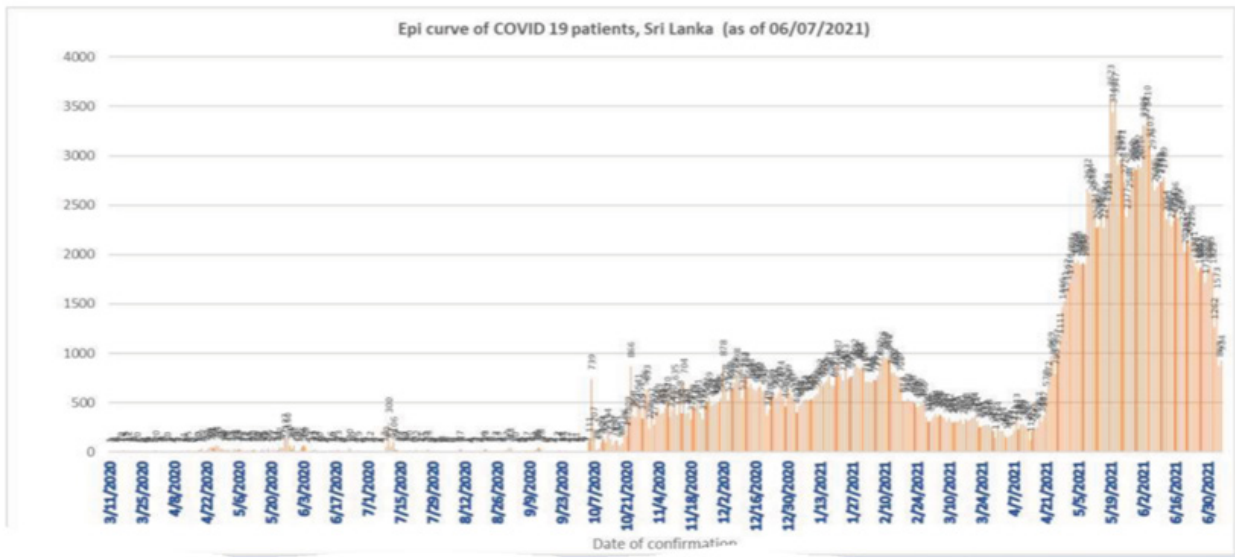


Figure 1.1: Overall COVID-19 trend in Sri Lanka from March 11, 2020 to June 30, 2021

Source: Department of Census and Statistics, 2012

<http://www.statistics.gov.lk/pophousat/cph2011/Pages/Activities/Reports/FinalReport/Population/Table%20A3.pdf>

The overall trend in COVID-19 infections in Sri Lanka from the onset of the pandemic until June 30, 2021, indicates the substantial upsurge during the third wave and a notable decline in infections from the middle of June 2021.

The role of religion during the pandemic must be assessed taking into consideration the religious diversity in the population, the political mobilization of ethno-religious identities in the post-colonial era and the overall trends in morbidity and mortality attributed to the disease and fluctuations in level of infections during the three pandemic waves identified by health authorities in Sri Lanka.

## Objectives of the Study

The overall objective of this study was to map the role of faith-based organizations (FBOs) and local faith actors (LFAs) in different religions and interfaith networks in the still unfolding pandemic in Sri Lanka within the short-term framework of humanitarian response during different stages of the pandemic as well as the long-term process of trust building, peacemaking and conflict resolution within a conflict-affected population.

Specific objectives of the assessment were as follows:

1. Identify and assess the role of Faith-Based Organizations (FBOs) and local faith actors (LFA) in containing the pandemic by ways of humanitarian response, promoting access to services, reducing, and regulating religious gatherings and promoting compliance with appropriate disease control measures when religious gatherings did take place.
2. Assess the understanding of FBOs and LFAs about specific needs of local communities, local conflict dynamics and how far this understanding informed actions and communications of LFAs in respect of nutrition, health, hygiene, psychosocial support, spiritual guidance, and prevention of gender-based violence during different stages of the pandemic and determine the impact of these interventions in respect of reconciliation and peace building.
3. Examine the extent and level of collaboration and partnership formation among faith actors representing different religions and between local faith actors and relevant state agencies during different pandemic waves and identify any good practices in respect of partnership building, conflict mitigation, reconciliation and peace building during the pandemic response.
4. Assess the role of government organizations (GOs), non-government organizations (NGOs), International non-government organizations (INGOs) and civil society organizations (CSOs) in harnessing FBOs and LFAs in responding to community specific needs, creating bridges, and removing barriers between communities affected by the pandemic and related processes of hate speech, rights violations, and resource limitations.
5. Map out the policy options and suitable interventions for enhancing the role of FBOs and LFAs in humanitarian response, peace building and conflict resolution at times of disasters including health emergencies that can potentially polarize communities instead of unifying them in addressing a common hazard.

## Research Methodology

The research process included the following procedures.



A desk review of literature and a secondary data analysis



Collection and analysis of primary data



Validation workshop

## Research Methodology

This involved a comprehensive online and offline literature review covering the role of faith actors during the pandemic in Sri Lanka and other countries in the region, including India. The items reviewed included published material, media reports in English, Sinhala and Tamil and online sources. The library resources of several local institutions were expected to be utilized. However, visits to these institutions were not possible due to pandemic related closures and restrictions. In effect the literature review was largely restricted to online sources and material collected by members of the research team through their personal contacts and prior research.

## Secondary Data Analysis

Due to the pandemic situation and the travel restrictions, it was not possible to access secondary data from any related institutions. In effect, the secondary data utilized were limited to mass media reports and social media posts accessible online. Mainstream print and electronic media as well as social media were monitored for accuracy of information, misinformation and hate speech during the pandemic. Particular attention was paid to public information by relevant government agencies and civil society organizations relating to the pandemic response, the engagement of faith actors and services to vulnerable groups in particular.

The results of the desk review and secondary data analysis were synthesized in the form of a report that summarizes existing knowledge about the topic and gaps in this knowledge. This report was submitted to the project partners for their comments and suggestions and their comments were incorporated in preparation of the final report.

## Collection and Analysis of Primary Data

Primary data was collected from selected key informants and a sample of LFAs representing the four main religious traditions in Sri Lanka by means of key informant interviews (KIIs) and an online survey.

### i. Key Informant Interviews

A total of 45 key informant interviews (KIIs) were conducted with selected government service providers, representatives of relevant CSOs, NGOs and INGOs (examples Sarvodaya Movement, National Peace Council, WVVL, Bridge Lanka) and key actors in prominent faith agencies and interfaith networks (Examples NCEASL, Sri Lanka Buddhist Academy, Walpola Rahula Institute, CARITAS) . A key objective of the KIIs was to identify good practices and lessons learnt from the angles of trust building and humanitarian response. KIIs were conducted using an interview guide developed for this purpose by the lead researchers in the appropriate languages. In keeping with health and safety guidelines in Sri Lanka regarding the prevention of COVID-19, interviews were conducted using mobile phone and WhatsApp.

KIIs were selected using the contacts of the lead researchers assisted by suggestions made staff in WVVL, Sarvodaya Movement, Walpola Rahula Institute, National Peace Council and National Christian Evangelical Alliance of Sri Lanka (NCEASL) and a snowball sampling procedure developed to expand and diversify the contacts. The KIIs covered a range of information relating to the pandemic response, including continuation of religious activity during the lock downs, use of safety measures, dissemination of information, relief services, countering hate speech, trust building and peace-making initiatives, interagency and interfaith cooperation and any advocacy work relating to the pandemic.

A detailed breakdown of the key informants interviewed is given in Table 1.4.

Type of Key Informant	Number	%
Priests	12	26.6
Interfaith leaders	5	11.1
Researchers	3	6.7
Lay leaders of FBOs	8	17.8
Female leaders	5	11.1
Civil society officials	8	17.8
Government officials	2	4.4
Students	1	2.2
Others	1	2.2
Total	45	99.9

Table 1.4: Distribution of Key Informants in the Study by Category

Thus, religious priests representing all five religious groups operating in Sri Lanka, representatives of key civil society organizations, including those engaged in peace building work, key actors in interfaith initiatives and some government officials coordinating with religious institutions were interviewed in Sinhala, Tamil, or English. The interviews took 45 minutes to 60 minutes per session and were conducted after explaining the purpose of the study and after obtaining the verbal informed consent of the respondents. Conversations were recorded with the permission of the respondents and where they disliked to being recorded detailed notes were taken manually by the person who conducted the interview. Where necessary, follow up interviews were made multiple times due to issues arising from the interviews, abrupt termination of the interview process by the respondents due to their other commitments and breakdown of telephone conversations due to technical reasons. All the interviews were conducted by one or the other of the four lead researchers to maintain quality and consistency. All interviews were transcribed in English irrespective of the language in which the interview was conducted. The inability to meet the respondents in person to observe the work they were doing was obviously an important limitation of the study, even though this limitation was partially overcome by follow up interviews and seeking clarifications after the main interview.

## ii. Online Survey

A sample survey of LFAs and members of local FBOs were conducted online covering the main religious groups in Sri Lanka. This was conducted through a self-administered questionnaire developed as a google form in all three languages, pretested and finalized in consultation with WVVL, IR and project partners overseas. The questionnaire was uploaded in google drive with clear information about why the survey was being conducted and guidelines relating to the completion of the questionnaire. The questionnaire was made available from

June 12 to July 9, 2021. Potential respondents to the questionnaire were identified and contacted through key informants already interviewed, religious institutions and civil society organizations as well as messaging services widely used by faith actors such as WhatsApp and face book. Information was transferred from the google form to excel and from there to SPSS. Merging information received in English, Sinhala, and Tamil versions of the google form presented some complications due to translation issues relating to textual information

and differences among Hindu, Muslim, Christian and Buddhist respondents answering the Tamil and English forms. Finally, they were successfully overcome combining language competencies and religious knowledge of different members of the research team.

The original intention of the online survey was to reach a multi religious sample of about 200 people. In reality a total of 214 persons had responded to the survey. An inspection of online responses during the period specified revealed two major problems. One was

incomplete submissions and submissions with factual errors and contradictory information. The second was the disproportionate number of submissions from respondents belonging to one religion way above its representation in the country's population. In responding to these two problems, the research team decided to prune the dataset. After the pruning and elimination of the problematic responses and elimination of excess responses from one religious group, total number of cleaned completed questionnaires was reduced to 164.

The breakdown of survey respondents by language used to complete the form, religious and gender distribution and category of respondents is given in Tables 1.4 to 1.6.

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Sinhala	38	23.2	23.2	23.2
Tamil	86	52.4	52.4	75.6
English	40	24.4	24.4	100.0
Total	164	100.0	100.0	

Table 1.4: Distribution of the Responses to the online survey by language in which google form was completed.

Thus, the largest number of responses to the online survey was in Tamil, followed by English and Sinhala. The reasons for the reported pattern were better contacts the research team had with several Islamic and Hindu faith-based networks operating in Tamil, difficulties experienced by Buddhist monks contacted in responding to an online survey due to their limited IT capabilities and poor internet access.

		Religion						
			Buddhism	Hinduism	Islam	Catholic	Other Christian	Total
Gender	Male	Count	20	20	23	12	18	93
		% within religion	46.5%	55.6%	48.9%	70.6%	85.7%	56.7%
	Female	Count	23	16	24	5	3	71
		% within religion	53.5%	44.4%	51.1%	29.4%	14.3%	43.3%
Total		Count	43	36	47	17	21	164
		% within religion	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table1.5: Distribution of Respondents to the Online Survey by Gender and Religious Identity



Thus, a reasonable gender balance was achieved in respect of responses from Buddhism, Hinduism, and Islam, but there was a male predominance among Catholic and other Christian respondents for reasons not clear as of now.

		1.7.2. Religious Identity						
Category		Buddhism	Hinduism	Islam	Catholic	Other Christian	Total	
Religious Priest	Count	5	4	14	10	14	47	
	% within religion	11.6%	11.1%	29.8%	58.8%	66.7%	28.7%	
Lay devotee	Count	38	32	33	7	7	117	
	% within religion	88.4%	88.9%	70.2%	41.2%	33.3%	71.3%	
Total	Count	43	36	47	17	21	164	
	% within religion	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 1.6: Category of Religious Engagement by Religion

A total of 29% of respondents to the online survey were religious priests, as against lay devotees who comprised 71% of all respondents. The pattern was not uniform among different religions. Nearly 67% of all respondents from non-RC Christian group were priests, followed by Catholics, Muslims, Buddhists, and Hindus. This also partly explains the unbalanced sex ratio among both categories of Christian respondents. The research team tried to enhance the participation in the online survey by priests in Buddhism and Hinduism, but it had limited success due to poor IT capabilities of the religious priests contacted.

## Validation Workshop

A validation/debriefing workshop was conducted via zoom for a selection of key stakeholders on August 11, 2021. The total number of participants in the workshop was 34 consisting of 26 males and 8 females. The participants included staff of WVVL, IR, invited researchers, religious leaders, and civil society actors. After presentations by the four researchers over 45 minutes, the participants were divided into three groups that sought to establish the agreement or disagreement of the participants with the findings of the study and any suggestions for improvement of the

interpretations. Many participants agreed with the key findings presented particularly regarding the role of religious actors in the humanitarian response and the desire to extend relief services to those from outside one's own religion as well. There was also some consensus regarding changes in ethno-religious response during different pandemic waves with more acceptance of interfaith activity towards the third wave when disease transmission cut across all communities and all religious groups and a sense of a common tragedy affecting all was gradually being established in all communities.

We give below some critical comments about the study that came up during group work.

1. Some religious groups in the country are inadequately covered in the study. Special mention was made of Roman Catholics and mainstream Christian groups in the country, not mentioned in good practices highlighted during the presentations.
2. The role of state in relation to peace building and reconciliation. While participants agreed with the findings of the study regarding the mediatory role of religion during the pandemic at the ground level, which could be attributed to the customary religious and cultural orientations in Sri Lanka society, this did not spread upwards in ways that promote social harmony and larger policy shifts and peace building because of the fear that the ruling government may gain political advantage by adopting majoritarian policies instead of adopting inclusive policies respecting diversity, minority rights and reconciliatory action.
3. It was also pointed out that the presentations did not pay enough attention to the challenges faced by certain religious actors in engaging in their religious activities in the light of the restrictions imposed, lack of resources experienced by certain religious institutions and the culturally insensitive ways in which religious activities were monitored by state agencies and the media.
4. A tendency on the part of political powerholders to coopt religious leaders to support and legitimize what they do was also mentioned as an important concern of some FBOs during the deliberations.

In finalizing the report, the research team addressed some of these concerns to the extent possible considering the time and resource constraints, limited scope of the study and availability of data.

## Ethical and Safety Guidelines

The study closely followed the guidelines, stipulated in the TOR inclusive of ethical guidelines, health and safety requirements and technical requirements. Informed consent was obtained from KIs verbally at the beginning of the interview after explaining the objectives of the study by the interviewer. We could not obtain a written informed consent from the respondents due to additional burden it imposed on the respondents to complete a form and return it to the researchers. Only

one of the persons contacted did not want to proceed with the interview due to his busy schedule. In the case of the online survey an explanatory note was given as part of the google form and the respondents were given the opportunity to decide for themselves if they would like to participate in the survey having perused the questionnaire. Further, the respondents were given the choice to drop out of the survey at any point during the process of completing the questionnaire.

## Limitations of the Study

This study was conducted during an unfolding pandemic situation with many government-imposed travel restrictions, lockdowns, difficulties encountered by potential respondents and the research team to meet each other, to establish rapport with one another and to validate the information received. The online survey was conducted primarily using social

networks of the research team and online sources available at the time. In view of this situation, the study findings may have the following limitations.

First, sample of respondents to the online survey is not a representative random sample in view of the absence of any sampling frame

to randomly select the respondents and the inability of the researchers to reach out to all segments of the faith actor population. The limitation imposed by the poor digital literacy of some key religious actors such as religious priests and the poor internet access of even those who may have been able to respond to the google form used in this survey must be seen as a major limitation of the study.

Second, because of the pandemic situation and physical closure of most religious institutions during much of the period under consideration, the research team was not able to check the validity of information provided by physical observation or cross checking with different informants. This was partially overcome in KIs through approaching them via known contacts, follow up interviews and cross checking with different respondents. We did advise the potential respondents to the google form to contact one of the three lead researchers if they wanted any clarifications but only a limited number (18 in all) actually sought any clarifications during the process.

Third, the google form was made available for a total period of about four weeks given the time constraints of the study and this may have restricted the actual number of respondents who completed the survey within the stipulated period. Information about the survey was shared with known contacts and through social media and a couple of websites which enhanced the reach of the online survey, but the researchers had no control over the process that resulted in a considerable number of incomplete and inaccurate survey responses that were subsequently eliminated.

Fourth, the research team themselves could not meet and discuss issues as freely as they wanted due to travel restrictions and multiple commitments during the pandemic. Weekly team meetings were regularly conducted via zoom or google meet and communication channels were maintained through regular phone and WhatsApp calls. Despite these regular interactions and exchanges, the inability to meet physically during critical stages of this

study made it difficult to guide and monitor the process as efficiently as one would have liked. Fifth, certain Muslim respondents were reluctant to divulge information about the religious organizations in which they were involved in view of the government ban on a total of 12 Islamic organizations on April 14, 2021, on the recommendations of the Presidential Commission on Easter Sunday attack and the fear that more organizations would be banned due to ongoing investigations. This posed a problem in both online survey and KIs with the researchers being able to clear any doubts the respondents had in KIs but not in the online survey.

Sixth, initially the research team was exclusively male, and this limited its capacity to explore aspects of female religiosity and to expand the network of female respondents. Later Sara Arumugam joined the team and it helped overcome some of the gender barriers encountered by the researchers and reach out to some female faith actors.

Finally, information received in KIs was particularly useful for understanding the social dynamics in religious behaviour and exploring contextual parameters. These interviews were conducted in Tamil, Sinhala, or English via mobile phone, supplemented by WhatsApp and zoom where possible. Repeat interviews were done in some instances in order to check and validate information. The inability to physically observe the settings such as temples and rituals was a major obstacle in the study. Some effort however was made to overcome the above limitation by visiting the relevant websites, social media sites and checking you tube videos relating to any relevant events or experiences

## Chapter Two

### Faith, Pestilence and Healing

This chapter explores the contested relationship between faith and pandemics by critically examining the literature and a secondary data analysis covering mass media and social media. The literature review aims at assessing the current knowledge relating to how religion in some instances serves to trigger infections and complicate its prevention and control while in other instances become an important tool for crisis management, humanitarian services, trust building and containing social conflicts in affected populations. The aim here is to identify the right approach for mobilizing religion as a useful platform for public health intervention, crisis management and peace building in pandemic affected populations. We do not attempt to do an extensive review of the expanding body of literature on the subject, but rather focus on the relevant literature on Sri Lanka and the wider Asian region examining the current pandemic and related public health crises that preceded the pandemic. The word healing is used in a broader sense in this report to refer to both spiritual processes at the individual level and the social processes of conflict resolution and peace building resulting in healing of social wounds and hampering of conflict dynamics.

Mass media reports on the pandemic in Sri Lanka were monitored to identify how religion is projected as an institution affecting and affected by the pandemic within a landscape of a long history of interreligious coexistence and recent episodes of religious tension as was the case in the Easter Sunday attacks by suspected Islamist terrorist targeting Christians and international tourists in April 2019. Just as much as religion was implicated in conflict dynamics in Sri Lanka, some religious actors came forward to mediate and create social bridges at critical junctures during the pandemic as will be illustrated later in this report.

Social media analysis was undertaken for assessing hate speech and its possible connections with identity dynamics, nationalist politics, and drivers of conflict. It is hoped that this will prepare the ground for understanding hate speech within the context of the pandemic and explore how religious leaders play a role in countering misinformation and building trust in polarized communities through appropriate interfaith engagements and trust building and peace initiatives to be explored in the subsequent chapters. Social media is increasingly seen as a mirror of society and forerunner of developments that will shape social processes, popular culture and identity struggles also connected with globalization processes and confrontations with modernization, science and developments in post-colonial settings in particular. The social media content to be analyzed in this chapter will be purposively chosen to explore pandemic-related themes and identity dynamics.

## Literature Review on the Role of Faith during Pandemics

Much of the early research on the onset of the COVID-19 pandemic tried to explain why certain religious groups became disease clusters and a tendency for ethnic, religious, and racial groups to blame each other for the pandemic spread with some specific groups identified as carriers and super spreaders of the virus (Wildman, Bulbulia, Sosis & Schjoedt 2020, Sing 2020). As the pandemic unfolded and became increasingly perceived as a common threat to

all (elegantly articulated by the UN Secretary General António Guterres in his statement in May 2020 titled “we are all in it together”) affecting all sections of society in one way or the other and not merely a burden of specific groups, picture began to change and the need for a greater collaboration between disease control efforts and the faith at various levels began to emerge.

Accordingly, we classify the literature reviewed under the following headings:

1. Religion as an actual or potential trigger in the pandemic spread
2. Religion as a trope for who is to be blamed
3. Religion as a key player in the pandemic response
4. Religion as a potential peace builder in the pandemic-affected and socially and politically polarized world

### Religion as a pandemic trigger

Initial debates about the role of religion during the onset of the pandemic in the Asian region focused on the role of certain religious congregations in triggering the pandemic. For instance, the initial outbreak of Covid-19 epidemic in South Korea was attributed to the controversial Shincheonji Church of Jesus with a personality cult centred around 88-year-old Lee Man-hee, identified by his followers as a messianic saviour. Reportedly, this cult facilitated the transmission of the virus from Wuhan to South Korea and its incubation within a close group of cult members in South Korea (Wildman, Bulbulia, Sosis & Schjoedt 2020). During the first two weeks of the epidemic, over 50 % of all confirmed COVID-19 patients was reportedly from among these cult members who comprised less than one percent of the total population in South Korea. This pointed to the possible role of religious travel, interaction, and ritual practices such as hugging in transmission of the deadly new virus and its circulation within specific groups.

Broadly there are three ways in which religious

affiliations and behaviour may be contributing to the rapid spread of the virus in specific communities. First, religious congregations bring together large numbers of people on a regular basis (e.g. daily prayers in mosques) with the result that virus transmission is facilitated through close physical contact in enclosed settings (Quadri 2020). Second, certain ritual practices such as hugging, handshake, bodily touch in a crowd situation or the Muslim practice of eating from a common plate (Iftar) may further contribute to disease transmission and clustering of disease within specific population groups (WHO 2020a, Cordero 2021). Third, certain community characteristics such as crowded urban settlements like Muslim bazaar communities in Sri Lanka or forest hermitages of Buddhist monks with shared cooking and shared eating or almsgiving (dane) provided by donors from outside as well as group meditation sessions from time to time may facilitate the inflow, outflow, and internal circulation of the virus within specific communities (Silva 2020a). In any case a sound understanding of these social, cultural, and

ritual dynamics will be necessary to prevent disease transmission through the religious and community routes. Once religious communities become aware of how the relevant behaviour is implicated in disease transmission, they can take

necessary precautions to avoid risky behaviours provided they are willing and ready to make necessary changes in their ritual and religious practices in response to the pandemic.

## Religion as a Trope for Who is to be Blamed

The early literature on the epidemic outbreak in India openly blamed the reformist Islamic missionary movement Tablighi Jamaat of Indian origin for triggering the pandemic in India. It had organized a series of religious congregations with the participation of international visitors who reportedly introduced the disease to India and contributed its rapid spread throughout India (Singh 2020, Desai and Amarsingam 2020). Later, this came to be identified by hostile Hindutwa groups in the extreme right as 'Corona Jihad', a deliberate move by the Muslim fundamentalist to harm the Hindu majority as a form of biological warfare (Desai and Amarsingam 2020, Kapur 2020).

Apart from these extreme examples of the entanglement between religion and the pandemic, the literature is replete with references to interethnic and interreligious hate speech as a social fallout of the COVID-19

pandemic. Literature on the pandemic of hate has sought to elaborate how the resulting explosion of hate has served to propel the disease transmission and interfere with its control and prevention among the stigmatized groups in society (NG 2020). "Viruses do not discriminate based on race, religious belief, gender, or sexual orientation, and nor should we. We should be fighting the virus, not each other" (NG 2020: 2).

In Sri Lanka, the pandemic of hate predates the onset of the COVID-19 pandemic (Silva 2021). It was propelled by a wave of anti-Muslim violence in Sri Lanka from 2012 onwards, culminating in the Easter Sunday attack of April 2019 unleashed by an Islamist group. In a report submitted to the UN, Special Rapporteur on Freedom of Religion and Faith made the following observations about Sri Lanka in 2019.

**The minority communities are feeling extremely vulnerable with the constant threat of hate speech and hate crimes while they have no recourse for justice. ....**

**These are clear contemporary examples of hate speech and hate violence, politicising the ethnic and religious identities, targeting minority communities, in particular the Muslim community. Despite sufficient evidence available at each incident, even years after the fact, not one perpetrator has been held accountable even though the Government made a few arrests and some victims have been compensated. It is also worth noting that such violence did not exclusively target Muslims; similar violence had been committed also against the Tamils and Christians at various points in time (2019: 8).**

A survey conducted by the National Christian Evangelical Alliance of Sri Lanka (NCEASL) in mainstream and social media in Sri Lanka found that the pandemic served to accentuate the existing pattern of hate targeting minority communities and religions, in particular (NCEASL 2020 a).

**While the pandemic had an impact on how the content of hate speech was employed during this period and how online spaces were used to demonize the religious other, the content also indicated a continuation of the types of posts and comments that were used previously (NCEASL 2020a: 9).**

Both mainstream media and social media have played an important role in disseminating hate speech targeting minority communities in Sri Lanka, the Muslims in particular (Silva 2020a,2020b, 2021).

As for blaming certain religious groups as super spreaders of the disease, it must be noted here that stereotyping often happened in previous pandemics as well. For instance, HIV/AIDS was initially attributed to gay people and IV drug users, contributing to a process of stigmatization of the disease and its suspected carriers. This also contributed to fear and panic surrounding the onset of new infectious diseases (Dingwall, Hoffman and Staniland 2013). This pattern is expected to subside as the disease spreads among a broader cross section of the population and it becomes a common predicament as implied by the statement of UN Secretary General that “we are all in it together”. This in turn brings us to the potential positive contribution of religion in responding to the pandemic.

## Religion as a Key Player in the Pandemic Response

The work by Katherine Marshall (2020) is a useful point of departure for exploring the positive role of faith during the pandemics. Opening her essay with a larger question “Can faith and science go together” her tentative answer is “Yes” provided they understand each other’s strengths and limitations. Quoting a 2012 study by the Pew Research Centre, Marshall argues that more than 80% of the world population adhere to a religion. Building on prior work relating to the religious turn in development studies (e.g. Tomalin, Haustein, and Kidy 2018), Marshall argued that the religion can constructively engage with efforts at pandemic containment for five different reasons. First, with their large communication networks and intimate knowledge of local communities, religious leaders can be instrumental in conveying the right messages during times of crisis. According to Marshall “public health messages by necessity are short and direct, simply urging people to “stay home” and “wash hands,” for example. Religious leaders can draw on theology and popular stories to transmit even basic public health suggestions, like hand washing, in ways that people can more easily accept, interpreting them within tradition

and context. They can model constructive behaviors—by respecting quarantine requirements, for example. And, facing threats of social tension or even violence, leaders can appeal to the “better angels” in people, invoking compassion and caring rather than anger and recrimination” (2020: 7). In this context, religious leaders can obviously assist health workers in reaching out to the public for disseminating key messages relevant for containing and prevention of the pandemic.

On a different note, Marshall clearly recognized that there is also a danger involved in collaborating with religious leaders unless efforts are made to identify and avoid potential misinformation and inaccuracies. For instance, “some religious figures, mostly on the fringes, have promoted dubious cures for COVID-19 or apocalyptic visions that have heightened fears and distrust during the pandemic. But equally, when rumors, misunderstandings, scapegoating, deliberately false information, and conspiracy theories are linked to religious beliefs, faith leaders and communities have special responsibilities to dispel and correct misinformation.” Once this danger is

removed, religious institutions are perfectly capable of communicating in ways that are easily understood and acted upon by local communities.

Second, faith actors can also be an important means of reaching out to difficult to access marginalized communities in terms of service delivery and influencing health and safety behavior. During pandemics, faith actors often take the lead in providing relief, services, spiritual guidance and advocacy services for certain marginalized groups, such as urban and rural poor, prisoners, substance users, battered women, minorities and illegal immigrants. The current pandemic is no exception as revealed in the current and previous studies.

Third, as already noted in the previous section pandemics can trigger discrimination, hate and stigmatization targeting marginalized social groups. This was evident in HIV/AIDS, EBOLA as well as in the COVID-19 pandemic. According to Marshall, "Religious communities can magnify latent prejudice and tensions, but they can also counter them. Wise religious leaders admonish, plead, and teach their adherents to focus on common humanity, emphasizing beliefs that overcome prejudice. Interfaith models can also help, as they symbolically bring diverse groups together, reaching out to stigmatized people and advancing basic religious, ethnic and social understanding." She implies that the participation of suitable religious leaders can contribute to countering hate speech,

Similarly, several studies have highlighted the constraints imposed by lockdowns and other restrictions on religious congregations and their implications for mobilizing faith actors in public health interventions. In a study focusing on Buddhism in Sri Lanka, Schonthal and Jayatileke (2020) for instance, made the following observation.

**The suppressing impacts of Covid-19 on religious activities make for an especially sad irony. Restrictions on the practice of religion come at the very moment when people are in special need of religious consolation in the form of blessing, prayer, healing, and community support.**

destigmatization of new disease and tackling fear, discrimination and misinformation. Fourth, faith actors can play an important role in trust building in communities disturbed by the pandemic, in terms of infections, lockdowns and economic disturbances. Considering that trust building is a prerequisite for health recovery as well as economic and social recovery, this must be seen as an important resource for revival of pandemic affected communities. Religious actors can also facilitate required behavioural change such as social distancing and wearing of masks by demonstrating and legitimizing correct behaviors as and when needed.

Finally, it is important that the authorities make a correct assessment of the role and functions of religious institutions and actors avoiding sweeping generalizations and identifying key faith actors who can play a useful role in reaching out to the public to influence their practices and compliance with disease control interventions. The role of faith actors and religious institutions in providing relief to pandemic-affected marginalized communities, in particular, is well established in the literature (Williams 1921, USAID 2020, Hall 2020). A World Vision study noted that the lifelong indirect impact of the pandemic on children in fragile communities can be much worse than its direct impact as such (World Vision International 2021). Its child focused interventions, therefore, sought to ensure the rights of children regarding nutrition, education, and physical and emotional wellbeing in general.



On the other hand, in countries where religion is already digitized at the time of onset of the pandemic such as South Korea, reduced potential for off-line religious activities was perhaps offset by the rapid spread of online religious activity with its diverse applications in sharing of pandemic related information and experiences (Change 2015, Naggar 2014). While digitization of religion has a longer history with developments such as televangelism in the western countries, the pandemic related barriers to religious congregations, pilgrimage and fellowship can be an important boost for the process of digitization of faith as a pandemic response.

Various combinations of off-line and online and TV, radio and internet-based religious action and faith activity are possible as a means of sustaining faith during mobility and physical contact restrictions imposed by the pandemic. The number of Buddhist TV channels, radio stations, media networks, blogs and social networks in Sri Lanka has increased over the years along with a proliferation of Buddhist programs in CDs, cassettes, and similar forms of reproduction as well (Ivarsson 2019, Silva 2020). Further, in a blog titled "Sonic fields of protection in Sri Lanka's COVID-19 pandemic," Gajaweera and Mahadev (2021) elaborate the combined use of TV, radio and loudspeakers

for blessing the country as a whole in a week-long state-sponsored nation-wide program of Pirith Chanting seeking to bless the entire nation including health workers and armed forces as well as the entire humankind following the onset of the pandemic. How far there are parallel developments in other religions in the country is not known at present. However, as revealed in KIs conducted in the current study, TV programs from India, Pakistan, the Middle East, and other countries may be popular among Hindus, Muslims, and Christians in Sri Lanka to varying extents.

Similarly, Bentzen (2020) finds a rising prayer intensity across the globe to overcome mental and physical stress in the face of Covid -19 pandemic. She argues that internet prayer is on rise to cope with adversity and that people pray for relief, understanding and comfort. The same study also shows a rise in internet searches for the topic 'prayer', including all topics related to prayer in all languages. Searches for other religious terms also increased during the pandemic, such as God, Allah, Muhammad, Quran, Bible, and Jesus, and, to a lesser extent, corresponding South Asian terms like Buddha, Vishnu, and Shiva. This indicates that people may be searching for online forums to replace their physical churches shut down as a pandemic control measure.

Religious teachings and scriptural references to pandemics in religious scripts can be effectively used in educating the followers to satisfactorily respond to the pandemic situation. A blog published by California Islamic University on Islamic Guidance Pertaining to the Spread of Covid-19 draws on scriptural references to quarantine and isolation as ways of dealing with infections (Mustafa 2020).

**"The underlying principle for the proper reaction to an infectious disease such as Covid-19 is the statement of the Messenger of God, "Do not cause harm, and don't get harmed [*lā ḍarar wa lā ḍirār*]." [Muwaṭṭa' #1435] This general statement requires some interpretation. Guidelines provided by public health institutions are often general and require some level of interpretation to correctly ascertain the threat to individuals and society. An ethico-legal evaluation must weigh both scripture and scientific research in light of theological imperatives."**

A study by Zohaib Ahmad and Arzoo Ahad (2021), draws similarities between the religious teachings and the scientific health guidelines recommended by the WHO and CDC.

**“In sum, it can be said that Islam and science recommend almost the same scientific precautions to reduce the devastating impact of this pandemic. It is the religious duty of every Muslim to follow them. An epidemic will become a source of mercy for them if they trust in God, give *ṣadaqah* (charity) and follow the necessary precautions.”**

A qualitative study in UK elaborates the impact of the actions taken by faith actors and religious organizations in containing the pandemic (Hassan, Ring, Tahir and Gabbay 2021).

**“The closure of mosques sent out a strong message about the seriousness of the virus and religious teachings reinforced hygiene and social distancing guidelines.”**

In “Keeping the Faith: The Role of Faith Leaders in the Ebola Response”, the effectiveness of the faith actors to educate the public during the times of uncertainty was highlighted (Featherstone 2015). The report goes on to explain how the spread of Ebola was contained with the help of faith leaders from Islam and Christianity.

As for effective elimination of barriers to disease control, a study by World Vision points to the success of faith actors in addressing (World Vision International 2021) key issues such as vaccine barriers in faith communities. This report stated the following:

**“In an unprecedented era of misinformation, disinformation, conspiracies, and confusion, these faith leaders play a pivotal role in leveraging their platforms to share accurate, fact-based information about COVID-19. They are well-positioned and trusted in their communities, enabling them to identify challenges, design solutions, and promote ways of overcoming barriers that keep children and young people and their communities from accessing vital health care.” (p.i)**

Even though the pandemic may be configured as a common predicament of the entire humankind along the lines suggested by the UN Secretary General, it is important to recognize that it has triggered or accentuated a variety of identity politics involving majority-minority, citizens and immigrants and locals and aliens (Silva 2021, NG 2020, Desai and Amarsingam 2020). Agamben (2020) deployed the Foucauldian notion of biopolitics to describe the top-down militaristic approach used by many states to control human behavior to contain the pandemic. In a provocative analysis of the pandemic response in East Asia, de Kloet, Lin and Chow (2020) identified “biopolitical nationalism” as a counterpoint to state-mediated biopolitics in those geopolitical entities where citizens willingly and self-affirmatively take up disease control measures in a conscious effort

to contain the pandemic in their own countries, achieve success in the global struggle against the disease and demonstrate the privileged biological position of one’s own group vis-à-vis others in resisting the infection. They argued that the “virus is not only infecting but also affecting” (2020: 636). However, biopolitical nationalism can be viable and politically advantageous only in so far as it serves to effectively contain the disease. Its legitimacy and affective hold may be seriously undermined where the disease spreads fast and the public faith in control measures decreases correspondingly. The concept of biopolitical nationalism totally ignores how diverse population groups within a country relates to the majoritarian nationalism propagated by the ruling elite. This is where Sri Lankan polity with a politically dominant ethnic majority and at least three separate

minority ethnic communities, may be a useful contrast to East Asian examples explored by de Kloet, Lin and Chow. The virus may infect and affect different communities differently with

corresponding challenges for promotion of trust and social harmony across ethno-religious divides instrumentalized by hegemonic states.

## Religion as a Potential Unifier of Pandemic-Affected Populations

Overall, there has been limited research on remedying the situation by comparison to investigations of hate speech and social tensions triggered by the pandemic. The limited knowledge available suggests that local faith actors are more likely to take the lead in trust building and social networking across ethno-religious divides compared to authorities and decision makers at higher levels who benefit from such divisive politics.

In an article on “digital peace builders”, Wevelsiep (2021) argued that in conflict-prone societies the pandemic provided a window of opportunity to reduce hostilities and work towards peace through the intervention of local faith leaders. The study claimed that the faith leaders can serve to overcome the mistrust among digitally divided communities by developing their own digital peace platforms designed for trust building and information sharing focusing on the pandemic related issues initially. Health education sensitive to local cultures can pave the way for addressing the flow of misinformation about each other as well. This, in turn, can lead to countering hate speech and digital exercises facilitating peaceful exchanges and mutual support mechanisms. This essay is more of a normative exposition, but it has several innovative ideas about how to build digital platforms for promoting peace and social harmony.

Handayani and Naibaho (2020) aims to elucidate the importance of religious harmony in Indonesia to fight Covid-19 pandemic. They also show how religious disunity would disrupt the country’s socio-economic and cultural progress at a time of the global pandemic. Overall, in their view a pluralistic nation like Indonesia, requires high tolerance from every citizen in building a life together during the pandemic

where religion should play a proactive role. They point out two parallel catastrophes in Indonesia, namely Covid-19, and the social disintegration caused by religious violence. Identified as two vicious “beings” that threaten human existence, they require a well-coordinated policy and program response.

The article identifies a major challenge for Indonesia’s unity and diversity in the majoritarian tendency of the state and polity. Majoritarianism is configured as a desire for the nation to be controlled by the majority group, while the minority plays a passive, minimal, and silent role. This pattern leads to violent conflict in many spheres of social life. To arrest this tendency, the authors demand the intervention of religion, deploying the pandemic as an opportunity to push for both unity and diversity. Authors suggest that ethnic, religious, racial, and customary communities, as well as establishing a supportive environment of tolerance, are needed to strengthen the moral foundation (starting from the family) through learning religious morals, customs, local wisdom, and code of conduct. Everyone must be able to live side by side with others and uphold common ethical values while recognizing and respecting diversity. The article argues that plurality does not mean merger or eradication of cultural diversity. In a broad sense, plurality is defined as the acceptance and appreciation of diversity and efforts to cooperate with other groups for the common good. This article has some relevance for understanding the situation in Sri Lanka as well, particularly in respect of challenges posed by majoritarianism.

There is limited literature on the role of Hinduism during the pandemic. According to some Hindu interpretations social distancing does not have to mean social disconnecting,

as people can still find ways to connect with friends, family, neighboring communities, and others through digital platforms (Sekhsaria 2020, Tilley 2015). Hindu teachings and spiritual practices offer many ways to heal pain, anxiety and fear concerning the unpredictable future which we cannot control. Though many temples are currently closed to devotees, many are using streaming services to help people feel spiritually connected. There is a great deal of confidence among Hindus in Puja which they see as a way of healing for agony, stress, depression and so forth.

Klob (2020) claims that many Hindu ritual practices have an adaptive value during the pandemic. They include Namaste form of

wishing well when two people meet, washing hands and legs before entering a house, doing Yoga, burning the death bodies, bathing after attending a funeral, all sanctioned by Hindu religion and custom. His argument is that all these practices have received a new validity and legitimacy in the light of the pandemic and health guidelines issued by public health authorities.

In summary, the engagement between pandemic control and faith actors was rather complex with some manifestation of tension at the beginning and a certain degree of mutual accommodation as the pandemic unfolded and penetrated a wider cross section of the population in many parts of the world.

## Media Reports Blaming the Marginalized Social Groups for Triggering the Pandemic in Sri Lanka

Reports about the pandemic in Sri Lanka in print and electronic media in Sinhala during the early phase of the pandemic was majoritarian in outlook with a tendency to blame ethnic and religious minorities and marginalized social groups like substance abusers for triggering the pandemic.

By March 21, the quarantine process identified an evangelical Christian Church in Jaffna as a potential source of infection. This was given much publicity in electronic media largely controlled by the state. The senior pastor in the Philadelphia Missionary Church reportedly tested positive for COVID-19 after returning to Switzerland with his wife following the visit to Jaffna. He had held a congregation in Jaffna on Sunday, March 15 where some 240 people reportedly participated. Both electronic and print media reported that the pastor hugged and blessed participants during the prayers. Several of the Pastor's contacts later presented with COVID-19 symptoms to Jaffna Teaching Hospital and three were confirmed positive. Twenty other participants who were in close contact with the pastor were transferred to a quarantine centre run by the army and the

remaining participants in the congregation were asked to go for home quarantine under the supervision of the army and local PHIs. This also brought in a lockdown under curfew in the entire Northern Province for a number of days. Later another 200 families in Hatton Dickoya area in Nuwara Eliya District who participated in a service by the same pastor in a local church were identified and put on home quarantine under the supervision of local PHIs. While this was a true story, its significance in triggering the pandemic in selected areas in Sri Lanka was blown out of proportion in national media in ways that discredited the religious group.

There were many instances where mainstream media presented distorted information to drive home the view that Muslims heavily contributed to the COVID-19 spread in Sri Lanka. In one such instance a TV channel showed in its news telecast a large gathering in a mosque, reportedly violating a ban on public gathering at the time. This was later shared in a Facebook group with over 70,000 members as a distinctly anti-social move by the relevant group of Muslims. Widely circulated stories like this were deployed to create a narrative of Muslims

as super spreaders of the disease in Sri Lanka. However, a subsequent enquiry revealed that this story was false and that the gathering had been organized by the health authorities in the area to conduct PCR testing.

Similar stories were deployed to justify the cremation of Muslims who died of a COVID-19. The reasons given by so-called experts for insisting on mandatory cremation were rather dubious in some instances. For example, BBC spoke to a consultant forensic pathologist attached to the Ministry of Health who was dealing with the disposal of dead bodies. While insisting that the government had nothing against Muslims, he also noted that there was “a small fear about whether the virus can be used for unauthorized activities. Maybe an unwanted person could get access to a body, and it could be used as a biological weapon.” This imagery of COVID-19 germ as a biological weapon that one community used against another was explicitly stated in social media posts examined in the next section

In a news report in Mawbima Sinhala newspaper dated 28-4-2020 sensationally titled “Suduwelle Kudda: the turning point in the corona scourge in Sri Lanka” a youth addict from this low-income community was identified as patient 206, a super spreader equivalent to infamous patient 31 in South Korea. This person reportedly infected many other people in the community with whom he shared drugs. “Most importantly in a roundup of addicts in Suduwella conducted as a quarantine operation, navy soldiers were forced to chase and apprehend him through a scuffle that resulted in these ranaviru being infected. This resulted in rapid disease transmission within the navy, which reported 129 new cases within a few days.” Media briefings by high-ranking military

and police officers reported in TV news openly blamed the ‘Kuddo’ for infecting the navy without mentioning any contributory factors from within the navy. The stigmatizing labels kudda (singular) and kuddo (plural) already widely registered in mass media and social media, as part and parcel of organized crime connected with the underworld, were extended to the public discourse on COVID-19 in some ways legitimizing the militarized response to the pandemic in Sri Lanka. Even the usually cool and composed, police media spokesperson blamed kudda for deliberately or unwittingly spreading the disease to ranaviru.

In a related event much publicized in media, a confirmed COVID-19 patient who was also a drug addict who had been transferred to the National Infectious Disease Hospital in Angoda from the Kandakadu quarantine centre, ran away from the hospital in the early morning of July 24, 2020. The media reports on the event caused public panic and a mass fear as it was feared that he could indiscriminately infect innocent people in the capital city. His pictures retrieved from hospital records and video clips captured from CCTV were instantly displayed on TV cameras to help identify him. His name and place of origin also leaked to mass media, conveying his Muslim identity, and further reinforcing the stigmatization process. He returned to the hospital later in the day, but efforts to trace his possible contacts continued using his own reports, CCTV footage and reports of people who had seen him during his outing. After causing much panic about this incident, health authorities later revealed that the person concerned had largely recovered from the disease and that he was probably non-infective at that stage.

## Analysis of Online Material relating to the Pandemic

We conducted an analysis of selected online material for assessing changing attitudes of the public during different stages of the pandemic.

It included an investigation of selected social media posts relating to hate speech and you tube uploads regarding interreligious contestations and interaction during the pandemic. The material presented is divided into three broad categories.

1. Social Media posts containing hate speech identifying Muslims as super spreaders of the virus that appeared during the first wave of the pandemic
2. Social Media posts during the third wave of the pandemic that showed greater restraint in pandemic reporting and even presented posts that promoted social harmony and interfaith mutual support.
3. Media reports and you tube uploads mostly during the third phase of the pandemic describing the action of faith leaders in the pandemic related relief work and interfaith engagements

The analysis presented here concentrates on changing relationship between Sinhala Buddhists and Muslims.

## Social Media Posts with Hate Content Directed Against Muslims

We present here a series of facebook posts targeting Muslims during the first wave of the pandemic.



Figure 1: Facebook Post Blaming the Muslims for Successive Disasters in Sri Lanka, namely Easter Sunday attacks in 2019 and COVID-19 pandemic 2020

This post clearly blames the Muslims for both the terrorist attack in 2019 and the pandemic in 2020. These two vastly different disasters are interpreted as examples of bio terror mediated by the Muslim actors, in one as armed suicide bombers and in the other as patients harbouring the COVID-19 virus. The imagery is similar to images of bioterrorism following 9/11 attacks. Importantly COVID-19 infection is presented here as a weapon of

mass destruction deliberately used by Muslim actors to harm the ethnic and religious others as mischievously portrayed in Islamophobia in general. Interestingly, this social media post was invented in India and was later adopted in Sri Lanka modifying it to suit the actual events in Sri Lanka (Desai and Amarasingam 2020). In the Indian context, the contested term 'corona-jihad' was used to characterize a so-called jihadist tendency among Muslims to deploy the virus as

an instrument of terrorism. Hindi text within the modified post confirms the Indian origin of this face book post. The modified post in Sri Lanka clearly illustrates the infective character of hate speech between countries as well as within countries, as indeed the case with the corona virus. As well documented in the literature, this clearly demonstrates that hate is as infective as the virus itself (Strong 1990).

The malicious view that Muslims are responsible for COVID-19 spread in Sri Lanka is conveyed in a variety of Sinhala face book posts that circulated in in the early phase of the pandemic. Figure 2 gives a different twist to the narrative with COVID being imaginatively understood as a product of globalization processes.

This powerful Facebook post composed in pungent Sinhala mischievously attributed an uncomplimentary role to Muslims in the propagation of the corona epidemic in Sri Lanka. Chinese are identified here as the global producers of the pandemic in the same way

they produce various other commodities for the global market. Importantly, Muslim traders, the same people who were the object of much of anti-Muslim violence as well as communal-minded shop boycott campaigns in Sri Lanka, carried out concomitantly with violence, are the targets of this Facebook post which is composed deploying the neoliberal language of mass production, marketing and consumption and attributed figuratively to the Chinese, Muslim traders and the Sinhala consumers respectively. There is pun intended in the rhyming words such as cheena, nana and corona, all identified as inevitable neoliberal evils confronting “we the Sinhalese”. Even though this post grossly oversimplifies the parameters of the pandemic reducing it to two players, the attribution of a neoliberal logic to the pandemic shifts the blame game in a new direction with local Muslim traders configured as a mere instrument of this play of market forces. While Muslims are still blamed for the pandemic spread, they are spared of being inventors of the virus.



### Translation

Made in China

Brand Name Corona

Distribution throughout Sri Lanka

By none other than Nana

(Nana is a Sinhala slang word for the ubiquitous Muslim trader in the distribution chain)

Figure 2: A Face Book Post in Sinhala

Source:<https://www.facebook.com/photo/?fbid=120994422874508&set=a.100605868246697>  
 Accessed on April 2, 2020.

The blame narrative is twisted here to blame the Muslims for both the neoliberal push and the pandemic thrust in Sri Lanka, identified as related calamities in the local context. In these narratives Muslims are blamed for all the

calamities encountered by Sri Lanka in recent years including neoliberal disorders, security threats posed by terrorism and public health disorders caused by the pandemic.



### Translation

Akurana Nana (Sinhala slang term for a Muslim trader) who brought Corona from India visited Kandy, Katugastota, Galagedera, Paragahadeniya, Mawathagama and Kurunagala to sell the footwear he brought from India and spread the disease in all these places.

Figure 3: A Face Book post blaming an individual Muslim trader, identified through his photograph, for spreading the disease

Unlike in Figures 1 and 2, where Muslim community, as a whole, is blamed for spreading the disease, in Figure 3, an actual Muslim trader from Akurana town is blamed for spreading the disease in the nearby towns, having been infected during a business visit to India. Prejudice against Muslim traders is reiterated in this post that also point to his seemingly irresponsible behaviour in infecting others.

These examples illustrate how mass media and social media in Sri Lanka blamed the Muslim community for spreading COVID-19 during the first wave. These are deliberate efforts to demonize the ethnic and religious other as the cause of the pandemic. Muslims are singled out as the super spreaders of the disease in a way that discredits the community and hold them accountable for triggering the pandemic at critical points. These obviously distorted and twisted narratives may resonate with biases and prejudices entrenched in sections of the Sinhala community reinforced by a popular culture rather than any robust empirical evidence. How far such biased views and perceptions take attention away from one’s own complicity

in factors responsible for the escalation of the pandemic requires further investigation. We have not been able to examine how this representation and attribution impact on access to health care and other services in a country where Sinhala nationalist actors with a parochial mind set increasingly serve as gate keepers of various kinds. The denial of Muslim burial rights for persons who died of the disease is one instance where biased opinions clearly served to deny a cultural right of Muslims recognized and respected elsewhere in the world and by organizations such as WHO (WHO 2020a). Fortunately, burial was reintroduced in February 2021, more than one year after the onset of the pandemic. The current practice of arranging burial of COVID-dead in an isolated cemetery in Eastern Sri Lanka, some six hours away from Colombo, meets the Muslim demand for burial but it continues to traumatize the affected families due to long-distance travel involved, religious requirement to undertake the burial within 24 hours of death and the mandatory quarantine process for remaining members of the affected families.



Social Media Posts Signifying a Potential Change in Mood relating to Interreligious Images and a Call for Social Harmony in the Third Wave of the Pandemic



**Translation**

Remember, there was a time when Blood was boiling among Sinhale (blood of Sinhala people),

Ravana le (blood of a mythical founder of Sinhala group)

TunSinhale (Three ancient Sinhala kingdoms into which the country was divided)

Mahasohonle (Blood of so-called Mahasohon Balakaya dedicated to save the Sinhala race) But now all agitated blood is in Rohale (hospital)

Figure 4: A Sinhala social media post that came out after the onset of the third wave



**Translation**

Before setting fire, please remember it took 30 years to blow out the previous fire

Figure 5: A Sinhala facebook post calling for restraint in invoking hatred



**Translation**

May the merit made by Estate resident Hindus Who donate food to Buddhist monks who go for Pindusinga (early morning walking out with a begging bowl to collect food) Be distributed among every one And lead to reconciliation (sanhidiyawa) among all groups

පිටුසිඟාවඩිනා හිමි නමකට  
 දානය පූජා කරනා  
 චතුකරයේ හින්දු ජනතාව  
 මේ පිත සෑම දෙනෙක්ම අනුමෝදන් වේවා  
 මේ සංහිඳියාව සෑමදා සුරැකේවා

Figure 6: A Buddhist monk going out to seek food donations receive food from estate Tamil women who are Hindus



මනුස්සකම පිරිනැමූ තැන  
 ජාති ආගම් යනු හුදෙක් ධ්වනි පමණයි  
 අද දැවුම ලස්සන පින්තූරයක්

### Translation

This is a real expression of genuine humanitarian kindness. This is a pleasant thing I observed today. Ethnicity and religion are empty words with no meaning in this context.

Figure 7: A social media post in Sinhala showing a Muslim youth helping an elderly Sinhala woman to board a bus

We notice here that there is some change in the social media outlook in Sri Lanka (figures 4 to 7) since the onset of the third wave of the pandemic engulfing the entire country and not just a few clusters as in first and second waves. The changes observed are as follows:

1. A notable reduction of Sinhala social media posts targeting Muslims
2. Emergence of a new genre of social media posts calling for trust building, social harmony, and reconciliation
3. The view that COVID-19 should be identified as a common predicament of all and should not be treated as a divisive force in society

In summary, the analysis pursued in this chapter indicates the following:

Much of the available literature on the role of religion during the pandemic and mass media and social media reports in Sri Lanka highlight potential religious drivers of the pandemic and the way in which identity politics plays out during the pandemic whereby a narrative of blame is deployed by interested parties to understand and respond to the pandemic. However, an alternative approach that recognizes the positive role played by religion in the pandemic response in providing humanitarian assistance to affected people, facilitating access to health services, and promoting trust, peace and harmony in the affected populations has gradually gained ground in academic and applied research. A similar change is visible in mass media and social media landscape as well. In its efforts to understand and document the role of religion during the pandemic in Sri Lanka, the current study will be largely guided by this changing outlook from an exclusive surveillance of “bad faith” to a more balanced approach that pays greater emphasis on positive contributions of religion during this public health emergency and related social crisis. If hate triggered by the pandemic and the events that preceded it can be as infective as the virus itself, the empathy and compassion generated by the social crisis associated with the pandemic can be equally transformative in culture, society, and politics as well. This is exactly what we examine in the current study.

## Chapter Three

### Pandemic, Faith and Religious Engagements

This chapter describes the religious behavior of the respondents during the pandemic using information derived from KIs and online survey. It provides empirical information relating to how the pandemic and related lockdowns and restrictions on public gatherings etc. affected the religious behaviour in different religious groups in Sri Lanka. How far and in what ways the pandemic affected faith among different religious communities are also explored considering that people are likely to turn to religion for consolation and meanings in times of an emergency and at the same time many of the regular religious congregations had to be abandoned due to restrictions imposed by health authorities and law enforcement agencies.

We also examined if and in what ways religious practices changed in response to conditions imposed by the pandemic and opportunities opened by digital media for virtual religious engagements. Many religious institutions advised their followers to follow instructions issued by health authorities and law enforcement agencies in the form of gazette notifications, circulars, and public announcements. The local priests including Buddhist monks in local temples, parish priests in local churches or Maulavis had to decide how to respond to the emergencies of the religious followers such as terminal illness and deaths where religious services played an important role. The responses varied from place to place and from one religion to the other, but health and safety measures became an important concern as the pandemic progressed and more and more religious priests and lay persons became infected with the virus and succumbed to the disease as the pandemic unfolded particularly during the third wave.

The chapter begins with basic information about the respondents in the online survey and goes on to describe their religious engagements, compliance with health guidelines, conversion to virtual religiosity taking into consideration the digital divide in society and differences in religious practices and digital competences among different religious groups and different institutions within the same religion regarding their endowments, resource base and technical capabilities.

#### Basic Information about the respondents

In assessing the results of the online survey, we must bear in mind that we used a convenient sample in the online survey, and it may not be representative of the population in the country in general. This is because all people in the population are not capable of successfully completing an online survey instrument due to variable access to internet and variable IT literacy in the population. In order to address this problem, the research team utilized their social networks to identify potential respondents in different religious groups and encouraged them to complete the online questionnaire contravening principles of random sampling. Therefore, one cannot expect that the sample surveyed represents the population at large in respect of variables like gender, ethnic and religious composition.

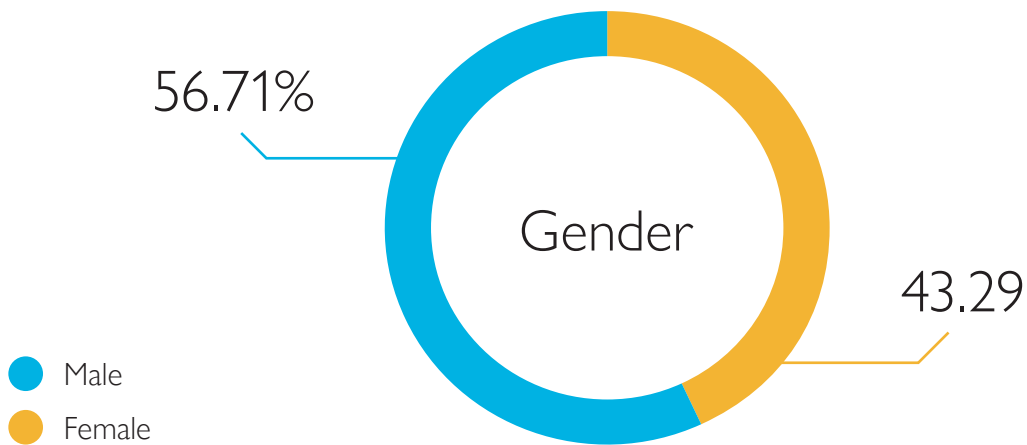


Figure 3.1: Percentage Distribution of the Sample by Gender

Thus 56.7% of respondents were male as compared to 43.3% females. While this is a gender inclusive sample, clearly there is overrepresentation of males among the respondents. The higher male representation in the sample may be attributed to a possible over representation of them among faith actors in general and a greater accessibility to male respondents given the composition of the research team and the methodology used.

### What is your current position in religion?

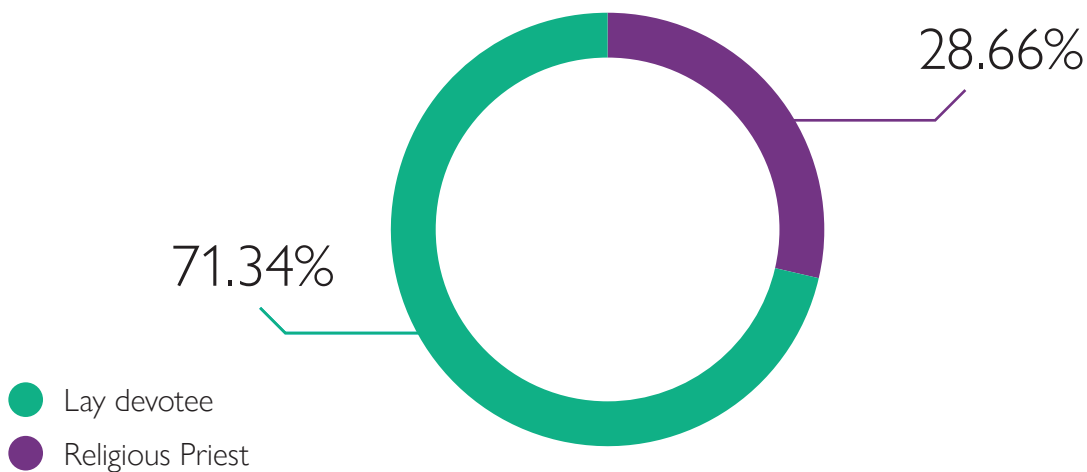


Figure 3.2: Percentage Distribution of the Sample by Category of Respondent

Thus nearly 29% of the sample of respondents were priests in different religions as against the balance 71% who identified themselves as lay devotees. This may be seen as a religiously inclined sample relative to the population at large with an unknown number of religiously disengaged.

Age	Frequency	Percent	Valid Percent	Cumulative Percent
15-47	139	84.8	84.8	84.8
48-60	21	12.8	12.8	97.6
Above 60	4	2.4	2.4	100.0
Total	164	100.0	100.0	

Table 3.1 Age Distribution among the Respondents

Nearly 85% of all respondents belonged to the 15 to 47 age group. A notable under representation of older faith actors in the sample is possible due to lower computer literacy among them restricting their coverage in the online survey. This was indeed substantiated during the qualitative KIIs with older respondents.

Education	Frequency	Percent	Valid Percent	Cumulative Percent
No information	1	0.6	0.6	0.6
O/L	6	3.7	3.7	4.3
A/L	15	9.1	9.1	13.4
Undergraduate	37	22.6	22.6	36.0
Graduate	63	38.4	38.4	74.4
Post-Graduate	42	25.6	25.6	100.0
Total	164	100.0	100.0	

Table 3.2 Highest Educational Achievement

Thus, the highest number of respondents were graduates, followed by post-graduates and undergraduates with less than 5% of respondents with lower educational qualifications. Again, this can be seen as an artifact of the online methodology used and the specificity of the contacts available to the research team. This profile is certainly not representative of the faith actor population in Sri Lanka which is likely to be less well educated compared to the sample covered in the survey.

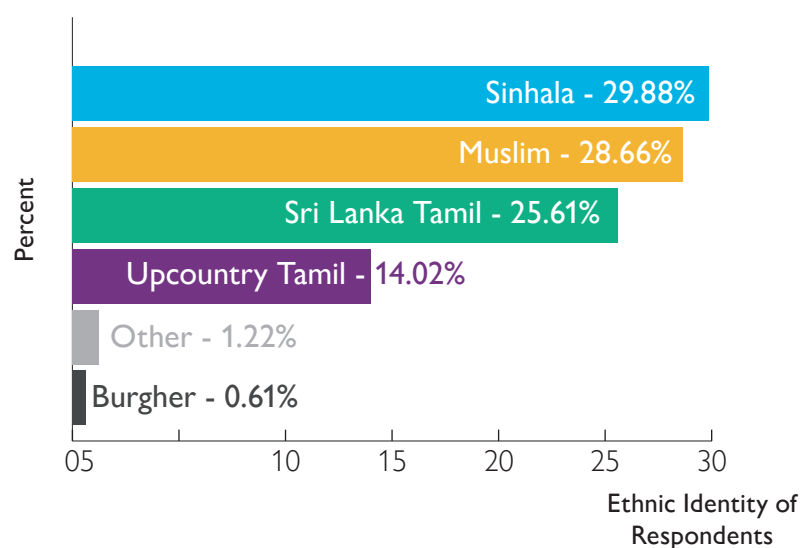


Figure 3.3: Percentage Distribution of the Sample by Ethnic Identity.

The sample consists of roughly equal numbers of Sinhalese, Sri Lanka Tamils and Muslims who comprise 75, 15 and 10 % respectively of the total population in Sri Lanka. This clearly results in an underrepresentation of the Sinhala community and over representation of the minority communities in the sample covered. On the positive side, this enables us to explore religious diversity in Sri Lanka, their varied responses to the pandemic and the impact of any pandemic-related peace and conflict dynamics closely. The sample includes 3 persons outside of the four main ethnic groups in Sri Lanka, including ethnically mixed and smaller groups like Burghers.

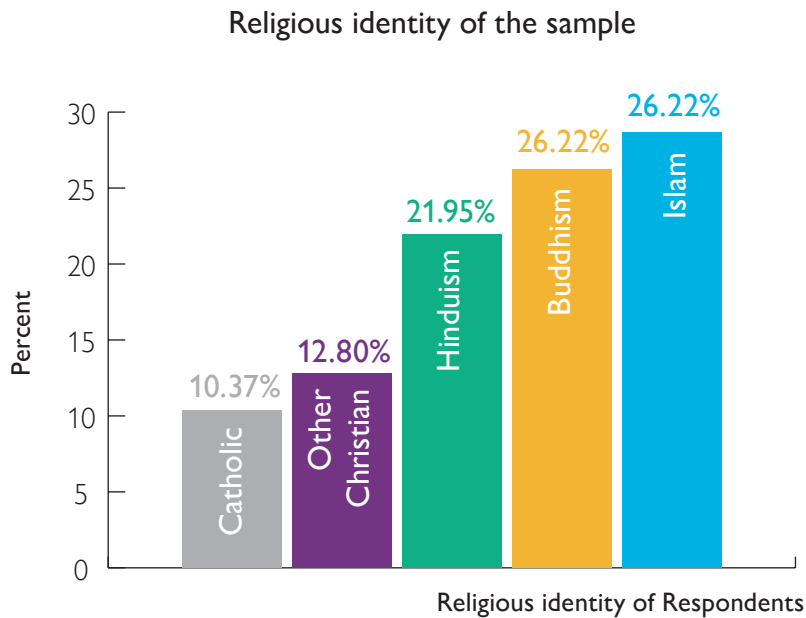


Figure 3.4: Percentage Distribution of the Sample by Religious Identity

As evident in Figure 3.4, the sample of 164 people who responded to the online survey represents all religious groups in Sri Lanka. The largest percentage of respondents were from Islam, followed by Buddhists, Hindus, non-RC Christians, and Roman Catholics. Once again minority religions in the country are significantly overrepresented in the sample due to the same factors noted in the previous section. The religious minorities who make up about 30% of the total population in country, comprise 74% of the sample almost totally reversing the ratio of different religions in the population. While we do have to keep this in mind in interpreting the results, the significant overrepresentation of religious minorities in the sample gives us an opportunity to explore the experiences and perspectives of religious minorities during the pandemic in detail.

As for its geographical spread the sample is distributed throughout Sri Lanka. In total 24 of the 25 districts in the country were represented in the sample. The highest number is from the Kandy district where the research team is located, followed by Nuwara Eliya, adjoining the Kandy district, Colombo district, the administrative and urban hub in Sri Lanka and the Trincomalee district in the Eastern Province. While sample size in each district is not proportional to the population size in the respective district, the widespread geographical coverage is significant from the angle of mapping ethno-religious and geographical diversity in the country.

## Opportunities and Challenges for Faith Activity during the Pandemic

Public gathering for religious purposes were completely banned or limited to a specified number of people following stipulated health guidelines during much of the period under consideration. This affected all religious groups irrespective of their majority-minority status. All the major religious events such as Vesak and Poson among Buddhist, annual festivals or special celebrations in Hindu shrines, Ramadan among Muslims and Easter celebrations among Christians were cancelled or nominally held strictly following health guidelines and publicized through television and radio for the benefit of devotees. Routine religious activities such as five times daily prayers among Muslims for which Muslim males would typically congregate in local mosques and Sunday service in Christian churches were conducted separately in the homes of the devotees. Muslim devotees who were used to participate in certain collective rituals in the mosques in the Ramadan period had to forego the customary collective mosque rituals during the Ramadan of 2020 and 2021 making them rather spiritually discontent as discovered in the KIs conducted by this research team.

Similarly, Buddhist could not celebrate Wesak and Poson in public gatherings such as processions, pandal screening and food sharing (dansal) in 2020 and 2021 as typically done in normal years due to the existing quarantine regulations. Monthly observance of sil on Poya days within Buddhist temple premises could not be held, affecting the religious behavior of elderly female devotees, in particular. During this period, Buddhist programs in Buddhist TV channels and radio stations became popular among religiously minded Buddhist lay people, some resorting to observance of sil at home following guidelines and sermons disseminated through TV and radio. Buddhist temples, Hindu kovils, mosques and Christian churches sometimes used loudspeakers to broadcast sermons, religious chanting, and services among devotees in nearby areas. Daily

or weekly pirith chanting in Buddhist temples broadcast over loudspeakers were identified as a form of sonic protection for people within sound waves (Gajaweera and Mahadev 2021). One Buddhist monk in a temple near Kandy, however, informed us during the KI with him that his temple was unwilling to use loudspeakers as it would disturb the educational programs for school children on zoom. In one instance reported in media, a Buddhist neighbor reportedly attacked the chief monk in the local Buddhist temple as this neighbor was disturbed by repeated pirith chanting broadcasts from the temple through a loudspeaker.

Provision of dane or cooked food (alms) to resident Buddhist monks in temples is done by selected Buddhist devotees on a rotation basis. During the pandemic, under the advice of health authorities, the Department of Buddhist Affairs issued a circular advising Buddhist temples and their lay devotees to not to accept or supply cooked food due to possible contribution to infections. Instead, the devotees were advised to supply dry foods to temples in advance following health guidelines expecting dane to be cooked within temple premises. This rule was followed by some temples, particularly in the urban areas, but in many of the rural areas cooked dane continued to be supplied by devotees throughout the pandemic, following health guidelines stipulated by local health authorities. Ritual activities within the temples were limited to pirith chanting by monks following rules on social distancing and mandatory wearing of masks. Monks did participate in funeral services subject to health guidelines as to number of participants in funerals, social distancing and wearing masks. Other religious activities were avoided as much as possible but some rituals such as bodhi puja (worship of the sacred bodhi tree within the temple premises as a blessing for people in some distress), chanting of pirith for blessing women in advanced stage of pregnancy), and merit making for dead people one week or one month after their

death were conducted by some temples with limited participation of people and under health guidelines.

Some religious institutions experienced serious economic hardships as lay custodians could not contribute to the upkeep of religious centres. This affected less-endowed religious establishments such as poorer Buddhist temples and churches where priests worked fulltime and did not have independent incomes. The government officers responsible were required to identify such religious establishments and provide dry food rations to them in the same

way assistance was provided to lay beneficiaries. We could not get any quantitative information about the number of priests or religious institutions affected. One participant in the validation workshop informed during group discussions, that there was an unknown number of vulnerable priests in such institutions in the periphery and their ability to contribute to humanitarian assistance and trust building may have been seriously hampered due to the serious economic hardships they faced during the long drawn-out pandemic and inability to do any fund raising due to pandemic-related mobility restrictions.

## Religious Engagements

In spite of the limitations imposed by the pandemic, many respondents continued to engage in activities conducted by faith-based organizations within the limited space available under pandemic conditions.

		Religious Identity					
		Buddhism	Hinduism	Islam	Catholic	Other Christian	Total
Missing	Count	12	1	1	2	0	16
	% within religion	27.9%	2.8%	2.1%	11.8%	0.0%	9.8%
No	Count	25	27	39	6	2	99
	% within religion	58.1%	75.0%	83.0%	35.3%	9.5%	60.4%
Yes	Count	6	8	7	9	19	49
	% within religion	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	Count	43	36	47	17	21	164
	% within religion	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.3: Are you active in a religious/faith organization by religious Identity

Asked if they are currently active in a religious organization, 30% of all respondents stated Yes, with 60% saying no and another 10 % not responding to this question. Among different religious groups, the highest percentage of respondents answering yes to this question was among non-RC Christians (91%), followed by RC Christians (53%), Hindus (22%), Muslims (15%) and Buddhists (14%). This in turn suggests that many Christians are socially active through formally established Christian organizations such as YMCA or YWCA, whereas religious actors in other religions usually operate through their temples, kovils or mosques or informal social networks rather than through any specialized agencies of a formal character. Further, under normal circumstances many Christian



priests visit the devotees in their homes and keep them engaged in different religious activities through diverse denominational organizations. On the other hand, recent ban on several Islamic organizations following the recommendations made by the Presidential Commission investigating the Easter attacks may have resulted in underreporting of religious organizational engagements on the part of Muslim respondents.

		Religious Identity					
		Buddhism	Hinduism	Islam	Catholic	Other Christian	Total
No information	Count	1	2	9	0	1	13
	% within religion	2.3%	5.6%	19.1%	0.0%	4.8%	7.9%
Not at all	Count	1	0	5	0	0	6
	% within religion	2.3%	0.0%	10.6%	0.0%	0.0%	3.7%
Only when required	Count	12	4	11	2	1	30
	% within religion	27.9%	11.1%	23.4%	11.8%	4.8%	18.3%
Once a month	Count	16	2	0	2	0	20
	% within religion	37.2%	5.6%	0.0%	11.8%	42.9%	25.6%
Once a week	Count	9	20	1	3	9	42
	% within religion	20.9%	55.6%	2.1%	17.6%	42.9%	25.6%
Daily	Count	4	8	21	10	10	53
	% within religion	9.3%	22.2%	44.7%	58.8%	47.6%	32.3%
Total	Count	43	36	47	17	21	164
	% within religion	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.4: How often you go to local temple/church/mosque during normal times by religions identity

As for visits to local places of worship during pre-pandemic times, 70% of all respondents reported a frequency of once a month or more. This ranged from 88% among RC Christians, 83% among Hindus, 81% among non RC Christians, 67% among Buddhists to 46.8% among Muslims. Reported lower figure of mosque visits by Muslims is surprising in view of five times daily prayer among them, but gender differences in religious practices whereby Muslim women customarily do not attend mosques for regular prayers may partly explain the observed pattern.

As for religious attendance during the pandemic, the pattern is shown in Table 3.5.

		Religious Identity					
		Buddhism	Hinduism	Islam	Catholic	Other Christian	Total
No information	Count	3	3	14	2	2	24
	% within religion	7.0%	8.3%	29.8%	11.8%	9.5%	14.6%
Not at all	Count	13	13	20	3	6	55
	% within religion	30.2%	36.1%	42.6%	17.6%	28.6%	33.5%
Only when required	Count	17	10	10	3	8	48
	% within religion	39.5%	27.8%	21.3%	17.6%	38.1%	29.3%
Once a month	Count	5	2	1	1	0	0
	% within religion	11.6%	5.6%	2.1%	5.9%	0.0%	5.5%
Once a week	Count	2	5	1	3	3	14
	% within religion	4.7%	13.9%	2.1%	17.6%	14.3%	8.5%
Daily	Count	3	3	1	5	2	14
	% within religion	7.0%	8.3%	2.1%	29.4%	9.5%	8.5%
Total	Count	43	36	47	17	21	164
	% within religion	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.5: How often you go to the temple/church/mosque during the pandemic by religious identity

The reported once a month or greater attendance in local places of worship dropped from 70% during normal times to 22.5% during the pandemic. It was 53% among RC Christians, 27.8% among Hindus, 24% among non-RC Christians, 23% among Buddhists, and 6.3% among Muslims. The drop in attendance was most significant among Hindus, Buddhists, and non-RC Christians.

Table 3.6 shows pattern of religious attendance during COVID-19 triggered lock downs:

		Religious Identity					
		Buddhism	Hinduism	Islam	Catholic	Other Christian	Total
No information	Count	4	5	13	3	3	28
	% within religion	9.3%	13.9%	27.7%	17.6%	14.3%	17.1%
Not at all	Count	24	21	29	4	10	88
	% within religion	55.8%	58.3%	61.7%	23.5%	47.6%	53.7%
Only when required	Count	9	5	3	3	4	24
	% within religion	20.9%	13.9%	6.4%	17.6%	19.0%	14.6%
Once a month	Count	2	1	1	0	1	5
	% within religion	4.7%	2.8%	2.1%	0.0%	4.8%	3.0%
Once a week	Count	1	2	1	3	2	9
	% within religion	2.3%	5.6%	2.1%	17.6%	9.5%	5.5%
Daily	Count	3	2	0	4	1	10
	% within religion	7.0%	5.6%	0.0%	23.5%	4.8%	6.1%
Total	Count	43	36	47	17	21	164
	% within religion	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.6: How often you go to the local place of worship during lockdown by religious identity

During the lockdowns, once a month or more frequent attendance in local places of worship dropped to 14.6% for all religious groups. This is a substantial decline in pre-pandemic forms of religious engagement due to restrictions imposed during the pandemic. This clearly indicates the impact of the pandemic on religious activity across the board. As for interreligious variation in religious activity during the lockdown, the highest engagement (41%) was among RC Christians, followed by 19% among non-RC Christians, 14% among Buddhists, 14% among Hindus to 4.2% among Muslims. Even though religious congregations are totally banned during the lockdowns, some emergencies such as funeral services or chanting of pirith to bless women in advanced stage of pregnancy may take place following health guidelines particularly in rural areas. This was reported by several religious priests during the Kils with them.

## Opportunities and Challenges for Faith Activity during the Pandemic

Digital media was widely used as a means of continuing faith activity during the pandemic, as reported by KIIs. This included the use of zoom meetings, WhatsApp networks, YouTube videos and Facebook for dissemination of religious and secular information, social connectivity, countering fake news as well as for providing spiritual guidance, coordination of ritual activities conducted at homes and disseminating spiritual messages by religious dignitaries and health guidelines issued by relevant authorities to religious organizations at various levels. For example, selected local mosques conducted Friday jumma sermons via zoom for the benefit of the entire Muslim population in a region demarcated by All Ceylon Jamiyyathul Ulama (ACJU) and the devotees practiced prayers at home under the guidance of one of the family members. Similarly, some churches conducted Sunday services for home-based devotees using zoom. Religious sermons by popular religious figures from and outside Sri Lanka were sometimes used as live programs on zoom or as YouTube videos uploaded in WhatsApp utilizing the additional benefit provided by digital media. In some instances, zoom was used as a religious educational tool for IT savvy children as a substitute for Sunday schools for Christian children and madrasa education for Muslim children. Similarly, some zoom sessions were conducted from time to time by a Muslim women's organization based in Colombo for the benefit of Muslim women restricted to their homes. St Anthony's Church, a Catholic Church in Settikulam, Mannar could not conduct the annual festival in August 2020 due to restrictions by health authorities to limit the number of participants at any given point in time to 10 people, but they had a live podcast of the event in Facebook enabling local and international followers of the church to watch it live. These were innovative use of digital media as coping mechanisms and as a means of continuing religious engagements at a time where public religious gathering was banned or highly restricted in terms of numbers and

social distancing. It is also important to note that WhatsApp was used widely to disseminate pandemic related news about lockdowns, relief distribution, vaccination programs, transport services, school cancellations and reopening and the like.

A good empirical example of the use of digital media during the pandemic in the remote Badulla district was provided by a schoolteacher interviewed as a key informant in this study. The local Buddhist temple had been involved in several pandemic related activities. One was the organization and supply of dry foods by the local temple targeting poor people including daily wage earners who had returned from Colombo following the pandemic related closure of construction activities in Colombo. The chief monk in the temple who served as a graduate teacher in a local school used his Facebook page to educate his friends and contacts about this problem and collect contributions from them for this purpose. This was a very useful contribution for affected people at the time because they were in dire straits. Subsequently the same monk set up a WhatsApp group among his devotees in three local GN divisions in order to connect them with each other, share information, upload Buddhist sermons, and raise the awareness of WhatsApp members about COVID-19 infections in local areas, its prevention including vaccination, quarantine and health services and relief services by government agencies. As of June 30, this WhatsApp group had a total of 178 members with government officials and local Public Health Inspector regularly uploading latest information they received from their respective government agencies. The network was regularly updated with latest news about the disease, lockdowns, and changes in government decisions as well as spiritual guidance from religious leaders as part of an integrated information sharing system unaffected by pandemic related closures and disturbances.

It must be noted here that disparities in digital access between urban and rural areas and income and educational levels of faith actors did influence the effectiveness of digital media for reaching out to the public. As for differences among religious groups, digital media was more widely used among Christians and Muslims compared to Buddhists and Hindus perhaps also reflecting the absence of mandatory religious congregations on a regular basis in the latter two religions. In the case of Buddhism, this was to some extent offset by the widespread use of Buddhist radio and TV programs particularly on poya days (Poya refers to the sacred full moon day in each month when devout lay Buddhists would normally make a visit to the local temple to observe a day long ritual called sil). The use of loudspeaker for religious chanting purposes on religious days was common among Buddhists, Hindus and some churches as a means of reaching out to the digitally unconnected.

Information gathered in the online survey largely confirmed the evidence from KIs about the shift to the digital mode as a means of continuing religious activity during the pandemic. A total of 40% of all 164 respondents in the online survey reported moving to the digital mode at least in some of their religious activities. This may be seen as an important positive development triggered by the pandemic. The pandemic served as an important landmark in the digitization of religion in Sri Lanka, a country where digital applications were already well established in social media and in negative forms such as hate speech as reported in the previous chapter. Apart from establishing religiously inspired digital social networks among people that involved sharing of religious messages, information about religious events and activities, you tube videos and sermons by popular preachers from Sri Lanka and overseas, this digital shift also facilitated sharing of health information, information about lockdowns and information about vaccine and quarantine services directly related to the pandemic.

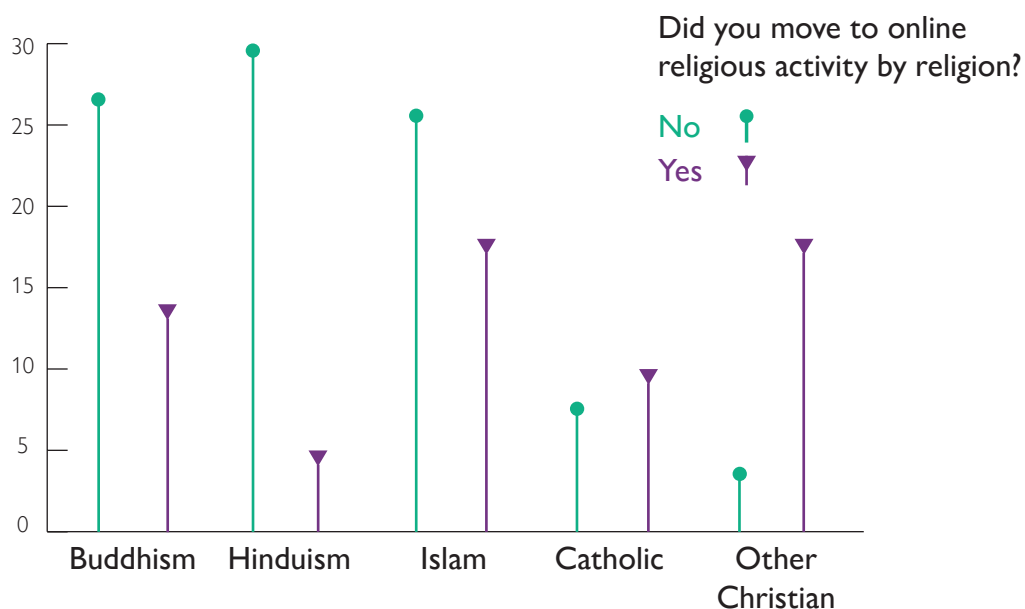


Figure 3.5: Digital Shift by Religious Identity of the Respondents

The study found important differences among religious groups in Sri Lanka in regard to digitization of religion. The shift to the digital mode was more pronounced among the two Christian groups and Muslims compared to Hindus and to a lesser extent Buddhists. The observed differences may be partly attributed to socio-economic and related differences in IT literacy and internet access among different religious groups. In the case of Buddhists, the emergence of several Buddhist TV channels,

and radio stations during the past two decades may have served to offset their disadvantages in digital access, in terms of continuing their religious behaviour during the pandemic. Hindus appear to be way behind other religious groups in terms of digitization of religion and this may partly explain their reported inclination to visit local religious institutions (see Table 3.6) and engaged in some collective rituals despite restrictions imposed by the state.

## Impact of the Pandemic on Faith

The study also examined the impact of the pandemic on faith through KIs and as part of the online survey. Many KIs informed that religion was an important means of coping with the pandemic despite the pandemic-linked limitations for religious activity. They also informed that mobile phones, WhatsApp, and social media were widely used among faith actors to stay in touch, share information and exchange experiences and health information among each other.

In the survey we asked a question from the respondents whether their faith decreased, remained unchanged or increased during the pandemic.

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Decreased faith	5	3.1	3.1	3.1
No change	65	39.9	39.9	42.9
Enhanced faith	93	57.1	57.1	100.0
Total	163	100.0	100.0	0

Table 3.7: How did the pandemic affect your faith?

Thus, most respondents (57%) felt that their faith increased during the pandemic despite limited space for offline religious engagements. Some 40% of all respondents felt that their faith remained unchanged during the pandemic. Only three percent of all respondents felt that their religious faith dropped due to the pandemic. This shows that in spite of the restricted space for offline religious engagement the pandemic served to reinforce religious faith also suggesting that digitization of religion and religious programs in mass media along with religious needs generated by the pandemic contributed to enhancing religious faith during this public health and social crisis.

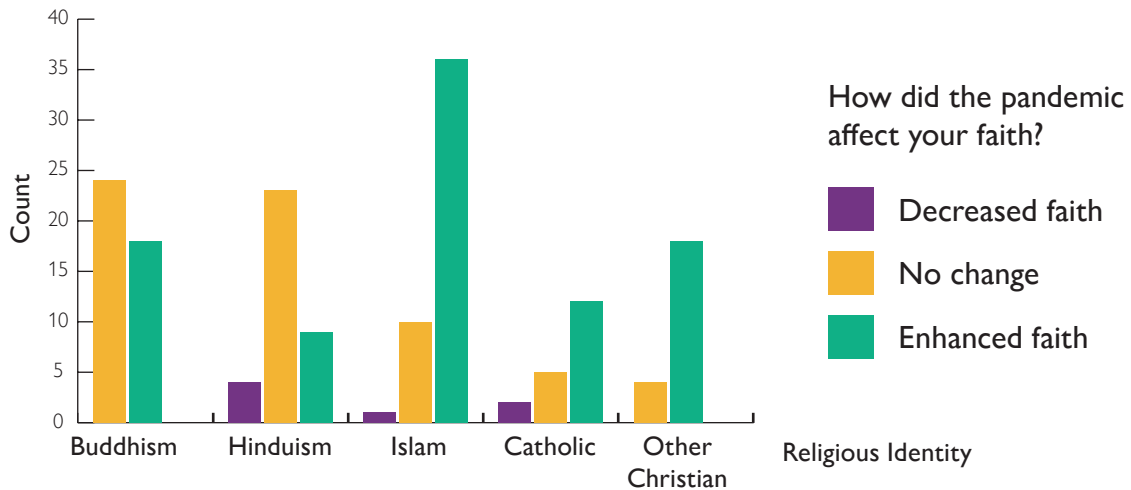


Figure 3.6: How the pandemic affected faith by religious identity of the respondents?

Faith enhancement was most pronounced among non R.C. Christians, followed by Catholics, Muslims, Buddhists, and Hindus. Hindus had the highest number of people reporting a decline in faith, followed by Catholics and Muslims. The observed pattern of faith enhancement or decline may have some relation to trends in digitization of religion noted earlier. However, there may be additional factors involved such as the level of help received from within each religion in terms of humanitarian services and the like.

Overall, these data indicate that religious engagements have been an important means of responding to and coping with the pandemic in more ways than one.

Finally, the study also examined how far religious institutions complied with the health guidelines imposed by the state.

Practice	How often				
	NA	Not at all	At times	Often	Always
Hand washing	9.1	1.2	8.5	25.1	56.1
Social distancing	9.1	1.2	8.5	38.4	42.7
Wearing of masks	9.1	1.2	3.0	22.0	64.6
Canceling congregations	11.6	1.8	12.8	35.4	38.4
Engage in digital mode	20.7	18.9	22.0	27.3	11.0

Table 3.8: Percentage Distribution of Respondents according to Compliance with Health Safeguards in their Local Religious Institution. Note: These % are derived from responses to the online survey by 164 respondents

A large percentage of respondents reported that their local religious institutions follow health guidelines stipulated by the government. Highest compliance was in respect of mandatory wearing masks, followed by hand washing, social distancing, and cancellation of congregations. Shift to the digital mode in religious practice was less widely reported obviously due to technological barriers and capability deficits

In summary, this study found that religion was active and lively during the pandemic despite the restrictions in place. This pattern was across the board even though there were important differences among religious groups. Some religions appear to be more adaptive to the situation in terms of digitization of religion and provision of humanitarian services, peace building and promotion of social harmony as will be discussed in more detail in the next chapter. Many religious organizations conformed to health safeguards stipulated by the authorities indicating a degree of conformity with public health measures with a potential contribution of FBOs and LFAs in disseminating and popularizing these practices among the religious followers.



## Chapter Four

### Faith Actors as Humanitarian Workers and Hidden Peace Builders during the Pandemic

This chapter explores the role of faith actors as dedicated humanitarian workers, trust builders and peace makers within and across communities. The analysis pursued here draws mainly from KIs and online survey supplemented by information from secondary data analysis where necessary. The chapter begins with an analysis of the humanitarian response by faith actors working alone, in partnership with others or as members of religious organizations and networks. Religious priests and in some instances lay actors have a social and religious motivation to help those affected by the pandemic due to infection, quarantine processes and loss of livelihoods caused by pandemic related lockdowns and state action for containing infections. We investigate the way the humanitarian response often stretched beyond the religious boundaries in reaching out to people in need irrespective of their ethno-religious identities. Finally, we consider selected instances of trust building and peace making through the mediation of faith actors operating alone or as members of interfaith networks.

Throughout the chapter, we pay attention to the impact of conflict dynamics at the national and local levels and the extent to which and the mechanisms through which the pandemic serves and is interpreted as a common crisis cutting across various divisive tendencies in a way that calls for trust building and joint action on the part of faith actors in different religions. However, this is by no means the complete story given the entrenched nature of divisive politics within the polity and society at large, incessant mining by interested parties for new triggers of conflict and lack of state policies and programs supportive of peace and reconciliation as overarching goals in society. The religious actors concerned often struggle with hegemonic power elites in society who are eager to maintain the conflict-prone status quo but it is important that given the right circumstances motivated faith leaders can stimulate public action and campaigns for peace, social harmony and social justice exploiting whatever limited opportunities available for progressive social change.

At the inception of the pandemic religious tension remained high in Sri Lanka due to several triggers operating in the background. There has been a spate of anti-Muslim violence triggered by extremist Buddhist groups from 2012 onwards (Haniffa, Amarasuriya, Wijenayake, and Gunatilleke 2014, Ali 2015, Secretariat for Muslims 2015). There were also sporadic attacks on selected Christian churches in provinces (NCEASL 2020 b). The devastating Easter Sunday attack on 21 April 2019 by a fringe group of suspected Islamist terrorist preceded the onset of the pandemic. Against this background initial state response to the pandemic, as well public discourse were largely hegemonic and majoritarian in character marked by religious intolerance, various conspiracy theories largely blaming the Muslim minority for triggering the pandemic in Sri Lanka. It is against this background that certain faith actors gradually played a lead and proactive role in coordinated action was needed from all ethno-religious groups and public-private and state-civil society partnerships. As already noted in Chapter One, the presidential task force for operation of state response to the pandemic ordered mandatory cremation for all who died of COVID-19 irrespective of their religion despite provisions

made in WHO guidelines for cremation or burial of the relevant dead bodies and the demand by Muslim political and religious leaders and organizations for restoring the burial of Muslims who died of COVID-19 in keeping with customary Muslim practices guided by religious prescriptions stipulated in Koran (WHO 2020b).

Throughout the pandemic wave one and during much of the pandemic wave two, the state managed to stick to its majoritarian position, but a consensus gradually emerged among minority religious leaders and a section of progressive Buddhist clergy together with enhanced international pressure towards permitting both cremation and burial under stipulated guidelines. The state adopted this position in April 2021. This is one important instance where the state finally gave in to public pressure from minority communities and advocacy efforts by interfaith actors over a matter of faith and conviction. This is by no means the end of majoritarianism and a final victory for trust building among communities, but it did demonstrate that effective interfaith action was possible even in a religiously polarized population provided that the escalating pandemic becomes a binding unifier among the affected population in so far as they respect each other's faith and religious freedom as related to the pandemic response.

It must be noted here that the pandemic response at the divisional and village levels engaged religious priests much more than at higher levels. For instance, Hindu and Muslims priests in Muthur in Trincomalee District reported in Klls that they are formally invited for and consulted at divisional level pandemic control meetings along with relevant government officials. Similarly, a village level committee established for coordinating relief services at the village level also involved selected local priests from different religions along with Grama Niladhari, development officers and civil society representatives. It is perhaps important to recognize here that even though civil society or religious actors were not involved at all in the Presidential Task Force for dealing with the pandemic at the national level, the authorities had increasingly realized that religious actors from different religions have an important role to play in pandemic-related decision making at the local levels as well as in popularizing public health interventions introduced by health authorities at the higher levels.

## Humanitarian Intervention by Religion and Faith Based Organizations during the Pandemic

The pandemic became a common predicament to all segments of society irrespective of their ethnicity, religion, gender and other differences, and it has led to a huge economic crisis owing to repeated curfew, lockdowns and various forms of health restrictions. This in turn, impaired the avenues for income, livelihood, basic needs including food, health etc. which were a common phenomenon among rural and urban poor so that their day-to-day life came to a standstill. Qualitative evidence of the study shows the magnitude of sufferings experienced by the ordinary people across the country for their daily survival in the wake of the pandemic. Most importantly, this opened an avenue for religion and faith-based organizations to provide

humanitarian assistance and stimulate charitable work. Hence, we find in this study that religious leaders and faith-inspired organizations carried out a significant humanitarian response for the benefit of vulnerable communities, with volunteers and financial resources to meet the needs of the sick, the elderly and poor communities in all parts of the country. In Sri Lanka, for example, Buddhist, Hindu, Islam, Christian and Catholic organizations are working to address food insecurity and crisis, a key concern given the prediction that global hunger will double due to COVID-19. They are aiding the elderly and people with disabilities, war victims, widows, the ultra-poor with dry rations and health equipment. Most of them were at

higher risk for severe illness and chronic poverty if they contracted the coronavirus.

It became evident through this study that a significant number of religious actors and faith-based organizations have carried out humanitarian assistance involving all ethnic and religious groups, which is a distinctive feature of humanitarian assistance during the third wave of the pandemic compared to first and second waves and previous disasters such as Easter attacks and waves of anti-Muslim violence. Instances were found where a significant number of beneficiaries were from other ethnic or religious groups which revealed the fact that neither religion nor ethnicity was the sole criterion in the provision of humanitarian assistance. Individual religions, faith-based organizations, and District Inter-Religious Committees (DIRC) formed by the National Peace Council, a Colombo-based NGO, all engaged in humanitarian assistance crossing the ethnic and religious boundaries. Faith actors mobilized appropriate religious ideas such as zakat, sadaka, dana and danam or charity in fund raising from within religious networks.

Some of the organizations have supported needy people more than one time, and in certain areas, religious organizations were at the frontline in providing humanitarian support where affected people needed much more than the support they received from government agencies, namely in Puttalam, Mannar, Trincomalee, and Matale as reported by respondents from those areas in Kils. On many occasions, it was found that the religious and faith-based organizations had collaborated with frontline civil servants to identify the needy people and to avoid unnecessary problems involved in dry ration provision. This was a positive development and eventually led to a good partnership between public institutions and religion. Religious leaders who participated in the study reported that they were invited to the discussions in relation to fighting the pandemic organized by the District and Divisional Secretariat and health authorities. Minority priests stated that during the first wave of the pandemic, they were

not part of the discussions taking place in government institutions, but after their active role during the second and third waves in terms of providing dry ration, health equipment, awareness creation, they are now being invited for such meetings. Analysis of qualitative evidence confirms that this remains a positive development where religious leaders from all communities came together to discuss the mitigation strategies which helped to forge some understanding and harmony among religious leaders. In addition, it led to discussions over possible collaborative engagement through humanitarian work that avoided duplication of services and resulted in synergy in humanitarian response. In certain areas, the District Interreligious Committee under National Peace Council facilitated this process and enabled all religious leaders to take part in relief provision. In certain cases, some Islamic faith-based organizations came forward to help priests from all religions who encountered economic hardships due to the pandemic.

During the interview with Rev. Tampitiye Wanaratna of Paranagala Temple in Pilimatalawa, Kandy, he explained how Muslim traders helped him to carry out humanitarian assistance to poor Sinhalese in his area. He explained that he has been maintaining a good rapport with Muslim traders in the town as he protected them against mob attacks by Sinhala youth in the wake of the Easter Sunday attack. A group of Sinhalese youth had planned to attack Muslim shops in Pilimathalawa as a majority of all the big shops and factories in this city are owned by Muslims. He further noted that "I came to know youth had started to attack Muslims from the Kandy side, and immediately I went and told them to stop such acts." He further went on to state that

**"I have a very close association with all Muslim traders in this city, and they are very friendly with me - I went and told them that I need their help to provide relief to poor people in my area and they sent many bags of rice and other commodities to my temple which I distributed to the poor people."**

Thero also made an important point that

**“during the pandemic, most people do not get a proper meal as they have lost their livelihood and income, but they took care of me as a young monk for several years, so that now I am obliged to help them.”**

A sound understanding the ground reality among poorer people in the area was a key driver to his action. He also noted that he did not get any support from the government and Sinhala businessmen in the area though he approached them for such assistance. Similarly, during an interview with him, a Buddhist monk in Colombo stated he has a charity foundation called Dharmasakti Foundation established in 1992 through which he did relief work in Thotalanga and Wellawatta with the help of Amana Insurance Corporation which is owned by a Muslim who helped with dry rations worth Rs. 500,000.

In an interview with the Secretary of Mahatma Gandhi Sabha in Matale, he highlighted some inter-faith engagement during the pandemic. The Sabha is comprised of all religious followers through which they distributed dry rations, sanitizers, personal protection kits to hospitals, police, DS office, Kachcheri, Courts, Municipal Council, and so forth. He noted that

**“this was indeed a very good intervention made by all religious groups in Matale during this pandemic, and we all worked collectively to fight the common enemy irrespective of all differences.”**

A Hindu priest in Puttalam carried out a remarkable humanitarian service during the pandemic which received much attention in social media. He has helped more than 1000 needy people in his area in which more than 60% were Muslims, followed by Christians, Hindus and Sinhalese. In his beneficiary list, a vast majority were Muslim women – he noted that

**“generally Muslim women never come to the Hindu temple, but they came to collect the dry ration because they face untold hardships to manage their day-to-day life, so that they came forward without any hesitation.”**

As a war-displaced person from Jaffna, he showed his keen interest to foster unity among religions. A former Hindu parliamentarian from the Eastern province who is also running a faith organization stated that

**“in this crisis situation, we should not divide people in line with ethnicity and religion when providing humanitarian supports because all are experiencing common pandemic which does not affect according to ethnicity and religion as such.”**

This very clearly vindicates that when there is a common predicament or threat, people tend to forget their ethnic, religious, and other identities as they have common priorities. It could be argued that the pandemic has forged a sense of common identity and social harmony in many parts of the country as also evident in decrease of hate speech in social media, and a reduction in blaming and shaming of other religions in mass media in the wake of the third wave.

CARITAS, the relief arm of the Catholic church was heavily involved in humanitarian response throughout Sri Lanka (12 dioceses) during all pandemic waves. Their assistance included dry rations, cash subsidies, non-food relief including PPEs for health workers, medical help, data support for school children during the pandemic and assistance for poorer religious institutions in all religions and livelihood support for farmers. It worked with district and divisional administration in identifying local needs, beneficiaries of assistance and gaps in relief services available. CARITAS has a separate unit for social justice and sustainable peace contributing to overall programming in the organization. At the diocese level CARITAS established an advisory committee consisting of the representatives of local Catholic church,

representatives of other Christian organizations in the respective areas and selected priests from other important religions in local areas and relevant government officials. This advisory committee consisting of 15 to 20 people met physically or via zoom once in three months depending on the circumstances and it guided the humanitarian work in the local areas giving it a multi-religious character. Youth groups under the organization in certain areas carried out their own local relief services with local fund raising.

As revealed in KIIs, several other Christian organizations too helped poor people in various parts of the country. For instance, the NCEASL has thus far supported about 300,000 families covering all religions with dry ration, masks, and sanitizers to affected people. They are also helping poor people with livelihoods through the Department of Agriculture with seeds and seedlings to people in the North – some 5000 families have been covered in this project. The NCEASL has been maintaining a strong Church network across the country through which they provide humanitarian supports for the most vulnerable people and needy religious institutions irrespective of religious differences. During the interviews with Catholic and Christian priests, they repeatedly mentioned about their collaborative and inclusive humanitarian interventions where all needy people were given equal attention irrespective of their ethnic and religious identities.

In this study, an interesting case was found in Matale where six Hindu temples had collected Rs 10 million and provided relief to eight thousand people during the third wave of the pandemic. They have provided this assistance to all communities in urban, rural and estate areas. They were able to collect this amount in 15 days and received funds from home and abroad, with Tamils in Canada and England also coming forward to help the intervention. The beneficiary lists were collected from GS, mosques, churches, and Buddhist temples. The organizer noted that when distributing relief,

they also involved Buddhist monks, Christian priests, and Muslim and Hindu priests. He also reported that people completely forget their identity, religion and ethnicity when they are in a crisis like this, and they tend to accept support irrespective of who provides it. In providing relief they focused on hunger, starvation, livelihoods and how they managed their day-to-day life rather than who they are in terms of ethnicity and religion.

A similar pattern was observed in Islamic assistance too. As a humanitarian agency Islamic Relief extended its assistance to the affected people from all communities based on the need and provided health equipment and Nasal Oxygen machine to the Ministry of health during the second wave, provided water facilities to quarantine center etc. Muslim Aid, another UK based organization donated health equipment to many Hospitals. During the interview with the Chairman of Zam Zam Foundation, he stated that they had provided sanitizers and masks to government agencies at the frontline fighting the pandemic and distributed Rs. 200 million worth of dry rations in areas under isolation and lockdown without considering the religious identity of the beneficiaries. Smartphones were donated to identified underprivileged students, and an awareness program was carried out to encourage digital education. He also noted that the beneficiaries were selected by the regional partner organizations at the grass-root level that directly worked with local communities. He noted that

**“as a faith-based organization, most of our funds come from Muslims, 90% from Sri Lankan Muslims living in Sri Lanka and the balance 10% from the Sri Lankan Muslim in diaspora.”**

Likewise, the Director of Hithmathul Ummah Organization stated that they invited priests from different religions to the District Secretariat Office of Trincomalee, and each of them was provided with Rs 50,000 to help them overcome their economic hardships during the pandemic.

The narratives above show that collaboration among religious communities plays a central role in addressing simmering tensions among communities escalated over time. Religious violence emerged after the end of the civil war, due to aborted peace and reconciliation efforts and the failure of the state and civil society to resolve existing tension and inequities. In this study, a common pattern was observed in relation to humanitarian assistance

provided by all religions and different faith-based organizations. This is the tendency to serve all communities and deliberately extend humanitarian assistance to needy people from different communities with a view to diffuse tension and create social harmony through humanitarian intervention. This is an important lesson for policy makers and agencies that seek to realize the potential of FBOs and LFAs as hidden peace builders.

## Online Survey Results Relating to Religious Engagement in Humanitarian Assistance

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
No	57	36.5	36.5	36.5
Yes	99	63.5	63.5	100.0
Total	156	100.0	100.0	

Table 3.7: How did the pandemic affect your faith?

A total of 36.5% of respondents in the online survey had made financial or other contributions to relief services for people affected by the pandemic. This may be seen as a substantial contribution by religious actors towards the program of humanitarian assistance targeting victims of the pandemic.

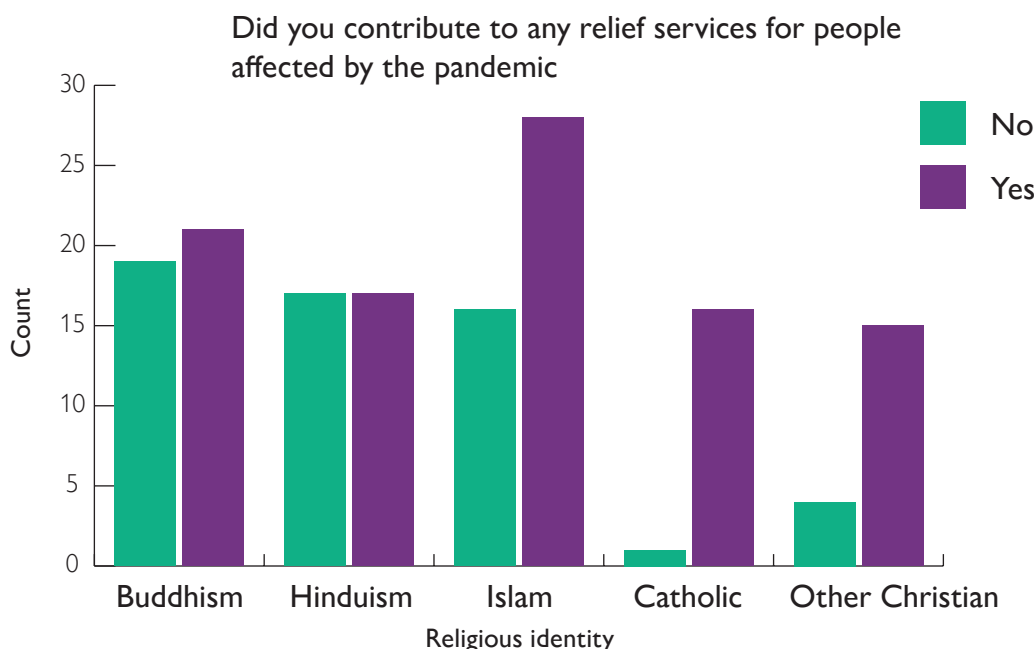


Figure 4.1: Contribution to relief services by members of different religions

It is important that charitable contribution towards humanitarian assistance for pandemic victims came from all religious groups. Contributors as against non-contributors were most evident among Catholics, followed by other Christians, Muslims, Buddhists, and Hindus, with the last reporting almost equal numbers of contributors and non-contributors.

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
No	48	34.0	34.0	34.0
Yes	93	66.0	66.0	100.0
Total	141	100.0	100.0	

Table 4.2: Did you actively participate in the distribution of relief to people affected by the pandemic?

Some 34 % of all respondents reported active participation in relief distribution as well. So it was not merely a financial donation or contribution in kind, but active participation in relief work in whatever way they could, including packing and labeling of relief items, identification of and physical distribution of relief to needy people and making sure that relief will go to deserving people.

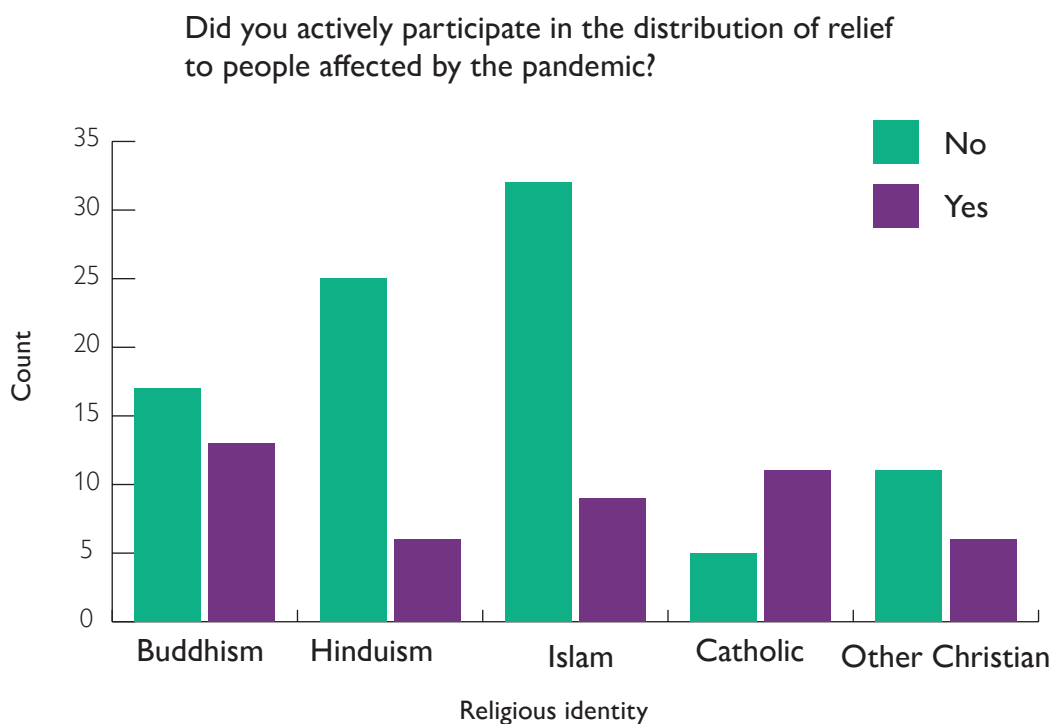


Figure 4.2: Participation in relief activities by religious identity of respondents

Once again, the participation was highest among Catholics, followed by other Christians, Buddhists, Hindus, and Muslims. Active participation by Muslims in relief work was perhaps limited due to organizations mediating between donors and beneficiaries in the case of Zakat and Sadaka and increased surveillance by state agencies on Islamic religious activity following Easter Sunday attacks.

### Who were the beneficiaries

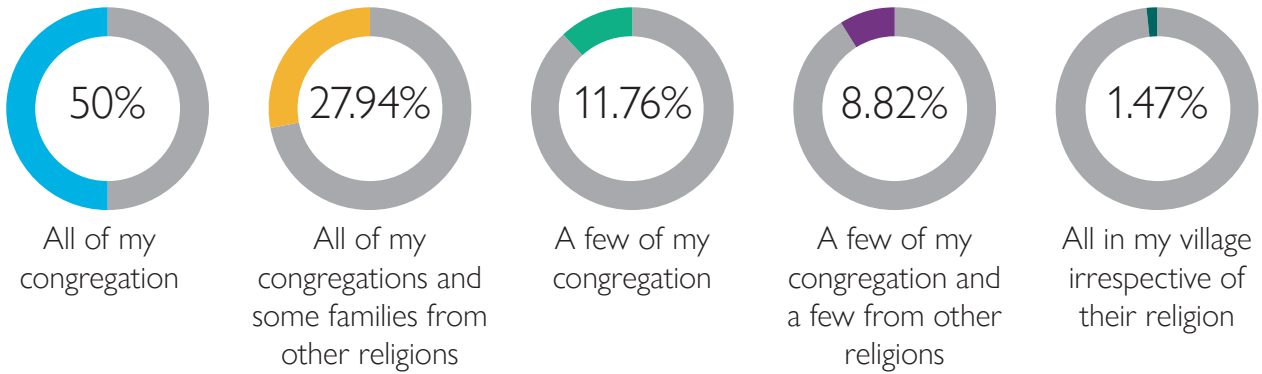


Figure 4.3: Beneficiaries of their relief services as reported by religious actors

According to the results of the online survey, only a very small extent of religious donations was designed exclusively for members of one’s own community (green and blue sections of the pie chart in Figure 4.3). All the other donations were deliberately designed for deserving members in one’s own religious community as well as those from other religions. This may be seen as a specific feature of religiously motivated humanitarian assistance during the pandemic indicating a tendency to see such humanitarian assistance as partly trust building across the religious divide and not merely an exercise in helping deserving members of one’s own religious community.

### Religious response to the vaccine campaign

Public acceptance of COVID-19 vaccines in Sri Lanka has been broad based with vaccination programs against many infections have been successfully conducted in the country for over five decades and many infections (e.g. polio, TB and MMR) have been successfully eradicated or controlled during this period. In this context COVID-19 vaccines were well received except for some pockets. In the online survey we gave a Likert scale question regarding respondent’s acceptance of COVID-19 vaccines and the resulting information is given in Figure 4.4.

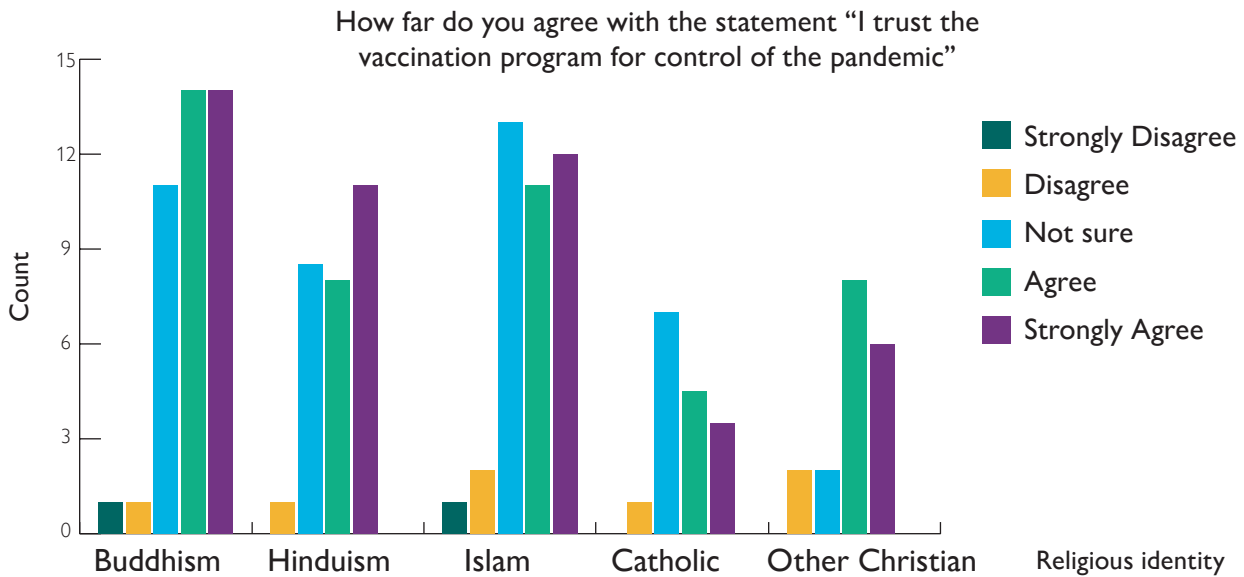


Figure 4.4: Level of trust in COVID-19 vaccine by religious identity



As evident from Figure 4.4, there was a broad consensus about the effectiveness of vaccines among all religious groups. However, there were some significant pockets of non-acceptance particularly among Muslims, Catholics, non-RC Christians, Buddhists, and Hindus. The data suggests that some religious groups (e.g. Catholics and Muslims) may have hesitancy towards the vaccination program as also reported elsewhere in the world (Machingaidze and Wiysonge 2021, Scientific Advisory Group for Emergencies 2020). The “not sure category” is proportionately high among Catholics and Muslims, followed by Hindus and Buddhists. We explored in this study one such pocket of resistance, using information collected in KIs to understand how faith actors contributed to changing the situation.

Initially there was some hesitance against COVID-19 vaccine program in some Muslim and Tamil communities in the Eastern Province of Sri Lanka. This was reported to us by two Muslim priests in Kinniya. Apparently, this was not triggered by the religious faith as such even though some faith actors had campaigned against vaccines and western medicine in general on ideological grounds on earlier occasions. Rather the COVID-19 vaccine hesitancy was driven by misinformation circulating among people fed by social media, fake news and a marked information gap between state authorities and minority communities. A vicious rumour has spread in the area that Chinese Sinopharm vaccine given in the area is either not effective or actively harmful to those vaccinated. Even more damaging was the fear that 60+ people targeted in the first round of vaccination is designed to eliminate the elderly people identifying them as an economic and social burden to society. There was also an unsubstantiated claim in Kinniya area that a popular South Indian Tamil comedian Vivek who died in April 2021 died as an after effect of taking the COVID-19 vaccine. Apparently, the government was not aware of any of these rumours and how it impacted the reception of vaccines in Eastern Sri Lanka. So, there was no

government intervention for addressing them.

It must be noted here that Muslims elsewhere in Sri Lanka had a positive uptake of vaccines along with other communities in the respective areas. The development in Eastern Province may be seen as an outcome of trust deficit in this outlying area and the emergence of fake news and misinformation as a gap filler in this situation. Because of this situation, when vaccines were first introduced for 60+ persons in Batticaloa and Ampara districts in mid-June, there were no takers in many of the Muslim villages in Kinniya making local health authorities as well as Muslim leaders concerned. At this point some administrative officials in the area led by the Divisional Secretary and faith leaders got together and educated the public about the importance of vaccines for fighting the pandemic and endorsement of the vaccine program by Islamic scripture and Islamic organizations in Sri Lanka. This worked and the acceptance of the vaccine program in Eastern Sri Lanka rapidly increased thereafter. This was a clear example of the effectiveness of the role of faith actors working in partnership with administrative and health professionals from within the religious community in addressing the initial obstacles the vaccine program encountered when introduced to the Muslim community in the Eastern Province of Sri Lanka.

The campaigns against vaccination have been conducted by different religious groups, with the global anti-vaccine movement before the pandemic started. Also supported by some Muslim healers who believed in faith healing, Nusran Binnoori who was himself a faith healer was propagating the idea of avoiding hospitals for medical problems and childbirth as well as avoiding western medicine inclusive of vaccines in general. Many Muslim doctors raised their voice against this campaign and many articles were written criticizing this anti-Western Medicine ideology. Eventually the movement died out due to some reported cases of child mortality and maternal mortality among his followers.

All Ceylon Jamiathul Ulama (ACJU) is the apex religious body of Islamic theologians that provide religious and social leadership to the Sri Lankan Muslim community. This has clearly guided the Muslim community together with the Department of Muslim Religious and Cultural Affairs (DMRCA) and Serendib Doctors' Forum (SDF) popular among Muslim doctors to abide by the health regulations of the country during the Covid 19 Pandemic. In this aspect ACJU, SDF and DMRCA urged all the Muslims of the country to receive the vaccination. Therefore, at the national level a majority of the Muslim doctors and the Ulama (religious priests) promoted the vaccination program and supported the cause by themselves getting vaccinated first.

The Serendib Doctors Forum (SDF) played a significant role in this regard. Many consultants, senior doctors, and other specialists in SDF made a huge campaign from different parts of the country encouraging the vaccination. Among them Dr Raeesul Islam (Pediatrician) Dr Kamal Nasar (Consultant) and Dr Naseem, (DMO) Dr Salahudin, (Senior Medical Officer) Dr Zafarullah (ENT Surgeon) and Dr Mareena Rifai (Eye Surgeon) were the key drivers of this movement. The social welfare organizations of each area also contributed for this by promoting and coordinating the vaccine campaign in the respective areas. The doctors' forum used statistics issued by the health authorities to show that proportion of Muslims among the Covid-19 dead ones is disproportionately high and thereby pointed out the need for Muslims to readily accept the vaccines available.

On the other hand, Islamic religious leaders pointed to Quranic scriptural support for both medical and public health interventions. The reported divine origin of all diseases and cures was used to legitimize vaccines. Moreover, detailed guidelines for quarantine procedures stipulated in Hadith were used to support adherence to quarantine regulations being implemented. The collaboration between doctors and religious leaders was strategically

used throughout Sri Lanka including Eastern Province to allay any fears about the vaccines and successfully launch the public health program in this outlying region recovering from war and recent episodes of religious violence. In Kinniya Maulavis joined hands with administrative officers, including DS, GN, development officers and Samurdhi officers many of whom were ethnic Tamils who were Hindu or Christian, and went around in a vehicle announcing the safety of getting vaccinated and its agreement with and acceptance by Islamic faith. This involved a three-way trust building among health workers, Maulavis and community members in eastern Sri Lanka. This led to a rapid upsurge in vaccine acceptance in the area progressing to the second round of vaccination targeting 30+ people at present. This is a clear instance where Muslim religious leaders played a positive role in popularizing western medicine and COVID-19 vaccination program in an outlying region poorly connected with Colombo administration.

## A Buddhist Campaign against Mandatory Cremation

The Buddhist opinion about mandatory cremation resisted by Muslims was varied, with the mainstream opinion publicized through mass media was majoritarian and distinctly Sinhala Buddhist stressing the need for “one country-one law” (*eka ratak-eka nitiyak*) slogan. Many of the leading Buddhist monks declared this opinion in their high-profile public pronouncements on TV. On the other hand, the government-controlled media gave less publicity to equally significant resistance against mandatory cremation by certain Buddhist groups inspired by more serious reflection on Buddhist dhamma and interfaith engagements. In this report we will feature two such initiatives that had received less publicity in mass media or social media but are nevertheless relevant from the angle of efforts at trust building and diffusion of interreligious tension that became important in the latter part of the pandemic.

On 26 December 2020, the Interfaith Unit of the newly formed Sri Lanka Amarapura-Ramanna United Sanga Saba made an appeal to the President of Sri Lanka to review the mandatory cremation of COVID-19 dead bodies imposed by a Gazette notification issued by the government on 11 April 2020. This appeal was signed by the leading members of the new Sanga Saba and representatives of the Methodist Church, Hindu and Muslim organizations. The formation of this new united Sanga Saba combining two hitherto separate Buddhist monastic groups in the preceding year itself was a significant achievement, that requires a closer examination in a separate study. It appears that the educated Buddhist clergy of these two Nikayas played an important role in bringing these two separate establishments with distinct histories onto a common platform for asserting independent views of a more progressive nature. Earlier this new Sanga Saba protested constitutional proposals for the 20th amendment that removed constitutional safeguards against misuse of political power such as independent commissions on elections, police, human rights and so on. These proposals

eventually endorsed by the parliament received the blessing of many members of Maha Sangha, especially from the pro-government Siyam Nikaya. In this context, the new Sanga Saba was inclined to take a principled independent stand on public issues as compared to the political monks, aligned with the government at the time.

The appeal for review of the mandatory cremation was based on the mental trauma it caused to the Muslim people, need to review this decision in the light of new scientific evidence about the transmission of the virus and the rights of religious minorities typically ignored in popular Buddhist discourses in Sri Lanka. There was no official response from the President or state for this appeal from a section of Maha Sangha and other religious dignitaries. The initial gazette notification, however, was revoked in April 2021 due to a variety of local and international pressures including the interfaith initiative led by the new Sangha Saba. In a parallel but independent development, Rev. Galkande Dhammaratana, the leader of the Walpola Rahula Institute, tried to reflect on the pandemic, using Buddhist principles. In a series of widely-circulated YouTube presentations and some media interviews this educated monk who is a senior lecturer in History in Kelaniya University, took the position that the pandemic must be understood as a reaction against the distinctly consumerist materialist orientation of the modern world to the neglect of overall human values and callous disregard for other beings in the environment. He condemned the efforts to find magical and supernatural remedies for the pandemic such as use of pirith chanting, release of chanted water in rivers and resort to miracle cures such as herbal sweeteners (*paniya*) typically in the name of Buddhism. On the other hand, he argued that Buddhist ideas such as right awareness (*samma sati*) and mindfulness may be invoked for promoting social distancing and correct wearing of safety masks in public places. Following the path taken by his guru, Rev. Walpola Rahula, he

also emphasized the need to move away from a passionate preoccupation with a nationalist Buddhist identity towards adoption of Buddhist principles like karuna (benevolence) and metta (compassion).

As for endorsing the burial rights of Muslims, Rev. Dhammaratana used a sermon he gave in a memorial service in a Buddhist family with bereavement. In this memorial service presented in a widely circulated you tube video, he stated that in the same way the Buddhist would like to properly remember and depart from their loved ones, Muslim devotees who lose their loved ones due to the pandemic have a right to treat their dead relatives in keeping with the customary religious prescriptions. This was a rather moving and an apparently effective way to endorse the appeal for restoration of burial rights of Muslims and change the established Sinhala-Buddhist mindset in this regard. As a Buddhist from Siyam Nikaya, he

showed that even within the more conservative Siyam Nikaya there was some scope for resistance against the mandatory cremation publicly supported and demanded by political monks loyal to the ruling party. Also this was another instance where social media including you tube was effectively used by faith actors to disseminate religious messages different from populist mainstream ideas harmful to peaceful coexistence through state-controlled mass media.

These two examples show that there was some internal resistance against the misuse of Buddhism for legitimizing hegemonic partisan politics of a majoritarian orientation and widespread propaganda against minority rights and social justice. It is significant that these trust building initiatives gained some traction as the pandemic progressed engulfing all communities including the majority community itself.

## Campaign for Promotion of Digital Citizenship

Digital media was increasingly being used by diverse faith actors for trust building and peacemaking as illustrated in the previous sections. The same media may also be utilized for promoting hate vis-à-vis ethnic and religious others as illustrated in Chapter Two. In this context, raising awareness about digital media and its appropriate use among youth was considered an urgent need by the National Christian Evangelical Alliance of Sri Lanka (NCEASL) and its partners. It is against this background that the campaign for promotion of digital citizenship by NCEASL must be assessed. NCEASL was initially founded as the Evangelical Fellowship of Ceylon in 1952 (NCEASL 2020b). It is affiliated to the World Evangelical Alliance which holds a consultative status with the United Nations Economic and Social Council. Amongst other initiatives, NCEASL has been engaged in promoting religious and national coexistence and advocating for freedom of religion and faith. The organization has been involved in an interfaith network called Inter-Religious Peace Foundation (IRPF) from 2010.

NCEASL became concerned about violence against Muslims in Digana (near Kandy) in 2018 and discovered through its site visits to Digana following the event that hate speech disseminated via social media was an important trigger for these attacks. The organization observed persistence of hate speech primarily targeting Muslims at the onset of the pandemic too. It is at that point they decided to initiate a digital campaign to raise public awareness and promote responsible behavior among digital operators with a view to promote trust and mutual understanding among different ethno-religious communities. Deeply concerned about online hate and unethical use of social media, the organization developed an educational tool kit called Digital Citizenship Toolkit to counter fake news and hate speech using digital media. Its consultations pointed to the need to use the colloquial language spoken by youth in educating them about digital media and in developing the content of educational tools used for this purpose. The tools developed include comic books, digital games, visuals developed by a

group of experts consulted by the organization. The tool kit was launched in 2020 and training programs were conducted by the organization for faith actors from different religions and youth groups. The digital tool kit has been uploaded in the organization's website Minor Matters which has a reach of about 20,000 people at present. A game launched in July 2021 has already recorded over 5000 downloads. Also, discussions are currently under way to advocate national educational authorities to use their E-Taksalawa platform to promote digital citizenship among youth.

This intervention is important from at least three viewpoints. First, this is the first program that has identified the need to promote responsible digital citizenship among youth and developed a way of addressing hate speech and misuse of digital media. Second, this is an interfaith initiative which is part of a larger process of trust building and peace-making

using religions and grounded religious ideas as a tool for creating social cohesion and promoting social justice. Third, educational tools developed may have greater application for promotion of social harmony and trust building in Sri Lanka as tools are available in English as well as in Sinhala and Tamil. In this respect the ongoing efforts to popularize them with national educational authorities is an important initiative towards institutionalizing this idea with appropriate state agencies.

As of now, the program has just been launched and it is too early to assess its impacts. Only information about digital reach is available at present and it indicates that the tool is user friendly for youth. A more systematic impact assessment may be needed in due course from the angle of promoting responsible digital behaviour and use of digital media for promoting trust, mutual understanding, and peaceful coexistence among communities.

## Interfaith Activity

Apart from the specific examples of interfaith collaboration as in the case of humanitarian action and interfaith joint action supporting the burial rights of Muslims explored through qualitative data collected from KIs, this study also asked in the online survey if respondents participated in any interfaith activity during the pandemic. The resulting data are presented in Table 4.3 and Figure 4.6.

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
No	37	25.7	25.7	25.7
Yes	107	74.3	74.3	100.0
Total	144	100.0	100.0	

Table 4.3 Have you participated in any interfaith activities during the pandemic?

Only one-fourth of the respondents answered in the positive to the question asked. This is perhaps significant given the barriers to physical contact during the pandemic.

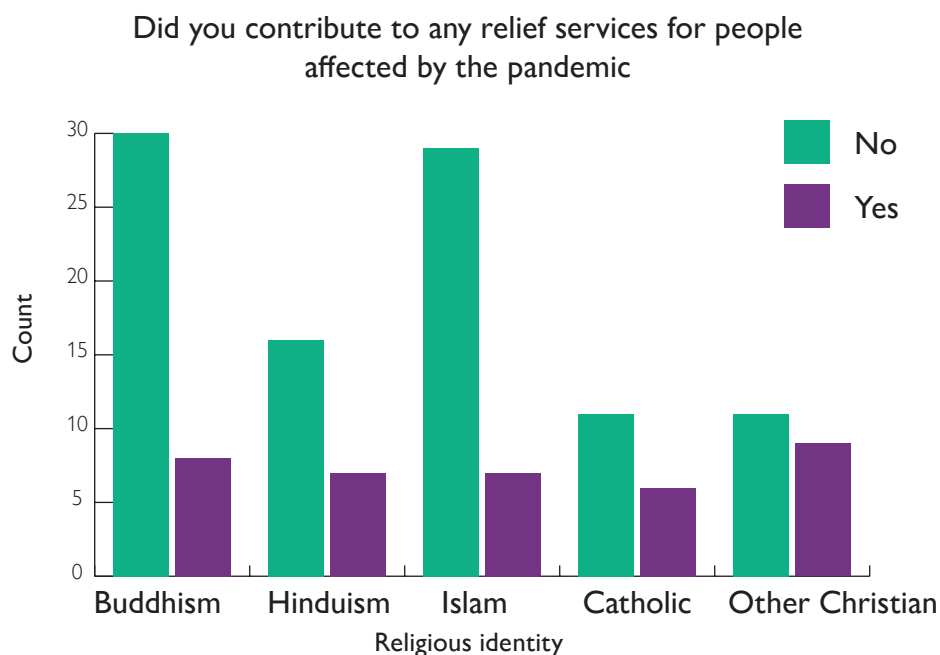


Figure 4.6: Participation in interfaith activity by religion.

It is significant that the numbers participating in interfaith activity were roughly similar in all religions with non-RC Christians leading the pack. This may be seen as a positive development during the pandemic in the sense that there was a section of people within each religion, including the majority religion, favourable for interfaith collaboration in responding to this public health crisis.

## Summing Up

In summary, the analysis in this chapter suggests that some faith actors responded to the pandemic in creative and transformative ways despite challenges encountered in terms of restrictions on travel and barriers to congregations. Deployment of digital media for information sharing, staying connected during the pandemic and mobilizing humanitarian action was one clear innovation mediated by faith actors. This was transformative in the sense that health messages and health service delivery were at times channeled through religious networks that were operative during the pandemic. Faith actors had a comparative advantage in collecting contributions for relief work as well as identifying and serving the most vulnerable in ways that public servants were incapable of delivering due to administrative and financial regulations that impinged on their fund raising and service delivery. Religious values such as benevolence and compassion served to make their humanitarian efforts more effective

and more viable within an environment where state and private sector agencies were made dysfunctional due to lock downs and resource limitations. As one Buddhist monk who single-handedly initiated a program for distribution of dry foods noted “Normally our devotees (dayakayas) supply alms to the temples. This is a time when we as beneficiaries of their benevolence over a long period have to return the favour even if it calls for breaking up of contributions collected in merit boxes (pinkata) in the temples.” The religious personnel also served to help overcome vaccine hesitancy on the part of certain religious followers.

The qualitative material examined in this chapter reveals a certain trust deficit among different religious communities at the onset of the pandemic largely as an outcome of waves of anti-Muslim violence escalated from 2012 onwards, sporadic attacks on evangelical Christian establishments (NCEASL 2020b), and

Easter Sunday attacks by an Islamist outfit in April 2019. Against this background, interethnic and interreligious relations at the beginning of the pandemic were rather strained and conflict-prone, but we can see a slow but steady improvement as the pandemic progressed and a country-wide pandemic spread, unfolded particularly during the third wave of the pandemic that began from mid-April in 2021. This is reflected in development of new or reactivation of existing interfaith networks at national and local levels, a deliberate effort in many religiously inspired humanitarian programs to include those belonging to other religions too into the fold of their humanitarian services. Beyond humanitarian services, digital citizenship intervention by NCEASL indicates a desire to prevent hate speech and promote trust building via digital platforms, clearly identifying digital media as a potential instrument of peace building and awareness raising. The emergence of a liberal faction of Buddhists such as Amrapura-Ramanna Samagri Saba (ARSS) and Walpola Rahula Institute who supported the campaign for burial rights of the COVID-dead Muslims is another dimension of pandemic-inspired progressive development within the religious domain. The emergence of a segment of religious actors within each religion actively engaged in interfaith action

is another manifestation of a move towards social harmony among different religions in part due to pandemic related common challenges encountered that required joint action from religious actors in different religions.

These are certainly positive developments from the angle of trust building and reconciliation. The majoritarian character of the state, however, remained unchanged and may have even increased with militarization of the pandemic response. The state support for trust building, promotion of social justice and enhancing the human rights of all parties is essential for developing appropriate social policies and advancing social harmony also ensuring social and political rights of the marginalized sections of the population. This is a major challenge that the civil society, interfaith networks, and progressive social groups must address collectively in an appropriate juncture in post-pandemic Sri Lanka. The significant gains made so far during the pandemic are in danger of being undermined in time to come unless the systematic biases and the majoritarian outlook in the political system are satisfactorily overcome in the days ahead.

## Chapter Five

### Conclusion and Recommendations

This study was conducted with the objective of exploring the role of faith actors during the Covid -19 pandemic in Sri Lanka, taking all major religions into account. It found that religious players came forward to deliver a range of positive functions during the pandemic, against a social and political background in which relations among different religious communities were strained due to the preceding events such as the Easter Sunday attack in April 2019. Moreover, a political shift in the subsequent national election where a political configuration explicitly appealing to Sinhala Buddhist nationalism and majoritarian domination came to power in the presidential election in November 2019 and the General Election in August 2020 had served to aggravate rather than heal the frictions in society. While the legacy of the Sri Lankan welfare state developed from the 1930s onwards continued in some ways, the capacity of the state to represent and serve all communities had been seriously compromised due to the above scenario at the time the pandemic broke out (Peiris 2021, Fonseka and Ranasinhe 2021, Moinudeen 2021). Further, the role of the state in supporting faith actors largely concentrated on politically powerful and well-endowed Buddhist establishments like Malwatta and Asgiriya Chapters to the relative neglect of the rural Buddhist and non-Buddhist religious institutions with limited resources. It is against this background that the pandemic response in Sri Lanka by the state and the religious actors must be understood and assessed.

As elaborated in the previous chapters, the state response to the COVID-19 pandemic in Sri Lanka was led by two high powered presidential task forces consisting of politicians,

state officials, health professionals, military, and police officers. This enabled the state to respond to the emergency, mobilize a vast array of state machinery in a speedy manner, utilize law and order to implement health safeguards and quarantine regulations effectively in dealing with the immediate problems. One of the key limitations of this machinery, however, was that it did not have any representation from civil society, private sector, religious or faith communities and non-western health care providers and social and behavioural sciences. This seriously limited the capacity of these bureaucratic establishments to understand and satisfactorily respond to sensitive behavioral issues related to health and safety, mobilize, or facilitate a whole range of services provided by the third sector and identify and address concerns related to social justice, human rights, and minority grievances.

This is, however, not to say that religion and culture were completely ignored by the authorities in responding to the public health emergency. On the contrary, there was a clear attempt to identify and utilize the relevant religious and cultural practices within the dominant nationalist framework, with varied outcomes. We will give here a few examples to illustrate these points.

One was the state-sponsored programs for conducting pirith chanting as a form of blessing for affected people during different stages of the pandemic. In Sinhala Buddhist culture chanting of Ratana Sutta, in particular, is perceived as an effective remedy using the therapeutic sound waves for countering epidemics, replicating a pattern already established in the proverbial Visala Mahanuwara catastrophe that reportedly



happened during Buddha's time (Gunawardana and Gamage 2018). In response to the pandemic at least three officially sanctioned pirith chanting ceremonies by Buddhist monks were conducted at different times. The first was a 24-hour pirith chanting per day for one week continuously from March 18 to 24 in 2020 in the most sacred Temple of the Tooth in Kandy with the participation of batches of Buddhist monks from the Malwatta and Asgiriya chapters. This was followed by a weeklong pirith chanting for one hour each evening in all Buddhist temples in the country at the request of chief prelates of the two chapters from April 1 to 7 in 2020. These pirith chanting events were conducted at critical times during the pandemic, following health guidelines with monks wearing facemasks during the whole event. There was no physical participation of devotees in these religious events as would happen under normal conditions. The chanting in the Temple of the Tooth were telecast from time to time for people to watch the event and listen to the chanting of sacred verses and the subsequent chanting in Buddhist temples were broadcast using loudspeakers so as to bless all the nearby communities as a form of ritual prophylaxis as reported by some observers (Gajaweera and Majadev 2021). A third officially sponsored program of pirith chanting was held in the Independent Square in Colombo during the second pandemic wave for three consecutive weeks from November 18 to December 9, 2020. This was organized by the Sri Lanka army with the participation of the presidential secretariat and funding support from the private finance company, LOLC. President and other key political leaders did participate in the opening sessions in some of these events.

According to official accounts, these pirith chanting ceremonies were conducted for blessing and protecting against the pandemic the health workers (suvaviruwan), armed forces (ranaviruwan), other frontline workers involved in the pandemic response and the public at large. In other words, 'the sonic protection' from pirith chanting was of a universalist kind

covering all citizens of Sri Lanka and the entire humankind even though it was presented in the language of Sinhala Buddhist nationalism in mass media and political propaganda (Gajaweera and Mahadev 2021). One positive feature of these religious events was that the gatherings were limited to pirith-chanting monks who, in turn, participated in the collective chanting wearing masks and maintaining social distancing. The public responses to these pirith chanting events, however, were varied with some appreciating it and others questioning their relevance, effectiveness, and impact on the diverse groups in society. One Buddhist monk interviewed in this study mentioned that his temple opted not to participate in weeklong pirith chanting considering that it would be disturbing for the local school children going through evening online tuition classes at the time. This indicated that even within Buddhism, not everyone responded positively to this initiative considering how it would affect different community members. We did not check with the respondents from non-Buddhist backgrounds about how they perceived these official initiatives by the state. What is significant, however, is that while this official response may have been conceived as an inclusive religious event in the sense that the blessing was intended for everyone irrespective of their religious identity, it took a hegemonic character in the way it was state sponsored as a pandemic response designed for all people in the country with diverse religious requirements.

Dhammika Paniya pointed to a more serious weakness in the state response to the pandemic. A certain populist notion of culture and heritage was misused by someone with the backing of the political elite to invent a "miracle cure" for COVID-19 using herbal substances. This paniya was a herbal sweetener invented after the onset of the pandemic, by a previously unknown person who came to be called Dhammika Vedamahata, with the initial blessing of a small group of Buddhist monks and political leaders who identified and publicly defended it as a miracle cure and an effective prophylaxis for

the disease derived from indigenous medicine. The formula for manufacturing the paniya was reportedly revealed to Dhammika by Kali Amma, a female deity who, according to Dhammika's own account, possessed him and gave him the secret remedy to combat and contain the pandemic.

The paniya received high profile media publicity in some TV channels creating a great deal of public interest. The presentations of the paniya were made to the Temple of the Tooth and the sacred Bodhi Tree in Anuradhapura in front of television cameras in a clear attempt to obtain religious legitimacy for this so-called miracle cure. The paniya was manufactured in a small plant in Kegalle using equipment supplied by the state and with protection from the police and was supplied to people who queued up in front of the plant disregarding public health guidelines even though he did not have the approvals needed to market the product at the time. Dhammika sought to get approval for the Paniya from the relevant authorities in indigenous medicine as well as western medicine. He also tried to use political influence for securing the necessary approvals. Clinical trials hurriedly conducted, however, proved that the paniya was ineffective. This was a clear instance where the popular Sinhala nationalist ethos was

misused by an unscrupulous person also using the available state machinery for the purpose. It also highlighted the need to critically assess the Sinhala nationalist ideology as an important driver of the pandemic response on the part of the state.

It must be noted here that there were also some positive outcomes of the more liberal state policy relating to the application of *hela vedakama* (indigenous medicine). A series of herbal remedies widely in circulation among people, such as herbal porridge (*kolakanda*), herbal drinks such as *inguru kottamalli* (a popular herbal drink made by boiling ginger and coriander) and traditional inhalations came to be used among the public at large. More importantly these herbal remedies also came to be incorporated into the diet and therapeutic arsenal in western treatment centres and quarantine centres perhaps for the first time in the history of western medicine in Sri Lanka. The demand for these traditional products also encouraged several private sector agencies for large-scale manufacturing of these products to meet the public demand. This must be seen as an important innovation from the angle of promoting medical pluralism and cultural diversity in the wake of the pandemic.

The majoritarian tendencies in state and society produced at least three pandemic-related adverse policy and social outcomes.

1. Banning of the burial of COVID-deaths, reportedly due to the public health concern for the possible contamination of underground water sources, undermining the cultural rights and religious freedom of the Muslim minority (NCEASL 2020b, Amarasuriya 2020, Rambukwella 2020). This was contrary to WHO guidelines regarding handling of COVID-19 deaths and largely an outcome of the opinions of so-called "patriotic scientists" who aligned with majoritarian biases as against medical opinions and international guidelines issued by the WHO (WHO 2020b, Rambukwella 2020).
2. Outbreak of an anti-Muslim hate campaign in mainstream media and social media in Sinhala with the government not coming forward to counter hate, fake news, and misinformation (Silva 1920a, 1921a). This pandemic of hate also led to certain public health outcomes such as fear of reporting infections and a serious trust deficit in state machinery on the part of certain minority groups who were victims of hate campaigns (Fonseka and Ranasinhe 2021, Moinudeen 2021, Silva 2020a).

3. Poor participation of faith actors in the pandemic response during the first wave, with the possible exception of pro-government religious dignitaries with high media visibility but low public acceptance. In a KI interview, one priest from a minority community in Eastern Province noted “We wanted to help people affected by the lockdown, but we were not sure how the state authorities including the military will respond to such an initiative.”

This pattern remained unchanged during much of the second wave of the pandemic as well. The banning of 11 Islamic organizations by the government on April 14, 2021, on the recommendations of the Presidential Commission on Easter Sunday attacks further reflected the majoritarian nature of the state response as some of these organizations were heavily involved in social welfare services at the time and many Muslims interviewed in KIs were not convinced that some of these organizations had anything to do with the Easter attack (Moinudeen 2021). However, as the number of COVID-19 cases and deaths rapidly increased during the third wave of the pandemic that began in April 2021, the state adopted a more accommodative policy towards

civil society and religious players from a diversity of backgrounds in its effort to respond to the emerging health care and social crisis. The ban on burial of COVID-19 deaths was removed in April 2021 due to continuous pressure from Muslim leaders supported by some civil society actors from other religions and some pressure exerted by some friendly Muslim countries in the region. In response to the rapid escalation of the pandemic during its third wave, a civil society collective for COVID-19 response was formed in June 2021. In a statement made by this collective in June 2021 states why civil society should play a more proactive role in the Covid-19 response during its third wave.

The government is leading the fight against COVID with a **whole-of-government approach**. The National Operational Center for Covid 19 Outbreak is spearheading the response. In order to contain the spread, the Government has had to take drastic measures. Among them is country-wide travel restrictions and localized isolation of areas based on quarantine regulations, which have had a significant impact on the access to essential services and livelihoods for vast numbers of people. The government has in place a three tier health care system for those who have tested positive for COVID19. The system has had to be adopted to cope with the rapidly increasing case load. The medical infrastructure and medical professional have been stretched to their limits. **The government has sought assistance from citizens and NGOs to enhance this capacity.**

The Presidential Task Force (PTF) on Economic Revival and Poverty Alleviation has also been established to address the needs of the people in this regard. This task force is particularly concerned with ensuring essential services to people and in devising interventions to ameliorate the hardships the COVID prevention might entail. A priority concern among them, is the risk this situation poses to vulnerable populations. On one hand they become isolated with limited access to the services available, and on the other, they would be most at risk, even leading to life-threatening situations, should they have to confront the virus. The government has devised programmes and systems to minimize the impact on civilian life and **has reached out to the private sector and civil society to support in this response** (Civil Society Collective for COVID-19 Response 2021, p. 1) (Emphasis added).

Religious actors who were active on a limited scale in the first and second waves of the pandemic, became more active in the pandemic response during the third wave as revealed in the current study. We list below the key features of, and contributions made by religious actors as identified in keeping with the objectives of the current study:

First, this study demonstrated that religion enjoyed a high degree of trust, accessibility, and influence over the lives of their followers despite constraints produced by the pandemic and related restrictions on religious activity. For most people the pandemic produced enhanced religious faith as evident from both qualitative and quantitative data collected in this study. This indicates that religion should be factored into all efforts at social development, peace, and social harmony.

Second, religious actors heavily contributed to the humanitarian response in terms of supply of dry foods, sanitizers, medical equipment, and cash subsidies. Their understanding of the local needs clearly facilitated this process. Collaborations with some state agencies at the grass root level, the corporate sector, diaspora members and private donors within Sri Lanka were deployed in this religiously inspired humanitarian effort. Another important feature of this humanitarian response was that often it deliberately sought to assist those in need within one's own community as well as those from outside. At least in some instances contributions were also sought from well off people from within as well as from outside one's community establishing a pattern of assistance that went beyond ethno-religious boundaries and social fault lines perhaps for the first time after the 2004 tsunami disaster. The humanitarian services of local religious actors were supported mostly by individual donors from local areas followed by NGOs like Zam Zam Foundation, CARITAS, Jayagrahamaya Foundation, and members of the diaspora, particularly in the case of Hindu charities. New organizations like Mahatma Gandhi Saba in Matale facilitated both

relief work and interfaith action among local groups.

A Buddhist monk in Pilimathalawa near Kandy who came forward to initiate a relief program for his devotees and others who lost livelihoods due to the pandemic is an example of many such religious priests who voluntarily came forward to initiate assistance to people who were in dire straits due to the adverse impact of the pandemic. This monk was well aware of both the resources available locally and the actual needs of the poorer section of the population from different communities. In this instance, the monk used his own salary as a schoolteacher, meagre assets in his temple including collections in pin pettiya (voluntary donations by devotees for temple welfare) as seed money supplemented by donations from relatively better off people in his town from different ethno-religious communities was a classic example of the overlap of religious motivation and social obligations to end hunger among known poor people through this pandemic-triggered emergency relief program. Third, many religious institutions provided venues for quarantine services and treatment programs conducted by health authorities to cater to the newly infected people needing medical services and their contacts needing quarantine facilities. For instance, Mahamewna Aranya Senasana (Buddhist Monastery) in Kundasale catering to forest dwelling Buddhist monks was made available to establish an intermediate treatment centre for COVID-19 positive patients with no symptoms of the disease. Naleemiah Institute in Beruwala, an Islamic Educational Institute, provided some of its buildings and infrastructure to establish a COVID-19 treatment centre for confirmed patients. A few Hindu temples in Colombo provided venues for quarantine purposes when requested by health authorities. Similarly, some church buildings belonging to mainline Christian Churches in Colombo were made available to establish vaccination centres for local health authorities when the vaccination program started in May 2021.

Fourth, most religious institutions complied with health regulations and safety guidelines issued by authorities for protecting the religious priests and their followers. They included the official guidelines for provision of alms to Buddhist monks, the number of devotees accepted into religious premises, social distancing, and enforcement of mandatory mask wearing, provision of facilities for hand washing and sanitization and practices relating to the conduct of funerals (Table 3.2). The objective was to safeguard the priests and devotees and help them to the extent possible when in need while ensuring that the health guidelines are adhered to. The health guidelines may have gained increased legitimacy in the eyes of local faith actors as an outcome of the compliance practiced and demonstrated in religious institutions. Among faith actors, there were also some notable exceptions to compliance with health regulations reported in media during all stages of the pandemic. One was a case of several congregants in a Pentecostal church in Jaffna documented earlier in the report. Some Hindu rituals in the north and east also received wide media publicity for causing large and congested public gatherings with many people not wearing face masks. These were, however, exceptions that do indicate that some faith action may be difficult to control once initiated despite the strict quarantine regulations in place. This also indicates the necessity of educating all religious leaders about the pandemic and its control measures as part of the public health campaign.

Fifth, as elaborated in Chapter Four when lay devotees refused to accept vaccines in parts of Sri Lanka the joint intervention of religious leaders and health workers to counter fake news and misinformation disseminated through gossip and social media served to promote vaccine uptake and expand this essential public health intervention implemented by the state. This is clearly an example of what Marshall (2020) identified as a constructive engagement between faith leaders and public health professionals. Partnership formation was clearly

evident in this instance, not only among local religious leaders from different religions as well as between religious leaders, administrative officials like Divisional Secretary and health officials responsible for public health activities in Eastern Sri Lanka.

These are a few examples where intervention of faith actors made a difference regarding containment of the pandemic. In many instances these services were provided voluntarily by socially conscious and religiously inspired faith leaders with no direct request from the health authorities. During the pandemic faith increased among many people as revealed in the online survey (Table 3.7 and Figure 3.6), partly because of unprecedented challenges posed by the pandemic but also because local faith actors came to their rescue in a variety of settings that became evident in KIs.

It is important that religious priests were included in the decision-making bodies at the village and Divisional Secretary level towards the latter part of the pandemic even though there was no representation of religious leaders or civil society in the high-powered presidential task forces at the national level as reported earlier. The incorporation of local religious leaders in village and divisional level establishments can be seen as an important innovation resulting from direct practical experiences in responding to the pandemic at the ground level.

As for the role of religion in trust building and reconciliation, this study found a few instances where this happened to a considerable extent. Here again the faith actors or faith-based organizations led the way sometimes contesting the relevant state policies in the respective domains.

One such example was the formation of Amarapura-Ramanna Samagri Sangha Saba and its collaboration with an interfaith group to campaign against the mandatory cremation of Muslims who died of COVID-19. There were also organizations such as the Walpola Rahula

Institute that came forward to educate Sinhala Buddhists, and why they should support the burial rights of the Muslims. In this instance, the relevant Buddhist group not only contested the problematic state policy calling for mandatory cremation of the COVID-dead but also went against many high profile Buddhist leaders who campaigned against Muslim burial rights on Sinhala Buddhist nationalist grounds without showing any concern for the Muslim families affected by the death of their loved ones due to COVID-19 but also violating a religious prescription relating to the handling of Muslim dead bodies and performing their last rites. The digital citizenship project developed by the National Christian Evangelical Alliance for Sri Lanka is another such initiative for trust building and peace making. This is clearly an intervention for countering hate speech that became a major problem during the first pandemic wave. Even though this came from a well-established Christian NGO, it sought to educate all about hate speech and counter it when emerged. A tool kit was developed in all three languages (Sinhala, Tamil and English) so as to reach out to school children and youth in all communities. An advocacy campaign has been launched in order to introduce this digital platform to educational authorities in Sri Lanka so as to mainstream it within the extensive state education system in the country.

The study further illustrated the positive role played by religion during the pandemic –because the religious institutions and leaders remain at the frontline in providing humanitarian assistance, educating ordinary people on health guidelines, enhancing spiritual confidence and courage to fight the pandemic. In this way, faith actors have been playing a significant role in many aspects relating to the campaign against the pandemic. Local religious leaders are now being frequently invited by health authorities and local government institutions at the periphery to implement mitigation strategies to fight the pandemic. This is indeed a positive trend that we noticed during the third wave of the pandemic in particular. In other words,

this pattern has given some recognition for faith actors including those from minority religions in decision making at the lower level of governance, but it needs to be mainstreamed for better impact at higher levels.

While these examples do indicate important religious interventions for assisting the pandemic response and promotion of social harmony and peace in Sri Lanka, they also highlight some limitations of these interventions. This is largely because there is no favorable policy environment in the country with a ruling elite holding an entrenched majoritarian mindset not supportive of diversity, minority rights and civil society in general. There is limited coordination among different faith actors involved in the pandemic response even within a single religion. Most of the interventions have not been properly evaluated for their effectiveness in addressing conflict drivers. Even though the pandemic triggered a new alignment within Buddhism favorable to interfaith engagement and sensitive to minority rights, the mainstream Buddhist establishment aligned with the ruling party continues to uphold a majoritarian Sinhala-Buddhist outlook that does not recognize socio-cultural diversity, minority rights and religious freedom except within a hegemonic framework upheld by a popular brand of Buddhism directly or indirectly supported by the state. While the emergence or re-emergence of a more liberal section of Buddhist clergy must be recognized and certainly appreciated, mainstream Buddhist establishments remain strongly committed to a majoritarian outlook with illiberal sentiments for the most part. This situation is accompanied by moves to draft new legislation to regulate the activities of civil society and NGOs, setting up of an all-Buddhist presidential task force led by the secretary of defense and largely consisting of Buddhist clergy for protection of archeological sites and other similar measures designed to advance Sinhala Buddhist hegemony.

Against this background coordinated action by a large cross section of faith actors will be necessary to influence state policies and practices relating to pandemic response on the one hand and peace and harmony on the other. The pandemic upsurge during the third wave may be seen as an important turning point in state-civil society relations in Sri Lanka, but it is important that civil society and interfaith groups forge required alliances and follow a cautious path that builds on the gains made and collectively influence the relevant state policies, policies, and programs of international donors such as the UN agencies in the following domains:

1. Promotion of peace and harmony, trust building within and among communities, reconciliatory action, social justice, and human rights. It must be reiterated here that trust building, reconciliation and peace are prerequisites for sustainable development in keeping with SDG 16.
2. Economic recovery and social development focusing on pandemic-affected communities. In the current context there may be opportunities to develop environment friendly viable livelihoods along the lines of organic agriculture promoted by the current ruling regime in Sri Lanka. Community development type interventions may be needed to respond to some of the challenges in a post-pandemic context.
3. Efforts at educational reforms following the breakdown of educational systems caused by the pandemic. This should be seen as an important opportunity to promote mutual understanding among children from different communities, develop bilingual education, art and culture and comparative religion as potential bridges among children from different communities physically and socially segregated from each other.
4. Promotion of responsible digital use among children and youth. Using the digital citizenship project introduced in Chapter Four of this report as a guide, efforts must be made to promote responsible use of digital media, mutual understanding, and mutual respect among different communities and awareness of cultural heritage, diversity, and human rights. After establishing its effectiveness, the digital citizenship tool kit may be introduced to schools, religious educational institutions like pirivenas, madrasas and seminaries and universities as well. Based on positive experiences relating to digitization of religion in the wake of the pandemic, there may also be opportunities to expand digital use among faith actors in ways that sustain faith and virtual religious engagement where physical participation in congregations is not possible due to travel or livelihood related activities.
5. Institutionalize civil society and faith actor participation in decision making bodies at village and Divisional Secretary levels and explore the possibilities for mainstreaming this collaboration to higher levels of decision making, also using this to promote social justice, partnerships, and responsible participatory governance at all levels.
6. Identify and develop effective policy options for addressing religious extremisms of different kinds. As one researcher noted in respect of developments in India and Sri Lanka “The scapegoating of Muslims in both countries in the wake of the pandemic could push them into the hands of jihadists. Moreover, greater fear could be inculcated in the minds of the majority community, which could spur vigilante violence and encourage law enforcement officers to turn a blind eye to or even partake in its commission” (Kapur 2020: 4). This suggests that an evidence-based non-ideological approach is necessary to deal with examples of so-called “bad faith” (Cox 2020) in our societies.

On the part of religions, they need to ensure internal democracy within their structures, avoid cooption by the state and political actors, safeguard against potential emergence and rise of fundamentalist tendencies, be sensitive to the rights of women, minorities and marginalized social groups and work towards engaging in interfaith activities for impacting social policies, trust building and promotion of social harmony. While faith enhancement during the pandemic discovered in the current study is an important development to be recognized and encouraged, it should be approached with required nuance. Faith may also be manipulated by vested interests as a springboard to promote religious fundamentalism as already demonstrated in the Easter Sunday attacks in Sri Lanka in 2019. Faith can be mobilized for development of public-spirited activities like humanitarian services and overcoming vaccine hesitancy as demonstrated in eastern Sri Lanka. Similarly, faith can also be tapped and manipulated by unscrupulous operators and the power-hungry politicians in alliance with such operators in their search for miracle cures as was evident in the controversial case of Dhammika Paniya. This reiterates the early concerns about the potential dangers of collaborating with “bad faith” (Cox 2020) or legitimizing certain “dubious” faith actors (Marshall 2020: 4).

**In other words, it is important that faith actors are sufficiently cautious about the potential misuse of faith and must ensure the effective use of faith as a driver of peace, sustainable development, and social justice.**



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