

Developing guidelines for faith-sensitive psychosocial programming

A desk review



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Developing guidelines for faith-sensitive psychosocial programming: A desk review

Foreword

There is a growing awareness of the importance that faith and belief systems play in the lives of refugees, displaced persons and those affected by humanitarian crises in general. This was clearly articulated in the UNHCR High Commissioner's Dialogue on Faith and Protection in 2012 and in "Welcoming the Stranger: Affirmations of Faith Leaders" the following year.¹ There is also an emerging policy agenda that is promoting localisation of humanitarian aid², including partnership with local faith communities, faith leaders and faith-based organisations.³

However, providing psychosocial support for those caught up in humanitarian crises which takes account of religious and spiritual needs is not without its challenges. Standard considerations in psychosocial programming under the banner of 'culture' may not reach into the religious and spiritual complexities of the lived reality of people facing extreme adversity. This desk review indeed identifies comparatively few studies and reports that provide accounts of sustained faith-sensitive engagement addressing individual and collective needs for meaning-making and reflecting participation at the level of coordination and assessment and human resources.

As part of our ongoing partnership together, Islamic Relief Worldwide and Lutheran World Federation began to work in 2016 on the development of guidelines for faith-sensitive psychosocial programming. From the onset, we were clear that the guidelines should be inclusive to all humanitarian actors, assisting both secular and faith-based organisations in the course of their work in the field. We used the term 'faith-sensitive' to bring the focus of the guidelines on the faith of the people affected by conflict, disaster and displacement, rather than on the faith allegiance (or non-faith allegiance) of humanitarian organisations and agencies. Other agencies are

1 UNHCR High Commissioner's Dialogue on Faith and Protection (2012), UNHCR Welcoming the Stranger: Affirmations of Faith Leaders (2013),

2 Charter for Change: Localisation of Humanitarian Aid (2015), Turning the System on Its Head, Oxfam (2015), World Humanitarian Summit (2016)

3 See for example, DFID Faith Partnership Principles (2012), UNHCR Partnership Note on Faith-Based Organisations, Local Faith Communities and Faith Leaders (2014), Partners for Change – Religions and the 2030 Agenda (GIZ, 2016) and the formation of PaRD (International Partnership for Religion and Sustainable Development).

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advising the project, including UNHCR, World Vision, the IFRC Reference Centre for Psychosocial Support and the Church of Sweden.

This desk review looks at the current framing of religious engagement in psychosocial support, taking account of the opportunities and risks associated with this area. It draws on a wide range of literature about psychosocial wellbeing in adversity and proposes using the well-established IASC Guidelines on Mental Health and Psychosocial Support in Humanitarian Settings (2007) as a basis for drafting additional guidance on faith-sensitive psychosocial programming.

The desk review will be used - together with findings from field research in Jordan, Kenya and Nepal with LWF and IRW staff and partners - to draft a preliminary version of guidelines for faith-sensitive psychosocial programming. We then plan – through a process of inter-agency consultation and partnership – to refine and pilot these guidelines with the goal of supporting the implementation of more faith-sensitive psychosocial programming globally.

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1. Introduction

1.1 The desk review

Beginning with an overview of how mental health and psychosocial support is currently framed in humanitarian response and a summary of key international principles and laws that shape engagement with religion in humanitarian contexts, the review focuses on how psychosocial programming approaches take account of religion and religious experience. The most influential framing of religious engagement in the sector is reflected in the IASC Guidelines on Mental Health and Psychosocial Support in Humanitarian Settings (2007).

The review then turns to evidence regarding the role of religion in supporting the wellbeing of people facing adversity. The focus here is not on psychosocial programming or the work of NGOs but rather on the resources and capacities that can be drawn from religion in situations of hardship. It also examines the risks associated with how religion is practised and expressed, which may lead to considerable harm and damage to people affected by conflict or disaster.

The next chapter considers factors shaping the place of faith in psychosocial programming. Although it is widely recognised that faith leaders and communities have capacities relevant to programming, there are limited documented examples of these capacities significantly shaping programming approaches. Barriers to stronger engagement are identified regarding perceived conflicts with humanitarian principles and the nature of partnerships.

Chapter 6 features specific examples of psychosocial support directly demonstrating engagement with religious and spiritual resources. Despite extensive work on the ground both by faith-based and non-faith-based organisations (and by extension, by local communities and leaders), case studies and programme reports that articulate the details of engagement are hard to find. However, recent times have seen an upsurge in efforts to document programming practice, and this chapter highlights some of the most noteworthy. There are now an increasing number of examples of non-faith-based organisations developing programmes that seek to engage with local religious actors, and the chapter concludes with an overview of some of these developments.

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The review concludes with a preliminary structure for guidelines for faith-sensitive psychosocial programming, based on the findings of the desk review.

1.2 A word about terminology

Definitions regarding religion, and religious belief and affiliation, are widely contested. We have produced a short glossary for this review, but we are aware that no universal definitions are available to differentiate between terms such as 'faith,' 'religion,' and 'spirituality.' We have therefore presented three summarized discussions in the glossary about religion which we hope will be helpful.

Within the text itself, we follow the emerging convention in this field of study, acknowledging religion as the over-arching issue of concern but using the term faith (as in faith-based organisation, local faith community and faith leaders) as a current practice term used by most humanitarian agencies. Where emphasis is intended on specific practices or aspects of wellbeing for which it is appropriate, we use the term 'spirituality'.

Definitions regarding religion, and religious belief and affiliation, are widely contested.

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2. Methodology

The search strategy used to create this report was designed to capture peer-reviewed papers relevant to faith-sensitive psychosocial programming. We used structured database search tools (ProQuest Research and Discover through Queen Margaret University and CLIO through Columbia University) to identify relevant published papers. These searches were supplemented by web-based retrieval of practice-based reports and evaluations by NGOs and agencies of the UN, using Google Scholar and mhps.net. Additionally, we made manual searches of the reference lists of key review papers and chapters and of existing published literature reviews on themes related to our topic.

Search terms were used to identify material that addressed each of the core themes of the review: psychosocial wellbeing and support; faith and religion; and humanitarian contexts and response. This identified a literature of over 200 papers, whose abstracts were reviewed for relevance. This resulted in full paper review of some 50 papers, of which approximately 30 were found to be relevant. With the addition of papers from web searches and review of reference lists, over 80 documents were included in the content review informing this report.

This search strategy provided many useful sources, but we do not claim this to be a comprehensive review of all material of relevance. Studies and reports directly related to engagement with religion in the course of promoting psychosocial wellbeing in humanitarian contexts are very uncommon. Inclusion of studies in this review therefore depended on our subjective judgement of the relevance of studies that addressed perhaps two of these three core themes (e.g. work on incorporating religious perspectives in psychosocial support in non-humanitarian contexts or with refugee or asylum seeking populations in high-income countries of resettlement).

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3. Principles of psychosocial programming and religious engagement in humanitarian contexts

This chapter considers the scope of psychosocial support and the principles that shape current approaches to psychosocial programming in humanitarian contexts. We then consider the principles and laws that shape engagement with religion in humanitarian contexts. Finally we consider the current framing of religious engagement in the context of psychosocial programming.

3.1 Principles of providing mental health and psychosocial support

Mental health and psychosocial support (MHPSS) is 'any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder' (IASC 2007). The social and psychological impacts of conflict, disaster and displacement are now widely recognised. As a result, the provision of a range of psychosocial support interventions is seen as vital in assisting individuals and communities to cope with the stresses associated with the immediate aftermath of a crisis event and the ongoing demands of a protracted situation (Mollica et al 2004, Tol et al 2011).

A recent review of mental health and psychosocial support in humanitarian settings (Tol et al 2011) documents the typical scope of implemented interventions. Across 160 reports, the most commonly identified activities were: basic counselling for individuals (39%); facilitation of community support of vulnerable individuals (23%); provision of child-friendly spaces (21%); support of community-initiated social support (21%); and basic counselling for groups and families (20%). The majority of these interventions took place and were funded outside national mental health and protection systems.

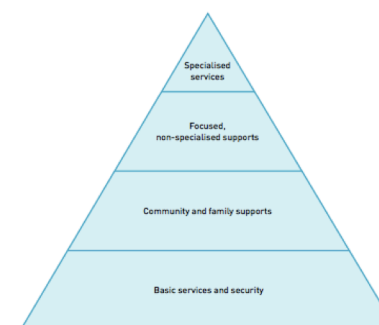
The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) have, through a process of extensive inter-agency consultation, come to define the core principles that should shape such work. The guidelines seek to provide a framework for an integrated, holistic response, encouraging humanitarian workers to coordinate and collaborate in their efforts across the spectrum of MHPSS

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activities. The guidelines present an integrated approach with different layers of support that promote mental health and psychosocial wellbeing and prevent mental disorder. This approach spans a spectrum of activities in keeping with the range of practice identified in Tol et al (2011), including:

- *activities providing basic services and security* like water and sanitation, shelter, such that they take account of social and cultural considerations, protect the dignity and safety of those receiving basic services, etc.
- *strengthening community and family supports* such as women's groups, child-friendly spaces, etc.
- *focused, non-specialised support* such as support for survivors of gender-based violence, etc.
- *clinical services* for those with more acute needs such as bipolar disorder or psychosis.

These categories of activity are typically represented using a pyramid, which distinguishes different levels of activity (see below). Reference to mental health support is likely to be used to describe the clinical services towards the top of the pyramid, distinguishing such activities from psychosocial support associated with activities at the lower levels. Clinical services would include support offered to children and adults who may be experiencing substantial mental, substance use or neurological problems such as depression, post-traumatic stress disorder, psychosis, epilepsy, intellectual disability, harmful substance use and risk of suicide (WHO and UNHCR 2015). Psychosocial support on the other hand includes a very broad range of activities at the level of basic services, community and family supports and focused, non-specialised supports. Psychosocial interventions emphasise the connection between psychological aspects of experience (such as thoughts, emotions and behaviour) and the wider social context of that experience (such as relationships, traditions and values) (Psychosocial Working Group 2005).



From: IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings 2007 p.12

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In addition to the intervention pyramid, the IASC MHPSS Guidelines also highlight important principles for programming. Of particular relevance here are the principles, 'do no harm' and 'build on available resources and capacities.' The injunction to 'do no harm' reflects an awareness that programming can unintentionally disrupt local capacities and mechanisms for recovery from crisis. It is vital to be aware of local mechanisms of coping to ensure that programming does not disrupt these (IASC 2007). Building on available resources and capacities is central to the majority of the action sheets that operationalise the guidelines. This is not only consultation with affected communities, but also empowerment of and engagement with their agendas and capabilities. We will consider later in this chapter the specific consideration that the IASC MHPSS guidelines give to issues of faith and religion. Here, however, we simply emphasise the centrality of community support and building upon – rather than disrupting - existing structures and capacities that permeate the guidelines.

3.2 Principles and laws guiding humanitarian engagement with religion

Psychosocial programming is undertaken within the broader context of humanitarian intervention. There are a broad range of principles and standards – a number reinforced by laws and treaties – that govern conduct. Annex 1 summarises a number of sources.

There are two recurrent themes within these statements that are relevant regarding engagement with religion in humanitarian contexts. The first is the importance of not discriminating between individuals or groups in the provision of assistance on the basis of religious affiliation. This is reflected most explicitly in the principle of impartiality, which in its implementation is generally closely linked to the principle of independence (Pictet 1979). This may be understood as seeing that provision of humanitarian assistance should be 'free from religion'. This commitment to impartiality is crucial for faith-based and non-faith based actors alike.

However, the second major theme within these statements indicates the importance of working to protect the rights of individuals to practise their religion. There are obligations to 'respect culture and custom' and requirements to address 'need alone' and 'protect dignity,' in situations where individuals are likely prioritise religious

Core Principles of IASC MHPSS Guidelines:

- human rights and equity
- participation
- do no harm
- building on available resources and capacities
- integrated support systems
- multi-layered supports

Relevant sources of principles and laws include:

- The Universal Declaration of Human Rights (1948)
- The International Covenant on Civil and Political Rights (1966)
- The Geneva Conventions (1949)
- The Geneva Convention Relating to the Status of Refugees (1951) and the Refugee Protocol (1967)
- The Fundamental Principles of the Red Cross Red Crescent

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needs and conceptualise their dignity in religious terms. Respect for convictions and religious practices is recognised for civilians as well as prisoners of war in the Geneva Conventions. The Convention on the Rights of the Child mandates states to acknowledge 'the rights and duties of parents... to provide direction to the child in the exercise of his or her right to freedom of ... religion.' These statements, therefore, require humanitarian actors to acknowledge their responsibilities towards supporting the exercise of religion.

We will return to the tensions for humanitarian actors in balancing these two obligations with respect to religion in subsequent chapters.

3.3 Principles of religious engagement in the context of psychosocial programming

Building on the previous two sections, this section presents an overview of the way psychosocial programming approaches take account of religion and religious experience.

Kidwai, Moore and FitzGibbon (2014) suggest that the predominant understanding of religion within humanitarian programming is that religion (and spirituality) falls under the rubric of 'culture.' This appears a common formulation within the psychosocial sector. For example for Kostelny (2006), culture is seen as 'shaping human development, providing meaning, transmitting beliefs and values and structuring roles and responsibilities' Similarly, the framework developed by the Psychosocial Working Group (2002) to conceptualise work in this sector features three domains which underpin psychosocial wellbeing. These are human capacity (or human capital), social ecology (or social capital) and culture and values (or cultural capital). Within this framing, religious belief and affiliation are referred to as important 'resources' within the domain of cultural capital, bringing communities and individuals social benefits and providing a basis for meaning-making in times of adversity.

Williamson and Robinson's model of psychosocial wellbeing (2006) initially appears to be an exception to this trend in an attempt to represent the experience of faith and religiosity in its own terms. Their framework suggests seven interrelated dimensions

Relevant sources of principles and laws continued:

- The Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (1994)
- The Core Humanitarian Standard on Quality and Accountability (2014)
- The Convention of the Rights of the Child (1989)
- The Sphere Handbook (2011)

The Convention on the Rights of the Child mandates states to acknowledge 'the rights and duties of parents... to provide direction to the child in the exercise of his or her right to freedom of religion.'

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- biological, material, mental, emotional, social, cultural, and spiritual – determining wellbeing. However, the seventh domain is the least elaborated in their discussion and its marginalized character is rather reinforced by their acceptance that while among many conflict-affected populations the spiritual is very much an aspect of psychosocial wellbeing: 'Many Northern practitioners who address psychosocial issues among people affected by armed conflict would make a distinction among psychosocial issues, physical health, and spiritual issues' (p.22).

Undoubtedly the most influential framing of religious engagement in the sector is reflected in the IASC MHPSS Guidelines themselves discussed earlier. Firstly, it is important to note that the human rights are seen as foundational to the guidelines 'together with equity and non-discrimination in the availability and accessibility of services to all groups based on needs' (IASC, 2007, p. 9). However, this concern for impartiality does not discourage engagement with religious actors. The introductory section refers to the range of resources affected groups may have in supporting their wellbeing, indicating that 'significant religious and spiritual resources include religious leaders, local healers, practices of prayer and worship and cultural practices such as burial rites' (IASC 2017, p.5.)

Subsequently, specific references to the role of religion largely focus on action sheet 5.3 (facilitate conditions for appropriate communal cultural, spiritual and religious healing practices) and on action sheet 6.4 (learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems). These action sheets indicate the resources that local faith communities and religious practices bring, but also caution against harmful practices which may contravene international standards of human rights.

Religious or community-based organisations are otherwise referenced as possible members of MHPSS coordination groups (see action sheet 1.1) or as potential stakeholders (for example, in needs assessment, in action sheet 2.1). Action sheet 2.1 also notes the importance of collecting information about religious beliefs, practice and individual and community coping strategies. Action sheet 3.1 refers to inclusive and non-discriminatory service delivery, which includes 'respect freedom of thought, conscience and religion in mental health and psychosocial care.'

The most influential framing of religious engagement in the sector is reflected in the IASC MHPSS Guidelines themselves... [which refer] to the 'significant religious and spiritual resources'... groups may have in supporting their wellbeing' ... include[ing] 'religious leaders, local healers, practices of prayer and worship and cultural practices such as burial rites.'

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Here, then, there is explicit recognition of religious actors, beliefs and practices as relevant to planning and implementing effective psychosocial interventions. More general references to 'culture' occur throughout the guidelines, including calls for 'cultural appropriateness,' respect for 'cultural traditions and practices' (p.42) and recommendations to recruit staff and volunteers who understand local culture (p.73). However, there is a clear mandate in the guidelines for humanitarian actors to develop explicit strategies for engagement with religion in the regular course of their programming.

This chapter looks at the principles that govern the practice of mental health and psychosocial support in humanitarian settings, the principles and laws that shape any form of humanitarian engagement with religion and then, finally, the way that engagement with religion is presented in frameworks informing the practice of psychosocial support in humanitarian settings. Taken together, these sources suggest that sensitivity to the faith of beneficiaries should be a feature of any psychosocial intervention consistent with humanitarian principles and professional best practice. Engagement with religion is not just a mandated principle, but a strategy to potentially enhance programme effectiveness. The next chapter presents evidence about protection and risk factors associated with religion for people in situations of adversity.

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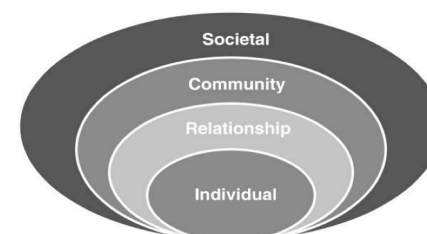
4. Religion, mental health and psychosocial wellbeing in adversity

This chapter summarises evidence regarding the role of religion in supporting the wellbeing of people facing adversity. The focus here is not on psychosocial programming or the work of NGOs but rather the strategies, capacities and approaches of individuals and groups that reflect their religious identity. We saw in the previous chapter how the IASC MHPSS guidelines indicate the importance of 'building on available resources and capacities.' This chapter reviews literature that documents some of the resources and capacities that can be drawn from religion in situations of hardship. It also examines the risks associated with how religion is practiced and expressed, leading to considerable harm and damage to people affected by conflict or disaster.

4.1 Religion in adversity

The social ecological model (illustrated) has had a major influence on the practice of psychosocial support. This model provides a framework for understanding the multiple levels of a social system and the interactions between individual, relationship, community, and societal factors and environment within this system. Social ecology-based approaches and interventions have an established role in humanitarian settings (WHO 2016, UNICEF 2016).

This places an understanding of religion within a dynamic system that presents a mix of protection and risks to psychosocial wellbeing. Religious resources and capacities operate at – and between - the levels of the individual, family, community, institutional and wider society. For children, for example, religion is a key intersection with family and community. It can provide a sense of continuity across generations and serve as a gateway to traditions, a means of bringing children fully into the social world and integrating them into family, community and society (Wessells and Strang 2006). Religious engagement is generally understood to involve forms of faith or belief, but usually transcends this to involve not only behavioural practices, but also the mobilisation of physical, social, institutional, financial and spiritual assets (El Nakib and Ager, 2015).



After Bronfenbrenner 1979,
1986.

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We consider first the general evidence regarding the protective role of religion in contexts of adversity, before focusing on this theme in relation to refugee populations and humanitarian situations.

Religion as a general protective factor in adversity

Our search has replicated findings elsewhere (e.g. Koenig 2003, Walker et al. 2011) that religion can bring major benefits to people and communities in their response to adversity. There is a particularly broad literature documenting the positive impact of religion and the capacity to cope with the extreme physical and psychological demands in relation to medical conditions. Studies with cardiac patients (Ai 2005), colorectal cancer survivors (Bulkley et al 2012), and breast cancer survivors (Choumanova et al 2006) for example, have all shown improved mental wellbeing and recovery associated with religiosity. Such studies suggest the role of both personal belief (related, in social ecological terms, to the individual level) and engagement within a religious community (related to relationships and the wider community) in supporting these outcomes (see also Wessells and Strang, 2006. In their paper 'Anchored by Faith: Religion as a Resilience Factor' summarizing a major strand of their research over several decades, Pargament and Cummings (2010) propose four major functions of religion in the face of adversity: (1) supporting the search for meaning; (2) assisting in the quest for emotional comfort or anxiety reduction; (3) promoting a sense of social interconnectedness; and (4) providing communion with the sacred.

Our search has replicated findings... that religion can bring major benefits to people and communities in their response to adversity.

Religious beliefs have been shown to predict higher levels of control amongst young adults (Au et al 2011). Religion and faith have been shown to be the source of effective coping mechanisms in relation to hardships incurred by ethnic-racial identity (Kwilecki 1999, Juang and Syed 2008), sexual orientation (Love et al 2005) and gender (McMinty 2007). Surveys consistently reveal that religion and spirituality are highly valuable to many people in times of crisis, trauma, and grief (Weaver et al 2003). Bryant-Davis and Wong (2013) found not only endorsement of beliefs, and personal engagement in religious behaviours, but also access to support from faith communities to be associated with decreased psychological distress, across a range of populations including survivors of child abuse, sexual violence, intimate partner violence, community violence, and war. Following the September 11, 2001, World Trade Centre attacks in the United States, a nationwide survey of stress reactions

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found that expressions of religious faith (e.g., personal prayer) were the second most common method of coping (90 percent), after talking with others (98 percent) (Schuster et al 2001).

Religion and adversity: the experience of resettling refugees

The findings in the previous section relate to the general literature on the role of religion in facing adversity. A number of studies have examined this more specifically in the lives of resettling refugees, most typically in northern resettlement countries. These studies also generally point to religious engagement as a key source of strength that can contribute to human responses in times of hardship (Adedoyin et al 2016, McLellan (2015).

Weine et al (2014), for example, in a two-year longitudinal study examined the 'protective agents, mechanisms and resources' supporting Burundian and Liberian adolescent refugees in the USA. Faith and religious involvement numbered amongst the eight protective resources they identified, and church staff and congregants were included in the list of nine types of protective agents. Betancourt et al (2015) also focused on resources supporting resettlement, in this case of Somali refugee children and their families in Boston, USA. They identified five forms of resources: individual, family, and collective/community strengths, religious faith, healthy family communication, support networks and peer support. These studies again locate religious resources at the level of the individual, within relationships, and the wider community.

Puvimanasinghe et al (2014) and Borwick et al (2013) used narrative approaches to explore sources of strength for refugees resettled in Australia. Analysis of the stories of African refugees revealed altruism and helping behaviour as a prominent theme of participants' narrated lives, accompanied by four 'subthemes:' (a) surviving war and exile, (b) adapting to Australian society, (c) reaching back home, and (d) meaning making through religious beliefs. Borwick et al (2013) also found reliance on spiritual or religious beliefs as a major source of strength in times of hardship for their participants, alongside support from interpersonal relationships, the pivotal role of values, and a sense of future and agency.

These papers point to the crucial role of religious engagement – alongside other

Studies ... locate religious resources at the level of the individual, within relationships, and the wider community.

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factors – in supporting individuals and community in facing the challenges of displacement. However, they do not relate specifically to a humanitarian context and are generally based on research in high-income countries. They are also, as Walker (2011) has observed in the literature, mostly in relation to the experience of Christian communities.

There is a clear lack of studies that have systematically analysed the factors supporting more adaptive coping in humanitarian settings. The paper by Mollica et al (2002) is exceptional in this regard, re-analysing a large-scale epidemiological study of Cambodian refugees confined to the Thailand-Cambodian border in the 1980s and 1990s. It evaluated the mental health impact of psychosocial factors subject to the influence of camp authorities, such as opportunities in the refugee camp environment and personal behaviours, in addition to trauma. The results suggest the significant capacity of refugees to protect themselves against mental illness despite horrific life experiences. The recommendation emerges for refugee policy makers to create programmes that support work, indigenous religious practices, and culture-based altruistic behaviour among refugees. This type of study is crucial in identifying the role that religion can play – alongside other factors – in supporting recovery in such circumstances (JLI 2013). However, in the absence of such studies, we can learn much from work that has explicitly considered the role of faith traditions in healing and support in humanitarian contexts. This is a growing body of research that we consider in the next section.

4.2 Faith traditions as a basis for healing and support in humanitarian contexts

The previous section has established the broad evidence that religious resources and capacities are of key potential relevance for communities facing adversity. However, more concrete understanding of the ways in which religion can support individuals and communities in the circumstances of humanitarian crisis is crucial if religious engagement is to be more effectively incorporated with psychosocial programming approaches. This section considers the strengths drawn from religious practice or affiliation that may be relevant to programming seeking to strengthen psychosocial support.

We can learn much from work that has explicitly considered the role of faith traditions in healing and support in humanitarian contexts.

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The JLI scoping study (2013) usefully highlights two bases of psychosocial support potentially provided by religion in the context of crisis: one reflecting belief and meaning, the other reflecting religious practices often linked to connection with the wider community. Reflecting on the first, for example, Fernando and Hebert (2011), Saito et al (2016) and Ren (2012) discuss meaning making drawn from religion in survivors of the Indian Ocean tsunami of 2004, the Great East Japan earthquake and tsunami of 2011 and the Great Sichuan earthquake in 2008 respectively.

Fernando and Hebert (2011) found that 'faith in God and religious practice were described as the most significant resources for the seven women survivors of the Tsunami' (p. 6). A woman described her coping in the immediate aftermath of the Indian Ocean Tsunami of 2004 as follows: "What helped me survive the first 12 hours was prayer and faith because both my children were missing for that time. Then I was told that they were both found and that they were uninjured. I praise God for His goodness to me" (p.7). Scholte et al (2004) found that Afghan respondents mentioned prayer as a major support for coping. Chan et al (2012) found in a prospective study (providing a rare opportunity to document changes in the mental health of women who survived Hurricanes Katrina and Rita) that, controlling for level of exposure to the hurricanes, pre-disaster physical health, age, and number of children, pre-disaster religiousness predicted higher levels of post-disaster social resources, optimism and sense of purpose.

The second basis of psychosocial support is religious practices which are typically embedded within communities (Ager and Ager 2014). Peltzer (1997), for example, examined the role of religion in counselling victims of organised violence. He concludes that traditional and spiritual healers use ritual therapies that help victims of organised violence to "regain power," "cleanse themselves," "decrease shame, guilt, and rage," and use purification and flashback/nightmare-reducing herbal treatments. Rituals allow the transformation of identity and the dissolution of undesired symptoms.

Silove (2013) provides a useful conceptual framework, 'the ADAPT model', which addresses both individual and community processes of meaning-making which may

"What helped me survive
... was prayer and faith... I
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have been disrupted by mass conflict.⁴ Conflict and displacement may fundamentally challenge world views and systems of belief. For communities this may lead to fragmentation and a loss of coherent narrative and guiding principles. For individuals this may lead to alienation and in extreme cases to depression and suicidality. Silove proposes psychosocial and clinical responses explicitly acknowledging and responding to existential issues and the need to respect values and beliefs. The JLI (2013) review collated evidence that indicated how 'rituals and rites define passage through phases of life, communities united by belief systems offer mutual support, and respected leaders offer interpretations of life's challenges and advise on the means of surviving them' (p. 37). Practices can mark the establishment of continuity with normality, as this example: 'In the context of Zambia, ministers and pastors continued their religious practices within the community, leading services and conducting weddings and funerals throughout the course of the humanitarian situation' (p. 37).

Practices can also represent a response to the particular challenges of adversity. Stark (2006) describes the effects of traditional cleansing ceremonies for girl soldiers who are survivors of rape in Sierra Leone. The principal research question asked how these purification rituals contribute to psychosocial healing and reintegration. Two overarching themes emerged from the data. First, cleansing ceremonies represented a symbolic gesture of community reconciliation in which both the girls and the community had prescribed roles and demonstrated a willingness and desire to be reconciled. Second, cleansing ceremonies allowed for a spiritual transformation in which the girls were able to shed their contamination and leave behind the 'bad luck', anti-social behaviour and negative self-perceptions that they had brought back with them from the war. Both of these aspects of the cleansing ceremony contributed to the girls' improved psychosocial health and facilitated reintegration.

In their study of Tibetan refugees, Hussain and Bhushan (2011) highlight the devotion towards Buddhism which has exerted a strong influence in almost every aspect of their life and culture. They describe this in terms of the protective hand of Dalai Lama and other Lamas, Buddhist philosophy and practices, community bonding and support, and historical exemplars of strength and resiliency. Chaaya et al (2007)

'Rituals and rites define passage through phases of life, communities united by belief systems offer mutual support, and respected leaders offer interpretations of life's challenges and advise on the means of surviving them.'

⁴ The framework is grounded on five core psychosocial pillars – one of which is 'existential meaning.'

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report on religiosity and depression in older people living in three disadvantaged urban areas of Lebanon, one of which was a Palestinian refugee camp. Depression was found to be widely prevalent, but lower in participants rated high on organisational religiosity. Linking back to the social ecological framework noted above, in this context religiosity was viewed an indicator of social solidarity more than an aspect of personal religious belief.

Studies by Cheema et al. (2014) and Abebe (2005; Ager, Abebe and Ager, 2014) – see boxes 1 and 2 below – document the role that religious institutions and practices play in the course of a community's response to crisis.

Box 1: Psychosocial support and spiritual healing and creating resilience: the role of the mosque

Cheema et al (2014) documented the role of mosques in the aftermath of the earthquake in Pakistan in 2005 in three villages in the district of Mansehra in Khyber Pakhtunkhwa. This is a brief excerpt from their paper:

The earthquake was a harsh reality which shattered many people's lives, and imams, as popular community leaders, played a key role in enabling recovery by among other things helping people make sense of the disaster. As a result, the earthquake-affected communities, men in mosques and women at home, tried to reconcile their personal relationship with God through meditation, prayers and supplications, seeking strength to face the calamity. Psychosocial healing was facilitated by creating a shared meaning of life with the help of spiritual guidance by imams through the platform of mosques and by spiritually reconnecting with Allah. The imams referred to the word of God, the Koran and the sayings of Prophet Muhammad (PBUH) to substantiate their sermons.

Imams reached out to people to show how they could get back on their feet. Counselling was provided both in public and private spaces. General community counselling was provided through sermons, lectures and talks in mosques and other communal places such as markets where imams interacted with their communities. Private one-on-one and family counselling was given when imams led funeral prayers and visited the houses of families who had lost their loved ones. Community

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members acknowledged that it greatly helped them to share their grief over the loss of their loved ones and the destruction of their belongings. Also, it helped to console each other by ascribing the earthquake to the will of Allah as interpreted by imams and become resilient.

The physical presence of the mosque was also perceived as a 'fountain of divine blessings', which provided spiritual healing at the time of a great stress. The mosque was far more than a religious place of worship for the affected communities: It was a spiritual defence, part of their survival strategy to safeguard them against losses from natural hazards. Also, it was a spiritual home teaching them how to make sense of the disaster and overcome personal and communal trauma and grief.

During the immediate response phase, the mosque was an initial contact point which: provided a space and forum for coordinating response and relief efforts; ensured the inclusion of vulnerable people, such as children and older men and women; acted as a socially integrating force; recruited volunteers; provided spiritual support; and provided information to the community.

During recovery, reconstruction and rehabilitation the mosque provided support for livelihoods; offered psychosocial support, spiritual healing and creating resilience; and provided space for community activities (for example, schooling).

'The mosque was far more than a religious place of worship for the affected communities: It was a spiritual defence, part of their survival strategy to safeguard them against losses from natural hazards.'

Box 2: A Case Study from Northern Tigray

Abebe's case study from Northern Tigray was conducted as a baseline for MHPSS programming (which was not subsequently implemented). He studied a number of communities close to the disputed Eritrea-Tigray border whose lives had been disrupted by significant conflict and displacement. The communities shared a Coptic Christian faith that was reflected deeply in cosmological outlook and cultural practices. In terms of religious belief, understandings of the significance of saints linked to specific days of the calendar or locations heavily informed coping strategies. Villagers often associated escape from a traumatic event or recovery from a serious illness with the protection of a saint of the day when the incident occurred. Similarly, good fortune was frequently attributed to the favour of a saint or angel that they

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venerated. [...]

Devotion to saints was not simply marked by gratitude and offerings. Vows, vocalized communication between a believer and saint or *Mats'baa*, were generally central to its fulfillment. *Mats'baa* evokes a sense of being heard and loved and confirmation of supernatural protection. [...] The exchange of gifts and favours and the growing bond between an individual and a saint becomes similar to a relationship in other life situations. [...] Saints are often associated with a specific mission drawn from their miraculous stories. Villagers often referred to the resilience of a particular saint through times of hardship as a basis for their own belief in recovery. Such beliefs created a sense of protection amidst danger, providing both emotional comfort and hope for better times. *Mats'baa* are a good example of a religious belief that has a strong influence on local strategies for coping with adversity in this setting, and thus represents a potential resource to be utilized in contextually-sensitive MHPSS programming.

In terms of religious practices, the religious association *mähebar* (and the related practice of *sewä sanbat*) are an important basis for communality and mutual assistance amongst villagers in the aftermath of the Eritrea-Tigray border conflict. The core notion of religious associations is their ethic of altruism and reciprocity to members. They pool resources, emotions, and energy to help those in trouble, maintaining a sense of indebtedness and reciprocal obligation. *Mähebar* and *sewä sanbat* represent somewhat different forms of association, but their purpose is similar. Harmonious relationships of members are key to both.

Mähebar rules often require obligatory attendance at a monthly feast held on the saint's day to which the *mähebar* is devoted. Feasts are sponsored by members in turn. Positive relationships are a key to joining a group because religious associations are a symbol of brotherhood, harmony and a close-knit self-help team. If two members quarrel and it is not possible to reconcile them, expulsion of one of them is determined by drawing lots. As part of a mutual help strategy, obligatory contributions of grain are made to any member who conducts a funeral and members are assigned to stay with the bereaved family by shift. Similar help is given to members celebrating a wedding. [...]

Although generally oriented toward support in bereavement and wedding



Desecrated Orthodox church close to Tigray-Eritrean border

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ceremonies, *mähebar* proved highly adaptive to other needs and contexts. For example, *Silasey Mähebar*, named after the Holy Trinity church in Adinanä village, was established two years before the Ethio-Eritrean war. It was formed with eleven male members (four from Muḳeyäm and seven from Adinanä). Like any association, members meet once in a month on the day of Trinity by going to the home of whoever is taking their turn of sponsoring the feast. Members help if one of their members becomes too ill or old to operate their farm field. [...]

During the Ethio-Eritrean war, Eritrean forces imprisoned two of the members of *Silasey Mähebar*. The religious association was disbanded for two years due to the war but was reinstated immediately after the end of hostilities following the return of villagers to their homes. Wives of the two absent members kept going to the association to fulfill their household's obligations. Association members discussed this issue and agreed to amend an association by-law. They added an obligation to support members' families by doing agricultural tasks if a breadwinner is imprisoned. They also exempted the families from the monthly contribution until the member was released.

Mats'baa and *mähebar* reflect religious beliefs and practices in northern Tigray that bear parallels with some technical MHPSS processes, such as the negotiation of a shared narrative framework of meaning and the development of social structures for mutual support. This clearly illustrates the potential for the utilization of religious resources within the established goals of psychosocial programming.

Religious beliefs and practices in northern Tigray... bear parallels with some technical MHPSS processes, such as the negotiation of a shared narrative framework of meaning and the development of social structures for mutual support.

Together with the experience of the Ebola crisis in Sierra Leone and Liberia documented by Christian Aid, CAFOD, Tearfund, and Islamic Relief Worldwide (2015), these studies are beginning to identify the attributes of local faith communities that are drawn upon in times of crisis. Box 3 is a summary of the positive attributes associated with the role of faith leaders during the Ebola crisis.

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Box 3: A summary of the positive attributes associated with the role of faith leaders during the Ebola crisis.

Attribute	Description
Values	Faith leaders were highly motivated to support their communities and did so out of a spirit of compassion.
Access	The access that faith leaders had to communities, even in the most remote parts of the countries, was unparalleled.
Trust	The effectiveness of faith leaders in responding to Ebola relied in large part on the trust that community members had in them, which stemmed from their shared beliefs.
Long-term presence	Interviews highlighted staff turnover in NGOs and in government. In contrast, religious leaders were unique in occupying long-term leadership positions. While this has played a role in garnering the trust and respect of community members, it also provides faith leaders with a unique perspective on development of their communities.
Knowledge of communities	Faith leaders had a deep knowledge and love for the communities in which they lived. During interviews, they spoke passionately about those who had been lost to the disease and played a key role in modelling acceptance back into the communities for those who had recovered.



From Christian Aid, CAFOD, Tearfund, and Islamic Relief Worldwide (2015)

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4.3 Religion as a risk factor in adversity

The literature reviewed so far has shown how religion provides support for individuals and communities in contexts of adversity, including humanitarian crisis. However, there is also evidence that religion may be used as a basis for ineffective and inappropriate coping with crisis. For example, a number of studies have shown a relationship between different forms of religious practice and mental health outcomes. Braam, Sonnenberg, Beekman, Deeg and Van Tilburg (2000) found that religious practice and denomination influenced the presentation and severity of symptoms for depression amongst older persons in Europe. Orthodox Jews who followed more conservative spiritual practices experienced higher levels of anxiety and depression in a study by Rosmarin, Pirutinsky and Pargament (2009).

With a more explicit focus on humanitarian settings, Wessells and Strang (2006) note how sources of strength associated with religion may also have negative counterparts. Specifically they explore how beliefs, practices and social networks may each be sources of intolerance, suffering, and harm.

The literature suggests a complexity in the factors that shape the impact of religion as either a source of risk or resilience. In terms of conflict, for example, Stewart (2009) analysed the basis for intolerance between communities in a range of settings. Where religious identity was salient in conflicts, she concludes that it was more typically on the basis of it being a marker for political mobilisation between groups with significantly different economic opportunities than related to religious principle.

This view is reflected in the comments of the United Nations High Commissioner for Refugees at the Dialogue on Protection Challenges, convened in 2012: 'Violence and persecution are also perpetrated in the name of religion...the truth is that where religion is used to undermine the rights of people, this is normally not done by religious leaders, but by politicians who use religion for their purposes' (UNHCR, 2012).

Religion can be used to sustain beliefs that promote and escalate conflict or drive practices such as child recruitment to armed groups. Wessells and Strang (2006)

Sources of strength associated with religion may also have negative counterparts... beliefs, practices and social networks may each be sources of intolerance, suffering, and harm.

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observe how religious beliefs can frame suffering in a manner that can encourage fatalism, undermining personal agency. These two themes – religion as fermenter of conflict and religion as undermining of agency – are recurrent concerns in many reports (JLI 2012; Ager and Ager 2015). These concerns create considerable caution regarding religious engagement, alongside fears of coercive proselytism (which we will look at in the next chapter.)

Regarding religion as a source of fatalism and disempowerment is a widely held view. Chester and Duncan (2010) comment on the perspective of agencies working in relation to disaster preparedness and response, seeing 'supernatural interpretations of natural disasters [as] historical curiosities and where they do occur today [being] merely symbolic of superstition and backwardness' (p. 87). However, evidence reviewed by the JLI (2013) suggested that belief that a disaster was caused by God or *karma* can spur passivity in the face of disaster, but often does not.

Belief in supernatural causes often coexists with acceptance of other causes and the willingness to address them. For example, many evangelical church networks in Zimbabwe believe in a 'spiritual context' that explains drought and food crisis, but are also engaged in practical nationwide campaigns to promote drought-resilient conservation agriculture techniques.⁵ Chester and Duncan (2010) note the existence of such 'parallel practices' in Italy, where 'actions to appease God and to encourage the miraculous have taken place whilst at the same time people have worked with the authorities to reduce losses by supporting measures such as evacuation' (p. 90).

There may also be risks associated with the treatment of mental illness, where mental illness is seen as a spiritual problem. Complex mental health needs may then remain untreated and individuals stigmatised and abused within their communities (for example, by being chained, or by not receiving medication).

The IASC MHPSS guidelines note cautions about harmful practices, including beatings, prolonged physical restraint, cutting, etc. (p. 136-137). These may not only be associated with mental health issues. Female genital mutilation is a practice linked to traditional beliefs that represents a significant violation of girls' human rights and

Religious beliefs can frame suffering in a manner that can encourage fatalism, undermining personal agency ... [but] belief in supernatural causes often coexists with acceptance of other causes and the willingness to address them.

There may... be risks associated with the treatment of mental illness, where mental illness is seen as a spiritual problem.

⁵ For example: Trumpet Call Zimbabwe. Available at <http://trumpetcallzimbabwe.org>.

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risk to health. Religious teachings may be implicated in cultural norms that promote sexual and gender based violence.⁶

Eggerman and Panter-Brick (2010) in their schools-based mental health survey reflect on the values held by Afghan families based on strong religious faith and individual effort, together with service, morality and family unity which promote resilience and fortitude, which also paradoxically form sources of 'entrapment.' At an individual and family level, for example, there are strains in maintaining personal or collective values against the backdrop of severe economic hardship. Wider social constraints place barriers on children's ability to succeed in school and study at home, leading to frustration and disappointment. For many young people, 'service' to family will involve interrupting further education and sacrificing personal ambition, as poverty and cultural expectations compel adolescent sons to work and daughters to be married. Eggerman and Panter-Brick vividly describe culture in this sense as an 'anvil of pain,' as well as an 'anchor of resilience' (p.81).

This chapter reflects some of the complexities of the relation between religion and psychosocial wellbeing. While religion may be a powerful source of coping and resilience, it may also be used to promote harmful practices. This complexity demands that humanitarian actors seek in local settings to explore the meaning that religion suggests and the resources it offers, as well as being mindful of the 'do no harm' humanitarian imperative.

This chapter reviews the literature relating to the influence of religion on coping with adversity. While there is significant evidence of the positive contributions of religious belief, religious practices and affiliation with local faith communities on wellbeing, there is also evidence of religion being used as a basis for negative coping practices and the promotion of harmful practices. While much of this literature draws from experience in non-humanitarian contexts in the high-income countries, evidence from studies of resettling refugee populations and an increasing number of studies in humanitarian contexts themselves supports similar conclusions regarding the relevance of religious engagement to coping and recovery. The next chapter addresses the question of how engagement with faith has to date been incorporated into psychosocial programming and the barriers to wider engagement.

⁶ See: <http://jliflc.com/2016/05/jliflc-supports-religious-engagement-in-the-world-humanitarian-summit/>

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5. Taking account of faith in psychosocial programming

This chapter considers factors shaping the place of faith in psychosocial programming. Although it is widely recognised that faith leaders and communities have capacities relevant to programming, there are limited documented examples of these capacities significantly shaping programming approaches. Barriers to stronger engagement are identified regarding perceived conflicts with humanitarian principles and the nature of partnerships.

5.1 The capacities of FBOs, local faith communities (LFCs) and religious leaders for humanitarian response

There is renewed interest in engagement with faith and religion within the wider humanitarian community. This interest reflects a range of factors, including the re-emergence of religion as a major issue within public and political life and an understanding of the need for stronger engagement with local actors, many of whom will be linked in some manner to religious communities. The Pew Foundation's major demographic survey (2012) indicating 89% of the world's population reports a religious affiliation – and this being a percentage that is projected to rise – has cemented a recognition that religion is not a historical phenomenon that is being swept away, but a continuing and growing force shaping world affairs.

UNHCR was one of the first secular humanitarian organisations to engage with this emerging trend, with the calling of the 2012 High Commissioner's Dialogue on Faith and Protection. Their analysis has consolidated recognition of a range of faith actors of relevance in humanitarian contexts. This includes faith-based organisations: both large, international institutions such as World Vision, Caritas Internationalis, Islamic Relief and the Lutheran World Federation and smaller, national or local non-governmental agencies that have faith-affiliations (UNHCR, 2014). However, it crucially involves a range of other local faith actors within crisis –affected communities (see glossary for details).

The World Humanitarian Summit of 2016 was marked by significant discussion of the growing importance of localisation of humanitarian response and the more effective

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engagement of local actors. In this regard, a number of submissions noted the relevant, and often neglected, capacities of local faith communities and the potential of connecting with these through local faith leaders and national or international faith-based organisations (see, for example, ACT Alliance 2015, UNHCR 2015, Soka Gakkai International 2015 and Sovereign Order of Malta 2015.) Some submissions highlighted specific crises, such as that by CAFOD and Islamic Relief Worldwide (2015), which focused on the role of faith leaders in the Ebola virus disease outbreak in West Africa.

The Joint Learning Initiative collated a range of evidence briefs summarising key research knowledge relevant to the role of local faith communities in humanitarian contexts, and means of integrating them more effectively in wider response (JLI 2016). There are now a significant number of documents promoting partnership with local faith communities through FBOs and engagement with faith leaders (see, for example, UNFPA 2009, DFID 2012, UNHCR 2014, UNDP 2014.)

Box 4: FBOs, local faith communities and faith leaders' contributions to protection activities (UNHCR 2014)

FBOs, local faith communities and faith leaders have traditionally contributed to protection activities by:

- **providing physical protection and facilitating humanitarian access**
- **deterring violence through presence and accompaniment**
- **mediating tensions between refugees/internally displaced persons and host communities in conflict or post-conflict situations**
- **engaging in reconciliation and peace-building activities**
- **combating xenophobia and discrimination**
- **preventing and responding to SGBV or forced recruitment**
- **improving reception conditions and accompanying the detained**
- **providing legal counselling and asylum case-management**
- **advocating for legislative changes benefitting persons of concern**
- **supporting refugee resettlement and/or local integration.**

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In terms of psychosocial programming, LFCs are more likely to be engaged in broader community-based activities, meeting the basic needs of displaced persons, such as shelter, registration, food and non-food items. In many contexts LFCs are particularly well situated to respond within the first 24-96 hours of an emergency, when access to remote or disaster-affected areas may be physically impossible for external actors, or in contexts of weak, fragile and dysfunctional states. There is evidence that in some instances such provision may be marked by a particularly strong ethos of service and reflect special cultural appropriateness (JLI 2013).

Ferris (2005) in her review of FBOs and secular organisations reflects on the fact that many FBOs are rooted through LFCs in their local communities and yet they have global reach. They are well positioned to take action when emergencies arise. Their large constituencies also give FBOs the potential to play a powerful role in advocacy and public awareness. ACT Alliance (2015) suggests that 'FBOs have particular characteristics that provide both tangible and intangible benefits in specific contexts, particularly where individual recipients of aid and/or local partners are from the same faith community or established ecumenical or interfaith councils. Pre-existing reservoirs of trust provide access to facilities and networks, including community gathering spaces for humanitarian and development operations, and local, motivated staff and volunteers, reducing duplication of aid and services. A sense of shared identity and priorities provides a shortcut to effective partnerships with local communities' (p. 3).

McGregor (2010) points out FBOs may also be less reliant upon government donors, thereby being more 'non-government' than their secular counterparts, due to generous religious constituencies with long histories of philanthropy. Christian concepts of tithe and Islamic principles of zakat, for example, encourage followers to direct a proportion of their salary to charities. This allows FBOs and LFCs a degree of independence from government funding, while also exposing them to a different set of religious donor expectations and beliefs, including proselytizing (see next section).

James (2009) identifies ten areas of organisational life where faith can make a significant difference to an FBO. These areas relate to choices made in the internal functioning of the organisation, such as structural affiliation and governance; in

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programmes with beneficiaries, such as using spiritual teaching to promote change, and in external relationships, such as inter-faith partnerships.

Box 5: Why engage with FBOs and religious leaders (RLs)? Opportunities and comparative advantages (UNDP 2014)

Critical development experience: Historically, many faith actors have extended vital social services to local communities, especially humanitarian relief, health and education. While FBOs and RLs are well-known for providing food, clothing and shelter, some also have less documented expertise, which may in some contexts be more controversial, in areas as diverse as nutrition, marriage counselling and pension plans. In some instances, communities find the services provided by faith actors better and easier to access than government services.

Maximizing community impact: The statements of religious or spiritual leaders often have more impact in communities than awareness-raising workshops by development agencies. UNDP needs to be sure that the messages that its FBO and RLs partners convey are consistent with its core values and mandate. In remote and conflict-prone areas, houses of worship or faith-based services may also extend physical protection and vital space for humanitarian response.

Long-term sustainable presence at the grassroots level: Faith actors have a strong grassroots presence, working in inaccessible areas often not covered by government services. During conflicts, they tend to remain on the ground after other humanitarian actors have left, ensuring sustainability. Local engagement through FBOs can encourage dialogue, deter further violence and address enduring issues such as gender-based violence and forced recruitment of soldiers.

Legitimacy in the eyes of beneficiary communities: Religion is often central to the social, cultural and moral fabric of communities, and many religious organisations see their work as serving a higher call to support humanity. Representatives of FBOs and RLs may be seen as gatekeepers, opinion-leaders and in some contexts are more trusted and influential than secular leaders in their communities. FBOs have the ability to communicate with beneficiaries and make vulnerable communities' voices heard. Because of this legitimacy, FBOs and RLs can be sensitized to reach out to women and marginalized groups when other actors

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cannot.

Public policy influence: FBOs are increasingly at the forefront of public policy advocacy. Engaging faith actors in public policy discussions capitalizes on their reach among a large cross-section of society, promoting more inclusive policies across all UNDP thematic areas.

Reinforcing inclusive social values and best practices: Often, engagement around human rights begins with the engagement of FBOs. In fragile states, working with FBOs is a critical means of building capacity for stable and democratic governance, and instilling positive and inclusive social values. The consistent involvement of FBOs and RLs over time can support sustainability in areas with weak governance structures.

Advocacy and networking: FBOs and RLs have extensive networks of congregations, affiliates and individuals. These networks constitute remarkable channels of communication as well as human and financial resources. Such large national constituencies hold great potential to complement UNDP's development efforts.

Motivating voluntary service: Religious organisations have a very high commitment to development and peace. They motivate action by emphasizing compassion and service, unity and interconnectedness, and justice and reconciliation. Faith actors mobilise large numbers of highly motivated and skilled volunteers, who see volunteering as part of their calling and strive towards peaceful development. Many faith actors are also motivated to come together in joint volunteer action.

Confronting violent extremism: Religious authorities need to be involved in countering regional and national narratives that support violence. Many religious communities are already engaged in activities countering violent extremism. Their participation is instrumental, especially in conflict areas and fragile states: communities that are not included in dialogue and peace processes can actually become more vulnerable to violent extremism.

Peace and reconciliation: FBOs and RLs have been pivotal in developing key concepts of peace and non-violence as well as creating peace. Faith actors can engage a range of stakeholders in positive dialogue to identify entry points for reconciliation. Partnerships with community leaders of all kinds are critical to UNDP

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engagement in ending violence.

5.2 Current practice regarding religious engagement in psychosocial programming

Although this desk review has found examples of promising programming practice in this area (chapter 6 presents a number of these) we identified comparatively few studies and reports that provided accounts of sustained religious engagement. This may, in part, be due to the lack of documentation of existing practices, particularly at the local level. The recent upturn in interest in faith engagement may also yield more reports in due course. However, as the literature stands at present, it is hard not to draw the conclusion that while proposals and guidelines often call for engagement with religion – particularly through local faith leaders – relatively few programmes deliver strong engagement with local faith communities or reflect intervention approaches shaped by, or matched to, local religious practice.

Shafer (2010), reflecting on the experience of the humanitarian response in Haiti, noted there was 'a significant gap in materials and interventions that combined spiritual needs with mental health and psychosocial needs of affected communities' (p. 121). This was despite the fact that religious practice and faith so underpinned Haitian culture.

A review of programme documents and reports available on the MHPSS Network website by Ager et al (2014) identified 75 documents that referred to the term 'faith', but in only 7 of these was the reference to specific programme features. The vast majority of references were incidental to the approach of the programme (e.g. to 'act in good faith') and even when they were more specific (e.g. 'assessment should be conducted with key groups, including FBOs') no details of engagement were provided. The report 'From Faith to Action' (Firelight Foundation 2006) was unique in presenting detailed reports of engagement with local faith communities. Nonetheless, even this presented no discussion of the roles, resources or capacities - such as prayer, worship or pastoral visitation - of faith communities across the African communities considered by the report.

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A similar picture emerged with reference to the term 'religion', identified in 99 documents available through the MHPSS website. The term was again incidental to specific programme activities in the vast majority of instances, the most frequent uses being in terms of assertions of the importance of non-discrimination of service provision on the basis of religion (usually alongside reference to gender, and ethnicity) or concern about religion in relation to violence, early marriage and abuse. While these issues are important, it left just 10 documents referencing engagement with religion in the course of programme activities. The ACT Alliance manual 'Community-Based Psychosocial Services (2005)⁷ was a rare example of a report directly addressing issues of spiritual care and pastoral guidance within the broader psychosocial agenda, but did so at the level of principle rather than case example.

5.3 Barriers: Perceived conflict with humanitarian principles

Although there are a number of complex factors shaping humanitarian engagement with religion and religious actors, our desk review suggests the particular importance of two of these. One relates to concerns about compromising humanitarian principles. The other relates to organisational and coordination questions.

From different perspectives, the quotations to the right reflect a recurrent concern within humanitarian operations that engagement with religious groups constitutes a threat to such humanitarian principles of impartiality and independence, and – in some circumstances – legal rights. The perceived 'dark side' of religious organisations commonly reflects an understanding of their allegiance to another agenda distinct from the humanitarian one. The particular requirement of humanitarian actors not to proselytize presents challenges both to the role of pastoral care where faith-based counselling may advocate particular prayers, behaviour and attitudes as well as to mobilising faith leaders and communities on religious teaching in relation to harmful practices and attitudes (e.g. GBV, HIV, child protection, etc). Although it is a given that agencies should not influence groups of a different faith with their faith teaching, it is less clear to what extent influencing practicing, lapsed or non-practising members of their own faith constitutes proselytizing.

'The humanitarian sector has a strong secular bias, with FBOs often feeling that there is an actively anti-religious feeling within the international sector... In Lebanon, initial questions to IR staff and partners about how their faith inspires their work were immediately met with strong pronouncements on the importance of non-discrimination, with any discussion of faith being first understood in terms of its potential risk to humanitarian principles' (Kidwai et al., 2014).

'Our experience of FBOs is mixed. There have many positives, but also a dark side to them. They can be the most exciting and effective, but also the most frightening and frustrating' (James 2009).

⁷ Now updated: Please see Church of Sweden/ACT Alliance (2015) Community-Based Psychosocial Support

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There are two responses to this concern. The primary one is an increased emphasis by FBOs – and secular organisations partnering with local FBOs – on adherence to humanitarian principles. The formulation of explicit humanitarian principles has provided a basis for access to assistance by affected communities irrespective of belief or allegiance. The four fundamental principles of humanity, impartiality, neutrality, independence (see Annex 1) are argued as of central importance for faith-based and non-faith based organisations alike.

For example, World Vision International, a FBO, states on its website that it is a Christian relief, development and advocacy organisation ‘serving all people regardless of religion, race, ethnicity or gender’ (World Vision 2016). Action Against Hunger, a non-faith based organisation, has an International Charter of Principles, which includes ‘rejecting all discrimination based on ethnicity, nationality, opinion, race, religion, sex or social class’ and declares ‘a strict political and religious neutrality’ (AAH 2016).

Documentation supporting engagement with the faith sector – such as DFID’s Faith Partnership Principles (2012) and UNHCR’s (2014) Partnership Note on FBOs, LFCs and Faith Leaders (originally referred to at the 2012 Faith and Protection consultation as a Code of Conduct) – strongly emphasise these principles and the importance of non-discrimination in the delivery of assistance. Further, significant emphasis is given to such principles in orientation and training of local partners by international NGOs (El Nakib and Ager, 2015).

Given the complexities of many settings, non-discrimination and impartiality may be seen by some to be best demonstrated by an abandonment or marginalisation of all religious activities. A number of reports documented the convoluted language or policies that marked agencies’ engagement (or non-engagement) with religion. Herson (2014) noted that in the course of his secular agency’s work in post-tsunami Sri Lanka, members of the community had used some of their roofing materials and groundsheets provided for shelter to make a mosque. This raised a dilemma for the organisation as it did not consider providing materials for a place of worship within its remit. Comparing this with the provision of shrouds in Somalia to enable people to be buried with due religious observance, he reflected how ‘recognising the importance of religion in death seemed easier for an avowedly secular organisation

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[..] to actively respond to than the importance of it in life' (p. 32). Duncan Green reports how Oxfam resolved a similar dilemma over a request for reconstruction of a mosque - in this instance in Aceh – on the basis: 'Yes, we will help you to rebuild your mosque, as long as you call it a community centre' (Green 2015).

And yet religion – as we have noted above – is the basis for the comparative advantage gained by engaging with local faith communities and leaders. These tensions may best be resolved by noting that respect for the religious experience and beliefs of communities and their spiritual needs is reflected in international obligations just as much as the principle of non-discrimination. As Schafer and Ndogoni (2014) note, 'Conjecture about spirituality, mental health and humanitarian response has never suggested that global humanitarian principles, values or codes of conduct be dishonoured' (p. 190). The humanitarian principles and standards offer 'a common understanding about the purpose of their work, whether this is from a secular or non-secular standpoint' (p.185).

The potential for religious engagement to reflect a deeper understanding of humanitarian principles rather than a threat to them is well illustrated in the statement, right, by the American Red Cross. Here the manner in which disaster spiritual care is provided by this non-FBO is justified on the basis of the principle of neutrality.

Secondly we note similar challenges faced by non-faith-based actors (Ager and Ager; 2015; 2016). Tempting as the concept of neutrality is, in practice the funding and framing of psychosocial interventions invariably reflects a broader political and cultural agenda. Fountain (2015) has written powerfully of the proselytizing nature of many assistance projects with respect to Western values and agendas. El Nakib and Ager (2015) report the scepticism of the real neutrality of international agencies operating in the Middle East. A local humanitarian actor commented, 'What is the mandate of these humanitarian organizations but that of the garbage collector that follows behind every crisis made worse by the USA?' An Oxfam official reflecting on the negotiation of the Common Humanitarian Standard noted that, in reality, all humanitarian actors are shaped by non-humanitarian agendas: 'We will not find organisations with 'clean hands' ... with no actual or perceived allegiances to any stakeholder' (Ager & Ager 2015, p. 92). Erikson comments on the strong negative

'Because of the neutrality of the Red Cross, we offer a spiritual process, not a religious content. In other words, we help people use their religious toolbox. This is regardless of whether they are Muslim, Jewish, Buddhist, Christian, etc. We do not do evangelistic preaching of a specific religious agenda, but are inclusive and respectful of all faiths' (American Red Cross 2012).

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response of a number of psychosocial workers to Shafer's (2010) proposal to engage more purposefully in the provision of spiritual care. She says that 'considering such dilemmas fully brings to the fore the real task of realising our own implicit values as humanitarian workers or organisations, and the equal, opposite risk of ignoring the spiritual and religious dimensions of our work (Onyango et al., 2011).

5.4 Barriers: Forms of Partnership

The other recurrent issue reflected in the literature as a barrier to effectively work with faith actors is concerned with forms of partnership. The literature is replete with uses of this term, but also recognition of the structural factors that make reciprocal partnership challenging to secure.

Firstly, there are a number of challenges for local and national faith-based organisations and groups in their broader engagement with other humanitarian actors. These include barriers to engagement with the humanitarian system as a result of unfamiliarity with international processes and terminology (JLI 2013). There is limited knowledge on the part of local or national FBOs about best practice and limited participation in global networks for learning and sharing (with some recent exceptions such as the establishment of the NEAR network at the World Humanitarian Summit and the strong southern voice within the MHPSS network). The low level of 'faith literacy' and limited trust on the part of donors and amongst humanitarian actors (UNHCR 2012; JLI 2016) also present challenges for local actors articulating their capacities and agendas. Additionally, the existing cluster approach to humanitarian coordination often makes it difficult for local organisations to engage, who frequently report a sense of marginalization and disempowerment (Humphries 2013).

Secondly, there are major challenges for international NGOs seeking to partner with local organisations as a result of their accountability relationships to donors. Christian Aid, CAFOD, Oxfam, Tearfund and ActionAid (2014) found, in their evaluation of the response to Typhoon Haiyan, that international NGOs which were working in partnership with national FBOs benefited from their extensive networks. However, in the immediate aftermath of the typhoon direct delivery by INGOs accounted for much of the coverage and was often prioritised over partnership. This

The JLI (2013) scoping study found significant evidence of faith groups being on the 'frontline' of humanitarian response in the early stages of a crisis, but being displaced on the arrival of international agencies and organisations.

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challenge of taking partnership to scale (at speed) was indeed the most prominent finding, despite the considerable experience of nationally led humanitarian response in the Philippines and perceptions of the significant capacity of civil society.

Similarly, the JLI (2013) scoping study found significant evidence of faith groups being on the 'frontline' of humanitarian response in the early stages of a crisis, but being displaced on the arrival of international agencies and organisations. The failure to establish partnership was commonly as a result of concerns that local faith groups and organisations did not comply with 'professional standards' or because international secular agencies saw their engagement as a risk to humanitarian principles of impartiality. Many examples are cited of groups having provided significant forms of support to affected communities – in Haiti, for example - only to then be implicitly or explicitly excluded or marginalised by international actors.

For many international agencies local partnership is thus principally in the form of a contracting arrangement for the provision of services (El Nakib and Ager 2015). However, with services provided to the specification of external technical 'experts', many local actors see little opportunity to shape programming with respect to local knowledge through such arrangements. Alternative bases for partnership that provide greater scope for local actors to shape programme approaches and methods are generally favoured by these actors and clearly provide more opportunity to utilize the characteristics and qualities noted in the opening section of this chapter.

More effective partnership requires learning and adjustment by all parties. Development agencies and funders have only recently begun to take strategies of religious engagement seriously. Katherine Marshall notes that 'The World Bank, over its 60 year history, initially had remarkably little contact with the world of religion... it was absent from most project analysis and documentation, general institutional vocabulary, research agendas, dialogue with countries, speeches and internal staff training. Even today it scarcely figures on the website' (p.2). UNHCR (2014) is now actively seeking to establish enhanced faith literacy in all its staff, building on the High Commissioner's 2012 recognition of 'the need for humanitarian actors, including UNHCR, to depend their understanding of religious traditions across faiths... and better understand... the central role of faith in the communities we work with.'

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In the specific context of MHPSS programming, current partnerships would benefit from strengthening at two levels - firstly, at the level of service delivery; and secondly, at the level of the common functions of the IASC MHPSS Guidelines.

The former level concerns the implementation of mental health and psychosocial interventions, alongside the delivery of basic services which also have social considerations. Implementation of mental health and psychosocial interventions correspond to community mobilization and support; health services; education; and dissemination of information in the IASC guidelines. The focus here with relevance to religious engagement is on understanding local cultural traditions and practices and then adapting activities to the local context and culture. Specific mandates with the IASC guidelines include 'facilitate conditions for appropriate communal cultural, spiritual and religious healing practices' and 'learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems.'

UNHCR's review, 'Culture, Context and Mental Health and Psychosocial Wellbeing of Syrians' (2015), is an indicator of the current importance placed on understanding the cultural and religious value systems: 'For practitioners, national and international, involved in mental health and psychosocial support programmes, it is important to understand and explore clients' cultural idioms of distress and explanatory causes which influence their expectations and coping strategies' (p.39). However it may be that most service delivery with any element of religious engagement is directed towards sensitisation activities, if UNICEF's recent global mapping (2015) is indicative of other similar agencies engaging with faith-based partners.

Secondly, there are few examples of strong religious engagement in relation to the first four domains of the IASC guidelines - coordination; assessment, monitoring and evaluation; protection and human rights; and human resources. Religious actors are mostly referenced as participants or stakeholders, and not as partners, as is the language currently in usage promoting links with FBOs, such as DFID's Faith Partnership Principles (2012), UNHCR Partnership Note on FBOs, Local Faith communities and Faith Leaders (2014).

This chapter considers factors shaping the place of faith in psychosocial programming. Although it is widely recognised that faith leaders and communities have capacities relevant to programming, there are limited documented examples of these capacities significantly shaping programming approaches. Barriers to stronger engagement are identified regarding perceived conflicts with humanitarian principles and the nature of partnerships. These findings inform the proposed approach to developing guidelines which is outlined in chapter 7.

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6. Examples of current and emerging programming practice

As noted earlier, the desk review indicated that there is a limited number of examples of psychosocial support directly demonstrating engagement with religious and spiritual resources. Despite extensive work on the ground both by faith-based and non-faith based organisations (and by extension, by local communities and leaders), case studies and programme reports that articulate the details of engagement are hard to find.

However, recent times have seen an upsurge in efforts to document programming practice, and this chapter highlights some of the most noteworthy. We begin by discussing some examples of work by faith-based organisations working with local faith communities. Crucially, however, there are now an increasing number of examples of non-faith-based organisations developing programmes that seek to engage with local religious actors, and the chapter concludes with an overview of some of these developments.

6.1 Examples of work by faith-based organisations and local faith communities

There are a number of examples of the work of faith-based organisations relevant to psychosocial programming reported in the special edition of Forced Migration Review (FMR, 2014) on faith and responses to displacement. However these are, by the nature of the publication, brief descriptions, and often do not provide reference to more detailed reports. For example, Cruickshank and Cowley (2014) refer to one of CAFOD's church partners in DRC which runs a project across 34 parishes to support survivors of rape and violence, including displaced women. The authors report that the valuable psychosocial role of spirituality and supportive faith networks in reinforcing people's coping capacity is often overlooked. They find that the church was the only place the women felt they could gather and find support. As one survivor noted: "God can help you to forget what happened. When I am alone at home, I think of bad things but when I'm with the group, I forget" (p.19).

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Kawia (2014) reports on the work of Soka Gakkai – a lay Buddhist movement. This example of community-based psychosocial support also reflects the benefits of networks – in this case, their network of community centres which provided shelter and relief supplies after the Japanese earthquake and tsunami of 2011. Volunteers also provided relief supplies to others in the community. They provided memorial and prayer services for psychological support, with prayers dedicated to the swift recovery of affected areas. They also donated money to various municipalities in the affected areas.

Zoma (2014) describes the psychosocial assistance provided to refugees by CNEWA (Catholic Near East Welfare Association) in Amman, Jordan and compared it with services in New York, USA. In Jordan there were weekly Bible studies for female refugees which were both spiritual and social activities, giving participants the opportunity of learning more about their faith, interacting with the community, finding out about resources from other organisations and helping them to cope with the stress of their situation.

Papers by Hampson et al (2014) and Lummert (2014) report on the value of 'accompaniment' for refugees and forcibly displaced people. This appears to be a faith-inspired psychosocial approach as practised by Jesuit Refugee Service. It is defined by a cluster of attitudes and values: solidarity, hope, respect, and dignity, hospitality, striving for justice, and opting for the poor and marginalized. "For us accompaniment is a process echoing the fundamental belief of a divine presence on earth, expressing solidarity and compassion' (p.7). JRS build in details of accompaniment into all stages of their project cycle – in staff training, in codes of conduct and conditions of service, in reports and monitoring and evaluation exercises.

Although the FMR special edition is a particularly strong source of documentation of recent programme initiatives by faith-based organisations, there are a number of other sources. The evidence briefs prepared by the JLI (2016) for the World Humanitarian Summit document a range of programming by faith-based INGOs (including Islamic Relief, Tearfund, and World Vision) working with local faith partners in areas such as psychosocial support, gender-based violence, conflict resolution and protection. World Vision and Islamic Relief have partnered in the

Soka Gakkai – a lay Buddhist movement - provided shelter and relief supplies after the Japanese earthquake and tsunami of 2011... They provided memorial and prayer services for psychological support, with prayers dedicated to the swift recovery of affected areas.

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development of the Channels of Hope programme, equipping faith leaders and their spouses to champion issues such as child protection in their communities in a manner that draws upon religious teachings (World Vision 2016b and World Vision 2016c).

Unfortunately there are examples too of faith-based organisations implementing activities which have led to division and difficulty. Examples include the distribution of materials prominently displaying religious symbols in a manner creating discomfort for beneficiaries. (Desta 2014). Videos of Christian evangelical groups engaging in proselytism heightened tensions in a community and threatened other activities by Christian agencies in Jordan (El Nakib and Ager 2015).

6.2 Examples of work by non-faith-based organisations

Global agencies such as UNICEF and UNHCR engage with religion through their faith-based implementing partners. Through a global mapping of their work with religious communities UNICEF (2015) found that their engagement was widespread, but focused principally on sensitization activities (see box 6 for an example). Capacity development, largely through training, was identified in almost three-quarters of their programmes.

Box 6: Faith-sensitive psychosocial support: Cameroon (UNICEF 2015)

In 2013 and 2014, UNICEF partnered with the Ministries of Communication, Public Health, Women and Family Welfare, Basic Education, Youth, and Social Affairs to raise awareness and mobilise networks of religious groups, associations, and traditional and religious chiefs. These partnerships helped support initiatives in the areas of health, nutrition, WASH, infant and maternal care, child protection, birth registration and basic education. Activities to this end included community dialogues and meetings, health caravans, and advocacy sessions. For example, in 2014, a caravan of over one hundred vehicles carrying traditional and religious leaders and local authorities was organized in four of the most vulnerable regions of the country; more than two hundred traditional and religious leaders gave their commitments to sustain local initiatives to promote best practices with high impact on child and maternal health.

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In the follow-up to the 2012 Dialogue on Faith and Protection, UNHCR (2014) collated a list of practice examples of the work of their implementing partners from faith communities (p. 10-11). For example, CEPAD (the Council of Protestant Churches of Nicaragua) describe their work involving 'direct access to the detention centre and, with the help of the Managua-based mosque, visits and provides psychosocial counselling and spiritual support to those in detention.' This work is long-standing: CEPAD became the U.N.'s Nicaraguan partner to assist with refugee placement in 1979. The integrated mission of the work is 'to provide refugees, typically families, with orientation to the country, basic material supplies like clothes and rent money, spiritual and psychological support, and help with the asylum process' (CEPAD, 2016).

The next example is of the disaster spiritual care provided by the American Red Cross that was referred to earlier. Although an example from the global North, this illustrates the potential for providing spiritual care within a strategy fully committed to humanitarian principles of neutrality, independence and impartiality (as well as humanity). This is an example of a non-FBO 'facilitating the provision of services that meet the spiritual needs of individuals, families and communities, based on the understanding that all persons maintain values and beliefs which are impacted by traumatic events and are worthy of protection and culturally sensitive spiritual care in times of distress' (Disaster Spiritual Care Handbook 2012).

Disaster spiritual care responders deployed by the American Red Cross work alongside other American Red Cross responders in caring for people affected by natural and human-caused disasters. The disaster spiritual care programme is made up of local endorsed disaster spiritual care providers and professional chaplains who are Red Cross responders and who support the full disaster cycle of preparedness, response and recovery. All disaster spiritual care responders are trained to provide appropriate and respectful disaster spiritual care aligned with the Red Cross fundamental principles of impartiality and neutrality.

Box 7: Provision of Disaster Spiritual Care

Based on the client's stated needs, the Disaster Spiritual Care responder may provide spiritual care support immediately or may make a referral to another Red Cross service

Disaster spiritual care responders deployed by the American Red Cross work alongside other American Red Cross responders in caring for people affected by natural and human-caused disasters.

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provider or a service provider from another agency. The Disaster Spiritual Care provider's first responsibility is to mitigate acute distress by administering psychological first aid and ensuring that the client's basic needs are being met (e.g., food, water, safety). Spiritual care interventions typically include any or all of the following:

- **Discussing the client's values and beliefs**
- **Participating in the client's choice of spiritual or religious ritual (e.g., prayer, meditation)**
- **Facilitating access to religious supplies for people who request them (e.g., written materials, prayer beads, candles, religious symbols, etc.)**
- **Connecting clients to other Red Cross services (e.g., Casework and Recovery Planning, Disaster Health Services, Disaster Mental Health) or another Disaster Spiritual Care provider whose faith aligns with the client's faith**
- **Connecting clients to spiritual and religious resources in the community.**

As a Disaster Care Provider, you will provide services in two distinct avenues:

- 1. When your faith tradition coincides with that of the client's, you interact with them according to what is appropriate, considering the particular disaster situation and faith tradition.**
- 2. When your faith tradition and the client's faith tradition do not align, your primary role is to provide basic appropriate and respectful disaster spiritual care.**

In addition, you serve as a connection between the specific religious tradition of the client and an appropriate religious or spiritual care provider in the larger community. You are responsible for facilitating the meeting the client's spiritual needs within their stated faith tradition. This bridging component is one safeguard to ensure appropriate and respectful provision of disaster spiritual care services.

From the Disaster Spiritual Care Handbook: Disaster Services American Red Cross (2012)

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Given the relevance of this example for thinking through issues of spiritual care in a manner strongly committed to humanitarian principles, we also highlight the competency details for providers.

Box 8: Competency Detail for Local Disaster Spiritual Care Providers in Shared Settings

PERSONAL ATTRIBUTES

Attributes that facilitate healing and positively shape the perception of an effective local Disaster Spiritual Care provider include the following:

- Sensitivity, openness and respect for others;
- Spiritual maturity;
- Ethical approach to living in general, and especially within helping relationships;
- Trustworthiness;
- Respect for the integrity of relationships and maintenance of professional boundaries (emotional, spiritual, physical) with those being served;
- Awareness of the potential power imbalance in helping relationships and refraining from exploitation of that imbalance - such as any form of sexual misconduct, harassment or assault in relationships, as well as any form of harassment, coercion, intimidation or otherwise abusive words or actions in relationships with those served;
- Truthful representation of training and credentials, working within the scope of their abilities, making referrals as needed;
- Respect for confidentiality, not disclosing information (unless required to do so by law);
- Avoidance of conflict of interest or seeking personal gain;
- A personal manner that inspires confidence, including personal attire and personal hygiene;
- Evidence of appropriate self-care, including a healthy lifestyle to build/retain resiliency, and attention to ensuring fitness and care of self before, during and after deployment.

KNOWLEDGE

Effective local Disaster Spiritual Care providers know the following as an essential foundation for understanding and action in the skills section to follow:

- Familiarity with and basic understanding of the National VOAD Disaster Spiritual Care Points of Consensus;
- The value of intentional emotional and spiritual presence and how such presence is established and utilized;

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- An understanding of basic disaster spiritual and emotional needs;
- Basic helping skills in Disaster Spiritual Care and how to use them (e.g. listening, appropriate use of religious resources);
- Essential principles for providing sensitive and appropriate spiritual care in multi-cultural and/or multi-faith environments;
- Basic principles of ethics in spiritual care, including privacy and confidentiality standards, respect for boundaries in relationships, etc.;
- Site operations and the authority, ethics and accountability structures of the agency having jurisdiction over the shared setting;
- Operational and referral resources (e.g. referral to other faith providers, food-clothing-shelter needs, mental health) and how to refer/connect people with those resources;
- Basic local emergency management/disaster response procedures.

SKILLS

The essential skill-set of effective local Disaster Spiritual Care providers includes:

- The ability to provide disaster spiritual care to their faith community;
- The ability to establish intentional emotional and spiritual presence;
- The ability to understand basic needs and respond appropriately;
- The ability to listen effectively and use other helping skills;
- The ability to utilize spiritual/religious interventions;
- The ability to respond to the diverse multi-cultural needs – whether through direct provision, referral or facilitation by others;
- The ability to care ethically, including respecting confidentiality and boundaries;
- The ability to assess needs and make referrals when indicated.

National VOAD Disaster Spiritual Care Guidelines (Ratified 2014)

The extent to which this approach is applicable to other humanitarian contexts is open to question. In Northern Europe pastoral care by religious communities has often become readily accepted as a professional requirement of care within the otherwise strictly secular environments of health services, armed services and other workplaces. However the history of linking proselytizing with aid in particular, as well as the fiercely secular culture of many northern agencies has contributed to a precedent of it not formally being offered as part of humanitarian services, even by most faith-based agencies. An assumption is made that faith communities will

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provide this service. However formal pastoral care is not part of all faith traditions. Secular care agencies in Europe such as the National Health Service have addressed ethical issues around proselytizing through clear guidelines, disciplinary rules and training and provision of multi-faith chaplaincy teams. Many of these chaplains are trained to counsel people of different faiths to their own. However within the Northern NGO community The American Red Cross is atypical in providing a formal pastoral/chaplaincy service as part of humanitarian response within the United States.

This chapter provides a number of examples of psychosocial programming that has explicitly engaged with religion and religious actors. This includes examples from both faith-based and non-faith-based organisations.

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7. Operationalising faith-sensitive psychosocial programming

This chapter outlines the scope of a preliminary version of guidelines for faith-sensitive psychosocial programming.

7.1 Building on existing guidelines

This desk review will be used - together with findings from field research in Jordan, Kenya and Nepal with IRW and LWF staff and partners - to draft a preliminary version of guidelines for faith-sensitive psychosocial programming.

Our proposal is to position these new faith-sensitive guidelines within the framework of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). The IASC Guidelines is a familiar framework for most global humanitarian actors. By setting the new faith-sensitive guidelines within this structure, we hope to provide for a consistent approach for both faith-based and non-faith-based actors. The IASC guidelines will also ensure that there is a broad perspective on how faith impacts on psychosocial wellbeing and mechanisms of support in humanitarian settings - at the level of organisations, communities, families and individuals. This means that the new guidelines will address common functions for all actors such as coordination and human resources, as well as core MHPSS activities, and social considerations associated with the provision of basic services.

Other guidelines identified in the course of this review will also be used to shape the faith-sensitive guidelines (within the broader framework of the IASC guidelines). In terms of the first four functions in the IASC Guidelines (coordination; assessment, monitoring and evaluation; protection and human rights standards; and human resources), for example, we aim to use the extensive guidance on establishing partnerships with FBOs, LFCs and religious leaders to extend key action points about coordination mechanisms, roles and responsibilities (such as UNHCR 2014, DFID 2012, UNDP 2014). Monitoring and evaluation practices could also document the effectiveness of partnerships with religious communities (UNICEF 2012). Disaster spiritual care guidelines (NVOAD 2006) may be helpful in amplifying key points in the human resources section. Guidance about the competencies of staff in terms of the

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knowledge, skills and attitudes needed to effectively engage with religious communities (UNICEF 2012) addresses issues of faith literacy and could usefully be added to the human resources section too, for example. Practice-based guidelines – dealing with the implementation of faith-sensitive psychosocial programming – are not readily available. However other guidelines from related disciplines may be of relevance, such as those relating to the palliative care in low and middle-income countries (Grant et al 2010) and guidelines on spirituality in mental health services (Mental Health Foundation (2007)).

Recommendations from evaluations may also be relevant for inclusion, such as those from Christian Aid, CAFOD, Tearfund, Islamic Relief Worldwide (2015) regarding the role of faith leaders and Christian Aid, CAFOD, Oxfam, Tearfund and (2014) in terms of the challenge of taking partnership to scale.

Box 9: Putting partnership principles into practice⁸ (UNHCR 2014)

The following are suggested actions to put the principles of hospitality, respect and equality into practice:

- **Map out potential partners in local faith communities**
- **Identify supportive religious leaders**
- **Become familiar with the activities undertaken by faith actors**
- **Understand the activities and map the existing work of faith and/or interfaith groups and their relevance to the protection of persons of concern**
- **Use the Affirmation of Welcome as an entry point**
- **Establish a relationship of mutual understanding and trust to ensure that humanitarian principles are respected**
- **Mobilize local faith communities and faith leaders for the prevention of and response to protection threats**
- **Build the capacity of local faith communities, their organizations and faith leaders to become more effective partners**
- **Better coordinate with faith actors to facilitate their participation in the established humanitarian framework.**

⁸ Please note the main bullet points are presented here without the supplementary questions associated with each bullet point.

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Box 10: Integrate partnerships into programming (UNICEF 2012)

The processes needed to build strong partnerships are not separate from those of programme development and implementation. Partnership should be seen as a strategy to enhance programmatic success by learning from religious communities to shape programme priorities as well as by sharing and building on each partner's assets:

- **Effective partnerships are the result of long-term and deliberate efforts that need to be integrated into work planning and funding cycles.**
- **Strategies for engagement with religious communities should be made explicit in country programme action plans as well as annual work plans for programme sections, ensuring that religious communities are involved in national policy and planning forums, especially when they play a major service delivery role in that sector.**
- **Efforts should also contribute to national development plans, ensuring the participation of religious communities in national processes.**
- **The hard work, time and resources needed to foster effective engagement need to be built into the design, budget, management and monitoring of any programme.**
- **As part of the on-going learning process around defining and creating effective partnerships with religious communities, it is important to systematically document and evaluate experiences (especially the value-added of joint partnership). This can help in the development of new methodologies for increasingly effective and sustained collaboration.**

Box 11: Ensure competencies of staff (UNICEF 2012)

Successful partnerships are based on trust, mutual respect, a common vision and shared values. Effective communication leads to a deeper understanding of how each partner approaches the issues at hand even when they may seem, at the outset, to be at odds. It is therefore important for staff in child rights organizations in all areas of programming to develop knowledge, skills and attitudes to effectively engage with religious communities in constructive ways. An understanding of their assets, the roles they are already playing and their working methods will improve communication as well as providing effective entry points for co-operation. Some steps toward achieving this involve attitude, knowledge and skills:

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Attitude

- **Cultivate an openness and curiosity about the religious and spiritual traditions where you are working.**
- **Be aware of your own feelings and potential biases about religion, spirituality and those who identify with a particular religious tradition.**
- **Acknowledge the diversity of religious traditions and avoid pre-conceived notions regarding whether one tradition or another may advance child rights.**
- **Seek out common values and principles of your work shared by the religious communities with which you engage.**
- **Display respect through appropriate dress, greetings and protocols when meeting with members of the community in order to enhance the partnership process and earn respect in return.**

Knowledge

- **Learn about the basic concepts, principles and teaching of religious traditions regularly encountered. This can be done not only by reading but, importantly, by engaging with members of religious communities in a spirit of inquiry.**
- **Invite representatives of religious communities (including women, youth and elders) to share their perspectives on the work you are doing.**
- **Understand why religious communities would want to partner with child rights organisations.**
- **Identify and seek to understand human rights and child-related issues that may be contentious and potentially divisive in interactions with religious communities and find ways to address them without alienating or losing potential allies.**
- **Incorporate this information in orientations for newly arriving staff.**
- **Include information about religious communities, as well as their participation in community processes, in situation analyses and assessments.**
- **Confirm the roles already played by religious communities in promoting and protecting children's rights.**

Skills

- **Listen, learn and display respect for traditional values. When these seem incongruent with child rights perspectives, mediate and negotiate to find the common ground with religious traditions.**

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- Learn to articulate and meaningfully convey the language of child rights in the more commonly understood tenets and beliefs of religious communities (e.g., perhaps talking about rights without using the word itself, which can sometimes serve as an immediate disconnect).
- Develop facilitation skills for interactive processes that allow for sharing and integration of key religious and child rights concepts.
- Respectfully, but directly, confront fundamental challenges to child rights presented by religious communities.

Box 12: National Voluntary Organisations Active In Disaster Points Of Consensus - Disaster Spiritual Care (NVOAD 2009)

1. Basic concepts of disaster spiritual care

Spirituality is an essential part of humanity. Disaster significantly disrupts people's spiritual lives. Nurturing people's spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster.

2. Types of disaster spiritual care

Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.

3. Local community resources

As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care.

4. Disaster emotional care and its relationship to disaster spiritual care

Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities, but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to

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receive care for their mental health and vice versa.

5. Disaster spiritual care in response and recovery

Spiritual care has an important role in all phases of a disaster, including short-term response through long-term recovery. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience. Specific strategies for spiritual care during the various phases can bolster these strengths. Ratified by Full Membership, 2009

6. Disaster emotional and spiritual care for the caregiver

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.⁵ Post-care processes for spiritual and emotional care providers are essential.

7. Planning, preparedness, training and mitigation as spiritual care components

Faith community leaders have an important role in planning and mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of disaster spiritual care provider is essential before disaster strikes.

8. Disaster spiritual care in diversity

Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:

- refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
- respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.⁷
- respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

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9. Disaster, trauma and vulnerability

People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organisational or agency gain. Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.

10. Ethics and Standards of Care

NVOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following:

- **Standards for personal and professional integrity**
- **Accountability structures regarding the behavior of individuals and groups**
- **Concern for honoring confidentiality**
- **Description of professional boundaries that guarantee safety of clients including standards regarding interaction with children, youth and vulnerable adults**
- **Policies regarding criminal background checks for service providers**
- **Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds***
- **Strong adherence to standards rejecting violence against particular groups**
- **Policies when encountering persons needing referral to other agencies or services**
- **Guidelines regarding financial remuneration for services provided.**

Box 13: Priority recommendations: Keeping the faith: the role of faith leaders

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in the Ebola Response (Christian Aid, CAFOD, Tearfund, Islamic Relief Worldwide 2015)

For international organisations, government and donors:

- ***Include faith leaders in planning for recovery and in health emergencies:*** While faith leaders were considered to be instrumental in promoting positive change during the Ebola response, there was a significant delay in engaging them at the start of the outbreak. Given their embeddedness in communities and their unparalleled knowledge of local-level needs, it is essential they are proactively engaged in planning processes for recovery.
- ***Engage faith leaders in restoring health systems:*** Faith leaders are well placed to draw on their respect within communities and a shared agenda in strengthening the health and well-being of their communities.
- ***Strengthen faith literacy among humanitarian staff and undertake research:*** Many relief and development staff have a narrow view of faith and the role of faith leaders and communities, particularly at field level. All humanitarian agencies should take advantage of the growth of literature on how to engage with FBOs and train their staff accordingly. The capacities of faith leaders are largely unmapped and their overall impacts uncharted. Further research should be undertaken to address this.
- ***Avoid instrumentalisation of faith leaders:*** There is a risk that the success of faith leaders in promoting behaviour change may lead to them being seen as a means to an end and used as passive actors to address social ills. Yet the changes they promoted came out of dialogue and a shared agenda which should serve as a blueprint for future engagement.

For faith-based organisations (FBOs):

- ***Provide technical support:*** FBOs should continue to build capacity and provide technical support to faith leaders as they respond to the Ebola crisis and recovery including in psychosocial support, addressing stigma and behaviour change. FBOs should support faith leaders to be empowered to respond to future EVD outbreaks and other disasters.
- ***Strengthen inter-faith dialogue:*** FBOs should work across denominations and faiths to catalyse and strengthen inter-faith dialogue and ensure consistency and accuracy of messages delivered by faith leaders. This could also incorporate pooling resources, undertaking cross-learning visits, coordinating activities and monitoring progress.
- ***Facilitate national-level engagement:*** Faith leaders should be supported to continue

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their engagement with national-level processes such as recovery plans and the rebuilding of health systems. If FBOs are unable to connect them directly to these processes, they should engage with agencies who may be better placed to do this, such as humanitarian international NGOs.

For faith leaders:

- ***Support the Ebola response:*** The continued engagement of faith leaders to maintain momentum on changing behaviour, facilitate psychosocial support to survivors and affected families, address stigma and discrimination, and support vulnerable groups is critical.
- ***Catalyse community engagement:*** As health systems are reestablished, faith leaders should play a key role in advocating for, and engaging communities in, health-related programmes. It is important that women are proactively engaged in this and suitable conditions are established to enable their involvement.
- ***Build resilient communities:*** Faith leaders should continue to play a critical leadership role in supporting communities' capacity to prepare for and respond to uncertainty, shocks and stresses.

7.2 Integrating guidance within the framework of the IASC Guidelines

We plan, as noted above, to integrate concise, practice-focused guidelines within the framework of the IASC guidelines. The focus of these will be shaped by current fieldwork and inter-agency consultation, but examples of the areas with respect to which guidelines may be developed are listed below.

This chapter provides an overview of the proposed approach to developing guidelines for faith-sensitive psychosocial programming. They will be developed with respect to the structure and approach of the IASC MHPSS guidelines, but also draw upon a range of other sources of guidance.

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Function or Domain		Considerations
A. Common functions across domains		
1	Coordination	e.g. participation of FBOs, faith networks, interfaith groups in intersectoral coordination group and in programme planning and implementation
2	Assessment, monitoring and evaluation	e.g. monitoring and evaluating partnerships with FBOs and faith-based networks (i.e. assessing the role and effectiveness of all parties within the partnership) e.g. mapping skills of humanitarian actors in religious engagement (as part of faith literacy capacity-building) e.g. assessing existing religious coping strategies in a manner that supports developing of programming and engagement of implementation partners e.g. stakeholder mapping re FBO & faith leader influence and activities (positive & negative). e.g. mapping the importance of religious institutions as centers of protection e.g. assessing how persons of concern find meaning in adversity
3	Protection and human rights standards	e.g. provision of detailed guidance about international humanitarian law and religious engagement, including obligations to support religious practice and formation (including religious rites involving dignified burials, births, etc.) e.g. inclusion of religious social protection mechanisms to build local protection capacities e.g. provision of training for faith leaders in humanitarian principles and human rights
4	Human resources	e.g. recruitment of staff from relevant religious groupings in population e.g. training in faith literacy of humanitarian actors, where needed e.g. awareness raising in relation to the spiritual needs of humanitarian actors in staff care e.g. addition of guidance on human resources that is written from

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		<p>the point of view of a national FBO or faith network e.g. include training on faith-sensitive psychosocial support in MHPSS training for staff and volunteers</p>
B. Core mental health and psychosocial support domains		
5	Community mobilization and support	<p>e.g. build on the crucial role of religious leaders to support communities in the short and long-term in changing attitudes and behaviour (e.g. to combat disease/provide infection control)) e.g. translation of assessment of pre-existing coping strategies into contextualized intervention approaches</p>
6	Health services	<p>e.g. provision of spiritual care/'chaplaincy' support e.g. provision of end-of-life care, including awareness of stages of dying, the meaning of death, and special requirements regarding pain relief, burial and mourning rituals, etc.</p>
7	Education	<p>e.g. provision of non-formal and other schooling by religious groups e.g. document faith-sensitive activities within different population groups - children's and young people's groups, parenting groups, older persons' groups, persons with disabilities.</p>
8	Dissemination of information	<p>e.g. build on sensitisation activities through local faith communities and religious leaders to form longer lasting partnerships or to facilitate learning networks for those engaged in similar areas of work</p>
C. Social Considerations in sectoral domains		
9	Food security and nutrition	<p>e.g. use of religious networks to identify vulnerable individuals and households</p>
10	Shelter and site planning	<p>e.g. availability and uses of places for worship and prayer</p>
11	Water and sanitation	<p>e.g. awareness of, and provision for, religious practices of cleansing and ablutions</p>

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Glossary

Faith-based organisations⁹ (FBOs) is a term used to describe a broad range of organisations influenced by faith. They include religious and religion-based organisations/groups/networks; communities belonging to a place of religious worship; specialised religious institutions and religious social service agencies; and registered or unregistered non-profit institutions that have a religious character or mission.

Faith leaders are believers who play influential roles within their faith communities and the broader local community. They benefit from trust and exercise moral authority over members of their local faith community, and shape public opinion in the broader community and even at the national or international level.

Faith literacy is a phrase used to refer to the competence of individuals to engage effectively with communities of faith. In so far as it represents competence in 'reading' local communities, faith literacy can be understood as knowledge of the tenets, principles and practices of specific religious groups. However, it is generally acknowledged that it also reflects broader competence in engaging sensitively and knowledgeably on issues of religion with diverse faith communities, including those with which the individual or organization has little previous involvement.

Local faith communities (LFCs) consist of people who share common religious beliefs and values, and draw upon these to carry out activities in their respective communities. They are often providers of first resort in humanitarian emergencies, mobilising and providing support through their membership and faith networks. Their members are often unpaid volunteers who act because their faith calls upon them to do so. They may or may not be aware of basic humanitarian principles.

Religion and spirituality These are widely contested term. We have therefore summarized three discussions on their understanding: the first in a broad context; the second with reference to development; and the third in relation to international humanitarian law:

1. Hill et al.'s (2000) paper 'Conceptualizing Religion and Spirituality: Points of Commonality, Points of departure' sets out criteria for spirituality and religion as follows:

⁹ Faith-based organisations, local faith communities and faith leaders vary in size from a group composed of a few believers to global religions and broad inter-faith networks. They encompass a range of faith identities and motivations, with diverse degrees of knowledge of, willingness and capacity to observe humanitarian principles.

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Criterion for spirituality: A. The feelings, thoughts, experiences, and behaviors that arise from a search for the sacred. The term "search" refers to attempts to identify, articulate, maintain, or transform. The term "sacred" refers to a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual.

Criteria for religion: A. The feelings, thoughts, experiences, and behaviors that arise from a search for the sacred. The term "search" refers to attempts to identify, articulate, maintain, or transform. The term "sacred" refers to a divine being, divine object, Ultimate Reality, or Ultimate Truth as perceived by the individual. AND/OR: B. A search for non-sacred goals (such as identity, belongingness, meaning, health, or wellness) in a context that has as its primary goal the facilitation of (A); AND: C. The means and methods (e.g., rituals or prescribed behaviors) of the search that receive validation and support from within an identifiable group of people.

Key concepts embedded within these criteria include: 1) the concept of the sacred, 2) a search process, 3) the concept of the non-sacred, and 4) the degree to which the search process is supported by a community.

2. Heer and Ellis in *Knowledge Centre Religion and Development* (2011) suggest differentiating religion in terms of four types of religious resources:

- **Religious ideas:** The perceptions of the universe, the world, life, nature, evil, the sacred, up to and including the virtues and values that guide us in our actions. These perceptions, virtues and values are expressed in stories and tales. In many cases they are also laid down in doctrines and rules.
- **Religious practices:** The actions, customs, places and objects that link perceptible reality with imperceptible reality.
- **Religious organisations:** The religious movements, communities and organisations, their (possible) leaders and the networks in which they cooperate.
- **Religious experiences:** People's experiences in relation to the transcendent. The transcendent here is a generic term for, for example, the ultimate, the divine, spirits, ancestors and gods. Religious experiences can be at the root of transformations, both individually and collectively.

On the basis of this classification, there are infinite variations of religious ideas, practices, organisations and experiences possible in time and space.

3. In this example, Gunn (2002) is writing with reference to religion in asylum law. He indicates that religion is not a term that can be given a precise legal definition. However, he suggests that as an aid to asylum adjudicators that there may be three ways in which religion can be conceived:

- in terms of religion as 'beliefs,' i.e. beliefs in a divinity, a path, a way, or in doctrines and teachings about ultimate truth and reality.

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- **in term of religion as 'identity,' including membership in a community that observes common beliefs, rituals, traditions, ethnicity, nationality or ancestry.**
- **in terms of religion as 'a way of life,' i.e. religion is a vital aspect of how people relate to the world and is likely to involve manifestations of religion that will appear different to others, such as the wearing of distinct clothing, having a conscientious objection to military service and oaths, engaging in activities such as proselytizing, or complying with different dietary requirements.**

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Annex 1: Principles and laws guiding engagement with religion in humanitarian contexts

The Universal Declaration of Human Rights (1948)

Article 1 states: 'All human beings are born free and equal in dignity and rights.' Article 18 specifically provides for the right to freedom of thought, conscience and religion: 'Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.'

The International Covenant on Civil and Political Rights (1966)

Article 18 states that:

1. Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching.
2. No one shall be subject to coercion which would impair his freedom to have or to adopt a religion or belief of his choice.
3. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health, or morals or the fundamental rights and freedoms of others.'

Under Article 4 (2) of this Covenant no derogation may be made from this provision. Other bodies of law, such as the **European Covenant of Human Rights (Art. 9)** or the **American Covenant of Human Rights (Art. 12)** have similar dispositions.

The Geneva Conventions (1949)

The Geneva Conventions require respect for religion and religious practices in a series of detailed rules concerning burial rites and cremation of the dead, religious activities of prisoners of war and interned persons, and the education of orphaned children or children separated from their parents. Respect for convictions and religious practices is recognised in Additional Protocols I Article 75 (1) and II Article 4 (1) as a fundamental guarantee for civilians and persons 'hors de combat'.¹⁰

The Geneva Convention Relating to the Status of Refugees (1951) and the Refugee Protocol (1967)

This convention provides for the protection of refugees. According to the 1951 Convention relating to the Status of Refugees, a refugee is someone who has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group, or political opinion; and is outside his/her country of origin; and is unable or unwilling to avail him/herself of the protection of that country, or to return there, for fear of persecution.

¹⁰ For more detail, please see https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule104

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In UNHCR interpretation,¹¹ persecution for 'reasons of religion' may assume various forms, e.g. prohibition of membership of a religious community, of worship in private or public, of religious instruction, or serious measures of discrimination imposed on persons because they practice their religion or belong to a particular religious community. Mere membership of a particular religious community will normally not be enough to substantiate a claim for refugee status; they may, however, be special circumstances where mere membership can be a sufficient ground.

The general principle of non discrimination (Article 3) applies in all circumstances:

"The Contracting States shall apply the provision of this Convention to refugees without discrimination as to race, religion or country of origin."

This principle consequently invites contracting Parties to proactively facilitate the exercise of religion by refugees, as stated in Article 4:

"The Contracting States shall accord to refugees within their territories treatment at least as favorable as that accorded to their nationals with respect to freedom to practise their religion and freedom as regards the religious education of their children."

In the countries of asylum, UNHCR recommends to authorities or non-governmental organizations to provide the pertinent support to refugees, enabling them to practise their religion and receive a diet in accordance with their religious prescriptions.¹²

The Fundamental Principles of the Red Cross Red Crescent Movement (1965)

- humanity; impartiality; neutrality; independence; voluntary service; unity; universality.

The Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (1994)

- The humanitarian imperative comes first.
- Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
- Aid will not be used to further a particular political or religious standpoint.
- We shall endeavour not to act as instruments of government foreign policy.

¹¹ UNHCR (1992) 'Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees,' UNHCR, Geneva, paragraphs 71-73

¹² See, for example, UNHCR et al (1999) 'Protecting Refugees. A Field Guide for NGOs,' UNHCR, Geneva. For an extensive presentation of the various rights of refugees, see the relevant documents of the UNHCR or publications such as James C. Hathaway (2005) *The Rights of Refugees under International Law*, Cambridge University Press, Cambridge (on religion: pp. 574 onwards).

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- We shall respect culture and custom.
- We shall attempt to build disaster response on local capacities.
- Ways shall be found to involve programme beneficiaries in the management of relief aid.
- Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
- We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
- In our information, publicity and advertising activities, we shall recognise disaster victims as dignified human beings, not hopeless objects.

The Core Humanitarian Standard on Quality and Accountability (2014)

This is a set of nine commitments with supporting quality criteria, key actions and organisational responsibilities to fulfil the commitments. The CHS is underpinned by the principles of humanity, impartiality, neutrality and independence. 'The primary motivation of any response to crisis is to save lives, alleviate human suffering and to support the right to life with dignity.' 'The CHS places communities and people affected by crisis at the centre of humanitarian action and promotes respect for their fundamental human rights.'

The Convention of the Rights of the Child (1989)

Article 14 (freedom of thought, belief and religion) provides for the engagement of children and their parents or legal guardians as members of faith communities, particularly as this relates to the direction of children by their parents or guardians. It has three parts:

1. States Parties shall respect the right of the child to freedom of thought, conscience and religion.
2. States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.
3. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others.

Articles 17, 23(3), 27(1) and 32(1) also explicitly recognise the 'spiritual' as an element of holistic child development, along with social and moral wellbeing, cultural development and physical and mental health.

The Sphere Handbook (2011)

The Humanitarian Charter in the handbook summarises the rights of all people affected by disaster or conflict in terms of their right to life with dignity; their right to receive humanitarian assistance; and their right to protection and security.

Four 'Protection Principles' address the more severe threats faced by people affected by conflict and disaster. These include:

- Avoid exposing people to further harm as a result of your actions
- Ensure people's access to impartial assistance – in proportion to need and without discrimination

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- Protect people from physical and psychological harm arising from violence and coercion
- Assist people to claim their rights, access available remedies and recover from the effects of abuse.

There are six Core Standards that underpin all the minimum standards in the handbook.

Islamic Law

As regard to international law, states and actors of Islamic obedience also comply with the rules embedded in the international treaties. Similarly to other religious traditions, Islamic texts, jurisprudence and teachings add specific sources or interpretations.¹³ As far as the respect for religion(s) the Qur'an states the overall principle (Verse 2:257): "Let there be no compulsion in religion."

Islamic jurisprudence afford special protection to the clergy: "The jurists referred to a member of the clergy as *rahib* (hermit, monk). In Islamic parlance, this term refers to men of religion who devote themselves to worship. They are usually described as living in hermitage. The noncombatant immunity given to hermits is based on the Prophet's commands. Also, in his ten commands to Yasid ibn Abu Sufyan -an army leader- Abu Bakr reiterated the Prophet's prohibition against targeting hermits but allowed *al-shammasah* (the tonsured) to be killed. Early Muslims explained the reasons why Abu Bakr permitted this by the facts that 'wherever a war started, the tonsured do fight, unlike the hermits.' Thus the majority of the jurists based their ruling on the prohibition of targeting hermits in war on the commands given by the Prophet and Abu Bakr and also by resorting to the principle of analogy that includes any noncombatant, based on the prohibition of targeting women. Thus, Ibn Taymiyyah states that the reason for prohibiting the targeting of hermits during war is that they are confined in their monasteries and do not engage in acts of hostility against Muslims. He adds that the jurists agree that if hermits support the army of the enemy, they can be targeted. Al-Shafi'i specified that he accepted the noncombatant immunity granted to hermits by 'following Abu Bakr command' to his army not to target the clergy. Thus the jurists unanimously grant noncombatant immunity to all hermits, except for Ibn Hazm, who still stipulates that the hermits should either become Muslims or pay the *jizyah* in order not to be a permissible target in war."¹⁴

Islam grants protection to religious sites, which are inviolable for Muslim combatants (Qur'an, Verses 2:191, 22:39-40). In accordance to the continuity of the Abrahamic religions, this protection extends to religious sites of these religions (Verse 2:136).

13 M. Cherif Bassiouni (2004) *The Shari'a and Islamic Criminal Justice in Time of War and Peace*, Cambridge University Press, Cambridge. Ahmed Al-Dawoody (2011) *The Islamic Law of War. Justifications and Regulations*, Palgrave Macmillan, New York. Mohammad Hamidullah (2011) *Muslim Conduct of State*, Ashraf Publishing Press, Lahore (Pakistan), 7th revised edition.

14 Ahmaed Al-Dawoody, op. cit., p. 115.