A faith-sensitive approach in humanitarian response

Guidance on mental health and psychosocial programming

A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming

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Foreword

As part of our on-going partnership, the Lutheran World Federation and Islamic Relief Worldwide began to work in 2016 on the development of *A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming*. From the onset, we were clear that the guidance should be inclusive of all humanitarian actors, assisting both secular and faith-based organisations in the course of their work in the field. We use the term 'faith-sensitive' to bring the focus of the guidance 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. The vast majority of people lay claim to some form of faith or religion, and they do not leave it behind in a humanitarian crisis. Taking people's faith identity seriously in shaping humanitarian response is simply part of a people-centred approach.

This guidance has been developed in phases. A desk review looking at the literature relevant to faith-sensitive psychosocial programming, followed by fieldwork in LWF and IRW country offices (Kenya, Jordan and Nepal), led to initial draft of the guidance, closely aligned with the existing IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007). This draft guidance was then reviewed by a wide range of humanitarian actors and others and was pilot-tested in a variety of settings, leading to the document you have now.

We are very grateful for the support of our advisory group members and for the assistance of individuals and agencies involved in reviewing and field-testing the draft guidance. They have included many who would not lay claim specifically to a "faith perspective" – as well as others who do – and this has been essential in shaping a tool which is intended for all humanitarian actors regardless of their faith, ideology, or whatever, in navigating the sometimes complex waters of faith and faith identity and deciding what to do and not to do.

We have been fortunate also to be able to call on the expertise of consultants who are acknowledged leaders in this field, and much of the content and the hard work behind it, is thanks to them.

We hope *A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming* will be a useful tool across all sectors of humanitarian response. Psychosocial support is a logical entry point for looking at faith identity, but precisely because it takes an inter-sectoral approach, it enables this tool to provide insights on how to take faith identity seriously across all sectors.

Faith finds common ground with human rights in a people-centred approach which affirms the dignity of each and every person. It is our hope that this guidance will, in a modest way, help that to become more of a reality.

The Lutheran World Federation and Islamic Relief Worldwide

Introduction

Humanitarian agencies have become increasingly aware of the importance of religion in the lives of those they seek to assist and of the potential value of more effective engagement with local faith actors in humanitarian settings. Equally, however, there is concern about how to address these issues in a way that does not threaten humanitarian principles of impartiality and neutrality, nor risk heightening any existing religious tensions.

This guidance has been developed to provide practical support to those involved in planning humanitarian programming who seek to be more sensitive to the faith perspectives and resources of the communities within which they are working. It focuses particularly on the programming area of mental health and psychosocial support (MHPSS), but in a manner that seeks to provide pointers for more faith-sensitive humanitarian programming overall.

The guidance is closely aligned with the existing IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007). The IASC *MHPSS Guidelines* are a familiar framework for most global humanitarian actors. By developing faith-sensitive guidance within this structure, we aim to provide for a consistent approach of value to both faith-based and non-faith-based actors. The focus throughout is on the faith and resources of communities impacted by humanitarian emergencies, not on the faith tradition (or not) of humanitarian providers.

Using the structure of the IASC *MHPSS Guidelines* also ensures a suitably broad perspective on how faith impacts on wellbeing and mechanisms of support in humanitarian settings – at the level of organisations, communities, families and individuals. The guidance relates both to the spiritual nurture of individuals, families and communities and to the engagement of local faith communities and religious leaders during humanitarian emergencies. The guidance has been developed at a time when there is increasing commitment to the localisation of humanitarian response. While there is consideration given to how local faith actors can be helpful in delivery of international agency programmes, there is greater emphasis on how to establish partnerships such that local capacities and perspectives genuinely shape programming.

The guidance has been drafted with a view to strengthening psychosocial support by securing more effective engagement with the faith resources of individuals and communities. However, while religion can be a powerful source of coping and resilience, it may also be used to promote harmful practices or undermine humanitarian programming efforts. The guidance therefore seeks to guide humanitarian actors in weighing strategies of local faith engagement in a manner fully mindful of the "do no harm" imperative. This invariably will involve developing a deeper contextual understanding of the role of religion and religious actors in a humanitarian setting.

Glossary

Faith is widely used both as a term to describe a specific religious tradition or affiliation and the beliefs associated with that tradition or affiliation. In humanitarian contexts the word is generally intended to be seen as inclusive of diverse religious groupings, hence its uses detailed below. However, there is sensitivity to the fact that a pre-eminence of personal belief in defining religion privileges a certain tradition of Christian theology, and the term religion is now in increasingly wide use.

Faith-based organisations (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. At the international level they include major humanitarian agencies, but the emphasis in this guidance is more at the local level.

Faith leaders are people 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. They are often older men, but there are many examples of women or youths holding significant leadership responsibilities within faith communities.

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.

Local religious actors is a term used here to be inclusive of religious traditions, groups, organisations and leaders that identify themselves with respect to some religious belief or tradition.

Religion and spirituality are terms for which definitions are widely contested. 'Conceptualizing Religion and Spirituality: Points of Commonality, Points of Departure' by Hill et al (2000) suggests the following: Spirituality reflects 'the feelings, thoughts, experiences, and behaviours that arise from a search for the sacred.' Religion also involves this search for the sacred, but additionally 'for non-sacred goals (such as identity, belongingness, meaning, health, or wellness) and the means and methods (e.g., rituals or prescribed behaviours) of the search that receive validation and support from within an identifiable group of people.' In this document, **religion** is generally used as an inclusive term seeking to reflect diverse traditions, practices and understandings. **Spirituality** in this document is used in the context of personal engagement with issues of meaning, identity and purpose, potentially – but not necessarily – grounded in a religious tradition.

Overview

A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming

A. Common functions across domains		
1	Coordination	1. Identify local faith leaders and FBOs to engage in coordination structures
		2. Strengthen the capacities of local religious actors to participate in humanitarian coordination structures
		3. Make adjustments to the intersectoral coordination system to promote the active participation of local religious actors.
		See action sheet 1.1 of IASC *MHPSS Guidelines*
2	Assessment, monitoring & evaluation	1. Identify faith-related resources in the affected community
		2. Assess religious and spiritual influences on protection and wellbeing
		3. Monitor and evaluate local faith community engagement on an ongoing basis
		See action sheets 2.1 and 2.2 of IASC *MHPSS Guidelines*
3	Protection & human rights standards	1. Ensure that humanitarian staff are aware of legal and humanitarian obligations with regard to religion
		2. Ensure that local religious actors engaged in providing humanitarian support are aware of legal and humanitarian obligations
		See action sheets 3.1, 3.2 and 3.3 of IASC *MHPSS Guidelines*
4	Human resources	1. Ensure that staff and volunteers have insight into the religious and spiritual experience of beneficiaries
		2. Provide care for humanitarian workers and volunteers that acknowledges the potential role of religious coping
		See action sheets 4.1 and 4.4 of IASC *MHPSS Guidelines*
B. Core mental health and psychosocial support domains		
5	Community mobilisation & support	1. Ensure that psychosocial programming builds upon relevant and appropriate mechanisms of religious coping
		2. Mobilise community resources in addressing specific needs
		See action sheet 5.3 of IASC *MHPSS Guidelines*

6	Health	1. Promote key community health messaging through local faith communities
		2. Establish mechanisms for referral to local religious actors for provision of psychosocial support and spiritual care
		3. Ensure faith sensitivity in mental health service provision
		4. Engage with faith leaders to shift social norms that maintain harmful practices
		See action sheets 6.1, 6.2, 6.3, and 6.4 of IASC *MHPSS Guidelines*
7	Education	1. Identify and support provision of non-formal education by local religious actors, where appropriate
		2. Document and support effective community-based educational activities provided by local religious actors for specific population groups (i.e. children's and young people's groups, parenting groups, older persons' groups, groups for persons with disabilities etc.)
		3. Strengthen faith-sensitivity in activities in relation to formal education and non-formal education, such as child-friendly spaces
		See action sheet 7.1 of IASC *MHPSS Guidelines*
8	Dissemination of information	1. Build on sensitisation activities with local faith communities to establish two-way dialogue that shapes programme design
		2. Share information on experiences of, and lessons from, local faith engagement
		See action sheets 8.1 and 8.2 of IASC *MHPSS Guidelines*
C. Social considerations in sectoral domains		
9	Food security & nutrition	1. Use local faith communities to identify vulnerable individuals and households
		2. Improve nutritional issues and caloric needs
		See action sheet 9.1 of IASC *MHPSS Guidelines*
10	Shelter & site planning	1. Ensure availability of communal places for worship and prayer
		2. Use places of worship and other religious spaces for psychosocial and other humanitarian programming
		3. Ensure a faith-sensitive approach in the provision of shelter
		4. Ensure a faith-sensitive approach in the provision of non-food items
		See action sheet 10.1 of IASC *MHPSS Guidelines*
11	Water & sanitation	1. Involve local religious actors in planning and design of water and sanitation provision
		2. Make provision for WASH activities shaped by a faith-sensitive approach
		See action sheet 11.1 of IASC *MHPSS Guidelines*

1. Coordination

Coordination which is responsive to people's faith identity promises the same sort of benefits as mainstreaming gender issues or do no harm approaches in humanitarian response. Since coordination is structural, it needs somehow to engage with faith at a structural, organised level. This means involving local religious actors in coordination mechanisms. Crucially, partnering with local religious actors means that concepts and actions are shaped by their participation; it's not just about us developing their knowledge of MHPSS to deliver our programmes.

However, identifying and involving local religious actors presents major challenges. Particular concerns are establishing the legitimacy and representativeness of leaders and groups identified. Guidance on processes of coordination presented here draws on examples of promising practice by agencies in addressing this dilemma.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheet 1.1 of the IASC *MHPSS Guidelines* refers to the coordination of intersectoral mental health and psychosocial support. MHPSS coordination must include health, education, protection and social services, and representatives of affected communities and also must engage with the food, security, shelter, and water and sanitation sectors. This is important because all participants in the humanitarian response have responsibilities to promote mental health and psychosocial wellbeing.

This guidance focuses on two of the four recommended key actions of the IASC *MHPSS Guidelines*:

- Key action 1: Activate or establish an intersectoral MHPSS coordination group and

- Key action 2: Coordinate programme planning and implementation.

B. What do we know about involving local religious actors in coordination?

UNHCR in its *Partnership Note on Faith-based Organisations, Local Faith Communities and Faith Leaders* (2014) recognises religious actors and their organisations as active members of civil society. Partnerships are especially relevant in cases where religious actors play an important role at local level and are actively engaged in meeting the needs of displaced populations. They can leverage significant social, physical and spiritual assets for the benefit of communities. They are widely present in all parts of a given country due to their vast networks. Their presence does not necessarily depend upon external or international funding. They often

remain long after international attention has faded, and funding has declined. Strengthening partnerships with religious actors is a goal of the wider humanitarian reform process that aims to improve the effectiveness of humanitarian response.

There are a number of reasons for involving religious actors in coordination (UNDP, 2014). These include:

• benefiting from their experience of providing services

• maximizing community impact (for example, through responsiveness to faith identities)

• capitalizing upon their long-term sustainable presence at the grassroots level

• building on their legitimacy in the eyes of beneficiary communities

• reinforcing inclusive social values and best practices

• contributing to the effectiveness of programmes.

However there are challenges. The cluster approach to humanitarian coordination often makes it difficult for local religious actors to engage, who frequently report a sense of marginalization and disempowerment. Christian Aid, CAFOD, Oxfam, Tearfund and ActionAid (2014) found in their evaluation of the response to Typhoon Haiyan, for example, that international non-governmental organisations (INGOs) which were working in partnership with national faith-based organisations (FBOs) benefited from their extensive networks. However, in the immediate aftermath of the typhoon, INGOs took the lead in delivering services and this was often prioritised over partnership. This 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.

C. What can we do to make coordination more inclusive of local religious actors and their perspectives?

There are three main areas where action can improve coordination with local religious actors:

a. Identify faith leaders and FBOs to engage in coordination structures

b. Strengthen the capacities of local religious actors to participate in humanitarian coordination structures

c. Make adjustments to the intersectoral coordination system to promote the active participation of these groups.

1. Identify local faith leaders and faith-based organisations (FBOs) to engage in coordination structures

Map potential partners in local faith communities

- What are the faith traditions in your country/operation?

- What are their basic organisations, structures and systems?

- What is their relationship with state institutions?

- What are the national faith-based organisations that can act as liaisons with faith leaders?

- Map the existing work of faith and/or interfaith groups.

Identify relevant faith leaders in the local area

- Agree a protocol for your organisation in identifying religious leaders (to include organisational expectations about representation of leaders, compliance and legitimacy etc.)

- Invest time in getting to know the leaders as a means to increase trust and lay the ground for potential collaboration

- Establish a relationship of mutual understanding and trust.

> ### *Local faith leaders*
>
> Women may not be in formal leadership positions in some local faith communities. However they do act as leaders in many contexts and groups and should therefore be included in coordination mechanisms.

2. Strengthen the capacities of local religious actors to participate in humanitarian coordination structures

Build the capacity of local religious actors to become more effective partners

- Identify relevant experience, skills and knowledge that local religious actors already have

- Engage local religious actors in training and capacity-strengthening initiatives in order to deepen their understanding of the humanitarian response.

**Identify opportunities for equipping faith partners
for response to future crises**

• Provide technical support to local religious actors in the course of the response, developing knowledge of MHPSS and broader humanitarian concerns.

3. Make adjustments to the intersectoral coordination system to facilitate the active participation of local religious actors

Strengthen faith literacy amongst other coordination group members, drawing upon the capacities of local religious actors

• Cultivate an openness and curiosity about local religious and spiritual traditions

• Acknowledge the diversity of religious traditions and avoid pre-conceived notions regarding traditions

• Make use of training materials to orient coordination group members to issues of local faith engagement.

Ensure meetings are accessible to local faith partners

• Consider the location, timing and format of meetings to encourage the engagement and full participation of local faith partners

• Ensure interpreters are present, if needed, so that discussions are accessible to all attending.

Recommendations for International, supranational and intergovernmental actors, INGOs, donors, and development agencies

• Systematically include tradition and faith as crosscutting elements in programme/ project planning (just as gender issues or do-no harm approaches are usually mainstreamed in development work). Support the revival and transformation of indigenous/traditional mediation mechanisms.

• Avoid undermining the existing efforts of [local religious actors]. Understand their cultural specificities and capacities for addressing conflict, and draw on their knowledge and experience in order to engage constructively and in a manner that is conflict-sensitive. Build on their current activities in a collaborative manner rather than prescribing solutions. Suggest and offer technical support if the context requires it. Tailor support according to the context and the actors involved. Avoid "projectisation" and "NGOisation," which by and large tend to render local efforts unsustainable.

• Depending on what is most useful in the local context, support networks/ platforms as well as individual initiatives, since both can be very worthwhile.
From Mubashir, M. & L. Vimalarajah (2016), p. 7.

D. Reference and resources

Christian Aid, CAFOD, Oxfam, Tearfund and ActionAid (2014) *Missed again: Making space for humanitarian partnership in the Typhoon Haiyan response.*

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UNDP (2014) *Guidelines on Engaging with FBOs and Religious Leaders*. New York: UNDP.

UNHCR (2014) *Partnership Note on faith-based organisations, local faith communities and faith leaders*. Geneva: UNHCR. **www.unhcr.org/539ef28b9.pdf**

See also *Partnering with Religious Communities* on the UNICEF website: **www. unicef.org/about/partnerships/index_60134.html**

Example

LWF in Kakuma: The governance structures in Kakuma refugee camp, northern Kenya, include a Camp Coordination Team. This is made up of team of camp leaders who work in collaboration with UNHCR and NGO partners to design, implement, monitor and evaluate the activities in the community. Members of the Camp Coordination Team act as a 'bridge' between UNHCR/ NGOs and the community in terms of information sharing. They inform the community on any changes of activity or methods of delivery of programmes, and report back to organisations on issues raised by community members.

LWF Kakuma already worked closely with religious leaders through their facilitation of the Religious Consortium, but religious leaders had not formally

been part of the Camp Coordination Team. In order to explore the possibility of involving them, all religious leaders in the camp were invited for a meeting. The idea was positively received, and a process of negotiation took place to decide on which religious leaders should be nominated to join the Camp Coordination Team. The discussion included considerations such as the size of the population represented by each religious leader, and the nationalities represented by each leader, since most religious groups in Kakuma are closely associated with nationalities. Five leaders (Muslim and Christian; male and female) were selected. They will continue both as members of the Religious Consortium, which has a focus on conflict resolution and peace building, and members of the Camp Coordination Team, which is concerned with overall coordination of activities in the camps.

A challenge faced during the selection process was that it was difficult to select only five leaders given that there are so many Christian denominations in Ka-kuma. Some complained that they were being left out on matters of coordination, and, with hindsight, it would have been better to spend longer on this process so that religious leaders could elect representatives to the Camp Coordination Team and everybody would feel that they had an equal chance to be involved.

Although it is early in the process of involving religious leaders in coordina-tion systems, religious leaders from different faiths already see opportunities to start influencing how activities are carried out in the camp and are giving feedback to the community through their congregation on implementation, work plans and new activities. Other benefits we anticipate include the fact that the high level of trust people have in their faith leaders means they are likely to share with them more openly, and give more feedback than they would to other leaders. It is also hoped that the religious leaders, being very strong proponents of peace, will be able to strengthen the peace and conflict resolution mechanism components in the camp coordination team. No sig-nificant challenges have yet been experienced, but we foresee the possibility of a situation arising where different religious groups may not see the big picture of the community, but may have a narrow focus on their interest on their group. This will already be mitigated by ensuring that the mandate of the Camp Coordination Team is discussed repeatedly.

HIAS KENYA: When we started having meetings with faith leaders in the urban refugee settings where we work, we found that it was mainly men who turned up. In the Muslim community, it was impossible for women faith leaders to come to mixed-sex meetings, and even in the Christian churches almost all the leaders were men. We know that women do have roles in both faith communities, so we need to broaden our understanding of who "faith leaders" are. They are not only those who lead worship, but also those who lead certain groups within that faith community, including women's groups, Mothers' Union groups, choirs and others. This is where we can find more women faith leaders, and engage with them either together with the men or separately.

Principles for partnerships

The following principles for partnership are suggested by Katherine Marshall and Marisa Van Saanen in their book, *Development and Faith. Where mind, heart and soul meet together* (2007)*,* p. 12-14:

- **Work purposefully to set goals and priorities.** Different parties bring different expectations and assumptions to any joint venture; careful exploration of the reasons why each group is involved can help frame a shared vision that includes concrete goals.

- **Focus on achieving genuine consensus on both objectives and path.** Too many partnership arrangements reflect superficial agreement, but under the surface lurk very different understandings. Investing in a thoughtful and nuanced statement of objectives can provide a solid foundation.

- **Be realistic.** Projects need to start from dreams but proceed via attainable steps.

- **Work purposefully to make sure that a shared language is well understood by all.** Careful efforts to explore the significance of the wording that presents a set of partnership principles that aim to address some underlying challenges. Faith groups and their partners need to "unpack" language so that they read the same meaning into concepts and vocabulary.

- **Gauge each partner's capacity with discernment and humility.** A huge influx of money, demands, staff, and expectations can mortally wound fragile but functioning organizations and undermine successful work by faith and civil society groups at local levels. The partnership's shared vision should be grounded in careful assessment of local capacity and infrastructure, and acknowledge the limits of all partners.

- **Weigh different strengths and balance of power thoughtfully.** Power differences almost always complicate relationships. Partnerships are effective only when all parties have distinctive roles to play and vital niches to fill. Community groups, nongovernmental organizations, or faith communities when they work as partners in development projects cannot be equal in every sense, but they are equally vital to success. Participants need to take careful and conscious steps to ensure that the partnership values and reflects local knowledge, credibility, contacts, and savvy.

- **Plan mentoring and capacity building with creativity, care, and humility.** The partnership's shared vision should include mentoring that specifies the distinctive skills each side will teach the other.

- **Make transparency meaningful and real.** A well-defined written framework for financial and project management is crucial to avoid burdening local groups

with inappropriate demands while also giving funders an acceptable level of accountability and oversight.

- **Plan carefully for navigating bumps in the road, making changes, and evaluating results.** Planning for crises before they happen is far better than inventing ways to handle them when things go wrong. Procedures for mid-course correction and face-to-face resolution of disagreements are essential to all development partnerships, especially when administrative mechanisms do not exist and the "case law" of experience is limited. Regular joint meet-ings—perhaps run by a neutral third party—can help participants air griev-ances, hammer out problems, and establish new directions without judgment.

- **Look objectively and without illusions to the future—especially long-term financial support—and make sustainability a real and meaningful goal.** Partners need to articulate their expectations for the longer term— that is, whether they envisage an "exit strategy," continued interest in the project, or a more open-ended relationship with periodic review and adjustment. Fuzzy expectations often result in deep misunderstanding, and can sour even suc-cessful ventures. The long-term nature of development work is often appreciated far more in word than in deed. If partners are aware that the life expectancy of an engagement is finite, they must make this clear from the beginning.

2. Assessment, monitoring and evaluation

Humanitarian programming is heavily shaped by what we choose to measure and collect information on. Faith or religion is a key, defining element of most people's identity and therefore it is important to be informed about it, in order to respond to them as people. Including religious identity and involving religious actors in assessment, monitoring and evaluation is thus crucial if faith-sensitive perspectives and resources are to be drawn on to shape humanitarian response. Input from local faith communities or leaders may provide triangulation of other data sources regarding vulnerability and capacity assessments that confirm findings or flag potential gaps. Given the influence of local religious actors on social norms and practices, their input is particularly crucial in planning interventions that address harmful practices or social tensions.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheet 2.1 of the IASC *MHPSS Guidelines* refers to assessments of mental health and psychosocial issues. This is important because assessments document how individuals, families, communities and organisations are responding to the emergency at hand.

In order to avoid harm and to achieve the impact desired, assessing religious beliefs and practices in response is critical. This can be done directly through assessment and monitoring tools, and by engaging with local faith communities and actors and seeking their guidance on how to do this most appropriately, in order to shape multi-sectoral programme actions from the earliest phases of the emergency. For example, non-food item (NFI) priorities, WASH designs and content, types and manner of food assistance, shelter and camp layouts will be different in each population and need to be shaped accordingly.

Key action 2 of the IASC *MHPSS Guidelines* outlines the main information needed and this includes collecting information about religious beliefs as an existing source of psychosocial wellbeing and mental health; on religious structures and dynamics with regard to security and conflict; on cultural resources and practices such as mourning practices, attitudes towards mental disorder, etc.; and in terms of programming needs and opportunities, for example, in referral systems between and within health, social, education community and religious sectors. "Religious organisations" are included as relevant stakeholders in assessments in key action 3 of the IASC *MHPSS Guidelines*.

Action sheet 2.2 of the IASC *MHPSS Guidelines* focuses on monitoring and evaluation activities. This section emphasizes that affected populations should participate "to the maximum extent possible" (page 46) in all aspects of the monitoring and evaluation process.

B. What do we know about assessment, monitoring and evaluation in relation to the spiritual and religious life of affected populations?

The overall goal in the IASC *Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings* (2017) includes consideration of the spiritual and religious life of affected populations in reducing suffering and promoting psychosocial wellbeing. The framework refers to religious and spiritual systems in terms of assessing family, community and social structures. The IASC *Reference Group Mental Health and Psychosocial Support Assessment Guide* (2012) and the WHO and UNHCR *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings* (2012) both have information relating to the assessment of religious systems and structures within a community.

Assessment, monitoring and evaluation of religious resources and capacities are relevant to programming seeking to strengthen psychosocial support. Recent research suggests that the personal belief and meaning provided by a faith tradition is a major source of psychosocial support in the context of crisis, as is the engagement in religious practices, often linked to the wider community. These frequently neglected aspects should therefore be included in assessment, monitoring and evaluation protocols.

For example, 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.
> *(Fernando and Hebert, 2011)*

In another example, research documenting changes in the mental health of women who survived Hurricanes Katrina and Rita found that pre-disaster religiousness predicted higher levels of post-disaster social resources, optimism and sense of purpose (Chan, Rhodes, and Perez, 2012). Rites and rituals can help mark phases of life; faith communities may offer mutual support; religious leaders may interpret crises and advise on how to recover. Traditional cleansing ceremonies for girl soldiers who were survivors of rape in Sierra Leone, for example, contributed to the girls' improved psychosocial health and facilitated reintegration (Ager et al, 2010).

A team of Iraqi refugees conducted a community survey about living conditions of Iraqi refugees in Jordan. Findings indicated the importance of integrating spiritual and psychological coping. "The data showed how important spiritual guidance was for most of the respondents in order to deal with their difficult living conditions. Psychosocial support interventions need, therefore, to include much space for a respectful dialogue between faith-based wisdom and science-based knowledge about stress and trauma management, and to integrate both in a joint effort of finding meaning and purpose for hardship that is often difficult to bear" (p. 45). In terms of coping strategies, praying and reading the Qur'an or Bible were the most preferred strategies of handling psychological distress and enhancing psychological wellbeing.

— From Pickartz-Salem (2009), p. 40.

C. What can we do to improve faith-sensitivity of assessment, monitoring and evaluation?

1. Identify faith-related resources in the affected community

Identify local religious actors and places of worship from the traditions identified in earlier mapping work

- Use contacts within faith groups and associations to identify relevant local actors

- Locate places of worship, prayer and gathering in the context of routine site/settlement mapping and identify relevant community contacts for follow-up.

Map activities provided by faith groups relevant to the promotion of protection and wellbeing

- Note meetings times and locations of activities and their respective focus (e.g. women, youth)

- Find out how persons and issues of concern are identified within faith communities and referred to others (either within faith groups or to others).

Document any sources of inter-faith tension within the community

- Note potential sources of conflict or suspicion between faith groups that may influence how faith actors are brought together

• Identify pre-existing mechanisms for those being addressed.

2. Assess religious and spiritual influences on protection and wellbeing

Find out how local faith communities see the crisis and what religious practices/activities are helpful as a response to the crisis

• Conduct assessments with groups within local faith communities (such as men, women, youth, older people, persons with a disability, chronically ill persons) to gain an understanding of religious framing of their circumstances

• Identify sources of coping to shape programming (e.g. through the use of religious facilities or events, or the framing of psychosocial intervention in culturally accessible language)

• Note any practices or attitudes that may be harmful or in breach of humanitarian principles; feed these concerns into appropriate humanitarian coordination discussions.

3. Monitor and evaluate local faith community engagement on an ongoing basis

Ensure monitoring and evaluation protocols include indicators of ongoing partnerships with faith actors

• Include items in review protocols regarding developing relationships with local faith actors. Make sure that monitoring and evaluation questions refer to both sides of the partnership – the agency and local faith community perspective

• Involve local faith communities in monitoring and evaluation and provide them with the appropriate tools for capturing information

• Provide feedback on challenges and lessons learned to coordination meetings so that closer, more effective partnerships can be established.

Ensure that all measures of mental health and wellbeing connect with local idioms of distress

• Ensure that measures of emotional and social wellbeing engage with local spiritual and religious language, where appropriate

• Ensure that measures of functioning consider desired or expected engagement with religious activities.

D. References and resources

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Example

HIAS Kenya: The HIAS project in Kayole, Nairobi, takes a community-based approach and has always worked through community leaders but until recently had not engaged specifically with faith leaders. In order to do so, it was first necessary to carry out an assessment to (a) identify those faith leaders who are active in the community); (b) understand what they were already doing

to support refugees and the resources available to them; (c) find out how the refugee communities thought that faith and religious organisations contributed to their wellbeing; and (d) see how HIAS as an organisation could partner with faith leaders and religious communities in Kayole.

Through HIAS community workers, it was possible to identify faith leaders who were particularly active in helping refugees and those influential in the refugee communities. Many of the faith leaders identified were refugees themselves. Kayole is primarily Christian, so all were church leaders, but from different denominations. All were male. They were very pleased to be contacted by the HIAS community workers, and said that no other organisation has recognised the work that they do.

HIAS invited faith leaders for a group discussion, which included issues such as: how refugees who need help are referred to them; what kind of issues they seek help with; the type of assistance faith leaders provide; the unique role that the church plays in assisting refugees in this context; the ways in which religion and spirituality help refugees to understand and cope with their challenges; the relationships between different faith groups in this area; how faith leaders think that HIAS and other agencies can better cater for the spiritual needs of refugees.

HIAS also invited a group of refugee men involved in the churches to participate in a separate group discussion, and a group of women and a group of youth. This was felt to be important in order to understand the role of faith and religion in the lives of refugees from all different perspectives.

These discussions helped HIAS to learn from the ways in which faith communities support refugees in Kayole, as well as how HIAS can support them and develop a partnership with the faith communities. One thing HIAS learned is that the churches are very good at providing social support for people who may be isolated or stigmatised within their communities. They bring together groups of widows and groups of people who are affected by HIV, for example, who discuss issues that concern them. For people who are marginalised within their communities, it is more useful for them to connect with a support group run by the church than one run by a NGO, since through this they can link to other community activities. The groups also have a financial kitty from which they can lend to their members who are in need. They operate a 'secret partner' system, whereby an individual who needs financial assistance can explain their situation in confidence to another group member whom they trust, and that person will tell the group as a whole that there is someone who needs help, without identifying who that person is. This enables people to access assistance without the whole community becoming aware of their problems.

HIAS had already noticed that some clients who came for counselling referred frequently to their faith during counselling sessions. The assessment revealed

that there are faith leaders who offer counselling, and HIAS felt that some clients might benefit from receiving counselling from a faith leader instead of, or as well as, HIAS.

The assessment identified areas where HIAS could provide support so that the faith leaders were more able to assist the refugees. For example, they recognised that their understanding of basic psychology and counselling skills was limited, and requested additional capacity building in these areas, which HIAS is able to provide. They have also asked HIAS to meet with groups in their churches (e.g. groups of adolescent girls; people affected by HIV) to give talks, alongside the faith leader, on issues that the groups themselves request.

The faith leaders also requested financial assistance to help them to organise prayer rallies, and to give cash grants to refugees in need. This is more difficult for HIAS to assist with. Not only does it require financial resources which are not available, but also it could create conflict between the faith communities if some receive financial assistance and others do not. Whilst HIAS is keen to help to strengthen systems within religious institutions which address the psychosocial wellbeing of refugees, it is less appropriate to support one-off events such as prayer rallies and crusades.

HIAS also see opportunities to work closely with faith leaders in relation to individual cases. They can refer refugees to HIAS where their needs are greater than the faith leaders have the capacity to respond to. HIAS can refer people to the faith leaders when they need immediate support, since organisational protocols take some time and staff may not always be able to respond as quickly as the faith leaders can. Already, faith leaders have helped HIAS to trace clients who have changed their phone numbers or changed location, so that we can continue to offer ongoing support. According to the staff involved, "it feels like through this whole assessment exercise, the doors were opened between HIAS and the faith leaders".

Circumstances when it is unacceptable to partner with local religious actors

UNDP (2014) has proposed the following guidelines defining circumstances when it is appropriate for UNDP to partner with local religious actors. These are useful principles for all humanitarian agencies to use as a guide determining engagement strategy. Some of these will constitute clear 'red lines' curtailing further engagement; others may suggest points of advocacy and negotiation required before partnership can be advanced:

Challenges, risks and mitigation strategies

For many faith actors, spiritual faith is the motivation for action. But working with them can be complex because not all FBOs have an inclusive outlook. Differences in religious beliefs and interpretations can be drivers of conflict and ethnic and social tensions. In addition, some religious practices and customs sanction various forms of discrimination and exclusion.

Conditions in which it is unacceptable for UNDP to engage with FBOs and RLs include:

- **Exclusion and proselytising:** UNDP cannot engage with FBOs and RLs who discriminate against members of other faiths (or within their own faith) or those they consider irreligious. It is also unacceptable to engage with faith actors who proselytize or impose conditions for delivering assistance that are contrary to UNDP core principles, including non-exclusivity and non-endorsement. Imposing such conditions hinders trust with local communities, conveys disrespect for local beliefs and customs, and can be damaging to the reputation and integrity of UNDP.

- **Stigma and discrimination:** For UNDP, the human rights-based approach comprises both development outcomes and the process by which rights are realized emphasizing equality, non-discrimination, participation and accountability. Some FBOs may be challenged by work on issues that touch on sensitive areas such as health, including sexual and reproductive health, social protection, security, HIV and/or work with lesbian, gay, bisexual or transgender (LBGT) individuals and communities. There is however common ground between UNDP's approach and that of many faith actors, for example, in addressing negative stigmas related to people living with HIV.

- **Focus on vulnerable groups:** UNDP recognizes that vulnerable groups require specific attention because they face the particular challenges of exclusion, inequality and multiple forms of discrimination. While faith actors often have unique access to vulnerable communities, especially in crises contexts, some can exploit this access to consolidate power by oppressing vulnerable groups or proselytizing to spread their faith. It is important that UNDP partners with those institutions that (i) are most able to give voice to marginalized people

(including the diversity of their views and needs); (ii) remain accountable to these groups, and (iii) adhere to the fundamental values and principles that underpin the work of UNDP and the UN family in particular the respect for diversity and for the universality and indivisibility of human rights.

- **Gender inequality and disregard for women's rights:** As with all of UNDP's work, advancing gender equality and women's empowerment is part of our policy and programmatic work with FBOs. These groups include women, youth, representatives from indigenous, ethnic and minority groups, migrants, refugees and Internally Displaced Persons (IDP), Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI), people living with HIV, and people with disabilities or living in conditions of poverty and/or conflict, sex workers and drug users, those facing religious discrimination, those suffering from domestic and sexual violence or victims of human trafficking into slavery or the sex industry. How FBOs and RLs interpret women's roles within their faith and spiritual traditions – and the extent to which they promote gender equality and women's empowerment – can have an enormous impact on the lives of women and girls. It is unacceptable to engage with faith actors who promote negative and harmful gender stereotypes, and to disregard the vulnerabilities of women in contexts where sexual and gender-based violence are widespread (e.g., early or forced marriage, and harmful traditional practices).

- **Connections to violent groups:** Religious groups or leaders may be connected to violent extremist groups or others considered terrorist organizations. This can be the result of group leaders espousing violence as a means to achieve their goals, or an imposed alignment of the group to a more extreme group. Often, moderate religious leaders are under threat in these situations.

- **Lack of transparency:** There are risks in partnering with any CSO that has a closed organizational and governance structure. Such organizations or their leadership may be involved with militant groups or even oppressive regimes, or may direct programme funding to activities that are inconsistent with UNDP values and goals. Although difficult to assess, UNDP will also need to be careful not to engage with FBOs that receive funding from unreliable sources.

There are a number of ways in which UNDP staff can mitigate these potential risks:

- **Inter-faith dialogue and partnerships:** To foster cooperation and trust, it is important to engage with FBOs and RLs that have expertise in inter-faith dialogue, particularly in conflict contexts. Seeking inter-religious partnerships during project planning and implementation generates de facto interreligious dialogue while keeping the focus on project goals. For example, during the evaluation stage, community and religious leaders might be invited to reflect together on topics such as "What we learned about each other as we were implementing this project" or "How has our working together on this project influenced our understanding of each other"?

- **Finding new strategic entry points:** For UNDP staff, streamlining faith-sensitive development policy and programming can contribute to create space for discussion on areas of work that were previously underexplored. And, engaging with faith actors can present an important opportunity for addressing systemic gender-based inequalities and discrimination. For example, to avoid inadvertently reinforcing hierarchies when engaging with male leadership in FBOs and RLs, in addition to working with male RLs who champion gender equality and women's empowerment, UNDP can support women to engage in religious debates and also be recognized as religious scholars whose interpretations also deserve to be heard, as well as support faith-based women's groups and networks.

- **Building capacities:** Familiarizing each partner with the technical language and mission of other actors strengthens their capacity to collaborate independently on a range of issues. Building partner capacity for data collection and reporting not only helps UNDP to evaluate its projects, but better positions FBOs and RLs to disseminate their knowledge within communities. Sharing lessons learned by actors from a wide range of faith and spiritual traditions can also be crucial in stemming harmful practices.

- **Internal training and United Nations coordination:** Annual training for UNDP Country Office staff on faith and development helps to bridge gaps in understanding and communication that interfere with planning, implementation and monitoring. In addition, a coordinated United Nations-wide approach to engaging FBOs and RLs – harmonized with United Nations Country Teams and other international organizations – is encouraged to ensure coherence.

- **Conflict management training:** In conflict settings, conflict-management training and discussions involving stakeholders from multiple faith and spiritual traditions can mitigate future tension. Creating space for the resolution of conflicts before projects begin avoids problems during implementation when representatives of different faiths interact with one another. Religious beliefs that hinder human rights or development should be challenged in the spirit of constructive dialogue and by engaging the appropriate leaders.

- **Mediation support for religious leaders (male and female):** UNDP can cooperate with professional mediation organizations such as the Network of Religious and Traditional Peacemakers that support local grassroots initiatives. These organizations can sensitize UNDP staff to local faith and spiritual traditions and dynamics, and support grassroots mediation programmes that counter violent extremism. Using a third party for programme support also reduces the risk to UNDP reputation that comes with delicate dialogue involving insurgencies or groups espousing violence.

From UNDP (2014), p. 9-11.

3. Protection and human rights standards

As noted previously, faith often finds common ground with human rights in a people-centred approach which affirms the dignity of each and every person. Guidance in this area emphasises the importance of understanding the protections for religious belief and practice enshrined within human rights and international humanitarian law. However, applying a human rights lens to religion is also necessary. Religious belief or practice should not be used as a basis for waiving human rights standards, undermining protection, or giving preferential access to services.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheets 3.1, 3.2 and 3.3 of the IASC *MHPSS Guidelines* apply a human rights framework to the provision of mental health and psychosocial support. Advocating for human rights standards contributes to the creation of a protective environment and supports social and legal protection.

Key action 1 in action sheet 1 refers to inclusive and non-discriminatory service delivery which includes "respect freedom of thought, conscience and religion in mental health and psychosocial care."

B. What do we know about protection and human rights standards in relation to engagement with religion?

There are many principles and laws guiding engagement with religion in humanitarian contexts (see the box below for an overview). There is usually great sensitivity and caution about the role of religious engagement in humanitarian response. There is concern that faith-sensitive mental health and psychosocial programming could be misunderstood as promoting a particular belief or doctrine, and thereby lead to harm in the field.

There are two major themes in the principles and laws that inform the guidance provided here:

- **First that a person's religion should never be a basis for their receiving lesser support than someone of another religion.** This reflects the principle of impartiality. Humanitarian workers should seek to ensure that religion does not make a difference to how they work with someone.

- **Second that there is freedom of religious conviction and practice.** Humanitarian workers need to take into consideration how they can work in a way that promotes religious freedom. The Convention of the Rights of the Child

(CRC), for example, in Article 14, takes account of spiritual nurturance as an element of holistic child development, along with social and moral wellbeing, cultural development and physical and mental health. This article 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.

C. What can we do to improve a faith-sensitive response to addressing protection and human rights standards?

1. Ensure that humanitarian staff are aware of legal and humanitarian obligations with regard to religion

Provide staff with training and orientation on human rights law and humanitarian principles in relation to religion

- Provide basic orientation for staff on key laws and principles regarding engagement with religion in humanitarian contexts

- Include training on faith engagement within staff development programmes for all staff leading MHPSS programming.

Ensure both impartiality of assistance and steps taken to facilitate freedom of religious practice are regularly monitored

- Add a review of local faith engagement with respect to both these issues into routine programme monitoring protocols.

2. Ensure that local religious actors engaged in providing humanitarian support are aware of legal and humanitarian obligations

Provide training in humanitarian principles for all local religious actors partnering with agencies as part of contracting arrangements

- Explicitly link training to relevant teachings of the faith groups, drawing upon relevant inter-faith documentation (e.g. UNHCR's Partnership Note; PaRD's *Religious Engagement in Humanitarian Crises – Good Practice Collection*)

- Include an orientation to the organisational code of conduct and ethical principles in training.

Support capacity development of local faith communities in understanding of humanitarian law and protection

- Use protection concerns (e.g. regarding gender-based violence or trafficking) as a basis for dialogue with faith communities about pre-existing social protection mechanisms and their effectiveness and appropriateness

- Include an explanation of the links with religious traditions in the development of humanitarian laws and principles (see, for example, Joint Learning Initiative, Evidence Brief 2: The role of religion in upholding humanitarian and human rights reforms)

- Seek to identify common ground between human rights precepts and religious traditions, acknowledging that there may be some issues where human rights law contradicts domestic law.

> ### *The Language of the Qur'an and of CEDAW Regarding the Rights of Women*
>
> Workers with local faith groups in Jordan noted the alternative strategies that they were able to draw upon to reinforce the rights of women. One noted: "When women suffering from gender-based violence come to me, I tell them you have rights in Shari'ah law. Islam clearly says that your men should not abuse you. I do not use CEDAW to convince these women they have rights. I use something incontestable for them: the Qur'an. I tell them a hadith that commands men to take care of their wives and 'do good unto them.' I tell them that in the age of the prophet, women were judges and business people and they had the freedom to ask for divorce. Does that make us an Islamic organisation or a secular one? Neither. All the people I am helping are Muslims who believe in the same thing I do."
> *From Joint Learning Initiative (2016), p. 2.*

D. References and resources

International Partnership on Religion and Sustainable Development (PaRD) (2016) *Religious Engagement in Humanitarian Crises: Good Practice Collection*. Bonn: GIZ.

Joint Learning Initiative (2016) *Evidence Brief 2: The role of religion in upholding humanitarian and human rights reforms*.

OHCHR (2017) *Beirut Declaration on Faith for Rights*. Beirut: OHCHR.

Salek, L. V. (2014) *Working in Conflict: A Faith-based Toolkit for Islamic Relief*. IRW. Available at: **www.islamic-relief.org**

UNHCR (2013) *Welcoming the Stranger. Affirmations for Faith Leaders*. Geneva: UNHCR.

UNHCR (2014) *Partnership Note on faith-based organisations, local faith communities and faith leaders*. Geneva: UNHCR.

Examples

Christian Aid Nigeria ensures that capacity of staff, partners and volunteers are built on the humanitarian standards and principles with emphasis on respect of cultural and traditional practices which often are tied to religious beliefs. The organisation also aims to incorporate into their programmes a strategy of working with religious leaders so that they have a uniform message on protection and human rights standards. This will include scriptural references alongside a rights-based approach, with interfaith understanding and acceptance being promoted through trainings and workshops and coordination meetings between humanitarian staff and other stakeholders.

Taken from: *Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Colombia,* Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

Case study from Kenya: In 2005, Filadelfia Pentecostal Church in Nakuru, Kenya established a safe shelter for women needing temporary refuge. It is common in Kenyan society for women who are having problems go to the church for assistance, and church leaders saw a need to respond more systematically to the many cases of gender-based violence they were seeing in the community. Initially, the church thought that women would require only counselling and advice, but once they started offering these services they realised that there was also a need for safe accommodation and other services (e.g. vocational training).

The shelter is part of a Women's Crisis Centre project, which is within a larger compound which contains a church and a primary school. They aim to shelter women and girls who have been sexually abused or undergone gender-based violence, and to empower them so they can live independently in the community. The organisation offers psychosocial support and advocacy, as well as opportunities for vocational training, and carries out work on women's human rights.

Mediation and reintegration with the family is the shelter's preferred option, and they will conduct family counselling to this end, and work with the government to re-enter the child or woman to her community. Where reintegration is not possible, the shelter tries to find her a place in a children's home or a foster family if she is under 18 years. For adult women, the shelter staff liaise with other agencies, including the police.

OVERVIEW OF INTERNATIONAL LAW
AND PRINCIPLES RELATING TO RELIGION

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 **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.'[1]

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

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

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

International Covenant on Civil and Political Rights (1976) Article 18 states:

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.

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[1] For more detail, please see **https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule104**

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.

4. The States Parties to the present Covenant undertake to have respect for the liberty of parents and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions.

The Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief (1981) states that every individual has the right to freedom of thought, conscience, and belief, and that no person should be subject to coercion that would impair his or her religious or personal beliefs.

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:

• States Parties shall respect the right of the child to freedom of thought, conscience and religion.

• 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.

• 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 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.

- 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 recognize disaster victims as dignified human beings, not hopeless objects.

The Core Humanitarian Standard on Quality and Accountability (2014) 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 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.

4. Human resources

All guidance is based on the assumptions that there are people with the skills, insights and motivation to implement faith-sensitive programming. This section considers key issues in ensuring that agency staff are equipped to implement the provided guidance. This includes ensuring that knowledge of the culture, language and beliefs of the population being served are understood, either by recruiting staff with this knowledge and awareness or by giving staff the confidence to engage with a different culture or religion.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheet 4.1 of the IASC *MHPSS Guidelines* focuses on the identification and recruitment of staff and volunteers who understand local culture. The guidelines suggest that, "recruiting representatives from key cultural and ethnic groups facilitates inputs from, and the participation of, those groups."

A faith-sensitive approach complements the IASC *MHPSS Guidelines* by suggesting specific measures to take account of the role of religion and spirituality in shaping the experience of local populations.

Action sheet 4.4 of the IASC *MHPSS Guidelines* highlights the importance of the care of staff and volunteers. Further guidance is provided here in relation to the potential role of religion and spiritual practices in sustaining wellbeing.

B. What do we know about human resources in relation to religion and local religious actors?

Working with local religious actors can help facilitate development of new relationships with the local community and build upon the relationships already in place. These actors are often the primary interface with the communities. When there are shared identities and priorities, and when the relationships have been positive and based on trust, these relationships can become a conduit for locally shaped programmes that may perhaps be more effective in achieving the desired impact more quickly. While INGOs may also hire local staff, because of the uniqueness of local actors and the potential repository of pre-crisis local teams, they may be uniquely positioned for humanitarian response and recovery. For example, the 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).

James (2009) identifies ten areas of organisational life where faith can make a significant difference. These areas relate to choices made in the internal functioning of the organisation, such as structural affiliation and governance (of FBOs); in programmes with beneficiaries, such as using spiritual teaching to promote change, and in external relationships, such as inter-faith partnerships.

UNHCR's review, *Culture, Context and Mental Health and Psychosocial Wellbeing of Syrians* (2015), is an indicator of the current importance placed on understanding 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).

Agencies can improve their faith sensitivity by ensuring that their staff and volunteers are aware of or oriented to local religious understandings of the affected population.

C. What can we do to improve human resource capacity for a faith-sensitive response?

1. Ensure that staff and volunteers have insight into the religious and spiritual experience of beneficiaries

- Consider religious affiliation alongside ethnicity and gender when ensuring appropriate diversity of recruitment

- Include a component of faith literacy into all orientation training for humanitarian workers, focusing on sensitivity to diversity in addition to key practices and beliefs of religious majorities and minorities in the area

- Include the issue of faith-sensitivity as a cross-cutting theme across all sector programmes in the orientation and training of staff and volunteers.

- Provide guidance on key human resources principles (regarding recruitment, orientation, supervision and support) to local civil society partners, including FBOs and local faith communities.

2. Provide care for humanitarian workers and volunteers that acknowledges the potential role of religious coping

- Provide opportunities for staff and volunteers to reflect on their own faith or non-faith perspectives

- Ensure that staff and volunteer support is in place, which clarifies expectations, resources and processes to support staff in their work, and the extent to which these apply to locally recruited volunteers (including members of local faith communities)

- Ensure that conditions of service reflect sensitivity to diverse religious affiliations with regard to flexibility in work hours and timings of meetings

- Facilitate personal devotions and shared acts of prayer and/or worship in a manner that accommodates the religious diversity of staff

- Provide access to spiritual support options for staff alongside medical or psychological provision put in place.

D. References and resources

ACT Alliance (2015) *The Role of Faith-based Organizations in Humanitarian Response: A Submission to the World Humanitarian Summit*.

Antares Foundation for resources on staff support: **www.antaresfoundation.org**

James, R (2009) *What is distinctive about FBOs? How European FBOs define and operationalise their faith*. INTRAC. Praxis Paper 22.

People in Aid (2003) *The Code of Good Practice in the Management and Support of Aid Personnel*. London: People in Aid.

UNHCR (2015) *Culture, Context and Mental Health and Psychosocial Wellbeing of Syrians*. Geneva: UNHCR.

Example

Critical psychological needs among local faith communities:

Frequently, particularly in conflict settings, LFCs are affected by the disaster and the physical, spiritual and psychological toll can be immense. These groups need intentional spiritual and psychosocial care – immediately and over time. This isn't just partnering with them to design and implement psychosocial work. This

is care for the local faith communities directly. For example, church partners inside Syria have *for years* now shared exhaustion and demoralization – through displacement, witnessing horrors, having less themselves and working tirelessly. They are volunteers, not paid members of faith-based organisations. Thus we would be remiss in talking about working with and through LFCs to support others who are disaster affected without considering the impact of the crisis on the LFCs as well. If they are partners and also in the disaster – true partnership requires focused psychosocial support and spiritual care for them.

Reviewer's comments: (Former humanitarian actor)

5. Community mobilisation and support

Community mobilisation and support is at the core of psychosocial response in humanitarian emergencies. The IASC guidelines already provide substantial guidance on this issue. The focus in this guidance is on mechanisms that connect with the role of faith as a focus for shared meaning and action in the face of adversity. It also acknowledges the power of local faith communities and religious actors in challenging harmful practices.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheet 5.3 of the IASC *MHPSS Guidelines* refers to "facilitating conditions for communal cultural, spiritual and religious healing practices." This section of the IASC *MHPSS Guidelines* provides explicit guidance on engaging directly with religious and spiritual leaders about how people have been affected in their communities, together with promoting appropriate religious and spiritual supports and healing practices.

B. What do we know about engaging with religion in relation to community mobilisation and support?

A scoping study (JLI 2013) suggests 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. For example, the ADAPT model (Silove 2013) looks at how individual and community processes of meaning-making may be disrupted by mass conflict. Conflict and displacement may fundamentally challenge world views and systems of belief.

The second basis of psychosocial support is religious and spiritual practices which are typically embedded within communities. These practices may be seen as a mark of continuity with normality, for example, in conducting weddings and funerals throughout the course of the humanitarian crisis. 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 examples of strength and resiliency.

In their report about the role of faith leaders in the Ebola crisis, Christian Aid, CAFOD, Tearfund, and Islamic Relief Worldwide (2015) found that faith leaders were highly motivated to support their communities and did so out of a spirit of compassion. The access that faith leaders had to communities, even in the most

remote parts of the countries, was unparalleled. Their effectiveness in responding to Ebola relied in large part on the trust that community members had in them, which stemmed from their shared beliefs. Faith leaders had a deep knowledge and love for the communities in which they lived. 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.

World Vision and Islamic Relief have been working together to develop a series of Channels of Hope interventions (World Vision 2016) which sensitize faith leaders and spouses to key humanitarian issues and assist them in mobilizing their faith communities to address them. Initial trainings link technical understandings of issues (such as gender or child protection) to religious understandings of them from their specific faith traditions. Most recently, a version of Channels of Hope was implemented in Sierra Leone and Liberia in the wake of the Ebola epidemic to explore safe burial practices consistent with religious principles of honouring the dead.

C. What can we do to improve faith-sensitive response to community mobilisation and support?

1. Ensure that psychosocial programming builds upon relevant and appropriate mechanisms of religious coping

Use a faith-sensitive approach in engaging with individuals and families to promote their wellbeing

- Encourage individuals and families in distress to engage with their faith in order to promote recovery

- Rather than establishing new structures or activities, identify pre-existing practices that – with some support or encouragement – can provide a valuable basis for support of community members through their shared religious beliefs or affiliation

Incorporate elements of local practices into planned programming activities

- Invite an appropriately diverse range of local faith leaders – including women and youth – to advise on shaping the curriculum of activities

- Provide opportunities for local faith leaders (of a suitable range to demonstrate diversity and impartiality) to contribute with community-based psychosocial programming activities.

> Religious communities and faith-based organisations are uniquely positioned to provide spiritual assistance to people affected by conflict and disaster… We request all actors to recognise the **right of communities in need to access the best of spiritual service** and seek to collaborate with faith leaders and faith based organisations to provide for the same. In addition to material assistance and other services, we therefore **commit** to **facilitating spiritual assistance** which can significantly contribute to the population's sense of hope during and after a disaster, while prohibiting pressuring people into any religious practice. We **commit** to continuing to work with national governments to recognize and affirm the role of faith and faith-based organisations to provide faith-based assistance to communities in need.
>
> — From World Humanitarian Summit (2016)

2. Mobilise community resources in addressing specific needs

**Facilitate dialogue with local religious actors
to explore solutions to specific challenges**

- Work with faith leaders to develop joint action plans to address challenges and respond to specific needs (e.g. risks of contamination though bodily fluids vs. need for respectful preparation of corpse; importance of tackling impunity regarding gender-based violence versus religious teachings on sexuality and strategies of addressing sexual violence)

- Provide training for local faith leaders, where this is needed (e.g. safe burials during Ebola outbreak; vulnerability of women to gender-based violence in contexts of displacement).

Mobilise effective local faith community response

- Provide necessary resources to support local reach of these strategies.

D. References and resources

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Examples

Ethiopia:

> In Ethiopia, traditional religious associations such as *mähebar* (and the related practice of *sewä sanbat'*) provide a mechanism for groups to come together for mutual self-help and encouragement. Rather than agencies seeking to establish psychosocial support groups which face challenges of sustainability, these religious associations represent a culturally grounded structure where mutual obligation on the basis of shared religious belief is fundamental to their operation.
> *From Ager, A., B. Abebe and J. Ager (2014).*

Christian Aid Nigeria: Christian Aid Nigeria work with faith leaders as a strategy for social mobilisation, and have found this to be a critical entry point for community engagement in changing harmful social norms, values and harmful traditional practices that reinforce inequality and exclusion.

For example, CA Nigeria conducted a mapping of faith leaders to identify those who are active in the community, and then worked with them on a project to strengthen the psychosocial wellbeing of adolescent girls. This project,

Collective Action for Adolescent Girls' Initiative (CAAGI), aims to significantly improve the choices and opportunities for adolescent girls to live productive and meaningful lives, focusing on education, early marriage and economic empowerment. It does so by supporting faith actors and faith-based institutions at community and state levels to take action around these issues.

Christian and Muslim leaders worked together with Christian Aid to develop a faith leaders' tool kit, using scriptures to argue salient points, and to develop messages around adolescent girls' issues of education, time of marriage, access to reproductive health services and economic empowerment. This toolkit has since been widely used in religious gatherings (churches, mosques, and conferences across the state) as a messaging and educational tool on adolescent girls' issues at community and state levels. Faith leaders are now beginning to lead advocacy on issues that concern adolescent girls.

HIAS Chad: HIAS Chad offers psychosocial support services to refugees from Darfur, and although they have used a community-based approach for many years, they only recently began to engage in the promotion of religious and spiritual support and healing practices. This is very appropriate for the Darfur refugee community, since the Islamic faith is a fundamental part of their identity and culture.

In order to begin the process, HIAS staff organised meetings with faith leader committees. Initially, the focus of these meetings was to build relationships, for HIAS staff to understand the structures of the faith leadership system in the camps, and to explore ways that HIAS and the faith leaders could work together to provide psychosocial support.

Work plans were developed with faith leaders, including activities such as training from HIAS staff to faith leaders on SGBV and psychosocial issues; training from faith leaders to HIAS staff to increase their understanding of the Islamic faith; HIAS to support small-scale income-generating projects to be initiated by faith leaders; faith leaders to sensitise community members on traditional harmful practices including forced and early marriage, FGM and exorbitant dowry. The faith leaders greatly appreciated being engaged in this way, and were very motivated to do what they could to strengthen the psychosocial wellbeing of their fellow-refugees.

A number of challenges were experienced during the initial discussions. For example, some faith leaders were not ready to separate religious issues and cultural norms, which made discussion of certain sensitive issues, such as early marriage, difficult. All of the faith leaders acknowledged the fact that early marriage was not prescribed by Qur'an and yet not forbidden, but according to some of them, early marriage was a way to save the face of families and communities who, trying to avoid to be dishonoured by teenagers who get involved into sexual affairs and get pregnant, opted to marry their children early.

Once we know the importance of honour in the cultural concept of the Sudanese refugees, we easily understand why early marriage was commonly accepted and even supported by faith leaders, who play influential roles and shape opinion within their communities. But through continued discussion, especially of cases in the community of teenagers who had married early and died during childbirth, and the many cases of divorce due to the psychological effect of marriage on an underage girl, HIAS staff in charge of this training managed to address the misconception of the faith leaders who supported early marriage. Following the discussion, one of the faith leaders concluded that, "One who wants to save his honour must bring up his daughter well instead of putting her at risk by engaging her in early marriage."

In order to get faith leaders to better understand the topics of SGBV and early marriage, HIAS made use of trustworthy Muslim staff during the training, as well as Imams who have studied Islamic theology and who were willing to educate both humanitarian and fellow faith leaders on the fundamental principles of marriage in Islam.

There were other significant achievements. For example, before the discussions began, faith leaders held some misconceptions about sexual and gender-based violence (SGBV), seeing it as a concept used by NGOs to impose Western ways of life and behaviours that are contrary to Islamic religion. Through discussion of the issues with HIAS staff, faith leaders concluded that SGBV teachings were not different from what their Qur'an taught as ways for people to live harmoniously in the community. One faith leader offered to come up with Qur'anic verses that related to each form of SGBV, which could be used to demonstrate that SGBV is contrary to Islamic teaching. For them, what HIAS does to address SGBV issues in the camps contributes to helping people become better believers, with one faith leader adding that HIAS SGBV staff were doing Imams' work without knowing.

Faith leaders are now conducting awareness sessions on SGBV causes and consequences, and are willing to protect and support SGBV survivors in their communities. Most awareness-raising sessions take place in the mosques, but some are conducted in the villages surrounding the camps. HIAS staff are joined by faith leaders on these visits, and they can explain the issues to other faith leaders and traditional healers from the local communities. The message has been well received due to the involvement of faith leaders.

It takes time to build the kind of relationships necessary for a true partnership, but HIAS Chad has found that the engagement of faith leaders in their community mobilisation and support activities has already significantly increased their effectiveness.

HIAS Kenya: When we hear about potentially harmful practices that faith leaders are involved with, such as trying to exorcise evil spirits from people

who have mental illnesses without referring them for medical help, we can first of all have a discussion and try to understand where they are coming from. Then we can see how to support them. We know that prayer can help the person with the mental illness, and also their family, so we ask the faith leaders to continue doing this, but we also ask them to refer the person to a mental health institution where they can be assessed. They know they lack knowledge on mental health, and they want to learn more, so we have found it easy to work with them on this. What was important was that we did not tell them that what they had been doing was wrong, we were just telling them that we also need to play our part. They agreed that if someone has malaria, they need to get treatment, but there is also a need for prayer because it gives support to the patient, the family members who are feeling a bit at a loss because of this, and that made it easy for them to see that the two things can go together.

6. Health

Saving lives, relieving suffering and respecting human dignity are at the core of the humanitarian mandate. Guidance here focuses on the link between faith and health – mental, psychosocial, physical – and on the potential role of religious actors to facilitate access to healthcare and support those facing suffering, stigma and loss.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheet 6.4 of the IASC *MHPSS Guidelines* directly refers to the importance of learning about and, where appropriate, collaborating with local, indigenous and traditional healing systems, while recognising that some traditional healing practices may be harmful. However, a number of other action sheets indicate the relevance of faith-sensitivity including with respect to general health care (Action Sheet 6.1), access to care for people with severe mental disorders (Action Sheet 6.2) and care of persons living in institutions (Action Sheet 6.3)

B. What do we know about engaging with religion in relation to health needs?

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

Practice-based guidelines – dealing with the implementation of faith-sensitive psychosocial programming in humanitarian contexts – 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). The ADAPT model (Silove 2013), mentioned in section 5, looks at how individual and community processes of meaning-making may be disrupted by mass conflict. 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.

Calls to provide 'compassionate care' require a sensitivity to both the religious perspectives and resources relevant to a patient's dealing with physical and mental illness, and also a sensitivity to their spiritual care needs. For example, the disaster spiritual care programme of the American Red Cross (American Red Cross 2012) 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.

C. What can we do to improve a faith-sensitive response to health needs?

1. Promote key community health messaging through local faith communities

Promote preventive health messages through local faith leaders and groups

- Encourage messaging regarding utilization of community health services through local faith communities (including through women's groups and youth groups)

- Jointly develop messaging around alcohol and substance misuse.

Enrol local religious actors in initiatives combatting stigma regard mental ill health

- Hold community dialogue sessions facilitated jointly by a faith leader and a humanitarian worker to identify harmful practices and beliefs related to mental health

- Support faith leaders to identify extracts from sacred texts that can be used to combat stigma (e.g. extracts which emphasise the value of every human life). Faith leaders can use these extracts to teach their congregations and to encourage family members of people with mental illness to treat them with respect and kindness

- Work with faith leaders to identify ways in which they can ensure that people with mental health problems are included in community and religious activities.

2. Establish mechanisms for referral to local religious actors for provision of psychosocial support and spiritual care

Identify sources of spiritual support from an appropriate range of traditions

- Use contacts within faith groups and associations to identify relevant local actors (including pastoral ministries)

- Establish protocols for identifying the faith tradition of patients and matching with local actors.

The ADAPT Model

Pillar 5: Existential meaning

Informing principles	World views and belief systems fundamentally challenged by conflict and displacement.
Adaptive normative response	Collective: Re-establishing institutions and practices that confer meaning (religious, spiritual, social, cultural, political). Individual: Revising/ renewing/confirming beliefs and values and/or finding new avenues for expression.
Maladaptive response	Community: Fragmentation, loss of coherent narrative and guiding principles. Individual: Alienation, in extreme cases leading to depression, suicidality.
Psychosocial response	Policy explicitly acknowledges and responds to broader existential issues and need to respect values/beliefs among populations exposed to conflict. Overcoming discrimination and promoting rights to exercise and practice belief systems. Sensitive acculturation programmes.
Clinical principles	Explicit recognition and incorporation of existential issues in all therapy, recognising the primacy of the individual in forging new or adapted systems of meaning

From Silove (2013), p. 240.

Orient local faith leaders to key principles of psychosocial support for patients facing major health issues

- Provide training on key psychosocial principles and psychological first aid (PFA),

- Discuss strategies of drawing on faith as a source of healing etc., using information collated on local beliefs and practices.

Facilitate provision of spiritual care alongside physical, psychological and social care

- Offer spiritual support to people experiencing life-threatening illness; people receiving end-of-life care; and family members facing bereavement

- Ensure provision of a prayer room or similar facility in all hospitals.

3. Ensure faith-sensitivity in mental health service provision

Be mindful of local healing practices in developing protocols for intervention

- Ensure that information collated on local idioms of distress, health-seeking behaviour and religious belief (obtained from Culture and Context Desk Reviews or otherwise) is used by all partners developing intervention protocols

- Establish mechanisms for discussion of mental health issues with representatives of religious traditions to deepen awareness of role of faith and theological understanding in shaping experience of mental ill health.

Document and share ways of incorporating religious understandings into mental health provision

- Share good practice in faith-sensitive approaches in providing mental health provision.

4. Engage with faith leaders to shift social norms that maintain harmful practices

Identify key risks to protection and wellbeing that are influenced by local religious understandings

- In discussion with faith leaders (including women and youth) identify potential risks (e.g. FGM, GBV, child marriage etc.) on which local religious understandings may have an influence

- Map diversity of views amongst faith leaders and identify or create appropriate opportunities for discussion of these issues in relation to religious teachings.

Identify mechanisms to promote dialogue regarding harmful practices amongst faith communities

- Identify leaders within faith communities able to champion shifts in prevailing social norms in relation to priority issues

- Equip these people – through training and resources to support implementation – for initiatives to address harmful practices.

> We identify harmful practices as those which are not in accordance with human rights principles; which undermine the healing of individuals, and those which have negative effects on wellbeing.
>
> — IRK humanitarian in Kenya

D. References and resources

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Examples

Christian Aid Nigeria: During the outbreak on Lassa fever virus in Nigeria (2016), Christian Aid trained faith leaders as health education champions to include Lassa fever prevention in their sermons. Communities were saturated with information/education on Lassa fever prevention because of the extensive networks of faith leaders, their large following as well as their communications channels. Their involvement in mobilization and disseminating information contributed to curbing further spread of the virus in the affected states.

In collaboration with Christian Aid, faith leaders across Nigeria have promoted the reduction of stigma and discrimination as well as prevention of HIV using an innovative approach to HIV prevention known as Safer practices, Available medications, Voluntary counselling and testing and Empowerment (SAVE model). Christian Aid have also worked with Nigeria Network of Religious Leaders with HIV/AIDS (NiNERELA+), a faith based organisation, health workers, faith leaders and other HIV implementing partners to develop a simplified version of the HIV anti-discrimination Act 2014, with supporting verses from the Bible and Quran. One of the achievements of this piece of work is the commitment to include SAVE model as part of their school curriculum in ten theological schools (eight Christian, two Muslim) across three states in Nigeria.

Islamic Relief Kenya: Islamic Relief Kenya implements health programmes in Ifo 1 camp in Dadaab, with mental health as an important element of their services. IRK aimed to engage faith leaders in their community health work, making use of their skills and experience in supporting people with psychosocial problems in the camp.

They first of all wanted to identify local faith leaders who were trusted by the community, and who were already being approached for help with mental health issues. To do this, they asked the caregivers of clients who attended the mental health clinic whether they had sought support for their relatives from any religious leaders or faith healers, and if so, who they had approached. Through this process, six religious leaders were identified who frequently supported those affected by mental health and psychosocial problems.

These religious leaders were invited by Islamic Relief to participate in a series of community dialogue sessions. The aim of these sessions was to identify potentially harmful practices in responding to mental health and psychosocial issues, and to identify more helpful responses which can be implemented both by community members and religious leaders. The sessions were chaired jointly by a focal person from Islamic Relief and a religious leader.

Harmful practices and beliefs related to mental health were discussed and identified. Harmful practices included people with mental health issues being neglected by the community and family members, including chaining the person under a tree or in unclean places; being beaten or stoned; and not being taken for either religious or medical help. The reasons for these practices were also discussed. Family members do not take people with mental health problems to medical facilities because they believe that they are possessed by evil spirits and only the Qur'an can cure them, but they also do not take them to religious leaders because they believe it is costly. Therefore, the solution most commonly found is to tie them to a tree to prevent them from running away or hurting others. They are neglected due to the belief that they have no value and may even be harmful.

The faith leaders emphasised to community members that Islam supports the use of medication together with Qur'an recitation, and encouraged them to take anybody with mental health problems to hospital as well as to a religious healer. They made a commitment to ensure referral for all those who seek Qur'an recitation from them. The community members and faith leaders discussed how they could share information with others to raise awareness of the services available for people with mental health issues, to help people move away from harmful practices and to enable affected individuals and families to get the help they need. Both community members and religious leaders recognised their role in addressing harmful practices. Faith leaders will continue to advocate for behaviour change both amongst their fellow religious leaders and within the community as a whole.

7. Education

Education is a key mechanism for establishing skills, knowledge and values. As such, it touches on areas closely linked to faith and therefore cannot take a detached approach to faith identity, but must at least be informed by and sensitive to it. In addition, religious bodies and faith-based communities often play an important role in the provision of both formal and non-formal education. The guidance in this section suggests how faith-sensitive programming may be advanced in both these settings.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action Sheet 7.1 of the IASC *MHPSS Guidelines* is concerned with "strengthening access to safe and supportive education."

There are no action points that relate specifically to faith-sensitive approaches regarding education. There are a few references to using cultural activities, for example: 'culturally appropriate structured activities such as songs, games, dance and drama (page 150). There is also reference to using education as a mechanism for community mobilisation (page 151). These points could potentially include the participation of local faith communities and religious leaders.

B. What do we know about engaging with religion in relation to education?

The Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards does not explicitly refer to faith, religion or spirituality. However they do state: "Learning environments are secure and safe and promote the protection and the psychosocial wellbeing of learners, teachers and other education personnel" (Access and Learning Environment Standard 2). Standard 1 in the Teaching and Learning domain says about curricula: "Culturally, socially and linguistically relevant curricula are used to provide formal and non-formal education, appropriate to the particular context and needs of learners." This means that when the official curriculum includes religious education, it should be taught. Relevant changes in the curriculum should also take religious and faith aspects into consideration. For example the situation might call for including religious and faith-based aspects of forgiveness and reconciliation and how to cope with sorrow and loss. In displacement settings it is also important that both the displaced population and host community understand each other regarding faith. There is also guidance about the ways that education can promote peace, for example in curricula that include peace education teaching skills and values associated with peaceful behaviours, and in providing conflict-sensitive education. These approaches may include an analysis of the role of religion in conflict escalation and resolution.

C. What can we do to improve a faith-sensitive response to education in emergencies?

1. Identify and support provision of non-formal education by local religious actors, where appropriate

Identify the provision of non-formal education by local religious actors

- Use contacts within faith groups and associations to identify non-formal education

- Work with religious actors offering non-formal education to build psychosocial support into their programme and ensure that it is in line with humanitarian principles

- Establish mechanisms for on-going visitation of locations.

Where appropriate, support provision of non-formal education by religious groups

- Identify ways to strengthen or scale-up provision for non-formal education that promotes psychosocial wellbeing and respects humanitarian principles.

2. Document and support effective community-based educational activities provided by local religious actors for specific population groups (i.e. children's and young people's groups, parenting groups, older persons' groups, groups for persons with disabilities etc.)

Map community-based educational activities provided by local religious actors

- Use established contacts within faith leaders and groups to document ongoing activities with children and young people, parents, older persons, and persons with disabilities, etc.

- Review activities with local organisers, with respect to their potential contribution to psychosocial support and respect for humanitarian principles.

Support effective and appropriate faith-sensitive activities

- Identify ways to strengthen or scale-up provision for activities that promote psychosocial wellbeing and respect humanitarian principles

- Identify mechanisms to document quality and impact of activities for accountability purposes.

3. Strengthen faith-sensitivity in activities in relation to formal education and non-formal education, such as child-friendly spaces

Take religious laws and practices into account in the provision of formal and non-formal education

- Observe local customs regarding expectations about single-gender groups

- Select suitable food for distribution at school or at child-friendly spaces, and respect fasting times and days

- If choosing religious spaces for communal non-formal education, be sure not to exclude anybody

- Be sensitive around routine activities, such as morning parades in schools, if for example national anthems have references to "God" and how/if all learners are able to join in the prayers.

- Consider how to include in the curriculum faith-based understandings of forgiveness and reconciliation and how to cope with sorrow and loss.

D. References and resources

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And other documents including:

- INEE Guidance Note on Psychosocial Support (forthcoming).

- INEE Guiding Principles on Integrating Conflict Sensitivity in Education Policy and Programming in Conflict-Affected and Fragile Contexts

- INEE CSE Pack, including Guidance Note, Guiding Principles and Reflection Tool (available in various languages in the INEE Toolkit)

- The Inter-Agency Peace Education Programme.

Examples

LWF and IR Kenya: In Dadaab, Kenya, an initiative by Lutheran World Federation and Islamic Relief has set up an integrated approach in providing education. Formal education is taught alongside religious studies either in the same setting by the same teacher, or in ECD centres just next to the Duksi centre (Qur'anic school). In this case, they are taught at intervals by different teachers on an agreed timetable. Learners are first taught by the Duksi teacher and then they go to the ECD centre for formal education. The Duksi teachers receive training in basic literacy in English and Arabic and pedagogy (teaching) skills.

LWF Kenya: In order to find out what role religious leaders played in the educational system in Kakuma, a meeting was called with Quality Assurance and Standards officers, head teachers from Early Child Development and Primary Schools, Education Officers and the LWF Education Coordinator as the convener. It emerged that the main ways in which religious leaders contributed to education provision were:

- *The management of indiscipline cases in schools.* Religious leaders emphasised the use of guidance and counselling for children who had discipline issues, rather than physical punishment. This was helpful to discover, since it is the same message that LWF has been delivering through the 'safe school approach' and the use of positive discipline as opposed to corporal punishment.

- *The spiritual nourishment of learners during assembly sessions.* Religious leaders commonly shared words of encouragement and inspiration from scriptures, mainly the Bible and the Qur'an, and led corporate prayers in the schools.

- *Spiritual nourishment during parents' meetings.* During meetings, religious leaders gave inspirational talks to parents and school leaders. This gave the parents courage to face the future in the midst of uncertainty and distress.

In addition to these activities, it was found that most religious leaders are members of the Boards of Management in schools so are actively involved in decision-making. Following this information-gathering exercise, a meeting was convened with religious leaders, and discussions were held on how they can be more involved in schools' activities, whilst ensuring minimal interference in the school programmes.

A challenge identified in terms of enhancing religious leaders' involvement in the educational system in Kakuma related to the fact that there are students with different religious affiliations in schools. Some Christian religious leaders did not feel competent to support Muslim learners, and vice versa.

In addition, some parents had concerns that religious leaders may not be independent and impartial, and that some may have an evangelisation agenda. They feared that their children would be converted into other faiths. Their main concerns centred around prayers and scripture readings, rather than more general activities such as motivational talks and guidance and counselling. LWF staff have found that consistently explaining to parents the agenda of faith leaders has enabled them to overcome some of these challenges, along with engaging with faith leaders to encourage them to develop and deliver content that is universal in appeal and does not threaten any faith.

8. Dissemination of information

Involving local religious actors in the dissemination of information is important because they generally have significant influence within communities and are thus in a position to reinforce – or block – information flows. However, reflecting the principles adopted throughout – and of the IASC *MHPSS Guidelines* themselves – we should not only be concerned with the flow of information from humanitarian agencies to communities. Local religious actors – in all their diversity – can be channels of information from communities, providing agencies with fresh insights and challenge to their initial plans and agendas.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheet 8.1 of the IASC *MHPSS Guidelines* relates to providing information to the affected population on the emergency, relief efforts and their legal rights. Action sheet 8.2 of the IASC *MHPSS Guidelines* relates to providing access to information about positive coping methods.

B. What do we know about engaging with religion in relation to dissemination of information?

FBOs are uniquely placed in the international humanitarian community in that they are rooted in their local communities and yet have global reach. Their large constituencies give them the potential to play a powerful role in advocacy and public awareness. With their presence on the ground, in the most remote parts of every country, they are well-positioned to take action when emergencies arise (Ferris 2005). These networks constitute remarkable channels of communication as well as human and financial resources. Such large national constituencies hold great potential to complement efforts by other actors (UNDP 2014).

UNICEF found in a global mapping of their engagement with local faith communities in 2015 that that they most commonly linked with local faith communities by conducting sensitisation activities, primarily with religious leaders. (Sensitisation is defined as a process of awareness raising or information dissemination.) Broader review of reports suggests that this is a common pattern. Sensitisation is an important element of dissemination of information, but sharing information can be more fully expressed in mutual activities, where information flows in both directions, such as in learning networks.

C. What can we do to strengthen the part that religious leaders, local faith communities and FBOs play in disseminating information?

1. Build on sensitisation activities with local faith communities to establish two-way dialogue that shapes programme design

- Review existing forums or develop relationships with local religious actors to identify ways of strengthening the role of religious leaders and local faith communities in psychosocial programming

- Identify existing forums or develop forums for local partners to share information with agencies and collaborate in programme design and evaluation

- Involve local religious actors in the compilation of key messages and points for sensitisation.

2. Share information on experiences of, and lessons from, local faith engagement

- Establish a means to regularly document the experience of partnership with local faith communities, using language that reflects the value of this engagement (that is, not hiding it with technical terms)

- Link with media to present faith engagement in a positive way

- Facilitate learning networks – locally, nationally and globally – to draw lessons from accumulated experience and strengthen engagement and response.

D. References and resources

Ferris, E. (2005) "Faith-based and secular humanitarian organizations." *International Review of the Red Cross*, 87 (858): 311-325.

Network for Empowered Aid Response (NEAR) at **www.near.org**

UNDP (2014) *Guidelines on Engaging with FBOs and Faith Leaders*. New York: United Nations.

UNICEF (2015) *A Global Mapping of UNICEF engagement with religious communities*. New York: Civil Society Partnerships Division of Data, Research and Policy, UNICEF.

Examples

In 2013 and 2014, UNICEF in Cameroon 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 organised 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.

From: UNICEF (2015) A Global Mapping of UNICEF engagement with religious communities. *New York: Civil Society Partnerships Division of Data, Research and Policy, UNICEF.*

See also examples about LWF in Kakuma in section 1 on coordination and IRK in Dadaab in section 6 on health which both feature two-way information dissemination.

9. Food security and nutrition

Food is an important aspect of faith identity, and respect for religious sensibilities in this regard is a key part of respecting people's dignity and human rights. Faith sensitivity in the form of knowledge of religious requirements around food is essential for humanitarians. This is vital whether or not those responding are faith actors. Local faith communities can provide guidance on local religious requirements. These communities are also significant "first responders" in feeding people where crises bring widespread hunger, and they may also be a source of food security in chronic crises where continuing insecurity restricts access by international NGOs. The guidance provided here suggests how greater faith sensitivity in food and nutrition provision can capitalise upon this capability and reach.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action sheet 9.1 of the IASC *MHPSS Guidelines* relates to the inclusion of social and cultural considerations in the provision of food and nutritional support. This includes safe aid for all, considering cultural practices and household roles. The six key actions in this section outline recommendations to assess psychosocial factors related to food security, nutrition and food aid; to maximise participation in the planning, distribution and follow-up of food aid; to maximize security and protection in the implementation of food aid; to implement food aid in a culturally appropriate manner that protects identity, integrity and dignity of primary stakeholders; to collaborate with health facilities and other support structures for referral; and to stimulate community discussion for long-term food security planning.

Key action 4 is particularly relevant to a faith-sensitive approach. The IASC *MHPSS Guidelines* here indicate the need for "respect for religious and cultural practices related to food items and food preparation, provided that these practices respect human rights and help to restore human identity, integrity and dignity."

B. What do we know about engaging with religion in relation to food security and nutrition?

Food is an important part of faith identity for many people, and maintaining the dietary rules associated with their faith can be a crucial part of individual and community wellbeing. Food is often part of group rituals that are central to some organised religions, and so can contribute to a sense of normality and belonging. As well as references to the relationship between food and faith identity in the IASC *MHPSS Guidelines*, the *Sphere Minimum Standards In Food Security And Nutrition* (2011) and guidance from the World Food Programme (2009) also include cultural considerations in food security and nutrition. Recently the

World Food Programme has identified strengthening strategic partnerships with religious institutions as a priority in the effort to achieve Zero Hunger (WFP 2016).

Religious institutions and leaders are actively involved addressing the root causes of food insecurity, as well as directly responding to situations in which communities have insufficient food. All religions have a requirement to "help the hungry", and this common purpose facilitates a collaborative approach in the affected areas. Religious institutions and ecumenical and inter-faith bodies build on core teachings about feeding the hungry (WFP 2016; Ecumenical Advocacy Alliance, World Council of Churches 2016; G20 Interfaith Summit 2016).

Organisations like Caritas Internationalis, World Vision, Islamic Relief Worldwide, the Adventist Development and Relief Agency, The Lutheran World Federation and Tzu Chi provide food relief and support food security policies including nutrition and smallholder farmer programmes. Bread for the World is a powerful advocate for action against hunger. The Ecumenical Advocacy Alliance and the World Council of Churches give priority to food and nutrition issues in their global action programmes; for example they organised an emergency meeting in Nairobi in June

Marshall et al (2018) in their discussion paper propose the following actions to support global efforts to advance progress towards SDG2: Zero Hunger by 2030:

- Full engagement of religious leaders at senior levels in highlighting the ethical issues at stake in the famine emergency, building on the teachings of religious traditions, individually and collectively

- Specific engagement of religious leaders in efforts to negotiate access to areas acutely affected by famine and

- Cooperative peace-making efforts with religious communities in famine affected areas.

C. What can we do to improve faith-sensitive responses to food security and nutrition?[1]

1. Use local faith communities to identify vulnerable individuals and households

- Identify faith-based community networks that have reach into communities and capacity to identify vulnerable individuals and households

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[1] Please use the IASC *MHPSS Guidelines* key action 4 in action sheet 9.1 for recommendations concerning faith and food.

- Establish appropriate protocols for respectful, culturally appropriate identification of vulnerable individuals and households and securing of their support (either through referral or through local channelling of targeted food support)

- Train appropriate people within local networks (e.g. representatives of women's associations) in the operation of this protocol.

2. Improve nutritional issues and caloric needs

- Assist local faith communities who are providing food aid to ensure food packs have the highest benefit possible for those receiving them:

    - For example, the World Food Programme has guidelines that help agencies to benchmark the caloric intake needed for different ages.

    - High nutrition items can also be prioritised to increase nutritional value of the food packs.

    - There are also guidelines that can help determine how much is needed for the size of the household (i.e. how much should be provided per person and how long that may last).

D. References and resources

Ecumenical Advocacy Alliance, World Council of Churches (2016) *Ten Commandments of Food.* September 30. Developed by Rev. Dr Olav Fykse Tveit and the WCC – Ecumenical Advocacy Alliance's Food for Life Campaign Strategy Group. **www.oikoumene.org**

G20 Interfaith Summit (2016) *Religion, Sustainable Development, and the Refugee Crisis*. Report of June 2017 Meeting at the University of Potsdam. **www.g20interfaith.org/sites/default/files/G20%202017%20Potsdam%20Interfaith%20Summit%20Full%20Report.pdf**

Kraft, K. (2015) "Faith and impartiality in humanitarian response: Lessons from Lebanese evangelical churches providing food aid." *International Review of the Red Cross*, 97, (897/898): 395–421.

Marshall, K. M. Abu-Nimer, C. Durham, M. Kurian, U. Nitschke, A. Spence, and Rabbi A. Soetendorp (2018) "Engaging religious actors in addressing famine emergencies." *Economics Discussion Papers*, No 2018-10, Kiel Institute for the World Economy

Sphere Project (2011) *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response.* Sphere Project. **www.sphereproject.org** (See minimum standards in food security and nutrition)

World Faiths Development Dialogue (2016) *Zero Hunger. Faith Partnerships for Action.* A report for the World Programme.

World Food Programme (2009) *Emergency Food Security Assessment Handbook.* Rome: WFP.

World Food Programme (2016) *Voices of Faith: Statements from Religious Leaders and Actors: Inter-religious Engagement for Zero Hunger.* 13 June 2016 at WFP HQ, Rome. **http://documents.wfp.org/stellent/groups/public/documents/ reports/wfp284536.pdf**

Examples

The Tzu Chi Foundation, a Buddhist organisation active throughout the world, has provided aid to victims of the Sichuan earthquakes in both 2008 and 2013, bringing food, blankets and other necessities. The work of Tzu Chi in China has earned it recognition by the Chinese government as an NGO, the first foreign-based organizations so recognized. It is now active in 28 Chinese provinces, municipalities, and autonomous regions. It continues to respond to natural disasters through its local groups, providing aid and counselling to survivors. Days after the 2010 Haitian earthquake a disaster assessment team from Tzu Chi USA flew to the Dominican Republic and drove into Port-Au-Prince. Within three months, Tzu Chi managed 84 supply distributions, including 6,000 tents and 40,000 plastic tarps. It helped almost 50,000 families and 196,000 people in total with food and other essentials.

From World Faiths Development Dialogue *(2016), p. 11.*

Islamic Relief Kenya: In 2017, Wajir County in Kenya experienced a severe drought. Islamic Relief Kenya involved faith leaders in the drought response, in order to ensure that vulnerable people had access to food and were able to continue with their livelihood activities.

The Supreme Council of Kenya Muslims (SUPKEM) in Wajir County selected religious leaders to participate in the National Drought Management Authority (NDMA). The NDMA provided religious leaders with the criteria to be followed in order to identify the needy and most vulnerable in their communities, and the religious leaders then developed a list of names of those in need of relief food. They identified the appropriate people through extensive consultations with county government offices and chiefs, together with other community elders and representatives of women and the youth, as well as the health centre and school head teachers in the schools within the communities to

be assisted. The religious leaders allowed the identified individuals to collect their relief food supplies from the mosques.

Community members appreciated the involvement of the faith leaders, because they were perceived to be fair and just, according to their teachings. Therefore, the community members trusted that the food distribution process had been carried out fairly for everyone. Islamic Relief staff involved in the drought response found that community members were more receptive of the help they were being given, and did not mistrust the intentions of NGO staff in assisting them. The process was carried out on time, and the appropriate people received the relief food, rather than it being distributed to other community members who might sell the food for financial gain. One challenge was experienced, which was that all the faith leaders were men. This made it difficult to clearly convey how different the needs of women and girls are from the needs of men and boys in the community during the drought and food crisis.

10. Shelter and site planning

This section addresses the ways in which faith-sensitivity can prompt actions that will ensure that spaces are identified and utilized to promote mental health and psychosocial well-being within affected communities. Attention is paid both to the provision of spaces for religious worship and other forms of spiritual practice, and the effective utilization of religious spaces for wider humanitarian efforts. Provision of non-food items relevant to rights of religious practice and expression is also considered.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action Sheet 10.1 of the IASC *MHPSS Guidelines* relates to the inclusion of specific social considerations in site planning and shelter provision in a coordinated manner. This includes safe, dignified, culturally and socially appropriate assistance. Key action 3 of the IASC *MHPSS Guidelines* highlights the importance of identifying or developing 'communal safe spaces that offer psychological assurance and enable social, cultural, religious and educational activities' (page 176).

B. What do we know about securing psychosocial support through faith-sensitive shelter and site planning?

A number of studies have shown how communal religious spaces can serve as a key focal point for activities relevant to psychosocial recovery (Fiddian-Qasmiyeh, E. and A. Ager, 2013). This includes enabling prayer and worship, but also social activities, pastoral support and practical assistance. In camp settings explicit attention needs to be given to allocating land for these spaces, and enabling their development. In urban settings – or contexts affected by natural disaster – the focus may be more on reconstruction of existing facilities so that they can function effectively.

The re/construction of religious spaces is one of the issues where informed application of humanitarian principles is required. Sometimes agencies can see this sort of assistance as a challenge to neutrality and the requirement not to "engage in controversies of a political, racial, religious or ideological nature." For example, McGregor (2010) describes the slow rebuilding of sacred spaces (particularly mosques and meunasahs) after the 2004 Tsunami, despite the strong community demand. However, with open engagement with all religious groups and an explicit commitment to supporting religious observance for all groups on an equal basis controversy can be avoided and the fundamental human right respected for people "to manifest his [or her] religion or belief in teaching, practice, worship and observance… alone or in community with others and in public or private."

C. What can we do to ensure more faith-sensitive shelter and site planning?

1. Ensure availability of communal places for worship and prayer

Document needs for religious communal space as part of broader needs assessment

- Map faith groupings in the affected population and their existing access to communal spaces

- Identify faith leaders in the various faith groups and involve them in planning and decision-making

- Identify sensitivities or barriers restricting access to the broader population (e.g. expected religious observance on entry to the space, anticipation of coercion or proselytism or resistance to sharing space with other groups)

- Bring analysis and proposals for support to relevant site planning and programme coordination meeting.

Equip, construct and/or rehabilitate spaces to enable exercise of communal rights

- Explore with faith leaders in host communities (where this is the case) the potential for shared use of space through allocation of specific times for specific groups

- Identify resources to set up spaces

- Establish or link with existing inter-faith network (where appropriate) to monitor equity of access to facilities

- Use communal activities to promote understanding of other programming activities and resources.

In Hindu communities, people may believe that the lower caste is impure and therefore the higher caste is fiercely resistant to share water points with them. When developing water points, it is important to discuss with local leaders and groups (all of whom will have a religious worldview) that water and sanitation access is the right of everybody. However, the caste issue runs deep and has been in place for centuries so discussion on access alone is unlikely to solve the issue. Thus, when considering number of water points and location it was important to understand these religious beliefs. For example:

- **Assessing and awareness of caste beliefs:** In Nepal, during the baseline survey, we discussed and agreed the number of families per water point and the location, and we sought to ensure that water provision was equally provided, even if the sources needed to be separate per caste.

- **Separate water points:** If one source is given, it does not mean that all members of the community will share; in some cases families from a higher caste will fetch water from another water point further away, which may be a contaminated source. If the majority of a community is high caste, then we may consider providing a water point for lower caste community members to ensure that neither group is pushed toward unsafe sources.

- **Joint water committees:** We appointed a water committee which consisted of both castes, and they worked together to ensure the water points were properly used and maintained.

From a reviewer (humanitarian)

2. Use places of worship and other religious spaces for psychosocial and other humanitarian programming

Map existing structures and their current use for psychosocial and broader humanitarian activities

- Build on prior community mapping to identify spaces used for communal activities

- Identify sensitivities or barriers restricting access to the broader population (e.g. expected religious observance on entry to the space, anticipation of coercion or proselytism)

- Assess the desires of the community regarding use of faith spaces for activities beyond spiritual activities.

Support and promote appropriate activities in communal religious spaces

- Attend and contribute to activities held in communal religious spaces to demonstrate the valuing of these locations and the potential for their integration within community-based psychosocial response activities

- Use communal activities to promote understanding of other programming activities and resources.

> Active religious practices provide psychosocial support and may promote resilience. Psychosocial practices are embedded deeply in the practice of religious communities…This is demonstrated by the priority given to religious artefacts and spaces during disasters, such as prayer mats and the reconstruction of shrines, temples, churches and mosques.
>
> — From Fiddian-Qasmiyeh and Ager (2013)

3. Ensure a faith-sensitive approach in the provision of shelter

Take account of religious practices and perspectives in planning and providing shelter

- Consider castes, classes and other groupings when site planning for temporary and long-term shelter

- Take care in the placement of shelters: Are there sacred areas where construction should not happen? Are there auspicious places where the local religious actors feel shelters should be placed?

- Involve local faith communities in the design of shelters so that the shelters can be used for religious practices (e.g. to include space for prayer in the design)

- Employ local masons and builders in the design and construction of shelters so that religious and cultural components are included.

4. Ensure a faith-sensitive approach in the provision of non-food items

Take account of religious requirements in the type of non-food items provided

- Prioritise provision of clothing required by local religious traditions (such as hijabs, head coverings)

- Ensure the type of NFIs and clothing provided are appropriate (e.g. blue is not an appropriate colour of clothing to provide among the Yezidi population)

- Ensure sacred texts are made available

- Provide household items that enable the practice of faith traditions (e.g. prayer rugs, prayer candles, prayer beads).

D. References and resources

Cheema, A.R., R. Scheyvens, B. Glavovic, and M. Imran (2014) "Unnoticed but Important: Revealing the Hidden Contribution of Community-Based Religious Institution of the Mosque in Disasters." *Natural Hazards*, 71 3: 2207–2229.

Fiddian-Qasmiyeh, E. and A. Ager (eds.) (2013) "Local faith communities and the promotion of resilience in humanitarian situations: a scoping study." *Joint Learning Initiative on Faith and Local Communities and RSC Working Paper* Series 90: Oxford: JLI.

McGregor, A. (2010) "Geographies of religion and development: rebuilding sacred spaces in Aceh, Indonesia, after the tsunami." *Environment and Planning*, 42: 729-746.

Example

Religious institutions may be centres of protection too. A study of the role of mosques in Pakistan after the earthquake in 2005 indicated the importance of providing a space and forum for the immediate response. The physical presence of the mosque was also perceived as a "fountain of divine blessings," providing spiritual healing at the time of a great stress – a spiritual defence, and part of their survival strategy to safeguard them against losses from natural hazards. (Cheema, Scheyvens, Glavovic, and Imran, 2014).

11. Water and sanitation

Water is the most essential element for human survival and as such has a prominent place in many of the world's faith traditions. Cleansing with water is a nearly universal metaphor for spiritual cleansing, expressed in rituals such as bathing in the Ganges River for Hindus, washing before prayers in a mosque or baptism in the Christian tradition.

The *Sphere Handbook* (2011) outlines the overall standards for water and sanitation in humanitarian response, whereas the IASC *MHPSS Guidelines* give guidance on social considerations in this area.

A. How does this relate to the IASC *MHPSS Guidelines*?

Action Sheet 11.1 of the IASC *MHPSS Guidelines* relates to the inclusion of specific social considerations in the provision of water and sanitation. This includes safe and culturally appropriate access for all in dignity. There are six key actions. Key action 1 of the IASC *MHPSS Guidelines* particularly focuses on the importance of attention to social and cultural norms and taboos in minimizing distress of those using water and sanitation facilities. Key action 2 emphasises the participation of the affected population in assessment, planning and implementation and key action 6 recommends their participation in monitoring of water and sanitation facilities too. Key action 4 refers to preventing and managing conflict in a constructive manner. All these actions are relevant to the engagement of local religious actors.

B. What do we know about securing psychosocial support through faith-sensitive provision of water and sanitation?

> Linking faith with the construction of water facilities and toilets in schools does not sound like an obvious link, yet it is important. Water plays a central role in many religions and beliefs around the world: source of life, it represents (re)birth. Water cleans the body, and by extension purifies it, and these two main qualities confer a highly symbolic (even sacred) status to water. Water is therefore a key element in ceremonies and religious rites. This is reflected in the way people use water, in the way they design water systems and the need for accessibility of water for cleansing after toilet use or washing hands.
> *(Mooijman and Sijbesma 2009, page 2.)*

Clean water is the foundation of good hygiene and sanitation, which many religious traditions promote with prescriptions about waste management and cleansing rituals before spiritual functions. Engaging with local religious actors to learn about the

religious attitudes and corresponding behaviours regarding water, sanitation and hygiene practices such as hand washing is therefore appropriate in developing appropriate and utilized systems.

C. What can we do to improve faith sensitivity in relation to water and sanitation provision?

1. Involve local religious actors in planning and design of water and sanitation provision

In early humanitarian response, engage with local religious actors to plan and design water, sanitation and hygiene provision

- Seek guidance from local religious leaders and teachers regarding teachings from sacred writings relating to water, sanitation and hygiene

- Begin to plan and design WASH provision with local religious leaders and other formal and informal community leaders

- Ensure that ideas from the community are implemented to promote acceptance of WASH provision.

2. Make provision for WASH activities shaped by a faith-sensitive approach

Ensure that WASH activities are appropriate to the local context

- Make sure that water distribution points are located close to communal religious spaces (or where there is no water supply, provide a water storage facility) so that water can be used for ablutions before prayer, for example

- Be aware of resistance to share water points and work with communities to address difficulties (see box below)

- Apply local practices to the design of WASH provision, such as where latrines are placed, the type of cleansing used after toilet use, the design of pit latrines, etc. For example, the community-led total sanitation (CLTS) approach is one method which empowers households to construct latrines which best suit their religious and cultural practices. This is because the family can make decision on technology choice, types of construction materials and labour input.

- Consult with target communities so that they give advice on religiously and culturally appropriate words, actions, drawings to be used in hygiene and sanitation education.

D. References and resources

See resources available from Alliance of Religions and Conservation at **www. arcworld.org/projects.asp?projectID=658**

For example:

• ARC (2010) *Faith in Water*.

• UNICEF (2012) Partnering with Religious Communities for Children.

Mooijman, A. and C. Sijbesma (2009) *Water supply, sanitation and hygiene facilities and related education in faith-based schools*.Paper presented at the ARC Conference on Faith in Water.

Sphere Project (2011) *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response*. Sphere Project. **www.sphereproject.org** (See minimum standards in water supply, sanitation and hygiene promotion)

Examples

Tearfund In Central Africa Republic worked in a community accessing spring water which the community believed to be a gift from the gods (ancestral spirits). The community therefore has protocols which they follow when someone is going to draw water from the spring. The protocols include: not using a dirty container to fetch water from the spring; not wearing shoes at the spring; not using cement at the spring; not chasing away animals which may be drinking from the spring; and not crowding the site.

We realised that these protocols were actually a positive way of environmental protection of the spring. The protocols ensured, for example, that the eye of the spring was not overwhelmed by crowds of people and that the veins were not clogged by dirt from containers and cement. The project built upon this knowledge to promote spring protection by fencing and constructing a chamber around the spring eye.

In a project facilitated by World Vision in Liberia, a water system was built in an area which the community used for a ritual. The water system was never used because the villagers thought it was not good for them to drink groundwater where the spirits of their ancestors live. This could have been averted if there had been proper consultation with the community prior to sinking the well.

Associated materials:

IRW and LWF (2016) *Developing guidelines for faith-sensitive psychosocial programming: A desk review*, available at: **http://mhpss.net/resource/developing-guidelines-for-faith-sensitive-psychosocial-programming-a-desk-review**

Wendy Ager, Michael French, Atallah Fitzgibbon and Alastair Ager (2018) "The case for – and challenges of – faith-sensitive psychosocial programming." *Intervention*, in press.

THE
LUTHERAN
WORLD
FEDERATION

ISLAMIC
RELIEF

Psychosocial Centre

International Federation
of Red Cross and Red Crescent Societies

World Vision

Church of Sweden

member of

actalliance

HIAS

Welcome the stranger:
Protect the refugee.