

The case for—and challenges of—faith-sensitive psychosocial programming

Wendy Ager¹, Michael French², Atallah Fitzgibbon³ & Alastair Ager⁴

¹Independent Consultant, Edinburgh, UK, ²Regional Programme Coordinator, Lutheran World Federation, Geneva, Switzerland, ³Policy and Strategy Manager, Islamic Relief, Birmingham, UK, ⁴Institute for Global Health and Development, Edinburgh, UK and Professor of Population and Family Health, Columbia University, New York, USA

Abstract

Drawing upon evidence compiled in a recent literature review, we identify five arguments for seeking faith-sensitivity in psychosocial programming: it is indicated by the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS); it is implied by humanitarian law and principles; religion is an active and effective source of coping in many contexts; local faith actors have a 'comparative advantage' in humanitarian settings; and engaging with religion is coherent with emerging policy and practice. However, we also identify three major challenges in implementing faith-sensitive programming: religion may be used as a basis for maladaptive coping; religious engagement is considered a threat to impartiality; and practices of engaging with religion are poorly documented, disseminated and developed. This suggests the value of guidance on faith-sensitive psychosocial programming—consistent with the existing IASC MHPSS guidelines—suitable for implementation by both faith-based and non-faith-based actors.

KEY IMPLICATIONS FOR PRACTICE

- The role of faith in supporting well-being and recovery and the importance of engaging with local capacities and institutions both point to the relevance of faith-sensitive psychosocial programming.
- Humanitarian law and principles promote respect for religious practice and freedom of religion.
- Humanitarian agencies are potentially discouraged from engaging with religion by concerns about partiality, proselytism and the potential for religion to ferment conflict.
- There is a need to develop, document and disseminate appropriate faith-sensitive programming practices more effectively.

Keywords: Faith, humanitarian, mental health, psychosocial, religion

INTRODUCTION

The mental health and psychosocial support (MHPSS) sector is marked by a commitment to sensitivity regarding culture and context. Programming typically seeks to build upon the existing resources and capacities of communities, drawing on needs assessments and ensuring coherence with local agendas. However, MHPSS engagement with the local resources of faith, religion and spirituality appear generally to have been surprisingly superficial (Ager, Abebe, & Ager, 2014). These concepts are notoriously challenging to define in terms that do not reflect a particular cultural—typically Western—perspective (Tomalin, 2015). However, using people's own statements as the key indicator, nearly 90% of the global population reports a religious affiliation. Further, this is a proportion that is rising rather than falling (Pew Research Center, 2012). This supports other observations (e.g. UNHCR, 2012a)

indicating the vast majority of those affected by humanitarian crisis to be the persons of faith.

We recently completed a literature review based on a structured search of published and practice-based reports addressing the interaction of psychosocial well-being and support; faith and religion; and humanitarian contexts and response (Islamic Relief Worldwide & Lutheran World Federation, 2016). A major theme emerging from that analysis was the central importance of sensitivity to the faith traditions and belief systems of affected communities.

Address for correspondence: Michael French, Lutheran World Federation World Service, PO Box 2100, Route de Ferney 150, CH-1211 Geneva 2, Switzerland.
E-mail: Michael.French@lutheranworld.org

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Picking up on this theme, this paper presents the case for—and challenges in—faith-sensitive psychosocial programming. The term *'faith-sensitive'* is used to emphasise that the faith of core concern is that of beneficiary populations, rather than of *'faith-based'* providers. Drawing on evidence collated in our earlier review, we present five principal arguments urging sensitivity to the faith of populations in relation to psychosocial support. We then identify three major challenges that appear to have constrained engagement in programming of this nature. For each stage of the argument, we present a proposition in the sub-heading, followed by evidence in its support.

THE CASE FOR FAITH-SENSITIVE PSYCHOSOCIAL PROGRAMMING

It is indicated by the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Undoubtedly the most influential framing of religious engagement in the sector is reflected in the Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in Emergency Settings (IASC, 2007) themselves. The introductory section refers to the range of resources affected groups may have in supporting their well-being, indicating that 'significant religious and spiritual resources include religious leaders, local healers, practices of prayer and worship and cultural practices such as burial rites' (IASC, 2007, p. 5). Subsequently, specific references to the role of religion largely focus on action sheet 5.3 (facilitate conditions for appropriate communal cultural, spiritual and religious healing practices) and on action sheet 6.4 (learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems). These action sheets not only indicate the resources that local faith communities (LFCs) and religious practices bring, but also caution against harmful practices which may contravene international standards of human rights.

Religious or community-based organisations are otherwise referenced as the possible members of MHPSS coordination groups (see action sheet 1.1) or as potential stakeholders (e.g. in needs assessment, in action sheet 2.1). Action sheet 2.1 also notes the importance of collecting information about religious beliefs, practice and individual and community coping strategies. Action sheet 3.1 refers to inclusive and non-discriminatory service delivery, which includes *'respect freedom of thought, conscience and religion in mental health and psychosocial care'* (p. 51).

Here, then, there is an explicit recognition of religious actors, beliefs and practices as relevant to planning and implementing effective psychosocial interventions. More general references to *'culture'* occur throughout the guidelines, which may also have relevance regarding religion. This includes calls for *'cultural appropriateness'*, respect for *'cultural traditions and practices'* (p. 42) and recommendations to recruit staff and volunteers who understand local culture (p. 73). There is therefore a clear mandate in

the guidelines for humanitarian actors to develop explicit strategies for local engagement with religion in the regular course of their programming.

It is implied by humanitarian law and principles

Psychosocial programming is undertaken within the broader context of humanitarian intervention. There are a broad range of principles and standards—a number reinforced by laws and treaties—that govern conduct. These include:

- The Universal Declaration of Human Rights (UN General Assembly, 1948).
- The Geneva Conventions (ICRC, 1949).
- The Geneva Convention Relating to the Status of Refugees (UN General Assembly, 1951) and the Refugee Protocol (1967).
- The Convention of the Rights of the Child (United Nations, 1989).
- The Fundamental Principles of the Red Cross Red Crescent Movement (International Committee of the Red Cross, 1965).
- The Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (International Committee of the Red Cross & ICRC, 1994).
- The Sphere Humanitarian Charter (The Sphere Project, 2011).
- The Core Humanitarian Standard on Quality and Accountability (Core Humanitarian Standards, 2014).

Across these provisions, there are two recurrent themes regarding engagement with religion. The first is the importance of not discriminating between individuals or groups in the provision of assistance on the basis of religious affiliation. This is reflected most explicitly in the principle of impartiality, which in its implementation is generally closely linked to the principle of independence (Pictet, 1979). This may be understood as seeing that the provision of humanitarian assistance should be free from religion. This commitment to impartiality—religious affiliation having no bearing on the receipt of assistance—is crucial for faith-based and non-faith-based actors alike.

However, the second major theme indicates the importance of working to protect the rights of individuals to religious practice or to be free for religion. There are obligations to *'respect culture and custom'* and requirements to address *'need alone'* and *'protect dignity'*, in situations where individuals are likely to prioritise religious needs and conceptualise their dignity in religious terms. Respect for convictions and religious practices is recognised for civilians as well as prisoners of war in the Geneva Conventions. The Convention on the Rights of the Child (United Nations, 1989) mandates states to acknowledge *'the rights and duties of parents . . . to provide direction to the child in the exercise of his or her right to freedom of . . . religion'* (p. 2). These statements require humanitarian actors to acknowledge not only their responsibilities regarding non-discrimination on the basis of religion, but also in supporting the free exercise of religion.

Religion is an active and effective source of coping in many contexts

Understanding the ways in which religion can support individuals and communities affected by humanitarian crises is crucial if religious engagement is to be more effectively incorporated with psychosocial programming approaches. The scoping study by the Joint Learning Initiative (JLI) on Faith and Local Communities (Joint Learning Initiative, 2013) usefully highlights the 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.

Considering the first, for example, Fernando and Hebert (2011), Saito, Ohmura, Higuchi, and Sato (2016) and Ren (2012) discuss meaning making drawn from religion in survivors of the Indian Ocean tsunami of 2004, the Great East Japan earthquake and tsunami of 2011 and the Great Sichuan earthquake in 2008, respectively. Silove (2013) provides a useful conceptual framework, '*the Adaptation and Development after Persecution and Trauma (ADAPT) model*', which addresses—alongside other dimensions—processes of meaning-making which may have been disrupted by mass conflict. Conflict and displacement may fundamentally challenge worldviews and systems of belief. Silove proposes psychosocial and clinical responses explicitly acknowledging and responding to existential issues and the need to respect values and beliefs, which will typically include religious and spiritual dimensions.

The second basis of psychosocial support is religious practices which are typically embedded within communities. The JLI scoping study (Joint Learning Initiative, 2013) collated evidence that indicated how '*rituals and rites define passage through phases of life, communities united by belief systems offer mutual support, and respected leaders offer interpretations of life's challenges and advise on the means of surviving them*' (p. 37). Studies by Cheema, Scheyvens, Glavovic, and Imran (2014) and Ager, Abebe, and Ager (2014) document the role that religious institutions and practices play in the course of a community's response to 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. Chaaya, Sibai, Fayad, and El-Roueiheb (2007) report on religiosity and depression in older people living in three disadvantaged urban areas of Lebanon, one of which was a Palestinian refugee camp. Depression was found to be widely prevalent, but lower in participants rated high on organisational religiosity. Mollica et al. (2004) evaluated the mental health impact of psychosocial factors in the lives of Cambodian refugees. Recommendations for refugee policy makers include the creation of programmes that support work, indigenous religious practices, and culture-based altruistic behaviour among refugees.

Practices can also represent a response to the particular challenges of adversity. Stark (2006) describes the effects of traditional cleansing ceremonies for girl soldiers who are

the survivors of rape in Sierra Leone. First, cleansing ceremonies represented a symbolic gesture of community reconciliation in which both the girls and the community had prescribed roles and demonstrated a willingness and desire to be reconciled. Second, cleansing ceremonies allowed for a spiritual transformation in which the girls were able to shed their contamination and leave behind the 'bad luck', anti-social behaviour and negative self-perceptions that they had brought back with them from the war. Both of these aspects of the cleansing ceremony contributed to the girls' improved psychosocial health and facilitated reintegration.

Reviewing such findings, Pargament and Cummings (2010) suggest four major functions of religion in the face of adversity: (1) supporting the search for meaning; (2) assisting in the quest for emotional comfort or anxiety reduction; (3) promoting a sense of social interconnectedness and (4) providing communion with the sacred. Each is of potential relevance for humanitarian action committed to reducing suffering and respecting human dignity.

Local faith actors have a 'comparative advantage' in humanitarian settings

There is now a recognition that local faith actors contribute in many different ways to humanitarian responses. ACT Alliance (2015) observe benefits where the individual recipients of aid and/or local partners are from the same faith community or established ecumenical or interfaith councils: '*Pre-existing reservoirs of trust provide access to facilities and networks, including community-gathering spaces for humanitarian and development operations, and local, motivated staff and volunteers, reducing duplication of aid and services. A sense of shared identity and priorities provides a shortcut to effective partnerships with local communities*' (p. 3). McGregor (2010) points out that faith-based organisations (FBOs) may also be less reliant on government donors, thereby being more 'non-government' than their secular counterparts, due to generous religious constituencies with long histories of philanthropy. Christian concepts of tithe and Islamic principles of zakat, for example, encourage followers to direct a proportion of their salary to charities. This allows FBOs and LFCs a degree of independence from government funding, while also exposing them to a different set of religious donor expectations and beliefs, including proselytizing (see next section on the challenges of engaging with religion).

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

During the Ebola crisis, for example, the access that faith leaders had to communities, even in the most remote parts

of the countries, was unparalleled. Interviews highlighted staff turnover in non-governmental organisations (NGOs) and in government. In contrast, religious leaders occupied long-term leadership positions. While this played a role in garnering the trust and respect of community members, it also provided faith leaders with a unique perspective on the development of their communities (Christian Aid, CAFOD, Tearfund, & Islamic Relief Worldwide, 2015).

Engaging with religion is coherent with emerging policy and practice

There is renewed interest in engagement with faith and religion within the wider humanitarian community. This interest reflects a range of factors, including the re-emergence of religion as a major issue within public and political life (Thomas, 2005; Toft, Philpott, & Shah, 2011) and an understanding of the need for stronger engagement with local actors, many of whom will be linked in some manner to religious communities (Joint Learning Initiative, 2016).

UNHCR was one of the first secular humanitarian organisations to engage with this emerging trend, with the calling of the 2012 High Commissioner's Dialogue on Faith and Protection. Their analysis has consolidated the recognition of a range of the faith actors of relevance in humanitarian contexts. This includes FBOs, both large, international institutions and smaller, national or local non-governmental agencies that have faith-affiliations (UNHCR, 2014; UN Secretary General, 2016).

The World Humanitarian Summit of 2016 also marked the growing importance of localisation of humanitarian response and the more effective engagement of local actors (Charter for Change: Localisation of Humanitarian Aid, 2015; Oxfam, 2015). A number of submissions to the summit noted the relevant, and often neglected, capacities of LFCs and the potential of connecting with these through local faith leaders and national or international FBOs (see, e.g. ACT Alliance, 2015; Joint Learning Initiative, 2016; Soka Gakkai International, 2015). Some submissions highlighted specific crises, such as that by Christian Aid, CAFOD, Tearfund and Islamic Relief Worldwide (2015), which focused on the role of faith leaders in the Ebola virus disease outbreak in West Africa.

Strategies supporting the engagement of the faith sector—such as DFID's Faith Partnership Principles (DFID, 2012) and UNHCR's (2014) Partnership Note on FBOs, LFCs and Faith Leaders—strongly emphasise partnership working with LFCs through FBOs and engagement with faith leaders (see also GIZ, 2016; UNDP, 2014; UNFPA, 2009).

THE CHALLENGES OF ENGAGING WITH FAITH

Religion can be used as a basis for maladaptive coping

Two themes are recurrent concerns in many reports; religion as the fermenter of conflict and religion as undermining of agency (Ager & Ager, 2015; JLI, 2013). These concerns create considerable caution regarding religious

engagement, alongside the fears of coercive proselytism (Desta, 2014).

Religious affiliation can predict poorer as well as better adjustment. A study by Rosmarin, Pirutinsky, and Pargament (2009) found orthodox Jews who followed more conservative spiritual practices to experience the higher levels of anxiety and depression. With a more explicit focus on humanitarian settings, Wessells and Strang (2006) discuss how beliefs, practices and social networks may each be sources of intolerance, suffering and harm.

There may be particular risks associated with the treatment of mental illness, when this is seen as a spiritual problem. Complex mental health needs may then remain untreated and individuals stigmatised and abused within their communities (e.g. by being chained or by not receiving medication). The IASC MHPSS guidelines (IASC, 2007) note cautions about harmful practices, including beatings, prolonged physical restraint, cutting, etc. (pp. 136–137). These may not only be associated with mental health issues. Female genital mutilation is a practice linked to traditional beliefs that represents a significant violation of girls' human rights and risk to health. Religious teachings may be implicated in cultural norms that promote sexual and gender-based violence (Joint Learning Initiative, 2016).

Eggerman and Panter-Brick (2010) in their schools-based mental health survey reflect on the values held by Afghan families based on strong religious faith which, although promoting resilience and fortitude, also established a form of '*entrapment*'. At an individual and family level, for example, there are strains in maintaining personal or collective values against the backdrop of severe economic hardship. Wider social constraints placed barriers on children's ability to succeed in school and study at home, leading to frustration and disappointment.

However, some assumptions about the negative influence of religion are challenged in the literature. In terms of conflict, for example, Stewart (2009) analysed the basis for intolerance between communities in a range of settings. Where religious identity was salient in conflicts, she concludes that it was more typically on the basis of it being a marker for political mobilisation between groups with significantly different economic opportunities than related to religious principle.

Religion is often seen as a source of fatalism and disempowerment. Chester and Duncan (2010) note how agencies typically see 'supernatural interpretations of natural disasters [as] historical curiosities and where they do occur today [being] merely symbolic of superstition and backwardness' (p. 87). However, evidence reviewed by the Joint Learning Initiative (2013) suggests that belief that a disaster was caused by God or karma can spur passivity in the face of disaster, but may not. Belief in supernatural causes often coexists with the acceptance of other causes and the willingness to address them. For example, many evangelical church networks in Zimbabwe believe in a '*spiritual context*' that explains drought and food crisis, but

are also engaged in practical nationwide campaigns to promote drought-resilient conservation agriculture techniques (Trumpet Call, 2012). Chester and Duncan (2010) note the existence of such '*parallel practices*' in Italy, where '*actions to appease God and to encourage the miraculous have taken place while at the same time people have worked with the authorities to reduce losses by supporting measures such as evacuation*' (p. 90).

Religious engagement is considered a threat to impartiality

There is widespread concern that religious communities seek to take advantage of crises as opportunities for proselytising fragile communities (Galliard, 2006). The particular identity, defined worldviews and membership limitations that characterise LFCs may be seen as barriers to working with respect to the general principles of humanitarian engagement (Vogt & Colsell, 2014). There is little in the way of robust evidence of how frequent such breaches of impartiality are. However, it is clear from the reports of discussions with humanitarian workers that the fear of such practices is a major factor underlying reluctance to engage with religious actors (Ager & Ager, 2015; Fountain, 2015; Schafer, 2010).

Given the complexities of many settings, impartiality is clearly seen by some to be best served by distancing programming from religion. A number of reports document the convoluted language or policies that marked agencies' engagement (or non-engagement) with religion. Herson (2014) noted that in the course of his secular agency's work in post-tsunami Sri Lanka, the members of the community had used some of their roofing materials and groundsheets provided for shelter to make a mosque. This raised a dilemma for the organisation as it did not consider providing materials for a place of worship within its remit. Comparing this with the provision of shrouds in Somalia to enable people to be buried with due religious observance, he reflected how '*recognising the importance of religion in death seemed easier for an avowedly secular organisation [...] to actively respond to than the importance of it in life*' (p. 32).

To address this reluctance for engagement with religion, there is evidence of an increased emphasis by FBOs—and secular organisations partnering with local FBOs—on prominently asserting adherence to humanitarian principles. For example, World Vision International, a FBO, states on its website that it is a Christian relief, development and advocacy organisation '*servicing all people regardless of religion, race, ethnicity or gender*' (World Vision, 2016). Action Against Hunger, a non-FBO, has an International Charter of Principles, which includes '*rejecting all discrimination based on ethnicity, nationality, opinion, race, religion, sex or social class*' and declares '*a strict political and religious neutrality*' (Action Against Hunger, 2016). As Schafer and Ndogoni (2014) note, '*Conjecture about spirituality, mental health and humanitarian response has never suggested that global humanitarian principles, values or codes of conduct be dishonoured*' (p. 190). The humanitarian principles and

standards offer '*a common understanding about the purpose of their work, whether this is from a secular or non-secular standpoint*' (p.185).

We should note similar challenges in demonstrating impartiality are faced by non-faith-based actors (Ager & Ager, 2017). Fountain (2015) has written powerfully of the proselytising nature of many assistance projects with respect to Western values and agendas. Eriksson comments on the strong negative response of a number of psychosocial workers to Schafer's (2010) proposal to engage more purposefully in the provision of spiritual care. She says that '*considering such dilemmas fully brings to the fore the real task of realising our own implicit values as humanitarian workers or organisations, and the equal, opposite risk of ignoring the spiritual and religious dimensions of our work*' (Onyango et al., 2011, p. 68).

Practices of engaging with religion are poorly documented, disseminated and developed

Our review of the literature found relatively few detailed field studies and reports describing sustained religious engagement. This may, in part, be due to the lack of documentation of existing practices, particularly at the local level. However, it is hard not to draw the conclusion that while proposals and guidelines often call for engagement with religion, relatively few programmes deliver strong engagement with LFCs or reflect intervention approaches shaped by, or matched to, local religious practice.

We were also struck by the challenges for local and national FBOs and groups in their broader engagement with other humanitarian actors. These include barriers to engagement with the humanitarian system as a result of unfamiliarity with international processes and terminology (Joint Learning Initiative, 2013). There is limited knowledge on the part of local or national FBOs about best practice and limited participation in global networks for learning and sharing (with some recent exceptions such as the Network for Empowered Aid Response (NEAR) network and the strong southern voice within the MHPSS network). The low level of '*faith literacy*' and limited trust on the part of donors and among humanitarian actors (Joint Learning Initiative, 2016; UNHCR, 2012b) also present challenges for local actors articulating their capacities and agendas. Additionally, the existing cluster approach to humanitarian coordination often makes it difficult for local organisations to engage, leading to a sense of marginalization and disempowerment (Humphries, 2013).

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

For many international agencies, local partnership is thus principally in the form of a contracting arrangement for the provision of services (El Nakib & Ager, 2015). However, with services provided to the specification of external technical ‘experts’, many local actors see little opportunity to shape programming with respect to local knowledge through such arrangements.

More effective partnership requires learning and adjustment by all parties. Humanitarian agencies and funders have only recently begun to take the strategies of religious engagement seriously. UNHCR (2014) is now actively seeking to establish enhanced faith literacy in all its staff, building on the High Commissioner’s 2012 recognition of ‘the need for humanitarian actors, including UNHCR, to deepen their understanding of religious traditions across faiths . . . and better understand . . . the central role of faith in the communities we work with’.

CONCLUSION

There is a strong case to strengthen the implementation of faith-sensitive programming in the field of MHPSS. However, there are significant challenges to be faced in pursuing this goal. The weakness of documentation of practices of faith engagement is a particular impediment. Guidance on negotiating the threats of partiality and harmful practices linked to religious affiliation and belief is required. Advice is also needed on mapping religious capacities, structures and approaches within affected communities and strategies for building upon them. We are accordingly working with others (Lutheran World Federation & Islamic Relief Worldwide, 2018) to develop, field-test and disseminate guidance on faith-sensitive psychosocial programming, building on the framework of the IASC MHPSS guidelines (IASC, 2007) and suitable for implementation by both faith-based and non-faith-based actors.

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REFERENCES

- ACT Alliance. (2015). *The role of faith-based organizations in humanitarian response: A reflection on the unique role of FBOs in humanitarian crises. Submission to the World Humanitarian Summit*. Retrieved from <https://www.worldhumanitarian Summit.org/node/504049>
- Action Against Hunger. (2016). *Who-are-we/charter-principles*. Retrieved from <http://www.actionagainsthunger.org.uk>
- Ager, A., & Ager, J. (2015). *Faith, secularism and humanitarian engagement*. New York: Palgrave Macmillan.
- Ager, A., & Ager, J. (2017). Challenging the discourse on religion, secularism and displacement. In E. Wilson, & L. Mavelli (Eds.), *The refugee crisis and religion: Secularism, security and hospitality* 37-53. London: Rowman and Littlefield.
- Ager, A., Abebe, B., & Ager, J. (2014). Mental health and psychosocial support in humanitarian emergencies in Africa: Challenges and opportunities for engaging with the faith sector. *Review of Faith and International Affairs*, 12(1), 72-83.
- Chaaya, M., Sibai, A. M., Fayad, R., & El-Roueiheb, Z. (2007). Religiosity and depression in older people: Evidence from underprivileged refugee and non-refugee communities in Lebanon. *Aging and Mental Health*, 11(1), 37-44.
- Charter for Change: Localisation of Humanitarian Aid. (2015). Retrieved from <http://www.charter4change.org>
- Cheema, A. R., Scheyvens, R., Glavovic, B., & Imran, M. (2014). Unnoticed but important: Revealing the hidden contribution of community-based religious institution of the mosque in disasters. *Natural Hazards*, 71(3), 2207-2229.
- Chester, D. K., & Duncan, A. M. (2010). Responding to disasters within the Christian tradition, with reference to volcanic eruptions and earthquakes. *Religion*, 40(2), 85-95.
- Christian Aid CAFOD, Tearfund, Islamic Relief Worldwide. (2015). *Missed again: Making space for humanitarian partnership in the Typhoon Haiyan response*. Retrieved from <http://www.alnap.org/resource/12911>
- Christian Aid, CAFOD, Tearfund, Islamic Relief Worldwide. (2015). *Keeping the faith: The role of faith leaders in the Ebola Response*. Retrieved from <http://www.alnap.org/resource/23907>
- Core Humanitarian Standards. (2014). *The core humanitarian standard on quality and accountability*. Retrieved from <http://www.corehumanitarianstandard.org>
- Desta, Z. (2014). Principles and proselytising: Good practice in Ethiopia. *Forced Migration Review*, 48, 54-55.
- DFID. (2012). *Faith partnership principles*. London: DFID.
- Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope and entrapment: Resilience and cultural values in Afghanistan. *Social Science and Medicine*, 71, 71-83.
- El Nakib, S., & Ager, A. (2015). *Local faith community and related civil society engagement in humanitarian response with Syrian refugees in Irbid, Jordan. Report to the Henry Luce Foundation*. New York: Mailman School of Public Health, Columbia University.
- Fernando, D. M., & Hebert, B. B. (2011). Resiliency and recovery: Lessons from the Asian Tsunami and Hurricane Katrina. *Multicultural Counseling and Development*, 39(1), 2-13.
- Fountain, P. (2015). The myth of religious NGOs: Development studies and the return of religion. *International Development Policy: Religion and Development*, 4, 9-30.
- Galliard, J. C. (2006) Was it a cultural disaster? AETA resilience following the 1991 Mount Pinatubo eruption. *Philippine Quarterly of Culture and Society*, 34, 376-99.
- GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). (2016). *Conference documentation: Partners for change: Religions and the 2030 agenda for sustainable development*. Eschborn/Bonn: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.
- Herson, M. (2014). Faith and responses to displacement: ‘Not in our remit’. *Forced Migration Review*, 48, 32.
- Humphries, V. (2013). Improving humanitarian coordination: Common challenges and lessons learned from the cluster approach. *Journal of Humanitarian Assistance*, Available from <http://sites.tufts.edu/jha/archives/1976>
- Hussain, D., & Bhushan, B. (2011). Posttraumatic stress and growth among Tibetan refugees: The mediating role of cognitive-emotional regulation strategies. *Journal of Clinical Psychology*, 67(7), 720-735.
- IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: Inter-Agency Standing Committee.
- ICRC. (1949) *The Geneva Conventions*. Geneva: International Committee of the Red Cross.
- International Committee of the Red Cross. (1965). *The fundamental principles of the Red Cross Red Crescent Movement*. Vienna: 20th International Conference of the Red Cross.
- International Committee of the Red Cross, & ICRC. (1994). *The code of conduct for International Red Cross and Red Crescent Movement and NGOs in disaster relief*. Geneva: International Committee of the Red Cross and ICRC.
- Islamic Relief Worldwide, & Lutheran World Federation. (2016) *Developing guidelines for faith-sensitive psychosocial programming: A desk review*. Birmingham and Geneva: IRW and LWF. Available

- from <http://mhps.net/resource/developing-guidelines-for-faith-sensitive-psychosocial-programming-a-desk-review/>
- Joint Learning Initiative. (2013). *JLI F&LC scoping report: Local faith communities and the promotion of resilience in humanitarian situations: A scoping study*. Oxford: Refugee Studies Centre, University of Oxford.
- Joint Learning Initiative. (2016). *Evidence for religious groups contributions to humanitarian response. Presented at World Humanitarian Summit, Istanbul, May 2016*. Retrieved from <http://jliflc.com/2016/05/jliflc-supports-religious-engagement-in-the-world-humanitarian-summit/>
- Lutheran World Federation, & Islamic Relief Worldwide. (2018). *A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming*. Available from <https://interagencystandingcommittee.org/node/22264/view> and <https://app.mhps.net/fsps/>
- McGregor, A. (2010). Geographies of religion and development: Rebuilding sacred spaces in Aceh, Indonesia, after the tsunami. *Environment and Planning A: Economy and Space*, 42(3), 729-746.
- Mollica, R. F., Lopes Cardozo, B., Osofsky, H. J., Raphael, B., Ager, A. K., & Salama, P. (2004). Scientific Overview of the role of mental health in complex humanitarian emergencies. *The Lancet*, 364, 2058-2067.
- Onyango, G. R., Paratharayil, M., van den Berg, S., Reiffers, R., Snider, L., & Erikson, C. (2011). Spirituality and psychosocial work in emergencies: four commentaries and a response. *Intervention*, 9(1), 61-73.
- Oxfam. (2015). *Turning the system on its head*. Oxford: Oxfam.
- Pargament, K. T., & Cummings, J. (2010). Anchored by faith: Religion as a resilience factor. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 193-210). New York: Guilford Press.
- Pew Research Center. (2012). *The global religious landscape: A report on the size and distribution of the world's major religious groups as of 2010*. Washington, DC: Pew Research Center's Forum on Religion and Public Life.
- Pictet, J. (1979). *The fundamental principles of the Red Cross. Commentary*. Geneva: Henry Dunant Institute.
- Ren, Z. (2012). Spirituality and community in times of crisis: Encountering spirituality in indigenous trauma therapy. *Pastoral Psychology*, 61(5/6), 975-991.
- Rosmarin, D. H., Pirutinsky, S., & Pargament, K. I. (2009). Are religious beliefs relevant to mental health among Jews? *Psychology of Religion and Spirituality*, 1(3), 180-90.
- Saito, C., Ohmura, T., Higuchi, H., & Sato, S. (2016). Psychological practices and religiosity (Shukyosei) of people in communities affected by the Great East Japan earthquake and tsunami. *Pastoral Psychology*, 65(2), 239-253.
- Schafer, A. (2010). Spirituality and mental health in humanitarian contexts: An exploration based on World Vision's Haiti earthquake response. *Intervention*, 8(2), 121-130.
- Schafer, A., & Ndogoni, L. (2014). Mental health and psychosocial support in emergencies: Exploring the potential of faith to enhance response and recovery. *Journal of Psychology and Christianity*, 33(2), 184-193.
- Silove, D. (2013). The ADAPT model: A conceptual framework for mental health and psychosocial programming in post conflict settings. *Intervention*, 11(3), 237-248.
- Soka Gakkai International. (2015). *Proposals for the world humanitarian summit. Submission to the World Humanitarian Summit*. Retrieved from <https://www.worldhumanitariansummit.org/node/504309>
- Stark, L. (2006). Cleansing the wounds of war: An examination of traditional healing, psychosocial health and reintegration in Sierra Leone. *Intervention. Special Issue: Disarmament, Demobilization and Reintegration of Child Soldiers*, 4(3), 206-218.
- Stewart, F. (2009). *Religion versus ethnicity as a source of mobilisation: Are there differences? (MICROCON Research Working Paper 18)*. Brighton: MICROCON.
- The Sphere Project. (2011). *The Sphere handbook: Humanitarian charter and minimum standards in humanitarian response*. Geneva: The Sphere Project.
- Thomas, S. (2005) *The global resurgence of religion and the transformation of international relations: The struggle for the soul of the twenty-first century*. New York: Palgrave Macmillan.
- Toft, M. D., Philpott, D., & Shah, T. S. (2011). *God's century: Resurgent religion and global politics*. New York: WW Norton.
- Tomalin, E. (2015). *The Routledge handbook of religions and global development*. Abingdon: Routledge.
- Trumpet Call. (2012). *Trumpet call agriculture business statement*. Available from www.trumpetcall.zimbabwe.org
- UN General Assembly. (1966). *Protocol Relating to the Status of Refugees*. New York: United Nations.
- UN General Assembly. (1948). *Universal declaration of human rights (217 [III] A)*. Paris: United Nations.
- UN General Assembly. (1951). *The Geneva Convention relating to the status of refugees*. New York: United Nations.
- UN Secretary General. (2016). *One humanity, shared responsibility. Report of the UN Secretary General to the World Humanitarian Summit*. New York: United Nations.
- UNDP. (2014). *Guidelines on engaging with FBOs and faith leaders*. New York: United Nations.
- UNFPA. (2009). *Guidelines for engaging with FBOs*. New York: United Nations.
- UNHCR. (2012a). *High Commissioner's dialogue on protection challenges: Opening remarks*. Available from <http://www.unhcr.org/uk/admin/hcspeeches/50c84f5f9/high-commissioners-dialogue-protection-challenges-theme-faith-protection.html>
- UNHCR. (2012b). *High Commissioner's dialogue on protection challenges: Closing remarks*. Available from <http://www.unhcr.org/uk/high-commissioners-dialogue-on-protection-challenges-2012.html>
- UNHCR. (2014). *Partnership note on faith-based organisations, local faith communities and faith leaders*. Geneva: UNHCR.
- UNICEF. (2012). *Partnering with religious communities for children*. New York: UNICEF.
- UNICEF. (2015). *A global mapping: UNICEF engagement with religious communities*. New York: UNICEF.
- United Nations. (1989). *The convention of the rights of the child*. New York: United Nations.
- Vogt, A., & Colsell, S. (2014). Faith and responses to displacement: Guided by humanitarian principles. *Forced Migration Review*, 48, 30-31.
- Wessells, M., & Strang, A. (2006). Religion as Resource and Risk. In N. Boothby, M. Wessells, & A. Strang (Eds.) *A World Turned Upside Down*. Bloomfield CT: Kumarian Press.
- World Vision. (2016). Available from <http://www.wvi.org/about-world-vision>