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MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN EMERGENCIES IN AFRICA: CHALLENGES AND OPPORTUNITIES FOR ENGAGING WITH THE FAITH SECTOR

By Joey Ager, Behailu Abebe, and Alastair Ager

The field of mental health and psychosocial support (MHPSS) in humanitarian emergencies has shown remarkable development over the last two decades.¹ Mental health was once a notable omission from the health priorities to be addressed in the context of humanitarian response (Ager 1999; PWG 2002). Humanitarian work was focused principally on addressing material needs, implicitly judging non-material needs as of lower priority in acute emergencies and more challenging to address, being subject to local cultural variation (Harrell-Bond 1986). Now, however, MHPSS has been firmly established—viewed within a broader framing of the psychosocial well-being of communities impacted by crisis—as a key sector of humanitarian response (Mollica et al. 2004).

The place of MHPSS within prioritized humanitarian action has been noticeably codified

since the establishment—and widespread endorsement—of the Inter-Agency Standing

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Committee (IASC) Guidelines on MHPSS in Emergency Settings (2007). These guidelines specify a “minimum response” to a range of mental health and psychosocial issues, which are conceived of with respect not only to health but also to broad cross-sectoral concerns in such areas as water and sanitation, food and nutrition, and education. With these IASC guidelines now translated into many languages, and key principles from them adopted within the revised Sphere Standards (Sphere Project 2013) governing humanitarian response, MHPSS activities may now be considered “mainstream.”

Faith-inspired organizations, both international and national, have played a major role in such developments. A number of representatives of faith-inspired organizations took part in extensive consultations leading up to the formulation of the IASC Guidelines. The IASC Reference Group on MHPSS that supports implementation of the guidelines includes representatives from ACT Alliance (Action of Churches Together) and World Vision (IASC 2012). Faith-inspired engagement has by no means come only from Christian organizations: for example, Islamic Relief Worldwide has become increasingly active in developing MHPSS as a component of its humanitarian work (Islamic Relief Worldwide 2013).

Such trends are particularly well represented in Africa. Many partners of the Regional Psychosocial Support Initiative are faith-inspired groups. These include several cross-national faith groups—such as the Salvation Army and Church Alliance for Orphans—as well as many small national faith-inspired NGOs/CSOs such as the Philippi Trust (Namibia), Zanzibar Muslim Women’s AIDS Support Organization and Child Restoration Outreach (Uganda). The report “From Faith to Action” (Firelight Foundation 2006) specifically profiles case studies of effective engagement in psychosocial and related support for vulnerable children by local faith-inspired groups in sub-Saharan Africa, drawing upon examples from Kenya, Lesotho, Malawi, Namibia, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. Activities profiled range from those of local groups, such as the Kisumu Urban Apostolate Program in Panipieri, Kisumu,

Kenya; the Teso Islamic Development Organization in Soroti, Uganda; and the Nehemiah Project in Bulawayo, Zimbabwe, to a number of inter-faith and regional organizations.

Faith in the Current Framing of MHPSS Interventions

With this strong engagement from the faith-inspired sector—and the explicit focus on non-material needs—one might anticipate that the language and understandings of faith traditions would richly inform MHPSS interventions in humanitarian settings. Indeed, it is widely recognized from research in other fields that faith and religious institutions can play a crucial role in personal and community recovery from crisis (Walker et al. 2012; Joint Learning Initiative on Faith and Local Communities 2013). However, the framing of MHPSS interventions in humanitarian turns out to be notably secular: both the language and activities involved reflect little engagement with the religious experience of local faith communities. As in other areas of humanitarian work, a concern that programming reflects humanitarian principles of impartiality and neutrality appears to have led to organizations avoiding terms and actions explicitly associated with faith and religiosity (Ager and Ager 2011). Concern for neutrality is an important and understandable priority for humanitarianism. However, neutrality in the form of the marginalization or avoidance of religion may result in the failure of programming to connect with the agendas and capacities of faith communities potentially crucial to their trajectories of recovery.

We will consider the evidence for the value of connecting with the language and practice of religious experience within crisis-affected communities shortly. First, however, what evidence is there of this disconnect between the current framing of MHPSS programming on the one hand and religious experience and resources on the other hand? We consider two forms of evidence, first, the prevailing conceptual frameworks for MHPSS programming and, second, documentation regarding MHPSS engagement. Regarding the former, it is clear that MHPSS actors have not ignored issues of faith

and religion. They are regularly acknowledged as key sources of resilience. However, the incorporation of such issues has generally been in a technical vocabulary that serves to marginalize religious language and, in consequence, religious actors. The “seven domains of well-being” model of Williamson and Robinson (2006) has, for example, been widely used in defining the scope of psychosocial interventions. This is an attempt to integrate the experience of faith and religiosity within a broad conceptualization of well-being, and appropriate actions to promote it. However, despite recognition that this is the principal frame that many societies will adopt to reflect upon mental health and psychosocial well-being, “spirituality” is the final domain addressed in the discussion, the shortest, and—in framing potential areas for action—is subjugated to the cultural domain (Figure 1).

A similar analysis may be used to critique the framework of the Psychosocial Working Group (2002), which specifies three key resource domains underpinning the mental health and psychosocial well-being of communities: human capacity, social ecology, and rights and values. In the text accompanying the framework, religious belief and affiliation are noted as important “resources,” but these are then assigned to super-ordinate categories that re-constitute faith in terms of its social benefits (such as maintaining

social capital), or as a basis for meaning, concepts more convivial to a secular script (Deneulin and Bano 2009).

The concept of social capital itself provides a good example of how technical, secular language may serve to diminish the power and local meaning of faith and religious experience. Woolcock’s work with the World Bank on social capital has been very influential in putting issues of social relations and trust on the agenda of mainstream development theory, and is drawn upon heavily in analyses of psychosocial well-being (Boothby et al. 2005). Woolcock acknowledges the theological foundation for his analysis of social capital (2004), and it has become a construct widely used by faith-inspired agencies in advocacy and programming (Joint Learning Initiative on Faith and Local Communities 2013). However, does such translation principally serve to empower faith-inspired discourse or to marginalize it, neutralizing the particularity of the religious concepts that give them their power? Ager and Ager (2011) have argued, for example, that instrumentalizing the benefits of religious congregation to “enhancing social capital” is to subjugate local religious understandings to elite, materialist assumptions, ultimately at odds with the claim of bolstering local institutions and responses.

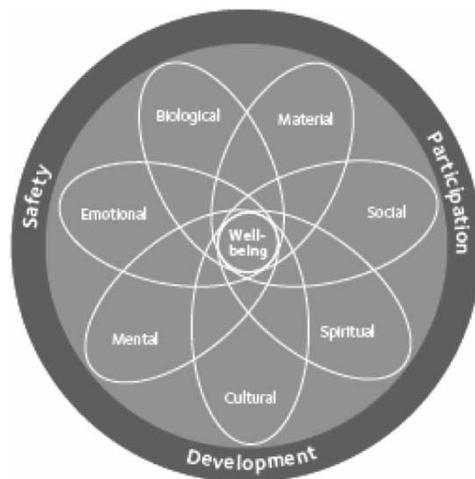


Figure 1. Seven domains of well-being (after Williamson and Robinson 2006).

Table 1. References to “faith” in 75 documents available from MHPSS Network website.

Nature of reference	<i>N</i>	Examples
Incidental	43	“faith in the future”; “do so in good faith”; “Faith” [name]
General	16	“build on existing networks like faith leaders”; “assessment should be conducted with key groups, including FBOs”
Specific-brief note	9	“faith as a source of belonging, meaning or identity”; “faith healers play crucial role in mental health services and community integration”
Specific-elaborated	7	“psychosocial services more effective with assistance of faith community”; “create awareness among faith leaders and FBOs on witch-craft branding, which makes children vulnerable to sexual exploitation and abuse”; “FBOs remain in areas where other organizations may not be present”

Source: Compiled by the authors.

This brief review of frameworks used to formulate MHPSS interventions suggests that religious concepts and resources tend to be marginalized or instrumentalized in a manner that disconnects programming from the perceptions, agendas, and institutions of local faith communities. What, however, of programming practice? It is clear that interventions themselves may secure such engagement even if the prevailing conceptual frameworks do not readily facilitate this. To consider this we need to reflect on documentation of MHPSS programming.

The MHPSS Network is the leading global professional network for the field of MHPSS in humanitarian emergencies. The MHPSS website² provides a repository of key documents related to practice in this field, including policy papers, technical reports, and meeting records. Using the search term “faith,” 111 documents were identified in this repository—75 of which full copies were downloadable for review. [Table 1](#) categorizes these 75 documents by the manner in which they link with the term “faith.”

Of these 75 documents, in only 32 was more than an incidental use made of the term “faith.” Of those 32, on 16 occasions this use constituted only a general comment referring to faith among other factors (or faith-based organizations as one grouping among others) to be considered. Only on 16 occasions was specific reference to faith as a factor related to MHPSS noted, with the majority of these being brief, unelaborated statements. In only seven of these documents was there any substantive engagement with issues of faith.

These included reports such as that by Groenendijk and Veldwijk (2011) regarding sexual exploitation of girls in Juba where such discussion was focused on potential mechanisms of response rather than on reportage of actual engagement and that by Cooley and Ron (2002) regarding the institutional funding landscape for NGOs, noting how faith-based providers tend to secure less funding from competitive sources. In terms of documenting field-level engagement with local faith communities on MHPSS issues, the Firelight Foundation’s “From Faith to Action” report noted earlier is thus exceptional. However, while densely referencing engagement with local faith communities, the 12 strategies drawn from the analysis of successful engagement with such groups (such as focus on the most vulnerable, strengthen the capacity of families, reduce stigma, and discrimination) are drawn squarely from the “secular script” (Deneulin and Bano 2009) of general MHPSS work. They include no reference to any role, resource, or capacity—such as prayer, worship, or pastoral visitation—that might be considered of particular significance for local faith communities (or faith-inspired organizations) compared with other groupings within civil society.

The analysis for the term “religion”³ for documents held on the MHPSS website yields a similar picture. Of 187 documents identified on the MHPSS website using this search term, 99 were downloadable for full-text for review. Of these, 56 documents referred to religion only incidentally. Of the remaining 43 documents, 13 made only general reference to religion

(for example, related to non-discrimination of service provision on the basis of religion) and 20 more specific, but brief and unelaborated, reference (for example, the role of religion in community connectedness or the relationship of religion to violence, early marriages and abuse). This left just 10 documents providing more substantive engagement with the issue of religion, for example, in terms of the relevance of religious resources for community coping or the implications of religious traditions on the perceptions of the nature of self and community. Among these, the ACT Manual “Community Based Psychosocial Services in Humanitarian Assistance” (2005) stands out as a rare example of directly addressing—within a broader psychosocial agenda—issues of spiritual care and pastoral guidance, but remains at the level of principle rather than case example or illustration.

It seems apparent that while engagement with resources of faith is something frequently acknowledged as important within the MHPSS field, as reflected by available documentation, such engagement is typically notional or weak. Allied to conceptual framing that tends to marginalize and instrumentalize religious resources, capacities, and agendas, the field of MHPSS appears to be drawing little benefit from any dimension of faith at work within local faith communities.

Faith and the Dynamics of Individual and Community Resilience

The fact that MHPSS programming has little engagement with available religious resources within communities affected by crisis is only of a concern if there is evidence of the relevance of such resources to community resilience and recovery. There is a growing literature; however, suggesting such resources are potentially of significant relevance in such contexts. Drawing together findings from the broader crisis literature and more recent studies in humanitarian contexts there is a case to be made that three distinct types of religious resources can provide substantive

support to the goals and process of MHPSS programming (Walker et al. 2012; Joint Learning Initiative on Faith and Local Communities 2013). The first category of resource is material and human resource assets that local faith communities can mobilize to facilitate mental health and related psychosocial support interventions. This includes buildings and facilities that local faith communities can make available for programming (such as churches and mosques, see Islamic Relief Indonesia and OCHA 2011) and people—particular volunteers—that they can mobilize to support activities with individuals, households, and the wider community (Joint Learning Initiative on Faith

and Local Communities 2012). While such resources are of clear relevance to MHPSS programming, given their broad applicability in supporting humanitarian response we do not pay particular attention to them here. Rather, we focus on the second and third categories of

resource available through faith communities: those associated with religious belief and religious practice, respectively.

There is strong academic evidence to support the general assertion that religious belief assists coping in situations of crisis. Religious beliefs have been shown to predict higher levels of control (Au et al. 2011; Pargament and Cummings 2012), commitment (Fernando 2012), and adaptation (Buikstra et al. 2010; Bulkeley et al. 2012) in situations of crisis. Positivity and motivation in the face of crisis have also been associated with religious worldviews (Ai 2005; Bowland et al. 2011), along with benefits of interpreting challenging situations in the form of opportunities or gifts from God (Greeff and Loubser 2008).

Walker et al. (2012) note that the weight of this evidence—albeit from non-humanitarian contexts—raises important questions for humanitarian interventions. A recent survey of humanitarian agencies (Joint Learning Initiative on Faith and Local Communities 2012) noted a growing awareness of the relevance of religious belief to coping with adversity. One UN

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respondent, for example, noted how for refugees “... sometimes their belief in God is more therapeutic than other interventions and they can better express their issues through their religion—through their spiritual beliefs we can help them find solutions” (Joint Learning Initiative on Faith and Local Communities 2012, 36). Fernando and Hebert (2011) report on the role of religious belief sustaining survival after the Indian Ocean Tsunami of 2004, noting the strength of personal narratives of resilience related to belief:

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. (7)

Within an African context, Holton cites a Dinka elder’s account of his community’s survival that is expressed in typical religious language: “Our hope comes from God. He is the air that we breathe. He is the sand that we walk on. Without him, we would not have made it, but through him we will have a future” (Holton 2010, 82).

The point here is not to assert that religious belief is a necessary basis for resilience, but rather that within local faith communities such belief is a potentially powerful basis for recovery. The role of religious belief can be usefully distinguished from the role of religious practice, which may support individual and community well-being through distinct mechanisms. Practices supportive of psychosocial well-being are embedded deeply in the practice of religious communities. Rituals and rites may define passage through phases of life; communities united by religious affiliation may offer mutual support; religious leaders may offer interpretations of crises and advise on the means of surviving them. For example, an interviewee in the Joint Learning Initiative on Faith and Local Communities (2013, 37) survey noted how throughout the context of a humanitarian emergency Zambian religious leaders had continued their religious practices within the community, leading services and conducting weddings and funerals, seeing this as an

important element of sustaining community resilience.

The JLI survey documents examples of a number of religious practices that may serve to promote MHPSS outcomes. These include pastoral care and counseling, prayer and the articulation of a shared religious narrative. The work of Parsitau (2011) in Kenya among internally displaced female survivors of sexual- and gender-based violence is used to illustrate local understandings of prayer related to recovery. She notes that these survivors believed that “... faith had done more to improve their lives and morale than political programmes and promises. Prayers gave them hope to rise up again and to face the uncertainties confronting them” (508–509). One leader of a prayer group suggested: “Look at us, we have lost everything we had, we don’t even have shelter, we have been rejected by our neighbors while we are forgotten by our government. God is all we have now and we are going to call upon His name and He will hear us” (Parsitau 2011, 508–509). Holton’s work in Sudan is perhaps the most vivid source of illustration of the potential power of a shared narrative of suffering:

The ability of a community to see their own role in the story of God in the world, especially in times of tragedy, provides a deep well of resilience that fosters hope and may help mitigate the damaging effects of trauma. (Holton 2010, 71)

The presence within local faith communities of material and social resources, religious belief, and religious practices of such clear potential relevance to MHPSS programming encourages a closer examination for the means of more effective engagement with religious coping in such work. It is the strategic means of effecting such engagement to which we now turn.

Supporting Religious Coping of Local Faith Communities

It is increasingly recognized that emergency humanitarian assistance—not just longer-term development assistance—needs to build upon local capacities and strategies. In the context of

much of Africa, with regard to MHPSS issues, we suggest that this will often mean building upon forms of religious coping, both personal and institutional. Many major international organizations (such as UNHCR through its “Faith and Protection” Dialogue of December 2012) have begun to recognize the need to develop greater “faith literacy” for this reason. Indeed, “building on existing, indigenous approaches” is explicit within both the IASC and PWG frameworks noted earlier. But this is challenging if MHPSS programs do not understand, or are unwilling to engage with, the construction of local religious belief and practice.

The fieldwork of Abebe (2005) regarding the religious coping strategies adopted by local faith communities in Ethiopia in the aftermath of the Eritrea-Tigray conflict is particularly instructive here. The work was conducted as a baseline for MHPSS programming to support community recovery, programming that, given the complexities of the context, never arrived. It provides an unusually detailed account of the “existing, indigenous approaches” that were not, in this circumstance, displaced in construct or action by the technical interventions of external humanitarian actors.

The previous section focused particularly on the potential influence of religious belief and religious practice, concepts often elided in secular analyses, but usefully distinguished when considering the breadth and locus of religious coping within a community. We illustrate this distinction here by discussing both the way in which beliefs in named saints provided models of forbearance and resilience to community members and the manner in which shared practices of *sewā sanbat* and *māhebar* provided a structure for mutual-assistance. Our purpose is to move beyond the naïve marginalization or instrumentalization of religious coping resources to frame an approach to MHPSS interventions that explicitly builds on local meanings, structures, and practices. The following case study—drawing on previously unpublished fieldnotes compiled by the second author—shows how a detailed analysis of religious resources and concepts may provide a rich insight into mechanisms of coping available to local populations.

Case Study from Northern Tigray

Abebe (2005) studied a number of communities close to the disputed Eritrea-Tigray border whose lives had been disrupted by significant conflict and displacement. The communities shared a Coptic Christian faith that was reflected deeply in their cosmological outlook and cultural practices. In terms of religious belief, understandings of the significance of saints⁴ linked to specific days of the calendar or locations heavily informed coping strategies. Villagers often associated escape from a traumatic event or recovery from a serious illness with the protection of a saint of the day when the incident occurred. Similarly, good fortune was frequently attributed to the favor of a saint or angel that they venerated. For example:

Haymanot was born in Gultna village from a peasant family with nine children. After the 1977 famine, the family was unable to support itself and the children started to migrate and Haymanot left for Mitswa in Eritrea. Her stay there was ended when the port was captured by the EPLF forcing her to return to Zälä’ambessa and in the recent war to *Adigrat* ... *Haymanot* had various reasons to associate herself with special saints. Once, a bullet pierced through her wall without hurting her on the day dedicated to *St. Gebrel*. She interpreted her escape as miraculous and paid back the favor by presenting candles and money to the church as a mark of her gratitude. She also dedicated to *Kidanemihret* (St. Mary of Repentance) for helping her deliver babies healthily and safely. (Abebe 2005: Fieldnote July 16, 2001)

Devotion to saints was not simply marked by gratitude and offerings. Vows, vocalized communication between a believer and saint or *Mats’baa*, were generally central to fulfillment. *Mats’baa* evokes a sense of being heard and loved and confirmation of supernatural protection. This gives “the conceptions such an aura of factuality that the moods and motivations seem uniquely realistic” (Geertz 1996, 90). The

reciprocal communication between a believer and saint is generally emotional, resembling that among kin groups. The exchange of gifts and favors and the growing bond between an individual and a saint becomes similar to a relationship in other life situations. One villager reported speaking to saints in these terms: “You saint ... if you do not do this for me I will not come to your compound or your church” (Abebe 2005), mirroring the forms of reciprocity developed between close relatives or friends. This vow is not a warning to quit being a follower of Orthodox belief, but rather a warning to stop devotion to a particular saint with whom the believer has come to communicate in times of distress. Like friendships, individuals develop devotion to more than one saint, but establish a hierarchy among them in terms of their degree of devotion. Villagers reported typically endorsing one saint to whom they were most devoted:

W/ro Makda said that *Medihanialem* (Savior of the world) was her favorite saint and considered it like her father, though she also observed other saints. In return for her favorite saint’s favor or protection, she paid back votive offering to the church where the favorite saint’s *Täbot*⁵ is kept. She always turned to it when she encountered trouble. The more her troubles were resolved, the more she strengthened her belief and attached herself to the saint spiritually and emotionally. She said that if someone were unable to pay back what he had promised when making a vow, it was believed that a punitive incident would happen to the defaulter or to one of their family members, often children. Although she did not want to disclose the issue of her vows, W/ro Makda said that she made a vow many times to her saint and made an offering after fulfillment of her request. (Abebe 2005: Fieldnote August 2, 2001)

Saints are often associated with a specific mission drawn from their miraculous stories. Villagers often referred to the resilience of a particular saint through times of hardship as a

basis for their own belief in recovery. Such beliefs created a sense of protection amidst danger, providing both emotional comfort and hope for better times.

Mats’baa is a good example of a religious belief that has a strong influence on local strategies for coping with adversity in this setting, and thus represents a potential resource to be utilized in contextually sensitive MHPSS programming. In terms of religious practices, the religious association *mähebar* (and the related practice of *sewä sanbat*) provides an equally compelling example.

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

Mähebar rules often require obligatory attendance at a monthly feast held on the saint’s day to which the *mähebar* is devoted. Feasts are sponsored by members in turn. Positive relationships are a key to joining a group because religious associations are a symbol of brotherhood, harmony, and a close-knit self-help team. If two members quarrel and it is not possible to reconcile them, expulsion of one of them is determined by drawing lots. As part of a mutual-help strategy, obligatory contributions of grain are made to any member who conducts a funeral and members are assigned to stay with the bereaved family by shift. Similar help is given to members celebrating a wedding. “Women only” associations are common and named after St Mary. *Mariyam mähebar* constitutes the most valuable source of support for many women. It is relevant in both their daily lives and at times of special need, such as when delivering a child. “Men only” associations are also found, but they are less exclusively associated with one saint.

Although generally oriented toward support in bereavement and wedding ceremonies, *mähebar* proved highly adaptive to other needs and contexts. For example:

Silasey Mähebar, named after the Holy Trinity church in Adinanä village, was established two years before the Ethio-Eritrean war. It was formed with 11 male members (four from *Muḳeyäm* and seven from *Adinanä*). Like any association, members meet once in a month on the day of Trinity by going to the home of whoever is taking their turn of sponsoring the feast. Members help if one of their members becomes too ill or old to operate their farm field. If a member receives an injury or dies, each contributes five Birr to support. If a member is hosting a memorial feast (*Tazkär*) for a deceased family member, each member will contribute 5 kg of grain to help and similar support is provided for members hosting a wedding feast.

During the Ethio-Eritrean war, Eritrean forces imprisoned two of the members of *Silasey Mähebar*. The religious association was disbanded for two years due to the war but was reinstated immediately after the end of hostilities following the return of villagers to their homes. Wives of the two absent members kept on coming to the association to fulfill their household's obligations. Association members discussed this issue and agreed to amend an association by-law. They added an obligation to support members' families by conducting agricultural tasks if a breadwinner is imprisoned. They also exempted the families from the monthly fee contribution until the member was released. (Abebe 2005: Fieldnote October 14, 2001)

Mats'baa and *mähebar* reflect religious beliefs and practices in northern Tigray that bear remarkable parallels with some technical MHPSS processes, such as the negotiation of a shared narrative framework of meaning and the

development of social structures for mutual support. The key point here, however, is not to "explain away" these religious processes in secular, technical terms. This would be as reductionist and instrumentalizing as "explaining away" Western psychosocial methods as really about the obligation to saints and mutual dependence on those affiliated with the same saint. Rather, it is to illustrate the potential for the utilization of religious resources within the familiar and established goals of psychosocial programming.

Integrating Religious Resources in Contextualized MHPSS Programming

The above illustrations drawn from northern Tigray illuminate both the opportunities for and challenges in more effective integration of local religious resources in MHPSS programming in Africa and beyond. The opportunities relate to the power and sustained reach of such beliefs and practices within local faith communities to determine mental health and psychosocial well-being. The challenges relate to understandings drawn from a cosmology very different from the modernist frame of MHPSS technical specifications. To use Weber's term, such beliefs and practices are related to an "enchanted" world where spiritual forces interact with human choices, motivations and outcomes, and concepts alien to modern Western public discourse (Taylor 2007). To create a bridge to such forms of understanding is a considerable challenge, though arguably such connection is at the heart of a humanitarian approach that fulfills its respect for plurality, equity, and locality (Ager and Ager 2011).

Indeed, such engagement is what anticipated explicitly by the IASC MHPSS Guidelines (2007). The guidelines articulate 25 "minimum responses" to MHPSS in the midst of emergencies. While a number of these responses could involve engagement with local faith communities and faith-based institutions, the one to directly name such resources is response 5.3: "Facilitate conditions for appropriate communal cultural, spiritual, and religious healing practices" (106). The Action Sheet corresponding to this

response identifies a number of key actions pertinent to the preceding analysis, including “Learn about cultural, religious, and spiritual supports and coping mechanisms” (107) and “Facilitate conditions for appropriate healing practices” (108). With a suggested indicator of “Steps have been taken to enable the use of practices that are valued by the affected people” (108) there is a clear policy mandate from the guidelines for integration of religious resources such as those identified in the context of Tigray into MHPSS response.

The review of MHPSS documentation suggested that there are few strong examples of such integration. However, is there evidence of non-governmental organizations—especially faith-inspired NGOs—seeking to engage in a more coherent manner with the faith experience of affected populations? Schafer’s (2010) recent reflection on the challenges for World Vision International of formulating appropriate response to the spiritual needs of crisis-affected populations in the context of the Haiti earthquake response appears to be a step in this direction. So, indeed, does Islamic Relief Worldwide’s activity in Syria, working with leading religious scholars to denounce occurrence of “temporary” and child marriages and promoting faith-based counseling to help parents and children to deal with the trauma of violence (IRW 2013). To date, however, there are too few examples of such engagement, particular in the African context. As noted earlier, there may well be important work of this nature going on in many settings, but its visibility is restricted by

both a general lack of documentation and, in the documentation that does exist, reportage being in a technical psychosocial vocabulary that has minimal connection with the religious vocabulary of faith communities. The debate prompted by Shafer’s (2010) paper—summarized in Onyango et al. (2011)—further indicates the wide range of views that need to be accommodated in developments addressing enhanced engagement with faith within MHPSS work in Africa and elsewhere.

Conclusion

MHPSS is a key sector within humanitarian response in Africa, with faith-inspired NGOs and CSOs heavily engaged. Whether directly involving faith-inspired organizations or not, approaches to MHPSS show awareness of religious issues. However, awareness appears to be predominantly limited to issues of religious affiliation as a potential basis for partiality in provision of services or as a mechanism for key “messaging” through relevant leaders. The role of religious belief and religious practice in supporting resilience in contexts of adversity is generally engaged with in only a superficial manner. This may be attributed to a lack of “religious literacy” on the part of some agencies and an uncertainty in how to engage explicitly with the languages of faith in others. Greater commitment and openness to such engagement with the dynamics of faith in local communities is consistent with the principles of MHPSS strategy and promises more effective and sustained impact. ❖

1. This paper was prepared while the first and third authors were Visiting Scholars at Fuller Theological Seminary. A version of this paper was presented as the lecture “Resilience, Faith and Psychosocial Support: Competing or Complementary Visions?” within Fuller’s Center for Missiological Research, Fall Missiology Lecture Series, on November 14, 2013.
2. See mhps.net.
3. “Religion” and “faith” were considered the most general terms to capture programmatic engagement with religious belief and practice. A search for specific terms such as “church,” “mosque,” “prayer,” “spirituality,” etc. may have identified additional reports associated with particular forms of religious belief and practice.
4. Usually mythico-historical figures with the potential for angelic presence.
5. A venerated object representing a replica of the Tablet of Law on which the Biblical 10 Commandments are inscribed, this is given special honor in a place of worship.

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