


A Faith-Inspired Way of Working: What the COVID-19 Pandemic Has Shown Us about the Humanitarian Sphere's Approach to Local Faith Engagement

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Abstract

The COVID-19 pandemic has proved to be much more than a health emergency, with serious social, political and economic consequences. The diverse challenges for people and communities, specifically in low- and middle-income and fragile contexts, have necessitated multi-sectoral responses from international humanitarian and development actors. For many international faith-inspired organisations (IFIOs), these responses included a faith dimension. Drawing on interviews with staff working in IFIOs during the pandemic, this paper will argue that the COVID-19 pandemic saw many, although not all, IFIOs engage with local faith actors and local communities of faith more quickly, and in increasingly diverse and meaningful ways, than during previous comparable public health crises. This shift in willingness to engage with faith and religion at the local level has been reflected, to some extent, by the broader humanitarian sphere. The COVID-19 pandemic therefore marks an important step towards more faith-literate humanitarian responses, with many IFIOs at the forefront of this progress.

Keywords: humanitarian; faith; religion; localisation; COVID-19

Introduction

The COVID-19 pandemic has been primarily a health emergency – a potentially fatal infectious disease, causing respiratory illnesses that can vary in severity. However, as witnessed during previous epidemics and pandemics (Evans, 1988; Kleinman and Watson, 2006; Qui *et al.*, 2018), COVID-19 proved to be much more than a health emergency, with serious social, political and economic consequences.

While the COVID-19 pandemic initially hit high-income contexts hardest, in Europe and North America, COVID-19 later spread indiscriminately around the world, including to low- and middle-income countries (LMICs) and fragile contexts. As well as the devastating consequences for people's health, the governments in LMICs were often unable to produce the fiscal policy responses delivered by governments in high-income countries to support people during the lockdowns, travel bans and restrictions of movement. This led many to

experience food insecurity, protection challenges and mental health and psychosocial crises during the pandemic.

In response to the varied primary and secondary impacts of the COVID-19 pandemic, humanitarian organisations enacted multi-sectoral responses. For many of the international faith-inspired organisations (IFIOs) engaged with for this research, and for several international humanitarian organisations such as the World Health Organization (WHO), this also involved a component of faith engagement. While not all IFIOs engaged with local faith actors (LFAs) and local communities of faith (LCFs) to respond to COVID-19, nor to the same extent, this paper will argue that in general, many IFIOs leveraged local faith-inspired partnerships and programmes with unprecedented rapidity, and in increasingly diverse and meaningful ways, in response to COVID-19. This was reflected to some extent by the humanitarian sphere more generally.



The COVID-19 pandemic evidenced a shift in willingness to engage with LFAs and LCFs to respond to crises, in part due to lessons learnt from previous health crises like Ebola. While local faith engagement is not a magic bullet for humanitarian responses, and this paper will show that faith and religion can create challenges for humanitarian interventions, the COVID-19 pandemic has highlighted a growing awareness among IFIOs of the inextricable intertwinement of faith, religion and humanitarianism. As this paper will explore in its conclusion, while this shift is not solely among IFIOs and is reflected in the wider humanitarian sphere, IFIOs are in some ways leading the way in terms of faith engagement. This suggests there is a leadership role for IFIOs in promoting faith literacy so that the humanitarian sphere can leverage the opportunities local faith engagement presents for humanitarian responses and mitigate any obstacles.

Methodology

Research on Practice

The research informing this paper was possible thanks to an award from the Economic and Social Science Research Council (ESRC). The award was given for a co-funded, collaborative studentship. The IFIO World Vision UK was the non-academic partner of this project and while they did not provide funding for this research, they provided in-kind support such as training and facilitating contact with key informants. Ultimately, the aim of this award was to produce findings that make an original contribution to the academic literature while retaining practical relevance.

The interfaces between research and practice in relation to non-governmental organisations (NGOs) remains a contentious issue within Development/Humanitarian Studies (Aniekwe *et al.*, 2012; Russel, 2021). However, there is growing recognition of the importance of shared learning and more evidence-based decision-making in the sector which has seen more of an emphasis on academic-practitioner partnerships (Camburn, 2011; Aneja, 2016).

As the non-academic partner of this research, World Vision, in particular the National Offices of World Vision DRC and World Vision Indonesia, were primary case studies for this research. However, to ensure that this research speaks to the IFIO landscape more broadly, and for triangulation, I engaged with a wide range of other IFIOs to inform the findings presented here. I conducted qualitative key informant interviews (KIIs) on a rolling basis with staff from World Vision UK, World Vision International (WVI), Islamic Relief Worldwide, Christian Connections for International Health (USA), Catholic Relief Services, Catholic Relief Services Uganda,

Harper Hill Global, DanChurchAid, Episcopal Relief and Development, Christian Aid, Mennonite Central Committee, Buddhist Global Relief and Da'wah Institute of Nigeria. I also conducted KIIs with a member of staff from OXFAM as a 'secular' counterpoint. While this is by no means enough for a comprehensive comparison of IFIOs and 'secular' international NGOs (INGOs) approaches to faith engagement for humanitarian responses to COVID-19, it deepened the reflection around the distinctive nature of IFIO's approaches to humanitarian response.

Data Collection in a Global Pandemic

This paper draws on existing research and evidence as well as primary data from my doctoral research, the methodology and focus of which was irrevocably shaped by the COVID-19 pandemic. One of the main constraints for this research during a pandemic was that it was not feasible to conduct in-country fieldwork or in-person data collection. Therefore, data collection for this research was carried out remotely and online. This in turn solidified the focus for this research on the international humanitarian sphere, in this case to the work of IFIOs, who were likely to have access to IT equipment and the internet.

Another constraint of doing research during a global pandemic that restricts travel and movement is that I was dependent on the non-academic partner of the project initially to connect me with relevant key informants. As a result, the process for identifying respondents for the KIIs was selected through a process of non-probability sampling. This project drew predominantly on expert sampling – with key informants from World Vision International, World Vision UK and World Vision DRC and Indonesia – and an element of snowball sampling as pre-existing contacts identified actors from a range of IFIOs as key informants.

While this sampling method helped identify relevant key informants and facilitate KIIs during a global pandemic, there are some considerable limitations to this sampling technique which presents a high risk of selection bias. Key informants may feel pressure to speak positively about their work, and of the organisation they work for, in case what they say is traced back to them, potentially impacting their career and future in the organisation. This can impede real processes of mutual learning which is the aim of this collaborative research.

Several conscious steps were taken to mitigate this, even if was not possible to mitigate the limitations entirely. I assured key informants through the informed consent process that their contributions to this research would be anonymous and could not be traced back to them. In the body of this paper, the coded referencing to

interviews is part of this anonymising process. It was also important to be reflexive throughout this research project about how my status as an insider, working closely with World Vision, and an outsider, as an academic critically engaging with the work of development practitioners, impacted this research. This was part of a wider reflexive methodology which permeated this research, considering my multiple identities as a white, western, female academic are situated in hierarchies of power (Sehgal, 2009: 331), affecting how I interact with participants, what they disclose and/or hide and how data is analysed (Abu-Lughod, 1993).

To be able to track IFIO's faith-inspired responses to the COVID-19 pandemic in real time, the data collection for the research informing this paper embarked on a process of data collection before research questions or the specific focus of the project had been decided. The research's focus and research questions were guided by the experiences of key informants. This approach reflected the evolving and changing global environment in which this research was taking place and ensured that its findings remained relevant to IFIO practitioners.

Semi-structured KIIs were conducted with actors from a range of IFIOs, often multiple people from one organisation, on a regular basis over a series of months. The data collection period for this project started in March 2020, when the COVID-19 outbreak was first declared a pandemic and when there was just the original strain of COVID-19 first identified in Wuhan China. The data collection continued until the end of December 2020, after the emergence of the Alpha variant. Overall, this research engaged with 30 key informants, conducting a total of 77 KIIs.

The Story So Far: Faith, Religion and Humanitarianism

Despite the centrality of faith and religion in the lives of individuals and communities (Ver Beek, 2000: 31; Selinger, 2004: 525–39; Ellis and ter Haar, 2004), and the religious roots of humanitarianism itself (Barnett and Stein, 2012; Warner, 2013), faith and religion have historically been at best overlooked, and at worst actively avoided, by the formal humanitarian sphere (Barnett, 2005: 725, 2012; Ager and Ager, 2011: 457).

Perhaps the one exception to this neglect of faith and religion by the humanitarian sphere is its engagement with IFIOs. IFIO is a broad category of organisation that is influenced by and engages with humanitarian challenges, and faith and religion, in different ways. During the COVID-19 pandemic, while some IFIOs such as the World Vision partnership engaged rapidly with faith and

religion as an explicit and implicit dimension of their response, other IFIOs like Islamic Relief were more internally reticent to engage with faith and religion, although they did integrate Faith & Development (F&D) into their COVID-19 responses on an ad hoc basis (IRWH1).

IFIOs have long inhabited a prominent place within the humanitarian architecture and the academic literature (OCHA, 2016; Ferris, 2011). However, IFIOs were incorporated into the formal humanitarian sphere during its processes of secular codification from the end of the nineteenth through the twentieth century, and so have traditionally largely adhered to the 'secular script' of humanitarianism (Deneulin and Bano, 2009; Ager and Ager, 2011: 457; Burchardt, 2012: 31). Therefore, in recent years, there have been criticisms of narrow and instrumental faith engagement with IFIOs seen as points of entry into affected communities, at the expense of engaging with the diversity of LFAs and LCFs and their lived embodied experiences of faith and religion and how they interact with their responses to development and humanitarian challenges (Jones and Petersen, 2011).

There is now increased recognition that LFAs and LCFs are themselves important humanitarian actors. LFAs and LCFs are often among the first responders to crises of which they are also victims (Ager and Ager, 2011; Fiddian-Qasmiyeh and Ager, 2013: 6; Rivera and Nickels, 2014). They are embedded and a sustainable presence in their local contexts. Sometimes religious institutions and communities of faith are all that is left in fragile contexts to provide vital services and support (Fountain *et al.*, 2004).

The humanitarian sphere's shift towards engaging more with LFAs and LCFs was further solidified by the important roles they played during the HIV & AIDs (Chitando, 2007; Hodge and Roby, 2010; Dilger *et al.*, 2014) and Ebola (Featherstone, 2015; Greyling *et al.*, 2016; Marshall, 2016; PaRD, 2016) epidemics. The Ebola epidemic was fresh in the minds of many key informants engaged with for this research, especially those still battling it in the DRC.

During the 2016 Ebola outbreak, public health specialists believed that certain mourning rituals, involving touching and washing infected bodies, were contributing to the spread of the virus. However, communities remained wary of their advice and they continued to engage in unsafe practices. Eventually, NGOs started to work with local traditional and faith leaders, leveraging the trust imbued in them to translate public health messaging in religiously and culturally acceptable ways. As a result of this engagement, there was significant behaviour change within communities helping to stem the spread of the virus (PaRD, 2016).

For the last twenty years, the literatures on Religion and Development (Ver Beek, 2000; Selinger, 2004) and, more recently, Religion and Humanitarianism (Barnett, 2005), have grown substantially. This body of work is also increasingly nuanced as it recognises the diverse ways that the variety of faith actors and communities influence and are influenced by development and humanitarian processes at different levels.

The diversity of faith actors within the humanitarian sphere necessitates very broad definitions of faith and religion, concepts notoriously difficult to define. While the boundaries between faith and religion can be fuzzy at times, to not engage with how the concepts relate to each other overlooks the distinctiveness of each concept. By drawing on common themes from the long-standing literature aimed at attempting to define faith and religion it is possible to construct some working definitions which helped guide this study of faith, religion and humanitarian responses to COVID-19.

A key aspect of the concept of faith is that it is rooted in the individual and used to refer to an individual's beliefs (Newman, 2004: 108). Definitions of faith as a general religious attitude or accepted set of beliefs originates from the Hebrew Scriptures (Newman, 2004: 103). However, for Walker *et al.*, faith is about more than belief, it is about individual meaning-making, which is then embedded in beliefs, actions and journeys of a religious nature (2012: 118). Faith is therefore a particularly useful concept in humanitarian contexts because it refers to that 'hard-to-measure but central phenomenon that explains so much about why and how humans often prove resilience in the wake of hardship and disaster' (2012: 118). Faith as meaning-making can also encompass a wide range of religious and non-religious beliefs and meaning-making processes.

Faith is often perceived to be foundational to religion (Newman, 2004), a concept used to denote the systems and structures consisting of particular beliefs and practices related to the supernatural realm (Smith, 1995: 893). The term religion encompasses institutions, systems consisting of organisational structures, codes of behaviours, symbol systems defining assumptions/beliefs designed to create powerful, comprehensive, enduring world views and attitudes. Religion can operate at different levels, as organised hierarchical institutions as well as at the individual and social levels (Haynes, 2002: 17).

COVID-19: Shifting Approaches to Local Faith Engagement

Given the diversity of the category of IFIO, it is difficult to make generalisations around their approaches to local

faith engagement. Nevertheless, the COVID-19 pandemic has highlighted a general shift within the humanitarian sphere, which is increasingly willing to engage with faith, religion, LFAs and LCFs. This is epitomised in how IFIOs leveraged local faith-inspired partnerships and programmes with unprecedented rapidity, and in increasingly diverse and meaningful ways, in response to COVID-19.

Rapidity

The humanitarian sphere's increased willingness to engage with faith and religion, including at the local level, is evidenced by the speed with which many international humanitarian actors, including IFIOs, engaged with faith, religion, LFAs and LCFs at the emergence of the COVID-19 pandemic. IFIOs engaged with local faith actors quickly to scale up preventive measures to limit the spread of COVID-19.

World Vision's principal F&D investment was their Channels of Hope (CoH) methodology, seen internally as one of their most successful exports and most defined contributions to humanitarian responses (WVUKSP1). CoH engages faith leaders to disseminate accurate information, address misinformation and promote social behaviour change. At the emergence of the COVID-19 pandemic, World Vision rapidly adapted CoH curricula geared towards other development and humanitarian challenges (Ebola, Child Protection, HIV & AIDs, Maternal, Newborn, and Child Health and Gender-Based Violence) and created CoH for COVID-19 which was piloted in the early months of the pandemic (World Vision, 2020).

CoH catalyses faith leaders through workshops to engage and influence them and their spouses so they are then able to create Community Hub Action Teams (CHATs) where they work together with members of the community to develop their own strategies and action plans on specific issues. Faith communities can then implement the action plan while World Vision continue to offer capacity strengthening and engagement opportunities.

Traditionally, CoH involves local faith leaders meeting with LCFs in person. However, lockdowns and restrictions of movement made this impossible in most contexts during the pandemic. In response, WV DRC worked creatively, with different radio stations, to transmit preventative messages, often having faith leaders speaking to radio audiences. WV DRC were working on 'a talk show dialogue' format and 'mobile dialogue training' (WVDRCPS5) to enable faith leaders and health personnel to go onto different radio stations to talk about the causes, effects and prevention of COVID-19.

Rapidly using technology creatively to leverage the trust and authority of LFAs to promote behaviour change and tackle misinformation during COVID-19 was a common theme across many IFIOs' work. For example, a key informant from Harper Hill Global explained that they disseminate accurate information and preventative messaging through faith networks via text messages. They explained that they do not send these messages directly to community members, but they are sent and signed off by local faith leaders, so they are taken more seriously (HHG1).

Staff from a variety of IFIOs were keen to impress the distinctive opportunities of leveraging the trust, authority and legitimacy of local faith leaders as sources of Public Authority in many local communities (CPAID, 2018). However, local faith engagement is not a magic bullet for humanitarian responses. A key informant from Christian Connections for International Health (CCIH) highlighted that while it doesn't happen often, faith leaders can decide not to listen to public health messages and spread misinformation based on spiritual or theological narratives. There were examples of this in some Pentecostal communities, where certain members were saying that as they 'are washed in the blood of Jesus ... they are protected from viruses' (CCIH1).

These kinds of narratives, unchecked, can undermine efforts to tackle a public health crisis. However, this is not a reason to avoid engaging with LFAs and LCFs. In response to the harmful faith narratives transmitted by some faith leaders, CCIH worked with Harper Hill Global, and with Pastors in Liberia, to address this misinformation through a podcast. They recognised that faith leaders are uniquely situated to combat harmful narratives rooted in religious texts or beliefs.

It was not only IFIOs who engaged rapidly with faith actors to tackle rising levels of misinformation around the virus. In early 2020, at the very start of the pandemic, the WHO created the 'Information Network for Epidemics' (EPI-WIN), an internal taskforce charged with communicating technical advice to target the spread of mis- and dis-information. Shortly after it was created, EPI-WIN reached out to over sixty religious actors and communities, bringing about one of the most 'extensive conversations the organisation has had with religious groups to date' (Winiger, 2022: 223). This engagement resulted in outputs including detailed guidelines on topics such as gatherings, safe burial practices and the roles of faith leaders during the pandemic, outputs reflected in other international humanitarian organisations' responses to COVID-19, such as the Centers for Disease Control and Prevention (CDC, 2019) and UNICEF (2020) who also produced guidance for faith communities responding to the pandemic.

Several key informants working for IFIOs suggested that they were quick to integrate F&D into their COVID-19 responses thanks to lessons learned from previous responses to comparable crises, especially Ebola. WV DRC staff felt that their experiences of working with LFAs and LCFs to respond to previous and ongoing epidemics meant they were quick to engage with them again in response to COVID-19. A key informant from the IFIO Catholic Relief Services (CRS) stated that not only did the Ebola epidemic teach humanitarian organisations about the kinds of precautions needed to work in situations affected by health-related emergencies, but it highlighted the importance of involving LFAs, namely faith leaders, quickly in humanitarian responses (CRS1).

Breadth

Not only did IFIOs engage LFAs and LCFs with unprecedented rapidity to respond to COVID-19, but they also invested in F&D in increasingly diverse ways to respond to the primary and secondary impacts of the pandemic beyond scaling up preventative measures to limit the spread of the disease.

Food insecurity and livelihoods challenges

While there were internal and external criticisms of how slow the humanitarian sphere's response was to the food insecurity and livelihood challenges resulting from COVID-19, eventually, this became a priority for many humanitarian responders (Chetcuti *et al.*, 2020: 1). For many IFIOs this involved the integration of F&D. For example, WV DRC, as part of their CoH training with faith leaders, explored how religious institutions can 'assist some of the most vulnerable members for the church with food assistance' (WVDRCJ6).

Tearfund also addressed these challenges through their F&D methodology, Church and Community Transformation (CCT), employed before and during COVID-19. This is built on the idea of 'integral mission', that the church should serve the community beyond worship. This approach is both deeply theological – engaging with theological seminaries to develop the curricula and addressing theological reflections on what the mission of the church is, and thoroughly practical – equipping churches to mobilise to the needs of the community. A key informant from Tearfund detailed how this F&D investment was aimed towards mobilising communities of faith to respond to the needs of the wider community and during the pandemic this included providing food for those in need.

As well as dealing with the immediate impacts of food insecurity, WV Indonesia responded to the broader economic and livelihoods concerns of local communities through a task force that provided practical and

emotional support to people looking for jobs (WVI-nAD2). WV Indonesia staff felt that there was a role for local faith leaders to encourage their congregations when they had lost hope and felt unsure about what to do next in the face of significant economic challenges. The important role of faith leaders for encouraging hopefulness was also emphasised by a key informant from another IFIO, Harper Hill Global. They explained how 'hopelessness is a deadly disease. And so being able to share a message of hope, at the right time, can give people that momentum to just keep going' (HHG1) and to rebuild their lives in the face of significant challenges.

Protection

The COVID-19 pandemic created significant protection challenges in many contexts around the world, especially in relation to Child Protection and Gender-Based Violence (GBV). World Vision's third strategic objective in response to COVID-19 was to integrate support for children impacted by COVID-19, and staff from WV DRC saw their efforts to mobilise communities, including faith leaders, to better understand the virus and its secondary impacts, especially on children, as an important part of their COVID-19 response (WVDRCJ2; WCDRCPS3). This was also true for Islamic Relief Worldwide, who worked with faith leaders for child protection, through the CoH methodology they produced with World Vision for Muslim communities of faith (IRW1).

WV Indonesia saw faith leaders as key actors in their child protection strategies during their COVID-19 response. WV Indonesia staff emphasised the importance of local faith leaders as gatekeepers to parents, who are in turn gatekeepers to children. As a result, most of WV Indonesia's F&D investments for Child Protection focus on partnering with faith leaders who nurture parents so they can find more positive ways of interacting with their children (WVI-nAD2).

Before COVID-19, WV Indonesia had two F&D project models for child protection: Celebrating Families and Positive Parenting. WV Indonesia contextualised and mixed these modules to create a model known in Indonesia as Parenting with Love. World Vision partnered with and trained faith leaders to deliver this programme. The aim of Parenting with Love is to give parents the skills to nurture their children with discipline, not violence, and to manage their stress, anxiety and workloads. They also worked with faith leaders to respond to challenges families were facing with children spending more time online.

A key informant from DanChurchAid (DCA1) suggested that faith actors have the moral authority to protect rights which were being threatened during the pandemic due to GBV, limitations on civic rights such as

freedom of expression and the right to demonstrate, and lack of access to water. The key informant stressed the impact of these rights violations particularly in refugee camps where they saw faith leaders intervening as intermediaries between camp authorities and residents to ensure all obligations and rights were upheld (DCA1).

This is an argument also made by Thompson (2022) writing about Bangladesh, which saw a sharp increase in levels of violence against women during the pandemic. Thompson (2022) argues that to stop patterns of GBV, it is necessary to mobilise large portions of society. For this to be successful, especially in highly religious contexts, this requires engaging and collaborating with communities of faith.

MHPSS

COVID-19 and its resultant lockdowns have caused people stress and anxiety. Being cut off from in-person social support systems means people have felt lonely and isolated. In response, many IFIOs provided Mental Health and Psychosocial Support (MHPSS) to individuals and communities, including through a faith-inspired lens.

In the last decade, there has been increased attention on the social and psychological aspects of community recovery across the humanitarian sphere (Ager *et al.*, 2005:159; Fiddian-Qasmiyeh and Ager, 2013: 31). Comparable crises to COVID-19, such as Ebola, reinforced how the fear, trauma and stigma resulting from such public health crises can impact mental health and psychosocial well-being, making MHPSS a basic need for those affected (WVDRCJ3).

F&D MHPSS programming during COVID-19 marks a distinct shift in the humanitarian sphere's approach to MHPSS towards being more inclusive of faith and religion. This shift, though, began prior to the COVID-19 pandemic, evidenced by documents such as 'A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming', published in 2018 by the Lutheran World Federation and Islamic Relief Worldwide, in cooperation with the Church of Sweden, World Vision, the Hebrew Immigrant Aid Society, UNHCR and the International Federation of the Red Cross (IASC, 2018).

There was a consensus across the IFIOs engaged with for this research that IFIOs were more likely, or quicker than secular organisations, to adopt a holistic, whole-of-person approach to humanitarian challenges. IFIOs local faith engagement recognises that faith and religion are already intricately involved in the mental health and psychosocial well-being of individuals and communities all over the world. Throughout history, religious leaders and institutions such as churches have cared and

continue to care for people with psychosocial concerns and mental illness (Schafer, 2010: 121).

WV Indonesia's most significant investment in F&D was for providing MHPSS. Key informants from WV Indonesia maintained that contact between the LCFs and their faith leaders was an important part of WV Indonesia's provision of MHPSS. In Indonesia, going to a place of worship is not just about listening to the Pastor's sermon. It is a place of fellowship and connection with your faith leader. Without these aspects of religious life, LCFs are more likely to feel anxious and isolated (WVInRH1). World Vision's Psychological First Aid training aimed at equipping them to manage those situations effectively, training faith leaders on how to stay connected with the community, how to be a good listener and how to refer people for further support.

WV Indonesia staff emphasised that mental health remains a sensitive subject in Indonesia and there is often a reluctance to share personal problems, especially in religious contexts. Local faith leaders have a potentially important role to address such sensitivities, using their trusted positions in society to break down some of the barriers around mental health. WV Indonesia engaged faith leaders to break down the stigma around COVID-19. They invited faith leaders who had survived COVID-19, once they had recovered, to share their experiences, how they felt and the responses from their families and the community.

Again, the COVID-19 pandemic led WV Indonesia to have to find creative ways to provide MHPSS to local communities. WV Indonesia were developing an app to help community members book an appointment with their faith leader. Online services could also be streamed through the app. The app was not presented as a means of doing counselling sessions, but for community members to 'have a chat' with faith leaders. It was hoped this mode of engagement would be particularly appropriate for young people.

Depth of F&D Engagement

While WV Indonesia's, and other IFIO's, engagement with faith and religion for MHPSS marks a potential broadening of the humanitarian sphere's engagement with faith and religion, potentially even more striking is that during the COVID-19 pandemic, many IFIOs integrated elements of spiritual support and nurture into their responses. This is a notable development within the humanitarian sphere. While the humanitarian sphere has witnessed a shift to a more holistic approach to MHPSS, creating space to engage with aspects of faith life that are important for secular visions of mental health and psychosocial well-being, there has been little

engagement thus far with faith and religion as ends in themselves.

However, following a humanitarian crisis like COVID-19 'people, especially the community, people tend to lose faith, or they feel a bit shaken' (WVDRCJ6). This can lead to a secondary crisis of faith as people potentially lose or question their faith (Wortmann and Park, 2009). Trauma from humanitarian crises involving loss and devastation can challenge people's worldviews, informed by their faith and religion (Janoff-Bulman, 1992). This may require specialised psycho-spiritual support for recovery, involving building new assumptions and a worldview that incorporates these traumatic events (Clarke and Parris, 2019: 5). Faith leaders may have a distinctive role to play in these responses to the secondary trauma of faith crisis following humanitarian crisis, offering comfort and hope (WVDRCJ3).

WV Indonesia staff stressed that their MHPSS programming was not just related to mental health, but also spiritual support, tackling existential questions through theological and scriptural understandings. There is growing evidence that spiritual nurture not only contributes to people's mental health and psychosocial well-being, but it is often a deeply felt core need in and of itself. For many during the COVID-19 pandemic, spirituality in itself was the 'core of mental health' (WVInAD1).

A key informant from WV Indonesia continued to state that faith leaders can 'help faith communities answer the questions of why. Why on the anxiety and on the fear about the situation' (WVInRH1). They viewed local faith leaders as uniquely positioned to provide spiritual support to LCFs, rooting their advice in scriptures and Holy Texts, reminding congregation members of something transcendent and beyond this world.

There is overlap between faith and religion for MHPSS and spiritual nurture/support. However, they represent linked but distinct spheres of activity (Goodwin and Kraft, 2022). For example, in terms of stress management, the psychological support training for faith leaders provided by WV Indonesia includes ways to reduce stress through breathing exercises and other 'secular' techniques. However, spiritual support also tries to reduce stress through prayers, to help people (re)connect with their faith, which helps them relax. A key informant from CCIH (CCIH2) detailed how encouraging prayer, alongside public health messaging, was an important part of their holistic approach to health.

Conclusion

This paper has shown that the COVID-19 pandemic highlighted that, to some extent, the humanitarian

sphere has learnt lessons from failures to engage with faith and religion for previous emergency responses. In response to COVID-19, the humanitarian sphere was quicker to engage with faith and religion than it had been during previous crises such as Ebola, and the humanitarian sphere's faith-inspired partnerships and programmes engaged with a broader range of sectors and actors, starting to move beyond narrow and instrumental engagement, for more meaningful approaches to faith engagement for more holistic humanitarian responses.

The COVID-19 pandemic also witnessed that it is no longer just (I)FIOs who understand the role of faith and religion in people's lives and acknowledge the potential value-add of engaging with LFAs and LCFs to respond to crises. This paper notes, for example, the rapid engagement of organisations such as the WHO, who engaged with faith and religion early in the pandemic, particularly to scale up preventative measures to limit the spread of the disease.

However, the COVID-19 pandemic has also shown that the formal 'secular' humanitarian sphere has further to go in terms of local faith engagement. This is exemplified by the United Nations Office for the Coordination of Humanitarian Affairs' (OCHA) first global humanitarian response plan for COVID-19 which did not even mention the roles of faith, religion, LFAs or LCFs. A key informant from DanChurchAid detailed how they, alongside other IFIOs, led the advocacy charge for OCHA to include a section in a revised version around the role of LFAs and LCFs for responding to COVID-19 (DCA2).

That being said, it is not only 'secular' (I)NGOs who have work to do to improve faith literacy levels and gain experience of delivering local faith-inspired programmes. Key informants working in some IFIOs identified that their organisations need to go further to integrate F&D more systematically into their work. For example, in multiple interviews with WV Indonesia staff, key informants hoped that the COVID-19 pandemic would persuade their superiors to engage more systematically with F&D in the future (WVInRH4). Several key informants felt that integrating F&D so quickly into their COVID-19 response was unprecedented for WV Indonesia but felt that it did not go far enough. Staff from WV Indonesia called for the organisation to come together at the start of a disaster to think more strategically about how to engage with faith leaders. It was highlighted that the role of local faith engagement was not sufficiently explored in WV Indonesia's response (WVInRH3) and there needs to be more specific guidance on who are faith leaders, what is their role, and how and why do they impact humanitarian processes (WVInRH4).

Evidently, the intertwining of faith/religion and humanitarianism means engaging with faith and religion

is not the sole remit of IFIOs and both 'secular' and 'faith-inspired' (I)NGOs engage with faith, religion, LFAs and LCFs, to varying extents. Nevertheless, through conversations with key informants from IFIOs, it appears that 'secular' INGOs are, and are perceived to be, lagging behind IFIOs in terms of the breadth and depth of their F&D engagement. A respondent from DanChurchAid suggested that while long-term development work has come a long way in terms of engaging with faith and religion, there remains a backlog of reservation and caution and a lack of faith literacy that holds donors back from effective faith engagement (DCA1).

Many IFIO's who have experience of engaging with LFAs and LCFs and have invested in improving levels of faith literacy are perceived therefore, often internally and externally, in a leadership role within the humanitarian sphere. A key informant from DanChurchAid felt that this perceived role for organisations like theirs imbues them with an important role to promote the contribution of LFAs in way that is intelligible for traditional donors and the wider secular humanitarian sphere (DCA1). The same key informant felt that this was a difficult task, involving patient advocacy. However, to overlook the unavoidable influence of faith and religion on humanitarian responses is unprofessional. It may be up to IFIOs, therefore, to continue the shift observed during the COVID-19 pandemic towards increasingly broader and more meaningful engagement with faith, religion, LFAs and LCFs for humanitarian responses.

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