

Strengthening faith-sensitive mental health and psychosocial support for children on the move

FOSTERING RESILIENCE IN CHILDREN ON THE MOVE SERIES - POLICY BRIEF

SUMMARY HIGHLIGHTS

This Policy Brief represents the reflections of more than 120 practitioners, policy-makers, academics and faith representatives engaged in work with displaced and migrating children from Syria, Ukraine and Latin America. In a series of consultations, this body identified three barriers hindering access of children on the move to mental health and psychosocial support (MHPSS) that is responsive to their faith and culture and urged eight steps to be taken by donors, governments and implementing agencies in order to uphold the rights of displaced children to such care. Detailed analysis follows in this Brief. The abbreviated summary of the barriers identified and recommendations for action are below.

Why This Matters

More children are currently displaced than at any other time in history. Displaced and migrating children experience higher rates of mental health disorders and unless effective supports are engaged, they can suffer lifelong negative impacts from prolonged exposure to deprivation and danger. Responders working with displaced children are advised in global guidelines to work to restore a sense of safety, stability and normalcy. For the majority of the world's children, restoring 'normalcy' includes re-engaging elements of culture and faith practice from their homes of origin.

Evidence shows that mental health and psychosocial supports (MHPSS) that are adapted to faith and culture can help reduce distress, strengthen the children's sense of a belonging and boost resilience. Children on the move are entitled to such faith and culturally-sensitive assistance in keeping with the Best Interests of the Child principle set forth in the Convention on the Rights of the Child (CRC) and with international humanitarian principles and laws. Despite the mandates and evidence, tens of thousands of children do not receive such care.

Barriers to Faith-Sensitive MHPSS for Children:

- 1. Misunderstanding and misapplication of the neutrality and impartiality principles of the ICRC Code of Conduct as excluding considerations of faith.** In reality, excluding the faith-related priorities of an affected individual or group because they are not aligned with the secular worldview of responders is the type of exclusion and coercion humanitarian principles prohibit.
- 2. Service providers lack the necessary language skills and cultural competency.** Indigenous and minority religious or ethnic groups are often underserved due to limited language diversity among service providers. They are also frequently miscategorised as belonging to majority groups, with their own unique identities and needs overlooked. The effectiveness of MHPSS supports in general is often diminished by lack of shared understanding between responders and those they serve regarding how suffering, symptoms of poor mental health and pathways to well-being are defined and understood.

3. Local faith actors who are de facto psychosocial care providers are not strategically supported. Mutual mistrust and complex funding mechanisms prevent vital partnerships between local faith actors and aid and development agencies from forming. Effective capacity-sharing partnerships are key to helping external actors to improve the faith- and cultural sensitivity of programming and to helping local faith groups who already provide emotional care in many frontline contexts,

to access psychosocial skills trainings and funding.

While there are legitimate, historical concerns about the way in which the separate entities might force their values and identity on the other and on the wider population - there are many like-minded local faith actors and formal agencies who share an unwavering commitment to humanitarian principles and to localised, faith-sensitive response.

POLICY RECOMMENDATIONS

(Abbreviated. Further detail on page 10)

- 1** Uphold the humanitarian principles of neutrality and impartiality by ensuring that displaced children and caregivers have access to faith supports.
- 2** Prioritise and fund faith-sensitive and culturally adapted MHPSS.
- 3** Incorporate standardised language in initial assessments to understand existing coping capacities, needs and priorities related to culture and faith (if any).
- 4** Encourage meaningful participation of children, caregivers and (as appropriate) respected persons of faith to design interventions that incorporate the protective values, practices and traditions of the child's home culture and faith.
- 5** Invest in context-specific assessments and staff training on faith and cultural norms relevant to mental health and well-being in the programme areas to improve the cultural competency of staff.
- 6** Ensure that staff have the capacity to offer MHPSS services in languages appropriate for indigenous groups and minorities – and that supports are adapted to align with the unique identities, needs and capacities of those groups.
- 7** Develop and invest in capacity sharing partnerships between local faith actors and MHPSS providers (faith and non-faith based).
- 8** Support faith leaders – including women of faith without formal leadership roles – to expand skills in psychosocial support among children and caregivers.

INTRODUCTION

WHAT'S AT STAKE?

More children are on the move due to violence, war, poverty and natural disasters than ever before. According to UNICEF, more than 70 million children worldwide are displaced within their own countries or have migrated over borders in search of security, stability and refuge.¹ Sometimes they are with parents or caregivers. Sometimes they are alone.

Children who are displaced due to war or are on the move due to other causes, such as violence, persecution and poverty, experience high rates of depression, anxiety and post-traumatic stress disorder (PTSD).² Conflict exposure, the physical and emotional deprivations of dislocation from one's home and family and living under threat during transit and resettlement can lead to accumulated stress in children. Such stress – called toxic stress – often manifests

as recurring illness, developmental delays, relationship breakdowns, poor educational performance and behavioural problems.

A wide body of research has shown however that when children have access to appropriate cultural and spiritual supports in times of crisis, this can lead to improvements in mental and physical health.³ Mainstream child development models and statutes, including the UN Convention on the Rights of the Child ([Article 27](#)), likewise point to spiritual nurture as a core element of healthy child development, alongside other elements. In many cultures globally, the very understanding and definition of health and well-being includes spiritual well-being as an essential component required for human flourishing – alongside other elements, such as biological, economic and relational well-being.⁴

CONSULTATION APPROACH

The barriers to access perceived by contributors to this research, along with recommendations to improve the access of children on the move to responsive MHPSS are included in this brief. The content is based on the reflections of 128 participants who took part in three online roundtables between December 2022 and January 2023. Participants included representatives from 54 local and international non-governmental organisations (NGOs) (faith-based and secular), UN agencies, government departments and universities, along with independent psychologists and psychiatrists.

The first roundtable focused on Latin America, followed by a roundtable pertaining to the Syrian refugee response in the Middle East. The final roundtable focused on the MHPSS response to children affected by the war in Ukraine.

This policy brief is the second stage of the Fostering Resilience on the Move series, initiated by the Partnership on Religion and Sustainable Development (PaRD). In the first stage, recommendations for practice were developed through a series of online discussions with diverse global stakeholders. The results can be found in the [booklet](#): Faith Sensitive MHPSS to Foster Resilience in Children on the Move.

¹ UNICEF 2022a; UNICEF 2022b
² Abdi 2018; Ataullahjan et al. 2020; Burgin et al. 2022

³ UNICEF ECARO 2020; PaRD 2021; Goodwin and Kraft 2022; JLI and WVI 2022
⁴ Williamson and Robinson 2006; Hassan et al. 2015; White and Eyber 2017; Panter-Brick and Eggerman 2017; Ventevogel and Faiz 2018; Tay et al. 2019

Apart from the need to engage faith and culturally sensitive supports to improve the effectiveness of MHPSS responses among children with mental health concerns, recommended psychosocial approaches for working with all children and caregivers who are displaced include a focus on restoring a sense of safety, stability and normalcy.⁵

For many children on the move and their caregivers their 'normal' routines and social support networks prior to displacement would have included elements of faith practice at home and in community with others.⁶ According to the latest global figures – incorporating research conducted in 230 countries and territories – 84% of all children and adults worldwide report having such faith affiliations.⁷ Demographers likewise project that the proportion of the global population that identifies with a religion is set to rise in the coming years.⁸

In addition to catalysing improved well-being among individuals, effective MHPSS is also linked to advancing social cohesion and the sustainability of peace-building outcomes in communities.⁹ When the negative health and mental health impacts of stressors related to exposure to violence, conflict and displacement go unaddressed within the individual – this can lead to long-term fracturing of relationships within families, among peers and with others in society.¹⁰ Integrating MHPSS into peacebuilding programming in order to address unresolved grief, anger and distress however, can lead to improved well-being within individuals, enabling people to resist violence, build agency and ultimately contribute to the transformation of societal structures to toward resilience and social justice.¹¹

5 IASC 2007; Silove 2013; UNICEF 2018; Ager et al. 2019; IASC 2019; IOM 2022

6 Fiddian-Qasmiyeh and Ager 2013; Ennis 2016; Fiddian-Qasmiyeh et al. 2020; Rowlands 2020; Rutledge et al. 2021;

7 Pew Research Center 2012

8 Pew Research Center 2022

9 UNDP 2022a; UNDP 2022b; USIP 2023

10 Ibid

11 Ibid

DEFINITIONS

Children on the Move

Children (under the age of 18) who have been uprooted from their homes, for example international child migrants, refugees and asylum seekers, and internally displaced (IDP) children. (JLI & WVI 2022)

Cultural Competence

The ability of an individual to understand and respect values, attitudes, beliefs, and practices that differ across cultures, and to respond appropriately to these differences in planning, implementation and evaluation of MHPSS.

Faith Actors

A diverse group of stakeholders that are influenced by faith in different ways, including, but not limited to, local, national and international faith-based organizations (FBOs) that have a religious character or mission, faith communities belonging to a particular place of religious worship or a religious body and religious leaders. (LWF & IRW 2018; JLI & WVI 2022)

Faith-Sensitive MHPSS

Any mental health and psychosocial programming that is responsive to the faith of the affected individual and/or community regardless of whether the service providers are secular or faith-based. (PaRD 2021)

Impartiality

Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no adverse distinction on the basis of nationality, race, gender, religious belief, class or political opinion. (Core Humanitarian Standard)

In order to facilitate healing of such 'invisible wounds' within individuals leading peace-building and MHPSS specialists recommend faith sensitive approaches that connect with and build upon deeply held faith beliefs and traditions, in addition to engaging respected persons of faith from within society to shape and co-facilitate interventions.¹²

International human rights conventions and humanitarian mandates direct responders to ensure that the child's rights to support that enables their faith practice are protected across each sector of engagement.¹³ The Universal Declaration of Human Rights (1948) ([Article 18](#)) and the International Covenant on Civil and Political Rights (1966) ([Article 18](#)) enshrine protections of the rights of all persons to 'manifest' their religious beliefs - individually or in community, in public or private - through "worship, observance, practice and teaching." The UN Convention on the Rights of the Child (1989) ([Article 14](#)) likewise mandates that each child's right to freedom of religion and to practice their beliefs accordingly must be respected.

Specifically for the MHPSS sector, the UN's Inter-Agency Standing Committee (IASC) Guidelines for MHPSS in Emergencies also specify that providers should:

Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices (2007, p.106).¹⁴

Despite the evidence and directives, many children who have faith-affiliations, along with children from indigenous and ethnic minority backgrounds, are not able to access MHPSS support that is responsive to their faith and cultural priorities.

¹² Ibid
¹³ UNCRC 1989; OHCHR; WHO and UNHCR mhGAP-HIP 2015; SPHERE 2018; CCCM and IOM 2021
¹⁴ IASC 2007 p.106

La Cultura Cura/Culture-Based Healing

Philosophy that every culture has protective beliefs and teachings that promote child development and healing. ([National Compadres Network](#))

Neutrality

Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature. ([Core Humanitarian Standard](#))

Religious Literacy

In this document this phrase refers to the level of one's understanding of how religion functions in the context within which one works. ([Oxfam/Gingerich March 2017](#))

Responsive to Faith

In this document this phrase refers to the adaptation of MHPSS supports in response to individualised assessments in which the displaced children and caregivers provide direction regarding what language, practices and persons or communities related to faith that they wish – or do not wish – to have engaged in their assistance.

Secular

In this document this term is used to describe two distinct concepts: a). a type of organisational structure that is unaffiliated with a religious identity or mission b). a philosophical worldview originating primarily from Global North civilizations that prioritises the advance of reason and the satisfaction of material (physical) needs as the height of development, with spiritual concerns believed to be either unfounded in reality and/or private concerns that should be kept separate from aid and development considerations.

Spirituality

Personal engagement with issues of meaning, identity and purpose, potentially – but not necessarily – grounded in a religious tradition. ([LWF & IRW 2018](#))

BARRIERS TO FAITH-SENSITIVE MHPSS SUPPORT FOR CHILDREN

Misunderstanding of humanitarian principles

When applied correctly, humanitarian principles center affected communities in the design and implementation of all humanitarian response. Misunderstanding and misapplication however of core humanitarian principles – particularly neutrality and impartiality within the [ICRC Code of Conduct](#) – can inadvertently reinforce the harmful dislocation of displaced children from their faith and cultural identities.

The Code of Conduct and the related [Core Humanitarian Standard](#) appropriately call upon all who engage in humanitarian assistance to respect culture and custom, to not take a side in any ideological controversies and to not use aid as a means to advance any particular viewpoint or belief system. **The neutrality and impartiality principles are meant to protect affected individuals from being coerced toward a particular worldview by those providing aid.**

Due to misunderstanding of the principle however the concept is sometimes used by frontline responders as a justification for declining requests from affected individuals for faith-related supports or for assistance that is adapted to their cultural norms and traditions.¹⁵ Similarly decision-makers within donor agencies sometimes opt not to fund programmes that overtly engage with faith or the spiritual elements of culture – believing that in denying funds to those integrated programmes they are upholding aid principles.¹⁶ Humanitarian coordination bodies also have an important role to play in supporting both international and local actors to provide assistance that is responsive to faith and culture. They sometimes follow

suit, discouraging providers from facilitating interventions that involve responding to specific requests from beneficiaries for provision of resources for coping that relate to faith (i.e. access to spaces, devotional materials, links with local faith leaders).¹⁷

In reality – by prioritising the values of a secular worldview as the legitimate approach, over and above the expressed priorities of affected individuals – responders are violating humanitarian principles. They are unintentionally advancing the secular viewpoint (see Definitions) as the primary belief system to which affected individuals and communities must adapt. In doing so the responders are also denying religious freedoms protected in human rights conventions and humanitarian standards.

It must be stated clearly that faith-sensitivity does not involve an automatic engagement of faith language, practices or faith actors in responses. Such supports should be engaged only as directed and requested by affected individuals. Further, the rights of children and caregivers with no faith and those of minority faiths within a majority religious group must be protected. Information regarding the religious identities of displaced children and their caregivers should also not be collected automatically, as persecution due to religion is a common cause of forced displacement. Focus may be given instead to making space during assessments and monitoring actions for children and their caregivers to communicate needs and existing capacities for coping, including those related to their faith and culture.

Faith-sensitivity is not therefore a new concept that runs contrary to neutrality and impartiality. Providing assistance that is responsive to faith and culture is fundamental to upholding such humanitarian principles. It

¹⁵ Ager and Ager 2015; Fiddian-Qasmiyeh 2016; Gingerich et al. 2017; Ager et al. 2019; Fiddian-Qasmiyeh et al. 2020 p. 20

¹⁶ Ibid

¹⁷ Ibid

is an approach that ensures displaced children and their caregivers are at the center of the design and implementation of responses to support them, regardless of the identities of those who are providing that support.

Service providers lack the necessary language skills and cultural competency

While positive steps have been made to strengthen the cultural competence of mental health and psychosocial support programming responding displaced children and their caregivers, participants in the roundtable discussions identified several areas where further progress is needed. Services offered to children on the move and their caregivers are often provided in the language of the majority. **Children from indigenous peoples or from minority religious or ethnic groups in particular are at-risk of exclusion as a result.** They are also frequently miscategorized as belonging to homogenised majority groups. The services provided to them are thus tailored for the majority. The children's own unique cultures, needs and identities are erased.

MHPSS practitioners also frequently lack the shared understanding of cultural meanings that children and caregivers attribute to key subjects such as why suffering occurs, the underlying causes of mental health symptoms, how symptoms are described in local terminology, and the appropriate pathways for healing. **The disconnect between the worldview of service providers and the children and caregivers with whom they work can lead to diminished programming effectiveness.** Faith and cultural teachings, along with traditional practices familiar to the children that could promote positive coping and child development, are under-utilised. Children and their caregivers may also avoid seeking clinical mental health support, opting for traditional or faith healers, the presence and function of which is frequently little known

or understood by formal MHPSS practitioners working in the same settings.

Having a broad understanding of the beliefs and practices of a particular population of faith or of a particular culture is a positive start – however because the beliefs, practices and persons involved are highly context-specific, focused information-gathering is needed in each programme location. Staff need to be oriented to the context-specific belief systems and ways in which elements may be engaged to facilitate positive coping.¹⁸

Faith communities and faith leaders in these contexts – including informal leaders who are perhaps youth or respected women and men of faith who do not have a formal title - can be a tremendous resource to provide insight into the beliefs systems and faith-related coping approaches at work in the target population.

Local faith actors who are de facto psychosocial care providers are not strategically supported

Local faith-based groups and faith leaders, who are frequently providing assistance in parallel to government and agency-led interventions, are often kept at the margins. Some exclusion is incidental – an unintended result of the reality of existing funding and coordination mechanisms. Funding application processes are often complex, with applicants appropriately required to provide evidence of robust internal financial controls to maximise the likelihood that funds will be used to provide the services to which children on the move and their families are entitled. Less appropriately, however, funding opportunities are often not advertised in the local language or through channels where local groups are most likely to see the advertisements.

Additionally, official coordination bodies are frequently targeted toward registered international and national non-governmental

¹⁸ [Gingerich et al. 2017](#)

organisations (INGOs), not-for-profits or charities – rather than faith communities. Coordination meetings are also often held in the majority-language of the international agencies.

More broadly however there is frequently an uneasy mistrust between local faith actors and the formal aid and development agencies (including mental health providers) operating in the same setting. Despite having long histories of providing care and support to children and families affected by disaster, conflict and adversity – and having the local contextual understanding that external agencies need to improve the effectiveness of programmes – some local faith actors feel devalued and dismissed by formal agencies. At other times they feel used – co-opted to be the implementing body for programmes they had no part in developing and for organisational missions they do not share.

On the other hand, some donors and service providers in the formal response sector fear faith actors may lack the appropriate commitment to serve all who are in need – including those of other faiths and those of no faith – and to do so in a way that does not promote a particular religious viewpoint. This is based in part on the reality of historic misuse of aid, which was given by some faith inspired aid providers as a means of coercing some populations to change their ideologies. This type of practice was common in 20th century responses, and the ICRC Code of Conduct (developed in 1994) successfully set a standard for impartiality in provision of humanitarian assistance to which numerous faith and non-faith actors globally have aligned.

However, the concern that impartiality is at risk – or in other words, that support may be targeted by faith actors toward persons who are affiliated with that faith, rather than based solely on their need for that assistance – is

based in part on current realities. There are indeed some faith groups that openly confirm that the teachings of their faith require that they provided aid to those primarily of their own faith and that their programmes involve religious promotion. Additionally, although faith actors are key responders preventing and responding to violence against children, gender-based violence (GBV) and violence against persons who are LGBTQI in many locations, it is also true that in many other communities religious groups uphold religious arguments that reinforce norms that perpetuate violence against children, GBV and persecution of persons who are LGBTQI.¹⁹

There are however many local faith communities, faith leaders and international and national faith-based agencies globally committed to and have a strong track record of upholding humanitarian principles and supporting all who are in need. There are also many global donors, international agencies and non-faith based organisations committed to improving cultural competency and providing aid and MHPSS support that is responsive to the faith and culture of those they serve. A capacity sharing approach built on mutual trust and mutual benefit is needed.

The capacity sharing approach suggested is partnering based on the mutual valuing of the strengths of the other, active dialogue and planning together from the earliest phases of programme conception through to completion. This approach retains the beneficiaries' right to direct the who, how and what of the assistance provided to them and recognizes that no individual or agency is free of bias.

- **In an MHPSS capacity sharing partnership, local faith actors and/or indigenous groups may be key leaders and advisors, for example.** Their role could include helping external service providers improve cultural competency

¹⁹ [Gingerich et al. 2017](#); [JLI 2022](#)

among staff and advising on community coping capacities and potential culture and faith adaptations to psychosocial approaches and therapeutic interventions. It could also include co-leading referral pathways to provide psychosocial support and chaplaincy-like spiritual care (where desired), co-designing and co-leading advocacy and multi-sectoral programming efforts on common issues of concern and providing access to spaces and materials that enable faith practice of children and families experiencing migration.

- **In turn, registered non-governmental and governmental organisations (both faith-based and secular) may, for example, provide mentoring, skills training and secondments to faith groups.** Their efforts could strengthen capacities related to psychosocial care provision (i.e. Psychosocial First Aid) and child protection mechanisms, develop funding applications and support development of internal systems and finance controls to mitigate risk in grant management. External partners providers may also focus on building trust and referral ties between the mental health

providers and the faith groups in order to improve access of children with mental health needs to both specialised mental health care and spiritual care (if desired by the child and caregiver).

- **Donors can resource such capacity-sharing partnerships and services among children on the move that incorporate the protective values, practices and traditions of the child's home culture and faith.** They can also support initiatives that improve cultural competency and religious literacy of MHPSS service providers. Donors can ensure that funding opportunities are posted in the language and means most accessible to local groups in the project location
- **MHPSS coordination bodies can invest further in real-time interpretation to enable inclusive participation of local actors (faith and non-faith-based) within a shared meeting rather than the separate INGO and NGO meeting structure that is common.** Similarly coordination groups can communicate meeting times through means and language most accessible to local faith and indigenous groups.

DO NO HARM ALERT: Trainings provided for faith leaders tend to exclude women of faith who lack formal roles but may be the primary emotional and spiritual care providers for women and girls locally. This is particularly true in gender-segregated societies. Any potential capacity sharing initiatives engaging faith leaders must identify and include respected women of faith who are faith leaders but may not have a formal title. Additionally, persons of no faith and persons from minority faiths must be protected and engaged equally (where appropriate) in capacity sharing and programme initiatives. Faith-sensitive MHPSS is not about automatic engagement faith language, practices or persons in responses. Faith-sensitive MHPSS to children on the move is about facilitating access to supports related to faith and culture when these types of adaptations and resources are requested by the child or caregiver, and always based on their individual needs and preferences.

DETAILED POLICY RECOMMENDATIONS

- 1** Uphold the humanitarian principles of neutrality and impartiality by ensuring that displaced children and caregivers have access to the faith supports – such as gender-appropriate spaces for worship, religious materials and resource persons – to which they are entitled.
- 2** Prioritise and fund faith-sensitive and culturally adapted MHPSS in responses for children on the move and their families.
- 3** Incorporate standardised language in initial assessment processes in order to understand the existing coping capacities, needs and priorities related to culture and faith (if any) of the children/caregivers. Rigorously protect the confidentiality of information on religious identity.
- 4** Encourage meaningful participation of children, caregivers, cultural representatives and respected persons of faith to design interventions that incorporate the protective values, practices and traditions of the child's home culture and faith.
- 5** Invest in context-specific assessments and staff training on the faith and cultural norms, persons and dynamics relevant to mental health and well-being in the programme areas, in order to improve the cultural competency of staff and the effectiveness of services. Ensure that the beliefs of persons of no faith and persons of minority faiths are represented.
- 6** Ensure that staff have the capacity to offer MHPSS services in languages appropriate for indigenous groups and minorities – and that supports are adapted to align with the unique identities, needs and capacities of those groups.
- 7** Develop and invest in capacity sharing partnerships between local faith actors and MHPSS providers (faith and non-faith based) who have a common commitment humanitarian principles, in order to strengthen the structures and content of interventions that are key to enabling children on the move to have access to sustainable, faith-sensitive supports.
- 8** Support faith leaders – including women of faith without formal leadership roles – to expand skills in psychosocial support among children and caregivers.

SUGGESTED RESOURCES

- A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming, 2018. Lutheran World Federation and Islamic Relief. Available [here](#).
- Faith Sensitive Mental Health and Psychosocial Support to Foster Resilience in Children on the Move, 2021. PaRD, Arigatou International, World Vision International and KAICIID International Dialogue Center. Available [here](#).
- Spiritual Support to Children on the Move and Their Caregivers as a Source of Healing and Resilience, 2022. Joint Learning Initiative on Faith & Local Communities and World Vision International. Available [here](#).
- Social and Behaviour Change (SBC) in Emergencies. UNICEF. A set of strategies and interventions that focus on influencing the drivers of change (including but not exclusive to faith-related drivers) and supporting local action towards better societies. Available [here](#).
- Guidance Note on Integrating MHPSS into Peacebuilding. UNDP. Addressing the psychological and social needs of communities is essential for building sustainable peace. This guide identifies ten key principles to support peacebuilding practitioners to integrate MHPSS into their peacebuilding efforts. Available [here](#).

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- Berghof Foundation
- Caribe Afirmativo
- Catholic Charities of the Rio Grande Valley
- Center for Democracy in the Americas
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- GIZ
- HIAS
- Ibrahimia Media Center
- IFRC Reference Centre for Psychosocial Support
- Independent MHPSS Practitioners
- International Students of Islamic Psychology (ISIP)
- Islamic Relief Worldwide
- Kids in Need of Defense (KIND)
- Lutheran World Federation (LWF)
- Medglobal
- Ministry of Public Health (MoPH), Republic of Lebanon – National Mental Health Programme
- Peace Action Network
- Puerta Esperanza
- Queen Margaret University (QMU)
- Save the Children
- SOS Children’s Villages Ukraine
- Suicide Prevention Sub-Group – MHPSS Cluster – Cox’s Bazaar Bangladesh
- Syria Bright Future
- Syrian American Medical Society
- TuConsejería
- UMCOR Latin American and Caribbean Region
- UNDP Trinidad and Tobago
- UNICEF Latin America and the Caribbean (LAC)
- UNICEF East & Central Asia (ECA)
- UNICEF Middle East & North Africa (MENA)
- United States Institute of Peace (USIP)
- Universidad Javeriana
- U.S. Department of State Strategic Religious Engagement IRF/SRE
- World Council of Churches (WCC)
- World Vision International
- World Vision Syria

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