The Integration of Religion and Spirituality by Humanitarian Organisations in Indonesia
– A Qualitative Case Study on the Provision of MHPSS after Disaster

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Abstract

Although growing scientific evidence has highlighted beneficial effects of religion and spirituality on mental health and psychosocial well-being, the integration of religious and spiritual needs with mental health and psychosocial support in humanitarian contexts has been identified as a gap. Accordingly, this can be linked to a lack of official related guidelines of how to address these concepts in the humanitarian sector. This issue becomes particularly relevant in contexts where religion and spirituality play a crucial role. This study explores this problem in the context of Indonesia which due to commonly occurring natural disaster is targeted by humanitarian responses, while also being a religious and spiritual country. The purpose of this study therefore responds to this background by discovering the integration of religion and spirituality in mental health and psychosocial support provided by humanitarian organisations in Indonesia and formulating recommendations on the same. This was operationalised through a qualitative approach, and more specifically an embedded single-case study design. Further, the material consists of information retrieved through interviews and documents, from humanitarian organisations selected through snowball sampling. Analysed with the support of the ADAPT model, an adapted version, the IASC MHPSS Guideline, and the additional Faith-Sensitive Guideline, this study concludes that humanitarian organisations operating in Indonesia, either mainstreamed or not, work with mental health and psychosocial support, and thereby also include approaches which consider religion and spirituality. However, while well aware of the contextual needs, in particular the latter is not formally integrated. Accordingly, this study suggests organisational capacity building on the integration of religion and spirituality in MHPSS, based on existing guidelines and institutional knowledge and capacity, in order to ensure and improve proper humanitarian responses.

Keywords: MHPSS, Indonesia, religion, spirituality, disaster, humanitarian action
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<tr>
<td>ADAPT</td>
<td>Adaptation and Development after Persecution and Trauma</td>
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<td>BPBD</td>
<td>Badan Nasional Penanggulangan Bencana (Indonesian National Board for Disaster Management)</td>
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<td>CRED</td>
<td>Centre for Research on the Epidemiology of Disasters</td>
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<td>CWS</td>
<td>Church World Service</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
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<td>ECHO</td>
<td>European Civil Protection and Humanitarian Aid Operations</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>IRW</td>
<td>Islamic Relief Worldwide</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>LWF</td>
<td>Lutheran World Federation</td>
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<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
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<td>NFIs</td>
<td>Non-Food Items</td>
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<td>PELKESI</td>
<td>Persekutuan Pelayanan Kristen untuk Kesehatan di Indonesia (Indonesian Christian Association for Health Services)</td>
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<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
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<td>PTG</td>
<td>Post Traumatic Growth</td>
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<td>RRF</td>
<td>Rapid Response Fund</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNISDR</td>
<td>United Nations International Strategy for Disaster Reduction</td>
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<td>UNOCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>QoL</td>
<td>Quality of Life</td>
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<td>YEU</td>
<td>Yakkum Emergency Unit</td>
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Chapter 1 Introduction

In this chapter the background and problem addressed in this thesis are presented, leading to the specific purpose and research questions, and a brief summary of how these have been approached. Moreover, the key concepts and the context are described.

1.1. Background

Although mental health and psychosocial support, short MHPSS, is an established concept in the humanitarian sector, gaps regarding clear guideline for the practical implementation of the concept have been posed (IASC, 2007, p.iii). Furthermore, the integration of religious and spiritual needs with mental health and psychosocial support in humanitarian contexts has been identified as a gap, while at the same time growing scientific evidence of beneficial effects of religion and spirituality on mental health and psychosocial well-being has been highlighted. Hence, there is also a lack of official guidelines on how to integrate religion and spirituality in humanitarian interventions. Nevertheless, in particular in contexts where religion and spirituality are strongly connected to local culture such considerations seem to be highly relevant (Schafer, 2010, p.121). Generally, religion plays an important role in the everyday life of Indonesian people and is often part of peoples’ individual, ethnic and political identity (Colbran, 2010, p.678). Indonesia is not only the fourth largest country in the world, but also includes the world’s largest Muslim population and has been rated as one of the world’s most religious nation. In addition, Indonesia is inherent of hundreds of languages, cultures and religions spread on about 17,000 islands (Adeney-Risakotta, B., 2014, p.21). Nevertheless, historically, Indonesia has recognised the five religions Islam, Catholicism, Protestantism, Buddhism and Hinduism. This excludes other world religions and indigenous or animistic traditions from other countries. As a consequence, people in Indonesia for instance either converted to one of the accepted religions or redefined their religions as variants of the accepted religions. Religion and spirituality is a com-
mon feature in the everyday life of Indonesian people throughout all societal levels. Mark Woodward summarises the role of religion and spirituality in Indonesia as follows:

Indonesian religion, in all its forms, remains very public and plays a central role in social and political discourse. Religious diversity is simply a fact. The fact that Indonesia is the world’s most populous Muslim nation does not change the fact that it is and will remain characterized by religious diversity. Because it is diverse, powerful and public any Indonesian government must manage it in some way (Woodward, 2014, pp.76-77).

The diversity of culture and religion throughout the country further indicate that there are cultural and religious differences between the local and regional contexts. In addition of being a religious country, Indonesia is prone to disaster. Regions which for instance have been affected by larger disasters are Aceh in the north of Sumatra by the 2004 tsunami, and Yogyakarta with both earthquakes and the volcano eruption of the Mount Merapi. Further, hundreds of regions and locations are affected by smaller incidents including landslides, flooding and volcanic activities (Campbell-Nelson, 2014, p.317). The gaps of formal guidance related to implementations on MHPSS and in particular the gap of consideration given to religion and spirituality calls for the need of exploring these concepts to a greater extent. Moreover, the context of Indonesia, as a disaster prone area where religion and spirituality play a significant role, offers a relevant context for the exploration of the concepts of MHPSS and the integration of religion and spirituality in the same.

Several previous studies have investigated the role of religion and spirituality in relation to mental health and psychosocial well-being in general or in specific contexts including Indonesia. Studies which have considered these concepts more in general have for instance been concerned with the question of how disasters are interpreted in connection to a specific worldview inherent in religious or spiritual beliefs, or with the interrelation between disaster and religion and spirituality influencing each other in different ways, i.e. positively or negatively. Furthermore, such studies have been focusing on religious and spiritual coping investigating potential positive or negative functions in relation to for instance mental health care (Adeney-Risakotta, F., 2014; Soenke, Landau & Greenberg, 2013; Lynn Gall & Guirguis-Younger, 2013). While these studies show that religion and spirituality in relation to mental health and psychosocial well-being has
been academically considered generally as well as in an Indonesian context, the focus has either been solely on the mental health sector or on affected people, opposed to the focus on humanitarian organisations and their interventions.

This study responds to the posed gaps of clear guidelines in MHPSS and the integration of religion and spirituality by investigating how it is integrated by implementing actors, i.e. humanitarian organisations, in a relevant context, i.e. Indonesia. Thereby, the hope of this study is to strengthen the theoretical and conceptual frameworks on this issue while at the same time contributing to an improvement in humanitarian practice, both in the investigated context and possibly also in similar contexts. Accordingly, the findings and conclusions of this study should in particular be useful for humanitarian organisations, policy makers and other humanitarian practitioners in general which seek to improve humanitarian practice, ultimately benefitting people affected by disaster. Against this background the purpose of this study is described under the following heading.

1.2. Purpose

One purpose of this case study was to discover the integration of religion and spirituality in mental health and psychosocial support (MHPSS) provided by humanitarian organisations operating in Indonesia, with support of the Adaptation and Development after Persecution and Trauma (ADAPT) model, complemented with an adapted ADAPT model, and the IASC Guideline on Mental Health and Psychosocial Support in Emergency (IASC MHPSS Guideline), complemented with the Faith-Sensitive Guideline. Another purpose was the provision of recommendations regarding the integration of religion and spirituality in MHPSS by humanitarian organisation, based on the theoretical framework and the result. As the purpose suggests, the case study is limited to Indonesia. Moreover, the study is limited to humanitarian organisations working with MHPSS components. The concepts of religion and spirituality, central to this study, are complex. However, at this stage, religion and spirituality can in line with the ADAPT model be described as systems of existential meaning. Another central concept of this study is MHPSS. While mental health commonly can be understood as a clinical approach relating to individuals and psychosocial support is related to the social level,
these have been combined in the concept of MHPSS in order to embrace the significance of a multi-sectoral approach.

1.3. Research Questions

The purpose of this study is operationalised through the following research questions:

- How are measures on mental health and psychosocial support considered by humanitarian organisations in Indonesia, assuming that mental health and psychosocial support is part of their interventions?

- How is religion and spirituality in relation to interventions on mental health and psychosocial support in Indonesia considered by humanitarian organisations?

- What recommendations can be formulated regarding religion, spirituality, and mental health and psychosocial support based on the results of the former research questions and the theoretical framework?

1.4. Summary of Methodological Approach

This study assumes a qualitative approach which is in line with the purpose and research questions considering the definition of qualitative research (see 3.1.). This has inter alia led to an abductive reasoning, determining the relation between theory and data of this study. The more specific research design is an embedded single case study, defining the inquiry of this study. This design was chosen accordingly to the aim of this study. The practical methods of this study including sampling, collection of data and its analysis, was influenced by the research approach and design. Hence, the sampling conducted was a sequential a priori purposive sampling and more specifically snowball sampling. The data of this study was mainly collected through interviews, using video calls, and supported by documents. The interviews were recorded and transcribed. Finally, the data was analysed in line with the different phases related to the research approach and
design, and the theoretical framework. The method of this study is fully described in Chapter 3.

1.5. Definitions

The definition of the concepts of religion and spirituality is complex and the aim of this study was not to discuss these to the greatest detail and end up with a perfect definition. However, some background on the definitions of the concepts is needed in order to make them workable. The definitions have for instance been debated in relation to mental health in the humanitarian context. Alison Schafer (2010) defines religion as beliefs, practices and rituals related to a specific sacred being while spirituality is defined as a diverse construct referring to existential concerns. Furthermore, related to the context of her study she uses the concepts synonymously as they represent both formalised and spiritual dimensions of the context (p.122). However, the approach of using religion and spirituality synonymously has been criticised and it has instead been argued that there is a clear difference between religion, which in fact includes rituals and practices, and spirituality which rather describes a state of well-being. Moreover, religious practices could be seen as an influential factor on well-being (Onyango et al., 2011, p.64). Further, while spirituality can be used to address most individuals due to the assumption that any individual has the potential of spiritual awareness in some way, religion refers to a particular set of beliefs. This has been viewed as a significant distinction because religion on the other hand can be linked to a specific cultural context (Onyango et al., 2011, p.70). This debate illustrates some different possibilities of defining the concept of religion and spirituality. It can further be highlighted that just the definition of religion has been the topic of a whole book where the term religion for instance is described as an “umbrella term” (Hellman, 2013, p.16). Further, it is described that definitions of religion often are delimitations of the term, facilitating the possibility to describe or determine a specific ontology (Hellman, 2013, p.110). Accordingly, in this study the definition used for religion and spirituality is a delimitation of the terms in order to make them operational. Moreover, the definitions used in this paper are based on the use or function of religion and spirituality in the ADAPT model. Here, religion and spirituality are part of an institution which confers existential meaning and coherence (Silove et al., 2006, p.123). Existential meaning also includes world views and belief system which in
turn are represented through institutions and practices (Silove, 2013, p.240). This is nevertheless a reductive definition of religion and spirituality, which however, as this paragraph has shown, might be unavoidable.

Related to the concepts of religion and spirituality and the definition of these it can be noted that also the concept of culture is a commonly used. While not being the main focus of this study, a brief definition of the concept of culture can be found in 2.2.1.1.

In this study the terms mental health and psychosocial support are mostly used combined through the concept of MHPSS which for instance is used by the United Nations Generally Assembly and humanitarian actors. This is due to the close relationship of the terms, even though they can be described as different approaches when considering them separately. In general, exact definitions of the terms can be different in relation to the context of their use. One difference between the terms is for instance that the health sector usually uses the term mental health, while non-health sectors, such as aid-agencies, might use the term of psychosocial support (IASC, 2007, p.1). A commonly used definition of mental health is the medical model in the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association which includes several characteristics. Mental health is defined in the following way:

Mental or psychological health is the normal state of human functioning and can be defined as a condition in which the person is functioning well in their environment with a minimum of personal distress. A person is healthy in the absence of problems. (Nelson, 2009, p.348)

The model specifically defines mental problems as factual entities and mental illness as an abnormal condition. The definition of mental health has been criticised in several ways. It has for instance been pointed to the issue of only focusing on the absence of illness instead of considering human strengths as well. Further, the terms normal and well functioning have been criticised as too vague (Nelson, 2009, p.348). These criticisms seem to be considered by the World Health Organisation (WHO) which in their definition of mental health refers to the inclusion of the positive dimension in mental health within their general definition of health: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2014). A definition of psychosocial support has been considered in relation to the description of the ADAPT model which is presented Chapter 2, as the ADAPT model in
detail deals with the perspective on psychosocial systems and support (Silove et al., 2006, p.121). For this study, the significant understanding in the relationship between mental health and psychosocial support needed is that mental health refers to health issues dealt with on the clinical level while psychosocial support refers to issues which can be targeted through non-clinical approaches. This is of particular interest due to the focus on humanitarian intervention of this study and is also supported by the IASC MHPSS Guideline.

Finally, as the context of this paper is studied in relation to natural disaster, a definition of the phenomena is useful. The Centre for Research on the Epidemiology of Disasters (CRED) defines disaster as follows:

> A situation or event, which overwhelms local capacity, necessitating a request to a national or international level for external assistance, an unforeseen and often sudden event that causes great damage, destruction and human suffering (Amijaya & Kloft, 2013, p.378).

For the identification of a disaster CRED mentions that one of several criteria must apply. These criteria are: “10 or more people killed; 100 or more affected people; declaration of a state of emergency; or a call for international assistance.” (Amijaya & Kloft, 2013, p.378). Hence, in order to understand the impact of a disaster, one must also consider the significance of the geographical location where it strikes. If there for instance is no population at the location of an occurring earthquake, one would rather call it natural phenomena than disaster. Therefore, the assessment of a disaster usually involves a consideration of both the hazard level as well as the exposure of a population, i.e. vulnerability (Amijaya & Kloft, 2013, p.378).

1.6. Context

The context of this study includes several features which qualify it for the purpose of exploring the concepts of religion, spirituality and MHPSS. However, while Indonesia both is a country characterised by religion and spirituality as well as being disaster prone, it is also very diverse. At the same time, disasters and following MHPSS interventions take place regionally or locally. Therefore, some examples of more specific and regional contexts can be described, aiming to provide a more practical understand-
ing of the settings where humanitarian organisations work. The presented contexts are based partly on previous research describing specific contexts in Indonesia, and partly on their relevance to the research material. Hence, the chosen contexts presented here are Yogyakarta, Sulawesi and Lombok.

Yogyakarta has an area of 32.5 square kilometres and a population of 394 012 in 2013. The city is surrounded by the volcano Mount Merapi in the north and the coastal line in the south. Furthermore, the three rivers Winongo, Code and Gajah Wong are flowing through the urban areas (Suyuti, 2014). Natural disasters are common in Yogyakarta and almost the entire region is often affected by earthquakes, landslides, storm, volcanic mud flows and fire. In relation to the rivers, the eruption of Mount Merapi usually leads to damaged buildings due to a cold lava flood crossing the city. This highlights the increased impact of the volcano eruption due to many people being located along the river (UNISDR, 2015). Three examples of major natural disasters impacting the city in the past decades is the earthquake in 2006, the Mount Merapi eruption in 2010 and the volcanic ash rain following the eruption of Mount Kelud in 2014. The 2006 earthquake only lasted for a minute but led to 6 234 dead people, 36 300 injured, 154 000 houses severely damaged and 60 000 houses damaged. The Mount Merapi eruption in 2010 led to burned villages and lava floods through the Code River, consequently also lead to 302 dead people, 368 injured and 148 00 people which had to flee their homes (Suyuti, 2014).

The majority of people in Yogyakarta are Muslim. However, Christianity, Hinduism, Buddhism, Confucianism and indigenous religions are also present. In particular Yogyakarta, has played a significant role in being a cultural centre, representing Islam, Hinduism and Buddhism (Shihab, 2014, pp.10-11). As a centre of Javanese culture, Yogyakarta represents a Javanese influenced Islam (Shihab, 2014, p.13). The exact distribution of peoples’ denominations in Yogyakarta in 2010 was 90.72 percent Muslims, 3.23 percent Protestants, 5.75 percent Catholics, 0.17 percent Hindus and 0.1 percent Buddhists (Pamungkas, 2015, pp.143-147). The response to natural disaster in Yogyakarta is highly dependent on the local wisdom of the community and is incorporated in the culture. Therefore, the local knowledge of handling disaster has for instance been influencing the formulation of intervention policies. For this type of response there also exist specific designations such as Gotong Royong, describing mutual cooperation of
the community, or Linmas, which are local units for community protection. Nevertheless, the Regional Disaster Management Agency (BPBD) is the major lead in the coordination of interventions in Yogyakarta (Suyuti, 2014).

Another example of an Indonesian context prone to disaster is Sulawesi which had a population of around 17 million people in 2010 (Cipta et al., 2016, p.1) and consists of six provinces and several small islands. Being one of the Indonesian Islands with the longest coastline, it is in particular vulnerable to marine disaster, such as tsunamis (Wekke et al., 2019, p.1). Sulawesi is also in a particular geographical risk zone of being affected by severe earthquakes. The consequences of natural disasters in Sulawesi are usually even worsened due to vulnerable social conditions, infrastructures, economic situation, and local policies (Daud et al., 2019, p.450). Generally, the risk of disaster is high in all parts of Sulawesi. The two most significant centres of Sulawesi regarding their population, the cities Palu and Gorontalo, are simultaneously also located where they are most exposed to earthquakes and tsunamis (Cipta et al., 2016, p.17). On the 28th of September 2018 the West Coast of Palu was hit by a tsunami, following an earthquake. The tsunami severely damaged buildings and infrastructure, killed over 2000 people, and left 50,000 people displaced (Wekke et al., 2019, pp.2-5). Since then, at least three events of floods and landslides have been reported in Sulawesi, killing up to 100 people and displacing hundreds of thousands (UNOCHA, 2018; ECHO, 2019; UNOCHA, 2019).

Most of the northern part of Sulawesi is Muslim with an exception of the population in Minahasa where only 25,000 people are Muslim. In Bolaang-Mongondow more people are protestant. Further, both the southern and south-eastern part is nearly entirely Muslim with only a few hundred Christians. The same is true for the region around Palu at the west coast where more than half of the population is Muslim (Gordon, 2001, pp.80-81). However, even though the majority of the Sulawesi population affiliates as Muslim, indigenous beliefs and practices can still be found. This is for instance because the adoption of Islam by the population did not mean old traditions had to be turned down, but instead are integrated in the Muslim belief similar to the situation on Java. Therefore it can be stated that many people on Sulawesi identify themselves both as Muslim and their local tradition. This might for instance influence how religious texts are interpreted (Ali, 2011, pp.25-27).
The island of Lombok constitutes another example of a disaster prone area in Indonesia. Lombok lies in the West Nusa Tenggara Province of Indonesia, close to the touristic island of Bali, and has an area of 5,435 square kilometres and is home to a population of 3,098,480. As with Bali, Lombok can also be acknowledged as an internationally known tourism destination which therefore also includes intensive human activity and regional development by the government and the private sector. A disaster which has been common on Lombok is landslides which in particular affect mountain and hill areas. In the past decades landslides have been responsible killing and injuring hundreds of people and destroying thousands of houses and other structures (Arifianti et al., 2012, pp.2-3). Another disaster risk is earthquakes, of which in the period between the years 1900 and 2014, 2081 incidents were counted (Gemeliarini & Helmi, 2018, p.1). An example from 2018 is the earthquake which struck the northeast of Mataram city on the 29th of July and 33 aftershocks recorded until the 5th of August. The earthquake killed at least 468 people, injured 1,416 people, and left 431,416 people displaced. The earthquake and the aftershocks caused further faults which leads to increased potential of new disasters (Prasetyo et al., 2018).

On Lombok, the indigenous Sasak Muslims constitute around 87 percent of the population (Budiwanti, 2014, p.235). Other ethnic groups are for instance the Balinese, Sumbawa, Javanese, Arab and Chinese. The Bali ethnics adhere to Hinduism and account for about 3 percent of the total Lombok population. While the Sasak people are Muslim, they previously adhered to Hindu-Buddha religion and culture, with Islam successively being adopted into their culture. These two religious groups, i.e. the Muslim Sasak and the Hindu Balinese, can be said to influence social systems and structures on Lombok through religious and tribal leaders. While there has been religious conflict between the groups, generally there exists a social integration between them in relation to adaptation to environmental and spiritual needs. This is for instance expressed through collective traditions (Jayadi, Demartoto & Kartono, 2018, pp.27-28).

While other specific contexts of Indonesia could also be presented, the three contexts of Yogyakarta, Sulawesi and Lombok all represent contexts relevant to humanitarian organisations providing aid in the same. Furthermore, when comparing these to the Indonesian context as a whole, similarities regarding disaster and religion and spirituality
can be noted. More specifically, all three contexts are located in disaster prone areas while having a large population at the same time. Furthermore, all contexts have a majority of Muslim people, while their belief also integrates other local traditions.
Chapter 2 Previous Research and Theoretical Framework

This chapter starts by providing an overview of previous research which has explored the concepts of religion, spirituality and MHPSS, and hence, functioning as an introduction to the theoretical framework of this study. This is followed by the description of the theoretical framework applied in this study.

2.1. Previous Research on Religion, Spirituality and MHPSS

The study “To measure or not to measure? Reviewing the assessment of spirituality and religion in health-related quality of life” (2007) by O’Connell and Skevington reviews the consideration given to the concepts of spirituality, religion or existential well-being by the multidimensional concept of quality of life (QoL). The study points out a lack of consideration given to religion and spirituality in the QoL which is based on the original definition of health by WHO in spite of an increasingly identified need for instruments containing an existential or spiritual domain in the definition of such a definition (O’Connell & Skevington, 2007, p.77). The study therefore aimed in assessing the value of considering the concepts of spirituality and religion in relation to QoL and how barriers in doing so can be overcome. This was done by reviewing seven instruments that include measurements of spiritual or religious beliefs within a QoL assessment (O’Connell & Skevington, 2007, pp.79-80). The review study concludes that it should be possible to assess religion and spirituality, or more generally existential issues, in relation to health (O’Connell & Skevington, 2007, p.84).

In the research article “A Psychosocial, Spiritual and Physical Health Study among Assyrian-Syrian Refugees in Istanbul: Cultivating Resilience in the Midst of Hardship” (2017) Çetrez and DeMarinis describe the health situation among Assyrian-Syrian refugees in Istanbul. More specifically the study relates to the forced migration due to the war in Syria and the refugee population hosted in refugee centres in Turkey. The refu-
Refugees face many public health challenges such as gender-based violence, maternal and newborn morbidity, unwanted pregnancies, unprevented or not-treated sexually transmitted diseases, malnutrition and weak mental health. The purpose of the study was to describe and understand the self-rated psychosocial, spiritual, and physical health situation of Assyrian-Syrian refugees in Istanbul (Çetrez & DeMarinis, 2017, pp.229-231). The population targeted by this study were Assyrian people coming from Syria, with 20 individuals participating in focus group semi-structured interviews and 171 individuals participating in a survey (Çetrez & DeMarinis, 2017, p.235). The results of the study show that while the refugees had experienced some kind of trauma before leaving Syria, and had few meaningful activities or safe space available to them in Turkey, they generally rated their own and children’s health positively. Further, the participants of the study evaluated the engagement in activities in the refugee centre, as well as their positive religious coping strategies to have a valuable impact on their lives (Çetrez & DeMarinis, 2017, p.252).

In the study “Spirituality, gratitude, hope and post-traumatic growth among the survivors of the 2010 eruption of Mount Merapi in Java, Indonesia“ (2014) Subandi et al. explore mental health related to the context of the disaster prone region Yogyakarta in Indonesia. More specifically the study is based around the volcano eruption of Mount Merapi in 2010 and refers to PTSD in relation to disaster. Nevertheless, instead of highlighting the negative effects of disaster potentially leading to PTSD, the study focused on positive aspects of trauma, called Post-Traumatic Growth (PTG). Accordingly, the central purpose of the research was to examine factors that influenced PTG of survivors of the Mount Merapi eruption (Subandi et al., 2014, p.19-20). The target population were 90 survivors of the disaster located in temporary housing where they had been for about 8 months. All of the survivors were married and Moslems, and most were farmers (Subandi et al., 2014, p.21). Focusing on PTG, the study comes to the result that spirituality was a significant resource to cope with the disaster and distress. This for instance derived from a strong believe in God, meaning that disasters have to be accepted with patience and gratitude. Generally, a strengthened spirituality was observed (Subandi et al., 2014, p.23).

In the article “Spirituality and mental health in humanitarian contexts: an exploration based in World Vision’s Haiti earthquake response” (2010) by Alison Schafer spiritual-
ity and mental health in a humanitarian context was addressed. In its response to the Haiti earthquake in 2010, World Vision International, in addition to support in form of food aid, water, sanitation and hygiene (WASH), emergency health and nutrition, child protection and provision of non-food items (NFIs), also for the first time included the deployment of a focal point person for MHPSS. While this created links between the spiritual nurture and MHPSS activities, the issue of lack of institutional capacity regarding personnel, material and programmatic resources appeared. Assuming that this issue also affects other organisations, this study aims at analysing psycho-spiritual approaches to well-being through reviewing literature on the topic (Schafer, 2010, p.121-122). The study concludes that while there are clear links between spirituality and mental health, there is a lack of guidance on how organisations can draw on that association (Schafer, 2010, p.128).

In their study “Development of Participatory Psychosocial Well-being Indicators for IOM-MHPSS Programming in Wau, South Sudan” (2018), Kühhas, Taaka and Bragin address the need of MHPSS and direct psychosocial support services in the humanitarian South Sudanese context. More specifically, the study highlights the challenge of inclusive MHPSS programming in the context of Wau and the surrounding sites due to a highly distinct population regarding their language and culture. The purpose of the study was to increase IOMs understanding on how the participants in region cope with challenging experiences from their past, i.e. methods, skills and thoughts about the future (Kühhas, Taaka & Bragin, 2018, p.7). The target population of the study consisted of a total of 618 participants in focus group discussions and key informant interviews. Some of the findings which can be highlighted due their viability in regards to this study are that the participants are deeply tied to ancestral spiritual traditions and hope for peace was expressed through the pleasures of spiritual life among other things. This similarity between the groups was even true, considering the distinct cultural backgrounds (Kühhas, Taaka & Bragin, 2018, pp.8-9).

The currently finalised study “Existential meaning-making in the midst of meaninglessness and suffering” (2018) by Yukako Nahlbom addresses the function of religious organisations related to existential meaning and psychosocial well-being in their response to the largest tsunami in Japan's history on March 11, 2011, killing more than 15,000 people and destroying over 400,000 houses. More specifically the study aimed at ex-
ploring the function of religion and volunteer workers in religious organisations responding to the disaster (Nahlbom, 2018, p.17). The target population of the study included 23 religious organisations, non-profit religious disaster relief organisations and individual religious actors in Japan. Out of this target group a total of 27 religious actors and voluntary workers became the final number participating in the study (Nahlbom, 2018, pp.94-95). Based on the theoretical perspective including five domains for psychosocial well-being, the findings of the study conclude that the domain of existential well-being was a crucial aspect for both survivors and volunteer workers and religious symbols and rituals contributed to the reconstruction of disrupted existential meaning (Nahlbom, 2018, pp.167-168).

It can be noted that previous studies on religion, spirituality and MHPSS targeting the Indonesian context are limited, and instead the majority of the previous studies presented, target other contexts. Accordingly, while only allowing a limited comparison on the concepts relating to Indonesia in particular, the results of the studies can be compared to this thesis regarding their approaches. A common result of all previous studies is the crucial role of religion and spirituality within domains of MHPSS. In the study by Çetrez and DeMarinis (2017) it is indicated that both meaningful activities, safe space and activities on engagement, as well as religious rituals of a population affected by disaster contribute positively to their well-being and health as a whole. Compared to this thesis another kind of target group and context were in focus. The study by Subandi et al. (2014) also comes to the conclusion that religion and spirituality is a significant resource to cope with disaster and distress. Related to this thesis, the focus here was merely on religion and spirituality related to mental health. Further, the target population were individuals and not humanitarian organisations. While Kühhas, Taaka and Bragin (2018) exclusively address MHPSS in relation to South Sudan, their findings also include a significance of religion and spirituality in relation to well-being. Although the study by Nahlbom (2018) had a similar conceptual approach as this thesis, it focused on the Japanese context. Further, while the focus also was on organisations, the assessment is mainly based on individual experiences, i.e. not the organisations as a whole. Although considering another context, the study by Schafer (2010) also focused on organisations regarding their capacity on religion and spirituality in MHPSS.
2.2. Theoretical Framework

As a support to guide and answer the research questions this thesis integrated the ADAPT model and the IASC Guideline on Mental Health and Psychosocial Support. With the aim of further delimiting the theories to fit the aim, the ADAPT model is complemented by a developed version and the IASC MHPSS Guideline is complemented with the close related Faith-Sensitive Guideline. As this study is conducted by using a case study design, the elaboration of a theory is a significant part of the design, by either developing or testing a theory. As the theory in a case study inter alia influences the research questions, units of analysis and the analysis of the data it can therefore be described as a blueprint for the study (Yin, 2009, pp.35-37). This chapter describes the theoretical framework for this study.

2.2.1. The ADAPT model

In the article “Understanding Community Psychosocial Needs after Disasters: Implication for Mental Health Services” by Silove et al. (2006) the Adaption and Development after Persecution and Trauma (ADAPT) model is presented. The ADAPT model offers a conceptual framework to assess psychosocial systems which have been undermined by disasters and provide tools to support recovering processes. Even though the impact of disasters differ in their form and the social or cultural context they occur in, similarities regarding the type of threats and related psychosocial responses can be identified. Disaster usually leads to chaos and delay in the proper response to address the human needs, while at the same time there is a chance that the context of the occurring disaster already was vulnerable before, and hence does have a low capacity in dealing with mental health and psychosocial issues. Against this background the use of the ADAPT model becomes in particular relevant considering the knowledge it can provide and thereby streamline the humanitarian response. Considering limitations of resources humanitarian actors might face, the need for prioritising the type of interventions made is crucial (Silove et al., 2006, p.121).

If a humanitarian intervention is supposed to target the issue of trauma, the concept needs to be defined. Such a currently official definition is provided by Silove et al. who
are referring to the definition of Post Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association from 1980:

The current diagnostic system, DSM-IV TR, defines a psychological trauma as an event that threatens the life or integrity of affected persons or those close to them in a manner that evokes horror, fear or helplessness. Clearly, large sectors of the population will experience one or more events meeting this definition in settings of war, mass conflict, or overwhelming natural disasters such as the tsunami that struck South Asia. (Silove et al., 2006, p.122)

Furthermore the condition of PTSD includes the following symptoms:

Intrusive imagery and memories of trauma (flashbacks, nightmares, periods of dissociation in which the person feels and acts as if the trauma was recurring; avoidance and numbing, including phobias of places or events that trigger trauma memories, social withdrawal, and a general dampening of emotions; and hyperarousal or overactivity of the autonomic nervous system, including symptoms such as poor concentration and memory for new events, startle reactions, sweating, palpitations, irritability, and insomnia. (Silove et al., 2006, p.122)

Even though these definitions provide a solid basis as a target for humanitarian interventions, it must be noted that PTSD is not the single psychological reaction to trauma and disasters. However, when considering a proper humanitarian intervention one must look at the persistence and type of responses which are influenced by inter alia gender, culture and social context or as Silove et al. put it the ecosocial environment. Hence, evidence has suggested that in particular the establishing of safety and security is a crucial factor to achieve a spontaneous recovery of the largest possible population amount (Silove et al., 2006, p.122).

The ADAPT model is based on this factor, suggesting that there are a range of key psychosocial domains which are threatened or compromised by disaster and have to be repaired in order to achieve recovery for both the individual and the community. The domains identified by Silove et al. are security and safety, interpersonal bonds and networks such as family, community and society, justice and protection from abuse, identities and roles such as parent, worker or student and lastly institutions that provide existential meaning such as traditions, religion and spiritual practices. Humanitarian interventions can target these domains by establishing safety and security, reuniting families and communities, establishing systems of justice as well as work and re-
establishment of livelihood through education and trainings. Furthermore identities can be established and institutions that facilitate religious practice and cultural tradition can be re-created. Also the provision of opportunities to participate in governance has the potential to create meaning. It can be noted that the ADAPT model proposes a multi-level approach that considers the individual, the family and the whole community, hence aiming for a community-wide recovery (Silove et al., 2006, p.123).

Silove develops the ADAPT model in the more current article “The ADAPT model: A Conceptual Framework for Mental Health and Psychosocial Programming in Post Conflict Settings” from 2013. However, as the title of the article suggests the model is described in relation to a post conflict setting in contrast to the context of natural disaster targeted in this study. Nevertheless, the model is the same, including the principle of psychosocial domains or pillar which are compromised and have to be repaired. Hence, the domains are Safety and Security, Bonds and Networks, Justice, Roles and Identities, and Existential Meaning. The domains, in this conceptual framework referred to as pillars, are however described to a much more detailed extent and additionally listed in an exhaustive table. On the pillar of Safety and Security the conceptual framework understands trauma after disaster as a survival mechanism which is supposed to prepare an individual for a similar future threat. However, in some cases the response can become dysregulated in the way that traumatic reactions even occur if there is no threat. Furthermore, there is a risk that traumatic stress might become chronic and disabling. Reasons for such reactions could be an ongoing threat, uncertainty about the future, lack of control, absence of social support of resources. Targeted interventions could include informing of policymakers to stabilise the environmental conditions or education of the population on short term responses or capacity building through the provision of stress management techniques (Silove, 2013, pp.237-241).

On the pillar of Bonds and Networks Silove highlights grief as a common reaction which is normative to a certain degree, but has the potential to be dysfunctional leading to depression for instance. Interventions should focus in relief and include activities such as re-uniting of families and pre-existing networks, and re-integrate pre-existing networks and communities. Furthermore, culturally mourning rituals could be supported in order to assist the normal grieving process (Silove, 2013, p.242).
The pillar of justice plays a crucial role in a post conflict setting when considering measures such as truth and reconciliation commissions. However, the pillar reveals insight which is more generally applicable. First, a persisting occupation with past injustices related to persecution and human rights violations can lead to maintained psychological symptoms. While anger is a normative and justified response to injustice, some survivors might have explosive anger with social consequences when directed towards other individuals or the society. Even though persecution might not be associated with a natural disaster, human rights issues might exist. Hence, psychosocial interventions can play an active role in promoting justice by centralising human rights issues when relevant. After the event of a disaster, Individuals and communities should be met with acknowledgement, dignity, respect and empowerment (Silove, 2013, pp.242-243).

Even though Silove in the pillar of Roles and Identities on the one hand focuses on disrupted identities due to mass conflict, the disruptive effect on the identity due to displacement on the other hand plays a crucial role. This becomes in particular significant considering possible displacement after natural disaster. Consequences such as unemployment and lack of social support have the potential of a deteriorated mental health condition. Issues regarding the identity can for instance lead to withdrawal, isolation or depression which in turn leads to social consequences and individuals losing their sense of belonging or function. Possible interventions could be the promotion of the rights of survivors regarding education, work, opportunities and participation. Also, family based psycho education has the potential to support role transitions and adaptation. Hence, partnership with agencies which can provide these services are a possible approach (Silove, 2013, pp.243-244).

The fifth pillar of Existential Meaning is based on the hypothesis that all individual require a narrative to make sense of their lives. A disaster situation can lead to the disruption of this meaning system, either making survivors question or re-interpret fundamental worldviews. Articulating meaning in the face of displacement is for instance a significant task for refugees. An intervention could target this task supporting and resonating with the existential uncertainties which have occurred. As Silove further describes, even though there are five independent pillars identified, these have to be understood as a combined basis for recovery (Silove, 2013, p.244). Hence, considering the focus of this study, cultural and traditional factors do not only play a role in the pillar of existen-
tial meaning, but can also be seen as part of other pillars. An example of this is the support of traditional mourning rituals apparent in the pillar of Bonds and Networks.

2.2.1.1. Adapted ADAPT model

In the chapter “Existential Meaning-Making and Ritualizing for Understanding Mental Health Function in Cultural Context” in the book “Construct of Meaning and Religious Transformation – Current Issues in the Psychology of Religion” (2013) Valerie DeMarinis develops existing psychological theories and models on post-trauma by putting the concept of existential meaning and rituals at the centre of these. The theoretical considerations by DeMarinis therefore naturally connects to the fifth pillar of the ADAPT model and develops it.

For DeMarinis, the process of existential meaning-making can be described as the strategy of people “to find their way, through different paths and experiences, to and through existential meaning and its ritualising expressions” (2013, p.207). Further, existential ritualising can be understood as the efforts related to the expressions of meaning applied to how life is and should be lived. Such rituals can be religious, spiritual, or a mix of different traditions, and they can be either conscious or unconscious. The concept of rituals is more generally defined as “activities of significance that help us make meaning and order out of living” while the more specific definition of existential rituals includes “activities that help to contain and maintain our existence” which further are a necessity for mental health and well-being (DeMarinis, 2013, pp.207-211). Accordingly, this offers a distinction of the different kind of rituals one can focus on. However, when put into a religious context a further consideration can be made which DeMarinis describes as follows:

For the individual’s experience of religious ritual to function in a psychologically healthy way, such experiences need to provide nurture to the imagination and to be a source of stability and belonging in a community context (2013, p.211).

This stresses the issue that religious rituals not per se have a positive impact on psychological well-being, but have to be evaluated in their context. Hence, another conceptual focus of DeMarinis is culture.
The definition of culture used by DeMarinis is the following:

Cultures can be transitory or enduring (e.g., ethnocultural life styles), and always dynamic (i.e. constantly subject to change and modification). Cultures are represented internally (i.e., values beliefs, attitudes, axioms, orientations, epistemologies, consciousness levels, perceptions, expectations, personhood), and externally (i.e. artefacts, roles, institutions, social structures). Culture shape and construct our realities (i.e. they contribute to our worldviews, perceptions, orientations), and with this ideas, morals, and preferences (2013, p.212).

This definition reveals that the concept of culture is obviously a complex one. However, related to her model a key consideration is that existential meaning making and ritualising experience are expressed and experienced differently depending on the different influence of different cultural contexts. Thus, trauma can be experienced by all people, independently of which culture they are living in. However, the impact of the trauma experience differs. Based on that, a conclusion which can be made is that the response of people to trauma is related to mental health and psychosocial resources available to them (DeMarinis, 2013, pp.212-213). Up to this point, the concepts of existential-meaning, rituals, culture and their relationship has been described. Further, this description also offers a basis for considerations on how to think about interventions.

According to DeMarinis, after an event leading to trauma, there is need to identify peoples’ losses or changes and ways to support their available resource systems. Here, the linkage to Siloves ADAPT model and the five identified resource systems are made. DeMarinis highlights the existential meaning system as a central component of the model. Therefore, she suggests that intervention resources aimed at this level can make a significant difference in supporting coping processes at all community levels. Based on the concepts of existential meaning, culture, and the ADAPT model, DeMarini’s model includes an outer layer which involves the cultural context, such as political dimensions and the situation of health care institutions. The next layer includes four of the systems identified in Silove’s ADAPT model and are Security/Safety, Attachment, Justice, Role/Identity. This layer is followed by the Existential meaning system which also marks the core of the model, and thereby also of the other systems. The central placement of the inner layer is motivated by its importance and impact on the other layers or systems as one needs to make meaning of experiences. Within this layer, rituals related to meaning making can also be identified (DeMarinis, 2013, pp.213-214). With the core
focus being on existential meaning, rituals and the addition of culture, this developed model has some valuable implications for the aim of this study, namely the focus on religion and spirituality within a specific cultural context as established in the introduction.

2.2.2. IASC MHPSS Guideline on MHPSS in Emergency Settings

The Guideline on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings Inter-Agency are too exhaustive to consider as a whole and the document is also not supposed to be used as a fully developed theory. Therefore, isolated concepts within the guideline have been considered which in particular serves a complementing purpose to the ADAPT model. In the guideline it is also proposed that it can be used in a selective manner, allowing to focus on the factors of most relevance (IASC, 2007, p.7). In line with the purpose of this study, the factors focused on in the guideline are the aspects of religion and spirituality. Moreover, the guideline provides concrete strategies which complement the ADAPT model within the domain of religion and spirituality. IASC who provides the guideline was established by the United Nations Generally Assembly for the purpose of supporting coordination, policy development and decision making for humanitarian agencies (IASC, 2007, p.18). The creation of the guideline is based on the psychological and social impact armed conflicts and natural disasters cause to the affected population which, apart from having a short-term impact, might lead to disruption of peace, human rights and development in the long-term. Therefore the mental health and psychosocial well-being of survivors must be protected and improved. Nevertheless, the guideline identifies that there has been a gap of an appropriate framework to enable proper responses throughout the humanitarian sector which the guideline is supposed to fill (IASC, 2007, p.1).

The IASC MHPSS Guideline adheres to a set of core principles which are Human Rights and Equity, Participation, Do No Harm, Building on Available Resources and Capacities, Integrated Support Systems and Multi-Layered Supports. While most of these are similar to generally common core principles of the humanitarian sector, the last principle requires a particular consideration due to its meaning for mental health and psychosocial well-being as apparent in the guideline. Multi-Layered Support in re-
lation to MHPSS means that the needs of different groups must be met and hence be targeted concurrently. These groups can be illustrated in a four layered pyramid where the highest number of people is at the bottom and the least amount of people in the top. The first layer from the bottom represents the protection and establishment of basic services and security. The second layer of community and family support targets a smaller number which have the capacity to maintain mental health and psychosocial well-being when supported regarding their social bonds and networks. The third layer is focused, non-specialized support, which is aimed for survivors which need more support to the degree that it can be provided by trained humanitarian workers for instance. The top layer targets the smallest group of people, which in spite of the former support suffer severe mental disorders and therefore are in need of specialised health care services (IASC, 2007, pp.9-13). For clarification the intervention pyramid is illustrated below in Figure 2.1.

![Figure 2.1 Intervention Pyramid (according to IASC, 2007, p.12)](image)

In accordance with the purpose of this study the selective focus will be on the guideline’s considerations regarding religion and spirituality. Thus, in particular the so called Action Sheet “5.3: Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices” under the domain “Community Mobilisation and Support”
appears to be relevant (IASC, 2007, pp.vii-viii). In the Action Sheet 5.3 the guideline points to the potential cultural, spiritual and religious stress which might occur in emergencies on a collective level. This has shown itself to be a common response by many survivors’ in especially non-western societies and might for instance occur due to the inability to perform cultural burials or other religious and spiritual rituals. An effective countermeasure is the appropriate enabling and support of such practices, for instance including burial rituals or cleansing and healing ceremonies. This has the potential to increase psychosocial well-being while neglecting traditional practices can lead to the opposite by for instance undermining these. Hence, the guideline identifies the cooperation with religious leaders to be a crucial part in MHPSS in emergencies. However, traditional practices must still be assessed critically to see if they are in line with international standards of human rights. The guideline describes a set of specific actions which can be taken. (1) A specific action proposed by the guideline is the consultation with local religious and spiritual leaders on views and possible appropriate practices supportive of the affected people. This for instance includes the interviewing of local religious or spiritual leaders of the same religious group. However, also possible other beliefs within the population must be considered in order to not exclude any group. With the gathered information on religion and spirituality the local resources to support well-being can be more efficiently targeted. (2) Another specific action is to exercise ethical sensitivity by being critical towards some traditional practices. However, this must be done carefully in order to keep respect. If available a skilled translator can be used which also can act as a cultural guide. (3) A third specific action pointed out by the guideline is the learning about tradition and its related coping mechanisms by asking questions to the affected population. These questions could be about possible spiritual causes for the emergency, how the population has been affected spiritually, what happens to people in the case of death, what possible cultural practices could be performed and who can provide spiritual guidance. Generally, the guideline proposes repeated visits in order to build trust. (4) A fourth action includes sharing of the collected information within the humanitarian MHPSS sector. This can be done by holding coordination meetings including awareness rising on religion and spirituality. (5) Another action proposed is the creation of an environment where healing practices can be performed. Here it must be taken into account that these practices are in line with human rights standards. The practices can for instance be enabled by working with leaders and identify possible issues such as limitation of resources. Finally it should be noted that the Action Sheet
focuses on the general communal support for people who might not even be seeking care (IASC, p.2007, pp.107-108).

2.2.2.1. Faith-Sensitive Guideline

In 2018 the guideline “A faith-sensitive approach in humanitarian response – Guidance on mental health psychosocial programming” was published by the Lutheran World Federation (LWF) and Islamic Relief Worldwide (IRW) in lead, together with several other organisations and advisors. Briefly, faith-sensitivity in humanitarian contexts refers to the faith of the people affected by conflict, disaster or displacement and the guideline aims to support and be used by both secular and faith-based organisations. The guideline was created with the existing IASC MHPSS Guideline in mind. Hence, the Faith-Sensitive Guideline is also aimed at the organisation level. Furthermore, the guideline has taken the humanitarian context into consideration and follows a current approach of increasing commitment to the localisation of humanitarian responses. The Faith-Sensitive Guideline also adheres to the Do No Harm principle (LWF & IRW, 2018, pp.5-7). Considering the focus of this study, the guideline is a logical addition in order to complement the IASC MHPSS Guideline, by not only being closely linked to that guideline, but in particular through its focus on religion and spirituality.

Through the close linkage between the IASC MHPSS Guideline and the Faith-Sensitive Guideline, the latter offers a more developed analysis on religion and spirituality within humanitarian domains which are also described in the IASC MHPSS Guideline. Briefly, these domains are coordination, assessment, monitoring & evaluation, protection & human rights standards, human resources, community mobilisation & support, health, education, dissemination of information, food security & nutrition, shelter & site planning and water & sanitation (LWF & IRW, 2018, pp.11-12). In the following paragraphs, the practical considerations on religion and spirituality in MHPSS provided by IASC, is complemented by conceptual considerations on such approaches.

The IASC MHPSS Guideline for instance mentions coordination in relation to the inclusion and participation of religious leaders in coordination meetings. The Faith-Sensitive Guideline identifies coordination as something structural. Faith also exists on a structural level, and hence, religious actors as part of these structures can be involved
in coordination which means their inclusion in a way that affects concepts and actions. This is in particular relevant in contexts where local religious actors hold resources of significance for an affected population, i.e. social, physical or spiritual (LWF & IRW, 2018, p.13).

Of particular interest for this study is the focus on humanitarian organisations regarding their capacity and awareness of integrating religion and spirituality in their interventions. This issue is specifically considered under human resources in the Faith-Sensitive Guideline. According to the guideline organisation have to think of either having staff with knowledge and awareness of interacting with a variety of cultures and religions or recruiting staff who is in possession of such. Further, faith based actors might have a potential advantage in this regard. Such advantages for instance are pre-existing trust and access in the case that a local agency might share the same faith as the affected population. Independent of a MHPSS practitioner’s own faith, an understanding of an affected population’s cultural identity, expectation and coping strategy is beneficial. Therefore, the Faith-Sensitive Guideline suggests the integration of a faith literacy component in the training of humanitarian staff. Such training could be included as a cross-cutting theme in programming (LWF & IRW, 2018, pp.39-40). Compared to the IASC MHPSS Guideline mostly focusing on coordination with local faith leaders, the Faith-Sensitive Guideline also stresses the internal organisational capacity and specifically recommends targeted internal training and capacity building.

Another key factor for humanitarian psychosocial interventions is community mobilisation which also can be related to the IASC MHPSS Guideline recommendation of facilitating spiritual practices. The additional information provided by the Faith-Sensitive Guideline is the classification into two utilities of religion, the first one being belief and meaning (individual level), and the other one being religious practices (community level). By supporting and facilitating religious practices such as weddings and funerals, humanitarian organisations in particular have the potential to mark continuity with normality, i.e. impacting the community level. A significant consideration given by the guideline is therefore to use pre-existing structures and activities instead of creating new ones (LWF & IRW, 2018, pp.43-44).
According to the Faith-Sensitive Guideline, when considering religion in relation to health and well-being connected to coping processes after crisis, different studies have both shown positive and negative impacts of religion. Negative examples for instance include an increase of symptoms for depression or higher level of anxiety. Furthermore, different treatments of mental illness can be seen as problematic and people with mental illness might be stigmatised. Hence, in order to prevent such consequences, the Faith-Sensitive Guideline suggests the acknowledgement and respect of specific values and beliefs. This issue is for instance also regarded in ADAPT model in the fifth pillar of existential meaning. To counteract these negative impacts, the Faith-Sensitive Guideline, just like the IASC MHPSS Guideline recommends community dialogue sessions with faith leaders and humanitarian workers. Additionally, the use of sacred texts together with faith leaders is suggested as well as a particular focus on including people with mental health problems into the community (LWF & IRW, 2018, pp.50-53).

In a similar sense to descriptions and recommendations provided previously and related to other domains, the domain of dissemination of information also stresses the advantages of local faith leaders in humanitarian context due to their long lasting and pre-existing attachment to the context. This provides them with a significant function in advocacy and public awareness, i.e. reaching out with information. With this role in mind, the identification and use of already existing information forums to spread key messages is suggested (LWF & IRW, 2018, pp.65-66).

On the domain of food security the Faith-Sensitive Guideline assigns religion a role related to food, as it also can be an important feature of people’s identity. This for instance includes the type of food, and how and where it is consumed. Furthermore, the task of eliminating hunger in the world is a common feature of religious communities. Considering, once again, the rootedness of a faith community within the context of an affected population and its pre-existing work on food provision such a community might already possess important insights on the most vulnerable people in need as well as on the appropriate way to provide it (LWF & IRW, 2018, pp.69-71). As the relation of religion and spirituality with food security is not mentioned earlier in this paper, the consideration of such adds another factor.
Both the IASC MHPSS Guideline and the Faith-Sensitive Guideline describe a range of consideration on the role of religion, spirituality and related faith leaders, including their potential positive and beneficial impacts in particular humanitarian contexts. Further, the guidelines also provide various recommendations on how these can be integrated or mainstreamed in humanitarian interventions. However, in particular related to a Do No Harm approach, challenges on the integration of religion and spiritually in a humanitarian context require consideration. The Faith-Sensitive Guideline includes a section on circumstances when partnering with local religious actors in not accepted. Such circumstances include an exclusive view by religious actors and the potential of religious beliefs to be related to conflicts and tensions in a community. Furthermore, the guideline refers to a list of criteria established by the United Nations Development Programme (UNDP). Briefly, these criteria are exclusion and proselytising, stigma and discrimination, no focus on vulnerable groups, gender inequality, connection to violent groups, and lack of transparency. Related to these criteria also mitigation strategies are provided. These include inter-faith dialogue, new strategic entry points, capacity building, internal training and United Nations coordination, conflict management training, and mediation support for religious leaders (LWF & IRW, 2018, pp.28-30). While the challenges reveal the need for careful consideration when working with the integration of religion, spirituality and faith leaders in a humanitarian context, the provided mitigation strategies also show that some of these are already included in the approaches and recommendations presented in the guidelines.

2.3. Working Model

In line with the abductive approach of this study (see 3.1.), the theoretical framework offers a useful basis for the interpretation and analysis of the result in chapter five as well as for the creation of themes which influenced the interviews. This is for instance apparent in the question section of the case study protocol (see Annex B). The working model describes the operationalisation of the theoretical framework on the case of this study, or to put it succinctly how the theoretical framework has been applied.

Based on the theoretical framework and the purpose of this study, four themes for analysis were identified. These themes are humanitarian actor and culture, MHPSS,
religion and spirituality, and recommendations. Both the ADAPT model and the IASC MHPSS Guideline, as well as the complementing models, feature considerations on these four themes to different degrees. Humanitarian actors are the intended main target of the ADAPT model, the IASC MHPSS Guideline and the Faith-Sensitive Guideline. In relation to the specific set of considerations regarding MHPSS made by the model and the guidelines, humanitarian organisations are considered as the main actors for addressing the needs of mental health and psychosocial well-being. The IASC MHPSS Guideline and the Faith-Sensitive Guideline clearly mention the involvement and role of the humanitarian sector in assuring proper responses. Furthermore, based on the adapted ADAPT model, culture can be determined as a surrounding and complex concept influencing all types of interventions. Hence, a first theme for interviewing and analysis concerns humanitarian actors and the surrounding culture influencing interventions. In the case study protocol and the interview guide this theme for instance led to questions regarding the role, objective and background of organisations as well as their contexts of interventions.

The theme of MHPSS relates to the general ideas about MHPSS in the ADAPT model, the IASC MHPSS Guideline and the Faith-Sensitive Guideline. Here it should be noted that, although religion and spirituality could be part of this theme, it is instead considered as a separate theme due to its particular significance for this study. The ADAPT model and the IASC MHPSS Guideline feature definitions of the MHPSS concept. This includes both a definition of mental health, psychosocial support and the combined concept. Although the ADAPT model is mostly concerned with psychosocial well-being, the IASC MHPSS Guideline also adds Mental Health, with the latter also being a more central perspective of the adapted ADAPT model. In this study this was considered through questions regarding the definition of MHPSS. Moreover, the ADAPT model is of particular weight for this theme as it is considered as a whole in this study, i.e. five domains. Therefore, excluding the domain of existential meaning, this theme mainly includes the concepts of security and safety, interpersonal bonds and networks, justice and protection from abuse, and identities and roles. The concept of security and safety according to the model led to questions regarding implementations which serve to stabilise the environmental conditions or build capacity of the target population. The concept of bonds and network was in relation to the ADAPT model used to describe responses which deal with relief, including re-uniting efforts and re-establishing of pre-existing
networks. The domain of justice led to questions regarding human right issues of affected individuals and communities and how these are met. The domain of roles and identities contributed to questions regarding the understanding of the disruptive effects a disaster can have on identities. More specifically, this concept did lead to questions regarding services which promote working possibilities and education. The definitions and these four concepts under the theme of MHPSS were used to identify and describe potential humanitarian interventions related to the provision of MHPSS and hence, contributing to mental health and psychosocial well-being.

The third theme is religion and spirituality. It relates to the ADAPT model through the domain of existential meaning and to the IASC MHPSS Guideline regarding the included considerations on religion and spirituality. Furthermore, both the adapted ADAPT model and the Faith-Sensitive Guideline are primarily concerned with these concepts. The role of the IASC MHPSS Guideline in this study is in particular related to its considerations regarding religion and spirituality in MHPSS. Moreover, even though the ADAPT model is concerned with religion and spirituality through the domain of existential meaning, it is just one of five domains. Therefore, the guideline is a significant support to the purpose of this study, by providing a more detailed approach on the role of religion and spirituality in MHPSS. The same is true for the more updated adapted ADAPT model and the Faith-Sensitive Guideline, both integrating religion and spirituality more strongly. This relation between the models and guidelines is illustrated beneath in Figure 2.2 Working Model. The concept of existential meaning according to the ADAPT model influenced this study by raising questions regarding the understanding on the way a disaster affects or disrupts a meaning system by for instance making affected people either question or reformulate their worldview. This led to questions regarding interventions which for instance might deal with existential uncertainties. Furthermore, questions concerning interventions which facilitate religious practice and cultural traditions were formed. The adapted ADAPT model more specifically targets the question of the experienced existential meaning by the affected population and related rituals.

The IASC MHPSS Guideline considers religion and spirituality in several ways. One part in particular raises questions regarding religious and spiritual stress on a collective level as this is known as a common response, for instance occurring due to the lacking
ability to perform religious and spiritual rituals. Accordingly, questions were formed which concern the facilitation of conditions for appropriate communal, spiritual and religious healing practices. Such questions also included considerations regarding the consultation with local religious and spiritual leaders, ethical sensitivity, information gathering and trust building with the affected population, sharing of gathered information and the creation an environment which allows for traditional practices. The Faith-Sensitive Guideline provides more specific considerations on the integration of religion and spirituality, which in turn can be related to the four non-existent meaning domains. The guideline further poses questions on challenges and mitigation strategies on the integration of religion and spirituality in MHPSS interventions. The consideration given to this theme by the models and guidelines was used to identify and describe potential humanitarian measures related to the role of religion and spirituality in MHPSS.

The last identified theme relates to the purpose of the ADAPT model, the IASC MHPSS Guideline and to the second purpose of this study, i.e. the provision of recommendations regarding the integration of religion and spirituality in MHPSS. A purpose which can be identified throughout the overall theoretical framework is to provide tools and streamline humanitarian response as the ADAPT model phrases it. In the updated version of the ADAPT model this is already clarified in the title where it is referred to Mental Health and Psychosocial Programming. The IASC MHPSS Guideline, even more so does this by attempting to provide concrete strategies. While the adapted ADAPT model considers the integration of religion and spirituality more on an individual mental health level, the Faith-Sensitive Guideline adds recommendations to the IASC MHPSS Guideline. This aspect of the theoretical framework enabled the possibility of this study to not only describe MHPSS and the role of religion and spirituality in a specific context, but also to provide recommendations. The models and in particular the guidelines provide considerations on specific actions which can be taken in humanitarian intervention. Accordingly, this identified feature was used by forming questions regarding issues and improvements in the implementation of MHPSS and the integration of religion and spirituality. Moreover, this approach is also in line with the description and call for action approach of this study further mentioned in 3.3.3. These four themes, as well as the used models and guidelines, and their relation to each other is visualised in the following illustration figure 2.2.
Up to this point the working model has clarified the relations between the conceptual models and guidelines within the theoretical framework, as well as how the theoretical framework was utilised by supporting the establishment of the major themes for the analysis in this study. The themes also relate to the codes, both predetermined, and established during the analysis of the data, confirming the abductive approach of this study. This is visualised in the following figure 2.3.
<table>
<thead>
<tr>
<th>Themes</th>
<th>Category Codes</th>
</tr>
</thead>
</table>
| **Humanitarian Actor and Culture** | • targeting affected population  
• goals, structure, background  
• operational area  
• contextual culture |
| **MHPSS**                       | • defining MHPSS  
• working with local resources  
• considering security and safety  
• considering interpersonal bonds and networks  
• considering justice and protection  
• considering identity and roles |
| **Religion and Spirituality**   | • relating to religion and spirituality  
• defining religion and spirituality  
• disaster impacting worldviews  
• interventions on existential level  
• local rituals and their facilitation  
• integration of religion and spirituality in other domains  
• faith leaders and faith structures  
• risks and mitigation strategies  
• organizational capacity on religion and spirituality  
• local religious and spiritual needs |
| **Recommendations**             | • awareness on related policies and guidelines  
• policies and guidelines used  
• policies and guidelines impact  
• challenges  
• gaps  
• improvements |

Figure 2.3 Summary: Themes and Codes
Chapter 3 Method

The aim of this chapter is to present the methodological procedure, going from the broad assumptions to the detailed practical actions to take. This includes decisions to be taken in three levels. These can be categorised as the overall research approach, the research design and the research methods. The decisions in the different stages are not made randomly but are for instance related to factors that specifically characterise the context and questions of the study, pre-knowledge and whom the study is aimed at (Cresswell, 2014, p.31). With these considerations in mind, this chapter will present the decisions made for the study in the three stages.

3.1. Research Approach

The research approach can be defined as the overall plan of a study. Three common research approaches are the qualitative, quantitative and mixed methods approach. It can be noted that these not are defined as totally opposing each other but instead tackle different kind of questions related to a study. Hence, a study might not be solely qualitative or quantitative but being more of the one or the other. In this relation the mixed methods approach can be desribes as in the middle of the two former (Cresswell, 2014, pp.31-34). This study is utilises a qualitative approach which according to Cresswell can be defined as follows:

...an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participant’s setting, data analysis inductively building data. The final written report has a flexible structure. Those who engage in this form of inquiry support a way of looking at research that honours an inductive style, a focus on individual meaning, and the importance of rendering the complexity of a situation (Cresswell, 2014, p.32).

The advantage of the qualitative approach is firstly that the perspective of the people studied is taken into account. This makes sense considering that people are attributing
meaning to their environment which can be identified through a qualitative approach. Another advantage is the possibility to make use of abductive reasoning (Bryman, 2012, pp.399-401). An abductive approach implies an interaction between theory and data, or to put it succinctly, it is an interaction between a deductive and inductive approach. In practice this means that data is investigated and that the insights made from the data is related to the theory which in turn is related to the data (Alvesson & Sköldberg, 2009, pp.5-6). A third advantage is description and emphasis on the context. While detailed contextual descriptions might seem trivial, these are mostly significant in qualitative research as they are important for the subjects of the study and give insights on their relation to the environment they are living in. Finally, the qualitative approach has the advantage of flexibility and a limited structure (Bryman, 2012, pp.401-404). Most of these advantages can be seen as a rationale for the choice of the qualitative approach in this study. Considering the purpose of this study it makes sense to gather information from individuals including their personal perspectives as they have much more experience in the research context. Furthermore, the use of an abductive approach is already apparent in the articulation of the research questions and selection of the theoretical concepts of this study. The emphasis on the context is also displayed through the purpose of this study.

3.2. Research Design

The research design is the type of study within the chosen research approach. More specifically it defines the inquiry of the methodological approach giving it a direction (Cresswell, 2014, p.41). What should be taken into account in qualitative research is that it follows an emergent design. This implies that the research process or plan cannot be fully described prior to the study itself as changes might occur in relation to the practical process. This might happen during the data collection where certain circumstances could influence the research design (Cresswell, 2014, p.235). The research design is also related to the criteria applied in the evaluation of social research which is covered more detailed under the separate heading of validity and reliability below (Bryman, 2012, p.45). In relation to the qualitative approach of this the research strategy selected for this study is a single case study which can be defined in the following two-fold way:
A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident.

The case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection and analysis (Yin, 2009, p.18).

A case study can be used in a broad variety of situations where the aim is to increase knowledge on individuals, groups, organisations and phenomena related to these. The case study allows investigating real-life events such as organisational and managerial processes (Yin, 2009, p.4). This aim also applies to this study. Some basic criteria for identifying if a case study is the appropriate design for a study is the form of the research questions which should be “how” or “why” questions, no possibility for controlling behavioural events and the focus on contemporary events. It could also include a “what” question if it is exploratory in its nature. Nevertheless, just being an exploratory question in itself does not indicate the use of a case study; instead it should for instance deal with some form of testing of a case (Yin, 2009, p.8). Considering the specific aims and research questions, as well as the context of the study it is apparent that the three criteria can be applied to it.

The research design of a case study should give considerations to the following five components: The questions of a study, the propositions of a study, the unit(s) of analysis, the logic linking the data to the propositions and the criteria for interpreting the findings. After the establishment of research questions supported by previous literature and studies and an elaboration of propositions through theoretical considerations as seen prior in this study, the case study design requires the identification and articulation of (a) case(s) or unit(s) of analysis. A case could for instance be an individual person who is studied or several of these as a multiple-case study, as well as an event or entity including programs or implementation processes. The basis for an articulation or specification of the unit of analysis is based on the research questions (Yin, 2009, pp.27-30). The general case of this study, based on the research questions is “Religion and Spirituality in MHPSS of implementing humanitarian organisations in Indonesia”.
Relating to the unit of analysis the case study can be further specified into one of four different case study types. These different types consider the relation between the case and the context. Accordingly, two different types are the single-case design, relating the case to one context, and the multiple-case design, relating the case to several contexts. Moreover, the case in each of these types can further include several units of analysis, called an embedded design. This leads to a total of four different types of case studies (Yin, 2009, pp.46-47). This study can be identified as an embedded single-case design, meaning there is one case including several units of analysis relating to one context. By using this design, the identified context is Indonesia and the embedded units of analysis are the several humanitarian actors within the context (Yin, 2009, pp.50-52). Considering the identified case and subunits, a logical relation between the case, subunits and context can be concluded, making the embedded single-case design a reasonable selection.

3.3. Research Methods

The research method includes the specific practical procedures of a study comprising the collection of data, its analysis and interpretation (Cresswell, 2014, p.31). The following sections provide a description of each component.

3.3.1. Sampling Phase

The sampling in this study followed a sequential a priori purposive sampling approach by more specifically using the snowball sampling technique. In qualitative research, the most common form of sampling is purposive sampling which basically is done by the selection of units and thereby is based on the units mentioned for investigation in the research questions. Purposive sampling allows a researcher to sample in a strategic manner. However, because the selection of samples is based on a specific context and for instance organisations or people within this context relevant to the research questions, a researcher must employ relevant criteria of what leads to the inclusions or exclusion of units of analysis. Further distinctions of purposive sampling characteristics
are made between sequential and non-sequential approaches and a priori and contingent sampling approaches. In a sequential approach the sampling process is an evolving one, meaning that new samples are successively added to the initial one, in contrary to the non-sequential approach, also called fixed sampling strategy. In an a priori approach the criteria for the selection of units is set at the beginning of the study, while the criteria evolve in a contingent sampling approach (Bryman, 2012, pp.416-418). A more specific practical technique within purposive sampling is snowball sampling. In snowball sampling a researcher starts with a small group of samples related to the research question. These will in turn suggest other relevant units of analysis. The technique is for instance recommended when a network of units are in the focus of a study (Bryman, 2012, p.424). In practice a smaller group of units of analysis were selected which did fit the criteria of the study. However, as the most relevant were the ones which deal with MHPSS, snowball sampling allowed finding the most relevant units of analysis in relation the research questions.

3.3.2. Data Collection Procedure

The data collection is based on the sampling, i.e. the units of interest for this study which also indicates the type data to be collected. The collected data can both be retrieved from interviews and documents. In qualitative interviews face-to-face or telephone interviews with participants are conducted. The interviews are usually unstructured and the questions asked are open-ended allowing for participants to answer in a open way. Additionally, focus group and e-mail internet interviews can be conducted. The advantage of interviews is that specific and relevant questions can be asked. Collected documents which are used can for instance consist of public or private documents. They have the advantage of being accessible in a convenient way and the data is usually well formulated (Cresswell, 2014, pp.239-244). In the more specific approach of conducting a case study also a case study protocol should be developed, containing the four sections of “Overview of the Case Study”, “Data Collection Procedures”, “Data Collection Questions” and “Guide for the Case Study Report”, hence including more than just the questions of the interviews (Yin, 2014, pp.84-92). In this study, the sampled organisations are the units of analysis which served as the target for the data collection through interviews and documents. A full list of the organisations can be found in
Annex D. The questions were formed in line with the research purpose and questions and the theoretical framework. The pre-constructed research questions are available in Annex C.

3.3.3. Data Analysis Procedure

The analysis of the data in this study included the general process of organising and preparing, and coding the data, and the more specified approach of analysing and interpretation of the data linked to the research approach and design.

In qualitative research the data analysis is often not just conducted in the end of the data collection, but already takes place during the data collection through directly write ups of findings and writing of memos. As the data usually is of large amount, the aim of the data analysis is to aggregate it into smaller sections of themes (Cresswell, 2014, p.245). The total data analysis procedure can be broken down into the phases of compiling, disassembling, reassembling, interpreting and concluding. The first phase is the process of importing the collected data into a database in order to make it workable. The main occupation of the disassembling phase is the coding of the data. The aim of the coding process is the move from the data to a more conceptual level. This is done by assigning sequences of the data a code which at this stage can be closed related to the data and is called a level one or in vivo code. These can then be summarised into so called level two or category codes. These can then be further combined into themes closely related to the theoretical concepts (Yin, 2015, pp.184-200). In the interpreting phase the reassembled data is now given meaning. The data is interpreted depending on what the aim of the study is and can for instance be a description, a description plus a call for action or an explanation. The final step of the analysing procedure is the concluding phase which links the interpretation to the conceptual level (Yin, 2015, pp.220-235). This study followed the general phases of the data analysis procedure. The interpretation process followed the aim of description plus a call for action. The full process of the formed themes used for the analysis and interpretation of the data, and also a summary of level two category codes, also relating to the theoretical framework, can be found in 2.3.
3.4. Qualitative Validity and Reliability

Criteria in social research relates to the concepts of reliability, replication and validity (Bryman, 2012, pp.46). The purpose to include consideration regarding reliability and validity is to ensure accuracy and credibility of the findings. In qualitative research validity deals with the checking for accuracy for certain steps in the process and includes considerations regarding trustworthiness, authenticity and credibility, while reliability is concerned with the consistency of the research approach compared to other researchers and studies. Another criteria which has to be given consideration is generalisation within qualitative research as it commonly is rather considered as a criteria related to quantitative research (Cresswell, 2014, pp.251-253).

One criterion is construct validity which aims to ensure that correct operational measures concerning the theoretical concepts are being used. With other words, the operational measures used must be legitimised not by this study only, but they must be apparent and legitimised through other sources as well. The practical strategies to support this for instance includes the use of multiple sources of evidence (Yin, 2009, pp.40-42). In addition, this strategy can also be described with the concept of triangulation which suggests that different data sources of information should be used to justify concepts (Cresswell, 2012, p.251). In this study, the construct validity criterion has been applied through the use of several data sources including both documents and interviews.

External validity is concerned with the question to which extent the findings of a study can be generalised, i.e. if the findings could be applied to another context for instance. In case studies this type of generalisation does not apply because, whereas for instance survey research makes statistical generalisations, in case studies analytical generalisations are made. Briefly, analytical generalisation means that the findings of a case study are generalised in relation to theories. This means that if a theory could be successfully applied to a case study, this theory could also be used for other similar cases (Yin, 2009, pp.43-44). This study relates to external validity by including a set of theoretical frameworks which can be tested and modified.
The criterion of reliability requires that another researcher should be able to conduct the same case study resulting in the same findings and conclusions, by following the same procedures and applying them to the same case. A strategy to achieve this requirement is the exact documentation of the followed procedures. This can for instance also be supported using a case study protocol (Yin, 2009, p.45). Accordingly, this thesis describes all operational steps as detailed as possible and includes a case study protocol.

3.5. Ethical Considerations

As research involves the collection of data from people and about people a study needs to take into account ethical issues related to study. Hence, a study including participants’ needs to protect them, develop a trustful relationship, promoting integrity and avoid misconduct and impropriety on for instance organisations part of the study (Cresswell, 2009, p.132). Ethical considerations are also of particular need in case studies as these mostly deal with contemporary human affairs (Yin, 2009, p.73).

At the stage prior to the beginning of the study the specific code of ethics of the relevant professional association must be considered. These can usually be found as published standard of codes (Cresswell, 2014, p.134). Such a standard is for instance provided by the Swedish Research Council. The first principle is the information requirement which requires the researcher to provide participants of a study with information on the researcher’s formal personality, about the project and the terms of participation. The second principle is the requirement of consent which requires the retrieval of some kind of official consent. The third principle is the requirement of confidentiality which points to the researcher’s need to trade all information of participants in a confidential way. The fourth principle is the utilisation requirement which implies that collected material from individuals may only be used for the purpose of research (Vetenskapsrådet, 2002). These principles were integrated in this study. Accordingly, through email the participants of this research project received an introduction of me and the study and were informed about the terms of their participation. Moreover, information was provided on how their information would be used and stored. Insurance regarding confidentiality was also given. This is apparent in Annex A. and Annex C.
Furthermore, the researcher needs to avoid exploitation of participants. Exploitation could for instance include the situation that a researcher just leaves the interviewees after the data collection without giving them anything back. However, interviewees could for instance be rewarded by receiving the final research report (Cresswell, 2014, p.137). Avoiding exploitation of the participants was considered by offering them the final research thesis once it is completed.

Another issue to be considered is to respect the privacy of participants. In the analysing process this can be achieved by correctly managing the participants’ anonymity when presenting certain statements by for instance using pseudonyms (Cresswell, 2014, p.138). The anonymity of the participants is naturally ensured as they are only referred to as representatives of organisations, i.e. not mentioning names.

3.6. Research Material

As the units of analysis are relevant implementing humanitarian organisations in Indonesia the research material consist of information related to these, either in the form of first-hand information from interviews with representatives or in the form of second-hand data from organisations such as documents. A criterion of the material was its availability in English. Summarised the material consists of three interviews and 11 documents. A summary of the research material can also be found in the table in Annex D.

One organisation is PELKESI/ICAHS (Persekutuan Pelayanan Kristen untuk Kesehatan di Indonesia/Indonesian Christian Association for Health Services). The material relating to PELKESI includes an interview and three documents. The documents consist of one profile presentation and two project applications. Both project applications relate to the ACT Alliance, a coalition of 152 churches and church related organisation working in 125 countries (ACT Alliance, 2019). One is a Rapid Response Fund/No.11/2018 relating to the response to the earthquake-affected communities in Lombok, West Nusa Tenggara (ACT Alliance, 2018, RRF/No.11), and the other is a Rapid Response
Fund/No.4/2019 relating to the response of flash floods in Jayapura Regency, Papua (ACT Alliance, 2019, RRF/no.4).

Another organisation is YEU (Yakkum Emergency Unit). The material relating to YEU includes an interview and additional seven documents. The documents consist of a profile presentation, two project summaries, a programmatic framework, a project report and three project applications. The profile presentation is an internal document. The project summaries are on the Lombok earthquake response and the Palu, Central Sulawesi earthquake response. The programmatic framework is Yakkum’s MHPSS monitoring and evaluation framework in emergency settings. The project report is a finale narrative report from 2012 relating to the volcanic eruption of Mount Merapi in Yogyakarta in 2010. The three project application relate to ACT Alliance with one relating to a response in Lombok (ACT Alliance, 2018, RRF/No.11), a second one being a response in Central Sulawesi (ACT Alliance, 2018, IDN182), and the last one on a response in Yogyakarta (OCHA, 2011).

A third organisation is CWS Indonesia (Church World Service Indonesia) which adds to the material through an interview.

A last organisation considered is Muslim Aid Indonesia. The material includes the annual report ANNUAL REPORT 2017 Indonesia Field Office which can be retrieved online (Muslim Aid, 2017).

3.7. Methodological Reflections

The qualitative research approach chosen in this thesis has several limitations. The approach can for instance be very subjective in the way that it leaves the question open of why specific themes and topic were selected in the first place. Another limitation is the difficulty to replicate the study. A third disadvantage is the problem of generalisation which implies that a small sampling of interviews cannot be representative for a larger population or that the insights of a qualitative study in a specific context cannot be transferred to another context. Nevertheless, it can be noted that this is not the purpose of a qualitative study. The aim is instead to generalise the findings in relation to the the-
ory and thereby enabling qualitative theoretical conclusions, a process which is called analytic generalisation, or moderatum generalisations which suggests that certain aspects of a study allow for the recognition of patterns which in turn can be compared to findings of similar other studies. A last issue with qualitative research can be the lack of transparency in the process and the included decisions made. This issue is for instance related to the sampling of people chosen for interviewing (Bryman, 2012, pp.405-406). Some of these disadvantages cannot be tackled as they are a natural part of qualitative research. However, considering the problem of subjectivity, an abductive approach could for instance be seen as minimising the problem as themes can be related to theories and hence are not fully subjectively selected. Furthermore, the issue of transparency can be counteracted by considering criteria on reliability and validity. In order to avoid the disadvantages a quantitative or mixed methods approach could also have been chosen. However, while a quantitative approach regarding some questions, in particular on organisational capacity, could have been a useful addition, a very strict structure might have led to an absence of detailed contextual experiences. Accordingly, a mixed methods approach might have enabled to capture both parts.

The abductive approach adopted in this thesis affected the understanding, inclusion and use of theory. However, it can be noted that this differs from the common idea that the theory is developed through an inductive approach in qualitative research. Nevertheless, some qualitative studies have used theories for testing within a qualitative approach (Bryman, 2012, p.387). Considering the research topic, the topic already implies a use of studies related to the specific field of religion and spirituality related to MHPSS, and hence, an inductive approach was not chosen. A deductive approach could on the hand have been applied, focusing on testing the theories. However, while this is considered in the thesis it was not a main goal.

Other possible approaches can also be considered in relation to the selected research design. Some examples of other approaches are experiments, a history approach or a survey. However, these all pose issues. An experiment for instance separates the phenomena from the context, a history approach does usually not deal with contemporary issues and a survey is limited to the amount of variables it can identify and articulate (Yin, 2009, p.18). Considering the significance of the context in this study, as well as the contemporary situation addressed, a survey would probably be the only feasible pos-
sibility of these examples. Regarding the more specific features of the case study, a holistic design is another possibility which would make sense if there are not logical sub-units available. This could however make the case study too abstract. The embedded single-case design on the other hand, has a risk of shifting the focus too much on the subunits level and thereby losing the focus of the prime case (Yin, 2009, pp.50-52). It would have been possible to use a holistic case study which however would change the focus on organisations. The risk of the single-case design is addressed through the clear link made between the context and humanitarian actors.

The data collection procedure can be considered regarding the different sources from which the data was retrieved, i.e. interviews and documents. Some limitation with the interview is for instance that the information received does only reveal the perspective of the interviewee and that the presence of the interviewer might influence the answers. The limitation of collected documents on the other hand is for instance that some significant documents might in fact not be accessible and there might further be a lack of accuracy and authenticity (Cresswell, 2014, pp.239-244). These issues are mainly addressed through the triangulation of data, but were not possible with full consistency as can be seen in the collected material.

The criterions on validity and reliability have mostly already been discussed in 3.4. However, some additional notes can be made on some of the criterions. The issue of generalisation has already been touched upon. It poses a great challenge to this kind of study as the research material in relation to the humanitarian field is rather small and different contexts vary. However, the findings in this study could for instance be viewed as rather providing a smaller picture of the whole and confirming parts of the theoretical framework which in turn can be applied to other contexts and units. Further, this study does not relate to internal validity which concerns the task of establishing a causal relationship, i.e. the influence of one condition on another. The question of internal validity is only relevant to a study if it deals with the task of explaining how certain conditions have led to other conditions, for instance what causes can be identified as an influencing factor (Yin, 2009, p.42). As this study did not deal with such a question the criterion of internal validity was not relevant.
Chapter 4 Result

This chapter presents the content of the material, collected according to the data collection procedure. As described in Chapter 3, the research material collected in this study consists both of interviews and organisational documents. In the following both types of data are presented in a combined manner as they complement each other. The material is referred to, based on the designation in Annex D. Further, the result is structured according to the themes established in 2.3. A further division deriving from the working model are the category codes which are followed to some extent.

4.1. Humanitarian Actor and Culture

In this section, information on the humanitarian actors and the humanitarian context of their interventions is presented. The latter in particular focuses on the experienced and described cultural contexts. PELKESI is a faith-based organisation which operates through the ACT Alliance (PELKESI Interview). Consideration given to the organisation’s aim provides further information on its role:

The establishment of Pelkesi is aimed to assist the Churches in Indonesia to develop holistic health services which consist of physic, social, economy and spiritual, beside to develop partnership among Christian Services Organizations in the health sector (PELKESI Profile)

This is also summarised in PELKESI’s mission:

Mission: To provide the holistic health care services (PELKESI Profile).

Further, the PELKESI Profile also lists the main programme of the organisation to be within hospital, pastoral and disaster, as well as primary health care, advocacy and Health Education. The aim and mission of PELKESI, in particular the holistic approach, as well as their programme, show its role as a humanitarian actor. Further, the geographical context of its interventions according to their profile include Sumatra, Lam-
The interviewee representing CWS highlighted it being a faith-based organisation as well as its sectors of intervention and capacity to respond:

CWS is a faith-based organisation...by profile CWS responds to hunger, poverty, displacement and disaster. In Indonesia works like in MHPSS sector and then nutrition. Also livelihood, emergency response.

CWS always responded every time because Indonesia is like you know disaster area. So every time there is disaster CWS will start the programmes like emergency response and the step by step the mitigation response and then development respond (CWS Interview).

Accordingly, besides being a faith-based actor, CWS both works humanitarian and developmental. Here also the inclusion of MHPSS can be highlighted.

Regarding the culture of the contexts of intervention, the interviewee of PELKESI assessed the role of religion and spirituality in Yogyakarta or Indonesia in general as very central for peoples’ life. However, the interviewee also stressed that considering the organisation being Christian, and many people in Indonesia being both Muslim and Christian, PELKESI’s approach is to refer to a general feeling of togetherness and social cohesion independently of people’s faith by highlighting the common trait of being human to the population (PELKESI Interview). Hence, the interviewee reveals the experience of a religious context and also a general approach of PELKESI of working in such a setting. An additional observation of the context highlighted by the interviewee and the project applications relating to Lombok and Papua is the vulnerable situation of woman (PELKESI Interview; RRF Lombok; RRF Papua).

Consideration of the local context was also highlighted by the CWS interviewee:

...and also the local context. For example last time when there was a tsunami in Aceh, CWS tried to develop programmes that met the community needs. And also for example in Yogyakarta, the type of response is also different. And I mean the approach.
Every time CWS develops a programme, the first thing that we are considering is the local contacts and then also CWS working together with the community. So we did mapping on who are the stakeholder and how are they going to influence the program that is going to be implemented (CWS Interview).

Hence, it is described that the community needs are different dependent on the area of intervention as well as that the local community needs to be considered of being integrated, which ultimately also affects the approach.

YEU is another faith-based organisation as can be seen in their profile:

YEU is an operating unit of Yakkum (Indonesian Christian Foundation for Public Health), a foundation which was established by 2 big synods in Java, Javanese Christian Synods and Indonesian Christian Synods (YEU Profile).

Their profile furthermore shows its role as a humanitarian actor as can be seen in the following:

YEU was established in 2001 with mandate on inclusive emergency response including community participation in need assessment and aid distribution (YEU Profile).

As can be seen in the application and their narrative report of the Yogyakarta intervention YEU also adheres to several humanitarian guidelines:

In the spirit of providing humanitarian assistance, YEU pledges to abide by the humanitarian code of conduct, ACT code of conduct on sexual exploitation, abuse of power and corruption. In addition, YEU ensures that issues on gender, the need of vulnerable groups and environment are taken into consideration (IDN102 Report; ACT IDN102).

Relating to YEU’s experience of the general Indonesian cultural context of their interventions, its relevance and impact on the organisation is described by the interviewee in the following way:

What I have seen is that for the copying mechanism, because Indonesia is very. how do you call it, we can say most of our response is in the rural community where the culture is still a rich and also the community is still very solid and not so much individualistic like in the in the urban area. So most of the coping mechanism is related to the religion and also to the culture, and also the com-
Community support is really affecting the speed of the recovery of the community. For example, after the disaster they will help, how do you call it, the congregation there (YEU Interview).

The interviewee hereby describes the importance of both culture and religion in Indonesia in general and relates it to a feature of rural communities which is mostly the setting of the humanitarian interventions and opposed to urban areas. Furthermore, it described how this impact the response of the affected population after disaster, i.e. very community based. The interviewee further provided examples of how the cultural context influences the response of the affected population differently, depending on the region:

In some community they feel that disaster is a momentum. Like in Lombok this disaster is a momentum for the environment and also the people to clean them, like to renew the spirit. That kind of things is like a reminder that we have to conserve the environment. And well for Merapi they thought that the Merapi eruption is not a disaster but it is more like a gift from the nature because after the eruptions it will give a positive impact to the community where it makes the farm become more, the land, the soil becomes more, how do you call it, fruitful. And then the food provides good materials and gives a livelihood for the community, so they do not see it as harmful, but they see it as something that could affect the community positive as well.

In some communities they might have a different perspective on why there is a disaster, like for example in Central Sulawesi they say that it is because the God is angry because people are living sinful compared to the Merapi community where they see that disaster is something that is bringing opportunities for their people, while people in Lombok see disaster as the momentum for reflections and evaluating themselves how they should protect the environment because most of the livelihood and economic is coming from tourism (YEU Interview).

The comparison of three different contexts shows that while culture and religion are important in all three, it is expressed differently. Whereas disaster is seen as something positive in Yogyakarta by for instance providing fertile soil, disaster in Lombok is seen as a reminder that the environment must be protected as it is an important resource for tourism, and finally disaster is described as a punishment of God due to sinful behaviour by the population in Sulawesi.

A challenge presented relates to the impact of the local culture on YEU’s interventions:

When we tried to introduce the community based child protection program, when we wanted to develop the mechanism, the head of the sub field said that we already have the mechanism. For
example if a child has been harassed or sexually harassed by someone, there will be a mediation and then the victim will get married with the perpetrator. They think that the right solution marriage (YEU Interview).

The experience in a local context represents a cultural challenge YEU has encountered during their implementation.

Muslim Aid is also a humanitarian faith-based actor, which, even though an international organisation, also works in Indonesia. Their background is described in the 2017 annual report:

Muslim Aid was established in the UK in 1985 by community leaders from 17 Islamic organisations in response to the drought in the Horn of Africa. As a leading and well established faith-based British humanitarian charity, Muslim Aid’s work is governed by the teachings of Islam, such as compassion, empathy, generosity and helping others in need (Muslim Aid Report).

The report also reveals their areas and sectors of intervention in Indonesia:

In 2017, in several provinces in Indonesia such as; Yogyakarta, Aceh, East Java and West Nusa Tenggara, we provided water and sanitation facilities for the community, supported the children for education, nutrition and healthcare, provided business capital assistance to the poor women headed families, improved disaster preparedness in school and community and developed entrepreneurship training to the orphan and community. Besides, we also responded to the flood victims in West Nusa Tenggara (Muslim Aid Report).

4.2. MHPSS

This section presents the material regarding the organisations’ understanding of, and humanitarian interventions relating to mental health and psychosocial support, based on the pillars of the ADAPT model, however, excluding considerations on religion and spirituality which is covered in the next section. According to the representative of PELKESI, the organisation does not have an official internal definition of mental health and psychosocial support which is commonly used by all staff; however, the interviewee stressed that such definitions are probably known and used by some staff members or experts on headquarter level. Furthermore, the interviewee described a wide range of activities and approaches in PELKESI’s interventions which could be related to
Mental Health and Psychosocial support (PELKESI Interview). In the applications of the current responses in Lombok and Papua it can for instance be seen that PELKESI is part of interventions where also psychosocial components are included. In the project application of Lombok the following needs have been identified:

The affected population find themselves in a desperate situation, with many unmet vital humanitarian needs such as access to sufficient food, safe shelter and basic non-food items, health services and psychosocial support, safe drinking water, as well as sanitation facilities and hygiene infrastructure, hygiene promotion, livelihood activities, protection services, and adequate nutrition (RRF Lombok).

The identified needs show several components which could benefit from an MHPSS approach. The activities mentioned are therefore stated as follows:

1. Assessment focused on health, WASH, shelter, psychosocial support and livelihoods
2. Provided emergency health services in 12 temporary shelters, serving 386 patients (188 women, 198 men, where 65 of those are under five children and 68 older people).
3. Initial assistance in inclusive shelter management (RRF Lombok).

A more specific reference to the provision of shelter can be found in the application to the emergency response in Papua:

Overall objective / Outcome(s)
To facilitate and ensure the fulfilment of the basic needs and rights of the survivors in temporary shelters who were displaced and cannot return to their homes due to flash floods in Jayapura, in an accountable and inclusive manner (RRF Papua).

While directly having included psychosocial support in the intervention, other components, such as addressing accessibility and rights of the vulnerable groups, are included. The identified needs are also in line with the interviewee who mentioned that in particular mental health issues are observed during all responses, and hence acknowledges the need of MHPSS by using referral systems to other health actors. People are for instance living in a feeling of constant insecurity relating to their current situation and their future in the face of a new potential disaster which in turn has led to people not engaging in their daily activities and routines such as work and education (PELKESI Interview).
While PELKESI does not have specific MHPSS activities mentioned in their profile or in the explored emergency applications, the interviewee exemplifies conducted activities which are clearly related to MHPSS. For instance, according to the own experience during interventions, the interviewee has been involved in counselling activities for people which are expressing certain types of fear or suffer trauma. Further, interventions related to DRR, as a particular focus of PELKESI, was highlighted as something that provides a feeling of safety and thereby reduces uncertainties, in turn getting people engaged again. With other words, the organisation’s programme on DRR and thereby security and safety, aims at getting people back into their normal life, also considering the aspect of resilience by preparing them for the future. PELKESI’s intervention also includes consideration regarding the communication within communities and families, ensuring that this is possible in practical terms (PELKESI Interview).

The profile of YEU reveals that that psychosocial support is part of the organisation’s expertise. Further sectors of intervention also include shelter management, protection, education and livelihood (YEU Profile). Hence, YEU has a clear definition on MHPSS which is described as follows:

We have annual refreshments on what MHPSS is. It is emphasized that it is not only a clinical approach and it is also recreational activities which is needed to truly recover the psychological conditions of the affected community. We also try to educate our staff that everything is not a trauma, but it is more a normal response. Obviously, it is also a normal response to the unemployment symptoms as well as to the abnormality of the situation. That is how we define it, i.e. mental health and especially the psychosocial support, and also that there is a difference between psychosocial support and recreational activities, because in Indonesia people will label psychosocial support as recreational activities, especially with children. But actually it is not merely recreational activities, but how we could bring a sense of normalcy whether it is in the form of safe space or whether it is education…. to identify how we can try to bring back the sense of normalcy after the disaster, that is our approach in delivering the psychosocial support for children and for adults (YEU Interview).

As it can be seen the identified challenge of YEU is to convey that MHPSS is a holistic concept which includes both mental health and psychosocial support. Similarly, the CWS interviewee provided the following understanding of MHPSS:

CWS only uses psychosocial support programs, and we also have working group therapy. But there is a lack of expertise in CWS itself and also for the program. It needs to be treated by the expert, while I think that PSS is more community base (CWS Interview).
This is further exemplified:

We did like an assessment on what kind of needs did they have. And then we assessed particularly by considering the children. So we assess the children’s conditions, but then we also needed to assess the family, and community needs as well because we are working in the psychosocial sector. So we brought like education and information. Also CWS had a psychosomatic programme. That is a collaboration program with WHO. So this program is conscious of that we have three layers (CWS Interview).

This reveals an understanding of MHPSS that includes both mental health and psychosocial support and that the expertise of CWS lies in psychosocial support. Further, the consideration of several levels of groups is acknowledged as well as that there are several layers within MHPSS.

A central purpose of MHPSS highlighted by YEU is the creation of normalcy after disaster. Furthermore, this is conveyed through annual refreshments. The highlighted creation of normalcy is for instance also included in the project application for the Yogyakarta disaster in 2010 and the Sulawesi disaster in 2018:

Objective 2: Target population in 6 villages enabled to resume day to day activities through relevant psychosocial support (ACT IDN102).

D. Affected communities regain a sense of normalcy, stability and hope through psychosocial interventions (ACT IDN182).

The interviewee also provided a description of the purpose and role of MHPSS in YEU’s general programming described as follows:

MHPSS it not part of the sectoral programming. It is more a mainstreaming issue where it is embedded in a way so that it can be injected into our program to improve the quality of our program in the sectoral responses. For example, if we provide basic needs for the affected community, through MHPSS we try to ensure that we also consider the most vulnerable and we also consider community participations and protections of the affected community, and to evaluate whether our response will also have a positive impact. So it is more like a spirit that we have to inject in our sectoral program. The first layer of the response is the fulfilment of basic needs, so it is not the clinical approach of counselling....we focus more on the first and second layer of the pyramid of
intervention. The first one is the fulfilment of basic needs and the second one the community support (YEU Interview).

Here it is stressed that MHPSS is not an own sector, but rather a cross-cutting approach that permeates the other sectors or the programme of YEU. Furthermore, several layers are mentioned, with the first one constituted by the provision of basic needs, and the second being related to community support.

Considering examples of how MHPSS is integrated into other sectors of humanitarian responses several examples are provided by the interviewee. These examples for instance include the sectors of livelihood, security and safety, education, and basic rights. On livelihood the following example can be highlighted:

We use the psychosocial support using economic livelihood recovery as our entry point. This is because we have identified that the source of restlessness of the affected communities is that they cannot go back to their farm land for a while because of the hot volcanic materials. So we give trainings and also facilitate the farmers to be able to have post volcanic eruption adaptive farming at that time, to have an recovery system and also alternative livelihoods. For example how to make concrete bricks (YEU Interview).

With other words, YEU has identified the lack of working opportunities after disaster as a factor for the lack of well-being. Regarding safety and security the following statement was made:

Security and safety is actually not only for the affected community, but also for the staff itself. For the people internally in our organisations we have the standard operating procedure for staff security and safety. This includes dos and don’ts of what the staff should do in the field and that we have to identify which people are at risk, and then how we deliver assistance in the community and how to mitigate the risk

As a organisation that has special focus on child protection and psychosocial support we establish working groups or a task force to establish the community based child protection mechanism so that if there is a case of sexual harassment or child abuse it at community level, it can be processed or reported at the district level in collaboration between civil society organizations (YEU Interview).

Accordingly, YEU considers both the safety and security of the affected population and their staff and otherwise highlights that they are working with a child protection mecha-
nism. The lack of protection is for instance also an identified need in the Sulawesi disaster:

2. Lack of protection measures in the IDP camps make the situation become difficult especially for girls, adolescent and other people at risk (elderly, pregnant and lactating mother) (ACT IDN182).

The consideration given to safety and security is also apparent in the interview relating to CWS where the following was stressed:

You try psychosocial activities that are also related to the peace building activity. So we provide information especially through education or what happened when the child affected by the conflict and how to tackle this kind of problem from what you have done and then the youth groups they are going to spread the information within their community (CWS Interview).

On the domain of education it was described how schools act as an entry point as apparent following statement:

In West Sumatra we approached the community leaders and also collaborate with, like what they call it, afternoon school for the children. We can have activities during this time for those who are affected by the Earthquake. So this happened in Yogyakarta as well where we also work together with the youth. This youth has like a youth group where they have weekly activities, but mostly the activity is related to sport (CWS Interview).

Accordingly, the school or youth groups gathering are used as a platform for CWS’s activities. Further, on the example of education, the following was described by the YEU representative:

We don’t have a specific intervention like education in emergency, but when we have our psychosocial support for school aged children, we not only facilitate learning and playing activities, but we for example also inject education about healthy living habits or emergency preparedness (YEU Interview).

The interviewee also described an activity of YEU regarding basic rights:

We have awareness raising on basic rights. For instance we introduced the right of people with disability, the right of children, and the right of older people of the community. And it is interesting that also women do not know about their rights, e.g. that they have the right for sexual health, and they also did not know that children have the right to play (YEU Interview).
This is for instance also visible in the objectives of their project summary of the Sulawesi response:

Men and women often feel they have their ‘normal’ gender roles undermined during humanitarian crises.

4 Know their rights and are involved in decision-making (Palu Summary).

Some specific objectives and activities on MHPSS can be found in the project report of the Yogyakarta disaster in 2010. Here the following objectives can be mentioned:

1.3. Render psychosocial assistance for 180 children in 5 villages.
2.1. Re-assessment of trauma cases and information session in 5 villages.
2.2 Capacity building for psychosocial care providers.
2.3 Render necessary psychosocial care to adult affected people in 5 villages (IDN102 Report).

This shows both mental health and psychosocial support interventions. However, the report concludes the following regarding counselling session:

Counselling sessions were changed into livelihood group facilitation (which function as support groups) and provision of information as identified in the reassessment process. The reassessment results showed that counselling was not the most effective way of supporting people in regaining dignity and a sense of well-being. Instead it showed that the main reason for not feeling well was lack of livelihood and lack of information on Government rehabilitation and reconstruction plans. YEU therefore decided to focus on facilitating livelihood recovery and information provision instead of counselling (IDN102 Report).

It can be seen that counselling was not assessed as an effective approach to work with the creation of well-being. Instead livelihood and insemination of information were assessed as effective activities.

Some of the sectors which can be identified as promoting psychosocial well-being are also apparent in the 2017 Muslim Aid Report:

Health and Education Support For Hundreds of Orphans in Yogyakarta: As part of Muslim Aid Indonesia’s efforts to improve quality of life, support and follow up programs are in place for 111 orphans in Yogyakarta. The main focus is to strengthen the quality of health and education among those in need (Muslim Aid Report).
4.3. Religion and Spirituality

This section covers the pillar of existential meaning and coherence by presenting the humanitarian organisation’s considerations given to religion and spirituality in their projects and internally. Being faith-based organisations, PELKESI, YEU and Muslim Aid naturally have a relation to religion and spirituality. In PELKESI’s profile the vision defines this:

Vision: The realization of health services in Indonesia that brings peace of God to all people (PELKESI Profile).

Here religion is also related to their profession as a humanitarian actor. However, according to the interviewee, the terms of religion and spirituality are not used that much, but the term “faith” is instead used, being applicable on a more general level and accepted by different faith groups. While not having a common internal definition of the terms, the distinct religious and cultural backgrounds of people affected, requires staff to have some knowledge on these distinctions and be able to act with some kind of faith-sensitivity. However, specific capacity building workshops for staff does not exist (PELKESI Interview). Thereby the interviewee described that internal knowledge of issues related to religion and spirituality could be seen as an informal requirement considering the contexts of intervention. In similarity to PELKESI, CWS also uses the term “faith”:

...we use like faith, so we need to understand what is the community faith and also what kind of religions they have and how to approach the religious leader (CWS Interview).

The interviewee of CWS also mentioned that the term is used in relation to the assessment of the populations’ religion in interventions and described that it is considered in relation to religious leaders. However, regarding the internal knowledge on religion and spirituality the interviewee also stressed that this is nothing very visible:

I don’t know. I never come across it. When we have a program and then we try to relate with the faith community and what is suitable with the context.

...there is no specific training, but when we are in a difficult programme we consider broad the local context but never talk specifically about faith (CWS Interview).
Although, no internal training on religion and spirituality is mentioned, CWS does consider faith generally in their interventions.

The interviewee of PELKESI stressed that as religion and spirituality or faith is central for the vision and mission of PELKESI it is also something visible in the programming and a message PELKESI wants to bear with them in their implementations (PELKESI Interview). However, religion and spirituality is not included in the organisation’s intervention directly, i.e. no specific activities were mentioned which for instance were directed towards facilitating burials or other religious ceremonies. Instead, this is something which is mostly done by the local faith communities with PELKESI having a passive role by providing basic support for the functioning of the faith institutions such as in health and DRR (PELKESI Interview). Accordingly, while not formulated as specific objectives, the integration of religion and spirituality is apparent. This also appears to be the case in the project applications to the Lombok and Papua disaster formulated as follows:

To involve the community, the following strategy will be used: (1) consult with community in setting beneficiary (RRF Lombok).

PELKESI/ICAHS will also encourage the local churches and Jakomkris to be involved in coordination meetings. The information will also be shared within the ACT Indonesia Forum. The activities will be implemented by the field staff in coordination with the local stakeholders, women’s groups, elderly’s groups, health personnel, and religious leaders as well as the local authorities.

We will also work closely with the local churches and the local interfaith communities as a strategy for trust-building purposes and empowerment of local churches and local interfaith communities in managing the aid (RRF Papua).

Seemingly, PELKESI does consider religion and spirituality as a cross-cutting issue on programming level. The interviewee also pointed towards good dialogue with local churches and Muslim faith groups, each taking responsibility for the people adhering to their distinct adherents (PELKESI Interview). The interviewee further mentioned field experiences regarding counselling sessions held with people of the affected population, where the belief in God was often mentioned as a factor providing hope for their future and giving people the power needed to rebuild their lives (PELKESI Interview).
The significance of religion and spirituality for the affected population in Indonesia is also indicated in the 2017 Muslim Aid Report:

According to Wulandari Devi, one of the orphans in the Orphan Aid program, this program has helped her and her friends to be more attentive and versatile. "Through this program, God willing, we have no worries for the future," said Wulandari.

According to the interviewee, YEU does not have a formal or specified approach regarding religion and spirituality internally. However, most of YEU’s staff is dealing with the concepts during their work:

We do not have a specific approach for discussing what kind of religious entry point we have. However, our staff and mostly the field officer or the community organiser will discuss with the community regarding what the important events in their community are and whether it is significance for us to support the activities or not. And also how it has influenced their perspective after the disaster (YEU Interview).

Hence, even though not an official organisational requirement, staff working with YEU might be confronted with the task to consider religion and spirituality. Religious sensitivity is described as an important factor in the following example:

We sometimes have to be very cautious with the existing cultural or religious patterns in the community. We always want to know what we can or cannot do in the community. For example in Lombok we are not allowed to cross some area if we are wearing something specific, you are for instance not allowed to wear sandals or shoes because it is a sacred place. So this is something we have to identify in every community and if we want to do an interventions (YEU Interview).

The interviewee further described the role of religion in YEU’s interventions:

We use religious events as an entry point for our psychosocial support for example. The majority in Indonesia are Muslim. Therefore we facilitate the community to commemorate the birthday of the prophet. It is a big fest for example in Lombok. While they commemorate the birthday of the Prophet as usual, we also ask for the children to do a performance so that the parents and the teenagers also have the children to perform because it could strengthen the community safety net. It also shows that amidst disaster there is something positive that can be shown by the community. And for example in the coming months it will be Ramadan, the fasting month. So we use that as an entry point because after Ramadan there is Iftar which is when you are breaking fasting. Then we
get together with the community and we educate the community on how to make a healthy menu (YEU Interview).

This is further confirmed and complemented in YEU’s summary of the Lombok intervention:

Using religious event for community based psychosocial support: The birthday of the Prophet Muhammad is a religious event being commemorated in the community. YEU with Plan Indonesia used this event as a media for community based psychosocial support, through supporting recreational activities such: children competition and performance which show how children’s cheerfulness (Lombok Summary).

The support of the religious event is seen as a possibility to introduce community based psychosocial support in the intervention. It is also stated that the facilitation of local religious events is part of YEU’s humanitarian approach. One purpose of this approach is that the religious events have the potential to strengthen the local communities. Another purpose is the support of religious events as an entry point in an intervention. The latter was furthermore related to trust building, described as follows:

I think we can use that as an entry point for trust building. For example when we facilitate communal prayer for the community, they are not as suspicious or think we have some other missions beside the humanitarian mission. It also helps building relations with the religious figures in the community so that they also could give advice on what kind of interventions are acceptable according to their beliefs and also the culture of the people (YEU Interview).

Here, getting in touch with local religious leaders was also mentioned. Engaging faith leaders is something also apparent in the project application of the Sulawesi disaster where it seems to be included as a cross-cutting issue:

Engaging faith leaders: Churches are encouraged to enhance the capacity of health disaster risk reduction through their health services. Faith leaders are engaged to support in promoting health practices to the church congregation (ACT IDN182).

The potential suspicion by the local community pointed out above can be identified as a risk when intervening as a religious actor. This situation in particular is further elaborated by the interviewee:
Because we are a faith based organisation we also work with other faith based organisations. We have collaboration with charities or with the religious leaders which for instance are from other religions. But the activities are something in common. These are not something very specific on religious things; because they also do not want the community to have the wrong belief that the way we do some Christian mission (YEU Interview).

Here a risk when working with religion in humanitarian contexts is identified, i.e. suspicion of proselytising activities by the local community.

CWS also uses religion and spirituality as an entry point in their interventions and a way to reach the affected population described as follows:

We use the ritual as an entry for the program because that is the activity can sustain the interventions because that group is going to exist when we have finished our intervention and then these groups can also spread that information (CWS Interview).

Accordingly, while being an entry point, information shared to groups participating in religious activities is viewed as potentially increasing sustainability of the intervention.

Furthermore, the interviewee related to CWS also presents a description of the role of the religious leaders:

It's mainly like they are champions. So they are going to the separate programmes and provide the explanation of communication with their members with their groups. They're like a partner (CWS Interview).

Hence, the religious leaders are viewed as supportive gate keepers to the community. This is further elaborated in the following:

We need to do assessment first and then work closely and have coordination closely with the religious leaders there just to make sure that they are going to support our program and to protect the facilitator there as well if there is something happen in the community, then the religious leader can talk with the community (CWS Interview).

Here it can be seen that the supportive role of religious also is viewed to include protection for the people working in CWS’s interventions.
Although much of the religious approaches are related to psychosocial support, an example of religion and spirituality related to mental health is apparent in the report of the Yogyakarta disaster where such an activity was actively supported:

Reciting Koran as way to reduce anxiety as well as to obtain balance with spiritual aspect: Support for religious activities was also being done through conducting the Koran reading activities in the shelters on a weekly basis (IDN102 Report).

4.4. Recommendations

In this section, the guidelines and policies related to religion, spirituality and MHPSS the organisations adhere to are presented. As MHPSS or religion and spirituality are not formally included on PELKESI’s programmatic level, the interviewee could also not mention or identify officially formulated policies or guidelines by the organisation. However, regarding a guideline for religion and spirituality the interviewee referred back to PELKESI’s general view and definition of religion and spirituality, i.e. faith, as well as PELKESI’s overall vision and objective as a guideline for how the organisation approaches the concepts. The interviewee further stressed that PELKESI does not follow any particular guidelines regarding MHPSS, but PELKESI follows a large range of other humanitarian guidelines and standards which can be seen in their programme information. Furthermore, the interviewee highlighted that any work done in relation to guidelines and policies is mainly done at the organisation’s headquarter related to their work on method and capacity. Accordingly, this is mainly the role of the programme manager, while however, during assessment and monitoring; the interviewee together with the programme manager uses guidelines and improve their learning through field visits (PELKESI Interview).

While not aware of existing specific guidelines on religion, spirituality and MHPSS PELKESI adheres to, the interviewee highlighted the experience of an increased need of MHPSS in humanitarian contexts, and hence, the need for guidelines. Further, based on the need observed by the interviewee and PELKESI more in general, capacity building on religion, spirituality and MHPSS was described as something which would benefit PELEKSI and their interventions. Here it was in particular referred to the lack of clear definitions and an understanding of MHPSS on a conceptual level. Nevertheless, the
interviewee also highlighted that even though not defined, experiences relating to MHPSS or faith are indirectly included in applications and reports (PELKESI Interview).

YEU is well aware of and actively uses several guidelines on mental health and psychosocial support described as follows:

We use the community based psychosocial support guide from ACT Alliance as our main reference, and also the IASC MHPSS books. And also the Church of Sweden psychosocial support modules. That is our main reference in developing our psychosocial work program and also inputs from our staff. For the intervention, most of our psychosocial programs are supported by the Church of Sweden, some projects are visited by the Church of Sweden regarding monitoring and evaluations, but we also use the logical framework based on the type of activities on how we evaluate our psychosocial support program (YEU Interview).

Hence, the interviewee noted that YEU adheres to a community based psychosocial support guide from ACT Alliance, the IASC MHPSS Guideline, and Church of Sweden psychosocial support modules. Furthermore, the use of the logical framework approach is mentioned in relation to the evaluation of YEU’s psychosocial work.

CWS also relates to the IASC MHPSS Guideline:

The policy and guidelines that we use are the IASC MHPSS Guideline and also the Sphere Standards.... CWS does not have like their own guideline (CWS Interview).

Seemingly, CWS also adheres to the Sphere Standards. The guidelines were further addressed as a valuable resource to CWS’s programming:

I think they are very valuable. I remember because we did not know what to do, and with that guideline we can use it for the programme. Last time we also tried to work in the different layers of the MHPSS. So not only target the in the community as a whole but also the community which are at risk, particularly children (CWS Interview).

While assisting CWS’s programming, it also appears that the guideline influenced their approach by considering the layers of intervention.
On policies or guidelines relation to religion and spirituality the YEU representative described that there are no specific guidelines used and while considered, it is not adopted into YEU’s policies (YEU Interview). However, related to the context and YEU’s experience on religion and spirituality, the interviewee acknowledged a need for guidance in dealing with certain situations:

It is a think it is a good opportunity if we, when we deliver mental health and psychosocial support, engage the religious figures because they have very much influence on the community... but most often we found in the field, that the religious leaders see disaster as a punishment for the community which makes it difficult for religious actors to help us in the intervention of psychosocial support. So you have to build the awareness and educate the religious figures in the community on how they perceive disaster and how to use the religious approach in the recovery. I will also ask the staff in the field about how their current approach with the religious leader looks like and how they use the religious activities in the MHPSS programme (YEU Interview).

Related to potential challenges when working with religious leaders, the need for clear guidelines on how to approach such difficulties was stressed.

Although not mentioned by the interviewee, considerations on religion and spirituality appear to be something YEU might adhere to through other guidelines, such as the IASC MHPSS Guideline or the internal MHPSS monitoring and evaluation framework:

IASC Common Outcome Indicators: 1. Emergency responses do not cause harm and are dignified, participatory, community-owned, and socially and culturally acceptable (MHPSS MEL).

While the interviewee related to CWS was unaware about guidelines or policies related to religion and spirituality used by CWS, it was mentioned to have been considered at some occasion:

They probably did have it but I do not know. I remember last time when I was there, they send us staff who gave us a citation that we have to consider the faith and also the religious, but I am not sure when they advise us, whether that was based on any guidelines (CWS Interview).

Even though there seems to be some awareness on considering religion and spirituality within CWS, is does not seem to be mainstreamed. However, the interviewee stressed that this would be something beneficial:
In my experience we really need to consider the faith, the community beliefs, because it will be easier for us to collaborate and also to have a programme for them and also, I mean that if you don't consider their faith or their religion it is going to be easier for them to reject the programme (CWS Interview).

This highlights that programming based on guidelines would make the planning and introduction of an intervention easier.
Chapter 5 Analysis

Following the description of the research material, this chapter provides an analysis of the result, based on the developed theoretical framework and more specifically the working model presented in Chapter 2. Furthermore, this chapter includes reflections on the applicability of the theoretical framework.

5.1. Humanitarian Actor and Culture

This theme provided the tools to describe and understand the relevance of the context or the case and establish criteria to describe the actors targeted in this study or the units of analysis. All actors which were targeted in this study can be identified as humanitarian actors based on their organisational profile and projects including objectives and activities of aid provision. The interventions for instance include health services, disaster risk reduction (DRR), aid distribution, child protection, shelter, nutrition and MHPSS. To some extent, these also included considerations on the sustainability of the projects and interventions, hence also revealing developmental elements such as livelihood support. Furthermore, they almost exclusively operate in Indonesia on a national level, i.e. most regions of the country. These for instance include Sumatra, Lampung, Banten, West Java, Jakarta, West, South and Central Kalimantan, Central and East Java, Yogyakarta, Bali, Lombok, East and West Nusa Tenggara, Sulawesi, Maluku, Papua and Aceh. To summarise, the actors can be identified as potential providers of MHPSS to the affected population of disaster in Indonesia. Additionally, all actors can also be identified as faith-based actors, both visible in their name or description of profile, in particular in the vision of the organisations. In certain circumstances this is something which can be relevant depending on the context as elaborated in 5.3.

Surrounding a humanitarian context and the people within is culture. In terms of the working model culture forms the outer layer of the context. Within the outer layer are
also humanitarian actors, which through their interventions naturally interact and relate to a certain cultural context. Taking into account that the organisations have to relate to the context and the prevalent culture, this potentially influences all types of interventions to some extent. Based on the material, the organisations generally appear to have a great insight on the local contexts and culture. Humanitarian contexts in Indonesia are identified as very religious, meaning religion is a central part of people’s life. Further, the actors show awareness that the majority of people are Muslim. For the faith-based organisations which are Christian, this for instance influences them in the way they use religious terms during their interventions. Generally, it was mentioned that this situation leads to stronger considerations of finding activities acceptable to all. Actors also mentioned the high vulnerability of woman as something common in Indonesian disaster contexts. Assessing this situation for woman, an influence on project planning can be assumed. Another contextual and cultural feature mentioned is the significance of the community in many humanitarian contexts in Indonesia, which is related to the contexts being rural. Accordingly, it can be assumed that community based activities might be given particular consideration as opposed to a context which is rather individualistic.

A further influence on the humanitarian interventions, and specifically related to the provision of MHPSS, could be the locally distinct interpretations and responses of the affected populations which was mentioned in the material. I.e. people and communities related to their belief either having a positive, neutral or negative attitude towards disaster. This poses an example of factors within the outer layer of a humanitarian intervention which require to be taken into consideration by the humanitarian actors. Certain cultural circumstances might in turn influence a humanitarian project as it is apparent in the research material.

5.2. MHPSS

A purpose of this study is to discover the understanding and knowledge humanitarian actors operating in Indonesia have on MHPSS, as well as how related components are integrated on a programmatic and field level. Considering the material regarding the organisations internal awareness and knowledge, the findings differed between the actors. While some kind of awareness is visible and was acknowledged by the actors in
general, the situation is not as clear when it comes to official internally formulated definitions. Here the material on the one hand reveals the potential of expertise on MHPSS at headquarter level at one organisation, however, probably not institutionalised. On the other hand the material reveals a very clear idea of MHPSS on an institutional level including internal mainstreaming of the concept and the adherence to the IASC MHPSS Guideline. Here the material also reveals some difficulties relating to the understanding of the conceptual distinction between mental health and psychosocial support. An issue seems to be the knowledge on the right definition of psychosocial support which commonly seems to be misunderstood as also relating to trauma and mental health, or is viewed on par with recreational activities only. However, the actors using the IASC MHPSS Guideline showed understanding of this distinction. Nevertheless, these organisations defines psychosocial support as a holistic approach, for instance relating to several levels and layers of intervention, which is in line with the ADAPT model and the IASC MHPSS Guideline.

While the material revealed that only one actor included specific targeted MHPSS objectives in their projects, the consideration of the ADAPT model provides a framework which allows to identify other objectives ultimately having the potential to positively affect mental health and psychosocial well-being. Based on the assumption that disaster leads to the disruption of several domains, these domains can be targeted through humanitarian interventions, and hence restore the situation of the affected population. This condition could be related to approach of recreating a sense of normalcy after disaster as purpose of MHPSS which was expressed by an organisation. Further, this was even expressed on a general level where the aim of getting people back into their normal life was mentioned.

Accordingly, a first step to be conducted by the humanitarian organisations is a needs assessment, identifying the disrupted domains. As can be seen in the material, the organisations, through their projects, have assessed needs related to several domains such as food provision, safe shelter, NFIs, WASH, nutrition, livelihood, protection, security and safety, education, basic rights, health service as well as specifically psychosocial support. This is also done by actors without a clear definition of MHPSS, as a normal part of their programmatic approach. Thereby the organisations generally seem to be working with psychosocial support, although indirectly. Reviewing the result in relation
to the specific pillars of the ADAPT model more specific examples can be discovered. The pillar of security and safety is generally addressed through the provision of shelter and shelter management, but also through the DRR related interventions as expressed by an organisation, i.e. by reducing uncertainties for the future, or by relating psychosocial support to peace building. On interpersonal bonds and networks the support of communication within families and the community was mentioned. Consideration on justice and protection is also visible either through activities ensuring that basic rights of vulnerable groups are addressed or through objectives on child protection. The result also provides a large range of examples on how the actors indirectly relate to the pillar of identity and roles. These include activities on education and livelihood. While education was viewed as an important platform for psychosocial interventions, livelihood was identified as a significant aspect for creating well-being or quality of life as it was mentioned by one actor. Further, this was in particular related to unemployment after disaster being a major cause to negatively affect well-being. Last, the undermining of gender roles after disaster is also highlighted in the material.

Another prominent feature assessed by the organisations is the situation of trauma. The identified sources of trauma mentioned are insecurity and unemployment, hence confirming the significance of restoring the related domains. While a case of counselling is mentioned in the material, generally, situations of trauma are handled by using referral systems to mental health professionals. Accordingly, this is in line with the MHPSS intervention period, i.e. assigning support of basic need to the first, and community support to the second layer, while assigning a mental health referral system to the fourth layer. While one organisation seems to follow this approach indirectly, other organisations are aware of the intervention pyramid and therefore follow it directly. As with most findings in the results this shows, that while not all organisations seem to have mainstreamed MHPSS, most are working with activities included in the pillar of the ADAPT model.

5.3. Religion and Spirituality

In this theme the considerations on religion and spirituality, as well as the integration of these concepts into MHPSS, by the humanitarian organisations is covered. The actors
generally did not express an awareness of internally formal definitions of religion and spirituality to exist as an institutionalised approach. Accordingly, in general internal trainings or workshops targeting the concepts seem to be absent. Nevertheless, awareness and knowledge of the concepts was acknowledged as a required need in humanitarian interventions in Indonesia due to the prominence of religion in the humanitarian contexts in order to work in a faith sensitive way. Hence, even though it does not seem to be an institutionalised approach, it was mentioned that most staff usually needs to relate to religion and spirituality during interventions, making it rather an informal requirement. This was also related to the humanitarian organisations being faith-based which leads to religion and spiritual being naturally included concepts in their programming. Accordingly, their inclusion was rather viewed as an overall approach or need, then in specific terms of objectives or activities. Nevertheless, the material clearly reveals that religion and spirituality is included in the planning and implementation of humanitarian projects by the organisations.

In line with the IASC MHPSS Guideline a large range of activities relating to the integration of religion and spirituality can be identified in the material, either directly or indirectly. Generally these included consultation or discussion sessions with communities and religious leaders, considerations on building trust, the facilitation or support of religious and cultural practices and events, and insemination of important information through faith leaders. Further, the material reveals that such activities or approaches both take the individual and community level into consideration. Community consultations are expressed to be common for instance aiming at assessing their situation and general view and interpretation of a disaster. Consultation both with the community and religious leaders is viewed as an approach assisting the process of identifying, and hence, plan proper and appropriate responses in regards to religion and culture. A further commonly apparent activity is the support or facilitation of religious ceremonies. Here, the supports of religious events are in particular highlighted as an entry point for the delivery of psychosocial support. Further, this is linked to the consideration of the community level as a whole with inclusion of all people in the affected population in mind. Religious community based activities are viewed to have a positive effect on mental health and psychosocial well-being by creating social cohesion. Therefore, the inclusions of religious considerations are seen as something also strengthening psychosocial interventions where religious events can function as a platform.
A purpose and significant benefit of integrating religion and spirituality in humanitarian interventions through either consulting or support of religious events identified in the material is the potential to build trust with the local communities and religious leaders. By being a faith-based organisation, this is mentioned to be of particular relevance in order to avoid mistrust by local communities which have other beliefs. In addition to trust building with the community, local religious leaders are mentioned as significant gatekeepers in humanitarian contexts. Accordingly, the material for instance reveals that religious faith leaders should be encouraged and engaged to support and promote health practices.

Mentioned activities which indirectly include religion and spirituality are for instance DRR and health services which by providing basic support, also strengthen local religious institutions in practical terms, and provision of nutrition and food support in relation to religious food practices.

Considerations by the humanitarian organisations on religion and spirituality are also visible in relation to dealing with mental health issues. While the organisations generally are not dealing with mental health issues directly as seen in the former section, experience on individual sessions with affected people were exemplified where God often was mentioned as an important source for providing strength or God was naturally included as a crucial factor to achieve a normalisation of the situation. As apparent in the material, it was also experienced that individual religious activities such as reciting the Koran, had a positive impact on mental health by reducing anxiety.

Finally, the material also reveals that some risks relating to the integration of religion and spirituality in humanitarian interventions are identified. As already touched upon above, an issue which in particular for faith-based actors might arise in the case of inappropriate facilitation of religious events or the lack of trust with the local community, is the suspicion of an underlying proselytising agenda behind the support. This is expressed to be mitigated by closely working with the local religious leaders and the general consultation approach. A further challenge addressed is the situation of religious leaders interpreting and spreading a view of disaster being a punishment of God which
might increase levels of distress. This is also mitigated by discussions and trainings with the leaders.

5.4. Recommendations

A purpose of this study is to provide recommendations regarding the integration of religion and spirituality in MHPSS. This theme relates to that purpose by considering findings in the result supporting this task. On the general existence of, and adherence to guidelines and policies relating to religion, spirituality and MHPSS the material reveals both differences and similarities between the actors. On guidelines relating to MHPSS some actors do not seem to have officially formulated guidelines or policies while other actors adhere to several very specific ones. On the existence of guidelines and policies relating to religion and spirituality none are identified in the material.

Nevertheless, the material reveals that the organisation not having a specified MHPSS guideline included does follow several other humanitarian guidelines and standards. Further, while not institutionalised throughout the whole organisational structure, the head office with an expertise on method and capacity is assessed to be working on the guideline and policy level. Information of guidelines and policies is than communicated to the field level. Considering the generally identified MHPSS interventions among organisations, some knowledge and awareness at head office level can be assumed throughout. Considering other organisations, the adherence to several guidelines relating to MHPSS is apparent. These for instance include the MHPSS Guideline or the Sphere Standards.

Awareness of, or adherence to formal guidelines or policies on religion and spirituality on an institutional level is hardly apparent in the material. However, there seems to be an awareness and understanding by the organisations that the internal existing general view and definitions of the concepts of religion and spirituality, for instance visible in the organisation overall vision and objective, could be viewed as a guideline for how the organisation approaches the concepts. Hence, while not formally included, this could perhaps be described as a guiding approach. Further, based on the result it also seems to be the case that guidelines and policies on religion and spirituality are adhered to
through other guidelines. When for instance considering the adherence to the IASC MHPSS Guideline by some organisations, they automatically relate to a guideline which also considers religion and spirituality in humanitarian interventions, as established early in this paper.

While the awareness and integration of guidelines regarding MHPSS, and in particular religion and spirituality, seem to be rather low, the material reveals a generally existing experience of an increased need of MHPSS in humanitarian contexts in Indonesia, and hence the need for organisations to formulate or adhere to guidelines. Additionally, in the material the need for formulated guidelines on how to address religion and spirituality in a humanitarian context is linked to the potential challenges experienced when working with these concepts in an intervention, i.e. how to work with religious leaders and how to mitigate risks. Lastly, relating to the identified needs on MHPSS and posed gaps and challenges, it appears that formulating or adhering to guidelines and policies on religion, spirituality and mental health is viewed as something which would benefit the organisations and their interventions.

5.5. Theoretical Reflections

The purpose of the established theoretical framework in this thesis was to guide and support the process of answering the research questions. Due to the abductive approach in this study this was done in an interactive manner between the purpose, research questions and theoretical framework by influencing each other throughout the study process. The two models and two guidelines which together form the framework, contributed to capture and analyse the research material in relation to the research questions. As such, the ADAPT model in itself provides a framework for understanding mental health and psychosocial well-being in relation to disaster and several components affecting well-being. As one of these components relate to religion and spirituality, i.e. the pillar of existential meaning, the model allowed a more specified focus on that domain. Following the structure and content of the components, it was possible to analyse the organisations considerations on these. Due to the focus of this study on the pillar of existential meaning, the adapted ADAPT model, by putting the domain of religion and spiritual in the centre and including an outer layer on culture and religion, allowed to assess the
organisations considerations of the cultural and religious context of intervention. By consisting of detailed recommendations, the guidelines allowed for a more detailed analysis of the organisations’ interventions. Furthermore, the IASC MHPSS Guideline provided a conceptualisation of MHPSS, while the Faith-Sensitive Guideline added considerations on risks and mitigation strategies.

While the combination of the models and guidelines in the theoretical framework allowed for a more holistic coverage of the research material, this also indicates that each of them by themselves would not have been able to provide the framework required to answer the research questions of this study. Hence, these can be viewed to have different purposes and roles. The ADAPT model, while providing a useful framework to understand mental health and psychosocial well-being and its components in a holistic manner, does not necessarily highlight religion and spirituality as a more central domain than the others, which from an neutral standpoint makes sense. However, for the purpose of this study, the adapted ADAPT model provides a useful altered version of the original model, compatible with this studies focus on religion and spirituality. Nevertheless, the adapted ADAPT model in turn appears to have a stronger focus on the individual, mental health level. While mental health is part of MHPSS, as the material has shown, it is not necessarily a sector targeted by humanitarian organisations themselves. Further, the models have some limitations regarding detailed intervention strategies which are important for humanitarian organisations. Accordingly, this is a role which can be assigned to the guidelines. While the IASC MHPSS Guideline does consist of detailed recommendation relevant for programming, it is however not meant to be used as a holistic framework. Furthermore, the guideline has also been criticised for lacking evidence for the provided recommendations and the lack of consideration given to the concepts of trauma (Yule, 2008, p.248). Due to the absence of trauma expertise of the targeted organisation, this study has probably not been affected the by that gap. Finally, while the Faith-Sensitive Guideline does complement the IASC MHPSS Guideline to some extent, it also lacks a more detailed conceptualisation of religion and spirituality in the various domains, mostly focusing on brief and practical recommendations. Further reflections on the models and guidelines are provided in their respective introduction in Chapter 2.
Chapter 6 Conclusion and Final Remarks

This chapter concludes the thesis by answering the research questions posed in 1.3. Moreover, this chapter provides some considerations on the thesis’s contribution to the research field and further need for research.

6.1. Conclusion

In this section the conclusion of the thesis is provided by answering the research questions posed in Chapter 1.

- How are measures on mental health and psychosocial support considered by humanitarian organisations in Indonesia, assuming that mental health and psychosocial support is part of their interventions?

This study shows that measures on MHPSS are integrated in interventions by humanitarian organisations in Indonesia. However, it must be noted that this is not necessarily done in an intentional manner throughout. This can be related to various reasons. It can for instance be related to the official role MHPSS plays within the organisation or to put it succinctly, if MHPSS is an internally mainstreamed approach of the organisations or if there is a rather loose integration of the concept. Further, it can also be related to the extent there is awareness and understanding of the concept, i.e. if the concept is something known only by staff on head office level or staff in the field as well. Independent of this situation, humanitarian organisations are working on domains or sectors which ultimately have the potential to improve mental health and psychosocial well-being. The aim of improving or even restoring mental health and psychosocial well-being is mostly integrated by organisations by the general aim of creating a situation of normalcy for the affected populations after disaster. This also requires an understanding of the organisations on threatened or disrupted domains, which is mostly included through needs as-
sessment. These domains are targeted through the humanitarian interventions and for instance include support on shelter in relation to security and safety, communication in relation to interpersonal bonds and networks, basic rights on justice and protection, and education and livelihood on identity and roles. Mental health in particular is also considered by organisations in their interventions mostly related to individual cases of trauma. These are however mostly approached through a referral system to mental health professionals.

- How is religion and spirituality in relation to interventions on mental health and psychosocial support in Indonesia considered by humanitarian organisations?

This thesis concludes that religion and spirituality is considered by humanitarian organisations in Indonesia in their interventions which can be related to MHPSS. This is however not done based on an institutionalised approach. Nevertheless, religion and spirituality is acknowledged as a significant factor for their humanitarian interventions in Indonesia. Hence, the organisations and their staff are informally required to act with an awareness of religion and spirituality in project planning and during their interventions. Further, faith-based humanitarian actors naturally have a relation to the concepts integrated in their organisations which mostly should be apparent in their vision and mission. Independent on to which degree religion and spirituality is institutionalised in relation to MHPSS interventions; various types of approaches are considered by humanitarian organisations in their responses. The major approaches are consultation and discussion sessions with local communities and religious leaders, support or facilitation of religious practices or events, and engagement with and of religious leaders. These approaches in turn include various considerations by the organisations. Consultation is viewed as an approach ensuring appropriate interventions in regards to the local culture and religion. Support of religious practices and events is considered to be a measure for building trust, and further as an entry point for introducing psychosocial activities. Religious leaders are for instance encouraged to promote other humanitarian activities. These approaches are generally seen to improve well-being by for instance creating social cohesion. Finally, also challenges, risks and mitigation strategies are considered by organisations. Faith-based actors have a risk to be met by mistrust, assuming potential proselytising activities. Another risk is the attitude of religious leaders towards disaster, which might not be compatible with the work of the organisations. However, religious
leaders were generally described as a support to interventions and the risks are mitigated through consultation and trainings with the communities and religious leaders.

- What recommendations can be formulated regarding religion, spirituality, and mental health and psychosocial support based on the results of the former research questions, the IASC MHPSS Guideline and the Faith-Sensitive Guideline?

Following the findings in the first two research questions and based on the theoretical framework several recommendations can be provided. Based on the general absence of internal guidelines and policies, internal organisational evaluations on the awareness and knowledge of MHPSS and in particular religion and spirituality in the organisations’ programming and implementation should be conducted. This should be combined with or followed up by internal training.

Another recommendation in particular relating to the indirect and informal integration of religion, spirituality and MHPSS, is to assess to what extent an organisation is already working on these concepts. This follows the evaluation of internal capacity as of the first recommendation, but additionally focuses on approaches and activities in practical terms, i.e. directly related to the different phases of interventions. For faith-based organisations this could also include an assessment of how the actors’ vision and mission is visible on intervention level, relating to approaches showing a linkage to religion and spirituality.

A third recommendation is to take existing guidelines on religion, spirituality and MHPSS into account, and relate the already existing approaches and activities to these guidelines in order to improve or complement these accordingly, and also in order to ensure a holistic and consistent humanitarian response. Conversely, the existing guidelines can also be complemented with learning from the organisations themselves.

Another recommendation is to formalise the process of assessing or analysing the cultural and religious context of intervention. This includes both the assessment of appropriate and effective responses in relation to the context, as well as how local culture and religion influences the organisational planning and implementation. Further, these actions also require consideration on locally pre-existing resources.
In relation to the Do No Harm principle, a final recommendation is for humanitarian organisations to carefully consider risks, challenges and mitigation strategies when working with religion, spirituality and MHPSS in humanitarian contexts.

6.2. Research Contribution

By including both models which provide a holistic conceptual framework on religion, spirituality and mental health and well-being, and guidelines which provide practical approaches and recommendation on a intervention level, this study has contributed to bridge the gap between theory and practice in the humanitarian field. Furthermore, this is applied to the reality of humanitarian contexts and implementations by linking the research material to the theoretical framework. This thesis starts by pointing out the lack of attention and research regarding religion, spirituality and MHPSS, as well as a lack of specific guidelines and capacity of organisations, while these seem to be significant factors in some humanitarian contexts. This situation is also clearly demonstrated throughout this study, confirming the problem stated at in the background. Accordingly, while the significance of religion and spirituality in many humanitarian contexts has been identified in several previous studies, as well as an indicated need to address these, a perspective on organisations which are the potential actors to address this issue is not as apparent. Hence, this thesis in particular adds to the research field by considering the view, experience and situation of humanitarian organisations in their programming and interventions. In addition to the focus on humanitarian organisations, this thesis, with its case of Indonesia, adds yet another specific context to which these concepts are applied. This contributes to the research field by extending the available cases. By using the models and guidelines in the complementary manner outlined in the theoretical framework, this thesis has also contributed towards identifying the roles and limitations of each of the models and guidelines, leading to further considerations on how these could be updated or improved. Relating these to the case and units of analysis in this study has also to some extent contributed to test the models and guidelines on their viability in the humanitarian field, i.e. if the components and practical approaches and recommendations mentioned actually have relevance for humanitarian actors or in general.
6.3. Conclusive Reflections and Call for Action

While this thesis mentions recommendations targeted towards the consideration and integration of religion, spirituality and MHPSS by humanitarian organisations as part of its purpose, more specific recommendations for the research field in general can be posed. Considering the identified gap of formalised or institutionalised guidelines at humanitarian organisations, further research should not only focus on identifying and outline the needs to address religion, spirituality and MHPSS as has mostly been done in previous research, but also describe and explore how awareness and capacity can be build on organisational level.

A limitation of this study is that the research material only includes faith-based organisations which might have warped the conclusions. This is because it can be assumed that faith-based organisations naturally have included considerations on religion and spirituality in their implementations, while these might be totally absent at non faith-based organisations. Accordingly, further similar research is needed which also targets non faith-based actors. This is in particular relevant considering the significance of religion and spirituality in many humanitarian contexts, also requiring non faith-based actors to relate to the cultural contexts of intervention. This thesis was further limited to the small number of units analysed. In line with the methodological reflection further research could for instance develop a broader picture of the consideration and integration of religion, spirituality and MHPSS in the humanitarian field by following a more quantitative or mixed methods approach. A further limitation of this study is the focus on one particular context or case. By targeting one or more other humanitarian contexts or cases these could for instance be compared, strengthening the meaningfulness of this research focus. While this study can be compared to previous similar studies, their different focuses does not allow for consistent comparisons.

Finally, further research could also focus on the assessment of the guidelines, and in particular on the Faith-Sensitive Guideline which is only a very current document, and has hence not had much chance to be tested yet. Following an assessment, the guideline could also be further developed by including more details. This would enable to add more evidence on the viability of the recommendations in the Faith-Sensitive Guide-
line. Similar, considering the critique posed towards the IASC MHPSS Guideline, more research could also generate more evidence here.
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Annex A. Request for Interview

Department of Theology

Dear ….,

My name is Fabian Pfeiffer and I am currently conducting a Master in International Humanitarian Action by NOHA (Network On Humanitarian Action) at Uppsala University, Sweden. At the time, I am preparing and working on my master thesis which is about the implementation of mental health and psychosocial support after disaster in Indonesia and more specifically the role of religion and spirituality in these implementations. Until now I have been informing me about the context and humanitarian environment of Indonesia through academic literature and a stay in Yogyakarta during the summer 2017 where I for instance did study about natural disaster in Yogyakarta at Gadjah Mada University. A central part of my study is to discover how humanitarian organisations operating in Indonesia work with the implementation of mental health and psychosocial support. An important part of my study is therefore to conduct interviews with representatives of humanitarian organisations. Hence, I am wondering if you or someone in your organisation would be able to help me with the study by being interviewed or if you know someone else who might be. The information obtained by me will solely be used for the purpose of research and the interview. Furthermore, the interviews would be anonymous and you could decide to withdraw whenever you want.

If you have any more questions about the study or the process of the interviews you can contact me at this e-mail address. For more information and/or confirmation of my study you can also contact my supervisor Lars Löfquist, who is the director of the Master Programme at the Department of Theology at Uppsala University. His e-mail address is: Lars.Lofquist@teol.uu.se

Sincerely,

Fabian Pfeiffer
Annex B. Case Study Protocol

Case Study Protocol

A. Overview of the Case Study

1. Goals: Discovering and describing the implantation of MHPSS and the integration of religion and spirituality in the same by humanitarian organisations in Indonesia, as well as providing recommendations in the same matter.

2. Case Study Questions:

How are measures on mental health and psychosocial support considered by humanitarian organisations in Indonesia, assuming that mental health and psychosocial support is part of their interventions?

How is religion and spirituality in relation to interventions on mental health and psychosocial support in Indonesia considered by humanitarian organisations?

What recommendations can be formulated regarding religion, spirituality, and mental health and psychosocial support based on the results of the former research questions and the theoretical framework?


4. Role of the protocol: Guiding the inquiry and increasing reliability.

B. Data Collection Procedures
1. Participants/Informants: The relevant organisations informed by e-mail.

2. Instruments and plan: Interviews through Skype with electronic recording at the time possible for interviewees supported by interview guide.

3. Preparation: Informing about the relevance of the organisations and relevant concepts to be questioned about.

C. Data Collection Questions

1. The organisation:
   a. What is the mission/goal of the organisation?
   b. What is the specific role of the organisation in Indonesia?
   c. Where does the organisation operate?
   d. How is the organisation structured?
   e. How is the organisation financed?
   f. What specific roles are there within the organisation?
   g. Does the organisation collaborate with other organisations, and if yes, how?

2. Implementation of MHPSS:
   a. How is MHPSS defined by the organisation?
   b. What role does MHPSS have in the organisation?
   c. How is the need of MHPSS in Indonesia assessed?
   c. What guideline regarding MHPSS exist in the organisation?
   d. How is MHPSS operationalised, i.e. what are specific measures?
   e. How is security and safety considered?
   f. How are interpersonal bonds and networks targeted?
   g. How is justice and protection from abused operationalised?
   h. What is done by the organisation regarding identity and roles of the target population?
   i. How is trauma experienced by the target population?
   j. What resources are available to people experiencing trauma?
   k. How are MHPSS measures received by the targeted population?
1. What issues have occurred in the implementation of MHPSS?
2. How have such issues been handled?
3. Does the organisation collaborate with other organisations regarding MHPSS?

3. The role of religion and spirituality:
   a. How are the terms religion and spirituality defined by the organisation?
   b. How are the terms religion and spirituality used by the organisation?
   c. What role does religion and spirituality have within the organisation?
   d. What is the knowledge and awareness of organisational staff?
   e. How does the organisation assess the role of religion and spirituality in Indonesia?
   f. How does religion and spirituality influence the work of the organisation?
   g. Which specific humanitarian implementations include considerations on religion and spirituality?
   h. What considerations are given to institutions that provide existential meaning?
   i. What role are faith-based actors playing?
   j. How are conditions for appropriate communal cultural, spiritual and religious healing facilitated?
   k. What kind of rituals exist in the humanitarian context (religious, spiritual, other)?
   l. In which way and to what extend are pre-existing structures used?
   m. How is religion and spirituality considered in relation to MHPSS?
   n. How is the impact of the integration of religion and spirituality in humanitarian implementations assessed?
   o. What issues have occurred in the integration of religion and spirituality in the work of the organisation, in particular in MHPSS?
   p. What are the disadvantages in including religion and spirituality in MHPSS related interventions?

4. Improvement of MHPSS and integration of religion and spirituality:
   a. How are the humanitarian guideline regarding MHPSS assessed by the organisation?
   b. How are the humanitarian guideline regarding the integration of religion and spirituality assessed by the organisation?
   c. What could be improved in the implementation of MHPSS by humanitarian organisations?
d. What could be improved in the integration of religion and spirituality by humanitarian organisations?

D. Guide for the Case Study Report

1. Audience: From the academia such as teachers and students, and humanitarian organisations.
2. Previous literature: Includes information on contextual background, definitions of key terms, similar previous studies and theoretical framework.
Annex C. Interview Guide

Interview Guide

Introduction

Presentation of me, briefly about studies, research interest, topics and work experience.

First I want to assure that you have read the information about me and the study topic in the previously sent mail inquiry?

Furthermore, I would like to point out some information regarding the terms of participation in this study and interview. First, the participation in this study is voluntarily and you can chose to discontinue your participation whenever you want. Second, all information created by this interview will be used in a confidential manner, which in practice means that your name will be treated anonymously. Last, the content of this interview will be used for research purposes only and the raw data will be stored on my personal devices only.

Do you agree to these terms and do you have any questions before we continue with the interview?

Theme 1: The humanitarian actor

Can you describe the overall objectives or goals of the organisation?
(Follow-up question): When and why was it founded?
(Follow-up question): Was it founded due to a specific event?
(Follow-up question): Who was the founder?

What is the role of the organisation?
(Follow-up question): Which sectors is it involved in?

(Follow-up question): What is the specific role of the organisation in Yogyakarta or Indonesia?

(Follow-up question): What specific role highlights the organisation?

**Where does the organisation operate?**

(Follow-up question): Which specific areas does it operate in?

**When does the organisation get active?**

(Follow-up question): What kind of events lead to an implementation?

**How is the organisation structured?**

(Follow-up question): What working positions do exist in the organisations?

(Follow-up question): What specific role are there within the organisation?

(Follow-up question): How many employees or volunteers are working for the organisation?

**How is the organisation financed?**

(Follow-up question): Which type of funding is the most crucial?

**With which other organisations do you collaborate?**

(Follow-up question): How does the organisation collaborate with other organisations?

Theme 2: MHPSS

**What is the organisation’s understanding or view of MHPSS (Mental Health and Psychosocial Support)?**

(Follow-up question): How does the organisation define MHPSS?

(Follow-up question): How does the organisation define Mental Health?

(Follow-up question): How does the organisation define Psychosocial Support?

**What role does MHPSS have in the organisation?**
(Follow-up question): What is the general discourse about MHPSS within the organisation?
(Follow-up question): In which way do people within the organisation speak about MHPSS?

**How is your organisation evaluating the need of MHPSS in Indonesia?**
(Follow-up question): How is the need of MHPSS in assessed in the region you are working in?
(Follow-up question): How is the need of MHPSS assessed in general?

**How is MHPSS operationalised by the organisation?**
(Follow-up question): Can you describe specific measures regarding MHPSS?
(Follow-up question): What importance is given to these measures?
(Follow-up question): Are MHPSS interventions linked to other sectors of intervention?

**How does the organisation relate education to MHPSS?**
(Follow-up question): What are your thoughts about this relation?

**How is the organisation working with or thinking about security and safety issues?**
(Follow-up question): What are your thoughts on these issues?

**How does the organisation target interpersonal bonds and networks in the regions it is working in?**
(Follow-up question): What are your thoughts on working with these?

**How is the organisation working with justice and protection?**
(Follow-up question): How do you evaluate working on that sector?

**How does the organisation consider identity and roles of the target population?**
(Follow-up question): What is specifically done by the organisation regarding identity and roles of targeted people in interventions?
(Follow-up question): What are your thoughts on this more in general?

**What resources are available for people experiencing trauma?**
How is trauma experienced and described by the affected people?

How are measures related to MHPSS received by the targeted population?
(Follow-up question): In what way is the organisation assessing the response of the target population?

What issues has the organisation encountered regarding MHPSS implementations?
(Follow-up question): How are these issues handled or mitigated?

How does the organisation collaborate with other organisations regarding MHPSS?
(Follow-up question): In what way?
(Follow-up question): What have been the results of such cooperation?

Theme 3: Religion and spirituality in MHPSS

How are the terms religion and spirituality defined by the organisation?
(Follow-up question): Is this definition shared or official within the organisation?

How are the terms religion and spirituality used by the organisation?
(Follow-up question): How is this discussed within the organisation?
(Follow-up question): How are they used in communication with people outside the organisation?

What is the role of religion and spirituality within the organisation?
(Follow-up question): In what way does it relate to the overall mission or goal of the organisation?
(Follow-up question): How does religion and spirituality influence the work of the organisation?
Can you tell me something about the knowledge and awareness on religion and spirituality of the organisation staff?

Are there, or have there been internal capacity building or training on religion and spirituality, and how are these typically conducted?

In what way is the knowledge and awareness on religion and spirituality taken into consideration when new staff is employed?

How does the organisation assess the role of religion and spirituality in Indonesia in general?
(Follow-up question): To what extend is the role of religion and spirituality in Indonesia a significant factor of consideration?

How does the organisation include religion and spirituality in their humanitarian work, either directly or indirectly?
(Follow-up question): What are your thoughts on this integration?

How is the organisation relating to religious or spiritual institutions?
(Follow-up question): Can you give some examples or describe these religious or spiritual institutions?
(Follow-up question): How is the relation to these institutions assessed?

What is the role of faith-based actors in a humanitarian context in general?

What kind of religious or spiritual rituals or activities are common for the affected population in Indonesia?
(Follow-up question): How do you think are these rituals supporting a meaning making process?
(Follow-up question): In what way, would you say, are they community based?

How does the organisation work on the facilitation of conditions for appropriate communal cultural, spiritual and religious healing?
(Follow-up question): In what way is this facilitated?
To what extend are pre-existing structures supported which facilitate religious events?

How are pre-existing religious forums used?

Can you describe how the organisation relates religion and spirituality to MHPSS?
(Follow-up question): How would the organisation relate religion and spirituality to MHPSS?
(Follow-up question): Can you describe how the impact of including religion and spirituality is/would be assessed?

What issues does the organisation see or face in the integration of religion and spirituality in humanitarian interventions?
(Follow-up question): What issues would you expect or could you think of?
(Follow-up question): How are such issues handled or mitigated?

Can you describe how the organisation evaluates the integration of religion and spirituality in MHPSS?
(Follow-up question): How could this rather be seen as an advantage or disadvantage?

Theme 4: Recommendations

What policies and/or guideline regarding religion and spirituality does the organisation use?
(Follow-up question): In which way are such guideline used?
(Follow-up question): How are the guidelines assessed?
(Follow-up question): How is the utility of the guideline evaluated?

What policies and/or guideline regarding MHPSS does the organisation use?
(Follow-up question): In which way are such guideline used?
(Follow-up question): How are the guidelines assessed?
(Follow-up question): How is the utility of the guideline evaluated?
To what extent does the organisation rely on such guidelines?

(Follow-up question): How important are these for the work of the organisation?

How could implementations regarding MHPSS be improved by the organisation?

(Follow-up question): Internally?

(Follow-up question): Externally?

(Follow-up question): In general?

How could implementations which include religion and spirituality be improved by the organisation?

(Follow-up question): Internally?

(Follow-up question): Externally?

(Follow-up question): In general?

Do you have any organisational/internal documents such as policy documents, project applications/proposals or written statements you could share with me?

Could you refer me to another organisation or person within your organisation which might be able to tell me more about this topic?

Lastly, I of course will send you the final paper once it is finished.
Annex D. Summary of Research Material

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<thead>
<tr>
<th>Organisation</th>
<th>Title</th>
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<td>Summary: Palu, Central Sulawesi earthquake response</td>
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<td>MHPSS monitoring and evaluation framework in emergency settings</td>
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<td>Muslim Aid</td>
<td>Annual Report 2017 Indonesia Field Office</td>
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