

The clash and clout of faith: refugee aid in Ghana and Kenya

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A case-study from Ghana assesses the importance of a faith-based response to displacement in West Africa, while an example from Kenya highlights problems that can arise in collaborations between secular and faith-based organisations.

Faith-based organisations (FBOs) have been fundamental to Ghana's response to the Liberian refugee crisis. Evangelical Christian and Pentecostal churches, run by refugees and Ghanaians, were first responders and later offered a buffer when official aid had been drastically reduced. When the first Liberians fled to Ghana in 1990, Ghana had no official humanitarian infrastructure to cope with what would become a major crisis with the arrival of more than 30,000 Liberian refugees. By most accounts, the Christian Council of Ghana – consisting of 15 long-standing Christian churches in Ghana, such as the Presbyterian Church – was crucial in providing aid for the refugees in the early stages of the crisis.

Church communities and individual members provided lodging, food and other relief goods before the Ghanaian government formed a committee on refugees and designated the Gomoa Buduburam compound in Ghana's Central Region as a refugee camp. After the Ghanaian government had called the United Nations High Commissioner for Refugees (UNHCR) for assistance, and the aid and registration process had become more standardised, FBOs played a major role in improving conditions in the camp.

Many of the Liberian refugees who arrived in Buduburam were Charismatic Baptists, a faith that resonated well with the religiosity of the

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Ghanaian first responders and evangelical non-governmental organisations (NGOs). Even though the overall humanitarian response to the refugee crisis was beset with problems, the faith-based aid efforts in Buduburam met with a positive response precisely because they could be framed in a commonly shared religious framework. Furthermore, many Liberians in Buduburam drew on their religiosity to explain the past, mobilise resources for the future, create economic exchange networks and promote inter-ethnic reconciliation. In anticipation of the perceived benefits of Pentecostal religiosity, countless Liberians joined Pentecostal and Evangelical churches in the camp. Liberian refugees contacted church members abroad, particularly in the US, to solicit financial support for their churches, individual scholarships for parishioners and some social services. Nowadays, many of the few remaining aid providers in the camp are faith-based.

Clash of belief

In contrast to the success that FBOs have had in Ghana, research in East Africa highlights ways in which a faith-based approach to humanitarian assistance can cause problems in implementing programmes or delivering services to refugees, particularly when the religious beliefs of the organisation and its employees are in contrast to the goals of the project.

Many of the implementing partner NGOs working with UNHCR in refugee camps in East Africa are FBOs; some are large international organisations while others are locally based. In one particular refugee camp, much of the sexual and reproductive health education and outreach is managed and directed by a local Christian FBO, as an implementing partner of UNHCR. An international, secular organisation, which had not previously been active in the camp, sought to implement an adolescent and youth sexual and reproductive health campaign, in which the two organisations would jointly train community-based refugee workers to educate their fellow refugee

communities on sexual and reproductive health issues facing adolescent refugees.

The international NGO's goal was to educate refugee youth on subjects such as sexually transmitted infections and family planning. However, the two organisations held different beliefs regarding premarital sex, contraceptive use, commercial sex work and homosexuality. The secular organisation was most concerned with protecting the health of adolescents through encouraging the use of contraceptives to protect against STIs and unintended pregnancies. The staff from this organisation did not display any particular beliefs for or against homosexuality, commercial sex work or adolescent/pre-marital sex. Contrary to this approach, the FBO staff expressed their belief that adolescents are too young to marry and should not engage in premarital sexual activity; their approach to adolescent sexual and reproductive health was to encourage abstinence until marriage as much as possible and only turn to safe sex practices when these measures fail.

Strong beliefs about sexuality and reproduction are not of course restricted to FBOs or their staff. Sexuality and reproduction are highly charged topics tied to notions of morality, purity and public health. But it is hardly surprising that a secular organisation and a faith-based organisation might disagree on approaches to adolescent sexual and reproductive health. Such a clash could easily lead to reduced success in achieving project goals, conflicting information being given to refugees and, ultimately, poorer adolescent sexual and reproductive health outcomes.

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