

The dynamics of faith-based organizations healthcare interventions in Tanzania:

*Ethnographic Study of Bethel Revival Temple and Africa Muslims Agency*

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This anthropological study focused on understanding the dynamics of Faith-Based organizations' healthcare interventions in Tanzania. The study explored ways the new generation of Christian and Muslim Faith-Based Organizations (FBOs) have become involved, and established in healthcare interventions and the country's public sphere at large since 1990s to 2020 amidst socio-economic, cultural and political changes brought about by Structural Adjustment Programs (SAPs), neoliberalism and globalization. This study examined types, character and content of FBOs' healthcare interventions together with religious and professional motivation for their healthcare workers and management including the manner they relate with the government on healthcare interventions ever since. The study borrowed the concept of religion as model of, and model for lived reality by Geertz, and the conceptualization of religion in the public sphere by Casanova. Thus. Using ethnographic inquiry through selected cases of FBOs, this study explored how religious discourses were embodied in certain social practices, how social and historical processes have led to that particular embodiment, and how religion itself redefines its discourses and practices in regards to changing social, economic, and political contexts, results revealed that FBOs engaged in both clinical, non-clinical formal and informal healthcare interventions. It was noted that religious ideas practices, experiences and meanings were much alive and dynamic constantly informing the types of the FBOs healthcare interventions while reflecting existing socio-economic, cultural, historical and political context's. The types of FBOs healthcare interventions were designed to flow into the public sphere to broaden alternatives for beneficiaries and public to access healthcare services, especially those strongly affected by SAPs as well as weakened traditional and social ties. The character and content of the FBOs healthcare interventions possessed elements of appropriation of morals, extensive use of social networks, and capacity to generate social capital that contributed in protecting beneficiaries against life insecurities caused by SAPs neoliberalism and globalization since 1990s onwards. On professional and religious motivation, findings noted that religious ideas, practices experiences and meanings provided motivation for FBOs healthcare workers and management to engage in healthcare interventions and express for the same using spaces created by SAPs neoliberalism and globalization. On the relationship between the FBOs and the government, findings revealed that the socio-economic and political changes since 1990s have led to an increased government dependence on FBOs' healthcare interventions thereby jeopardizing the former's supervisory role. Such dependence has created additional space for the FBOs to penetrate their religious and non-religious agenda to the government. It is concluded that FBOs healthcare interventions are dynamic, adaptive and much alive, for they influence and they are being influenced not only by religious ideas, practices, experiences and meanings but also by the existing socio-economic, historical, cultural and political contexts. This study recommended further research into meaning attached to religious activities in specific contexts, situation and time in story. The study also calls for policies that should take into account the contributions of informal and non-clinical healthcare interventions on the overall healthcare system.

