Pentecostal churches have become part of a growing religious field which has repositioned itself—in language, practice, and institutional arrangements—toward the multiple opportunities and expectations that transnational policies and resources have articulated with regard to faith-based organizations to "do better" than their secular counterparts.

Doing Better? Religion, the Virtue-Ethics of Development, and the Fragmentation of Health Politics in Tanzania

Hansjörg Dilger

In recent years, relationships among religion, development, and globalization have been discussed critically with regard to the potentially beneficial as well as detrimental opportunities that the work of faith-based organizations (FBOs) presents in relation to HIV/AIDS. Drawing on the case studies of two neo-Pentecostal congregations in Dar es Salaam, this article describes how religious actors in urban Tanzania—including those who have not benefited from international funding—have repositioned themselves in relation to the discourses, practices, and market opportunities triggered by globalization and transnational development. This article also discusses the fragmentation and transnationalization of the healthcare sector in Tanzania, where the focus on FBOs represents only a minor aspect, which may pave the ground for promoting individual congregations' strongly conservative and morally driven agendas.

Introduction

In recent years, there has been a proliferation of interest in the role that faith-based organizations (FBOs) play in the context of internationally driven development (Bornstein 2005; Stambach 2004; Ter Haar and Ellis 2006). Religious organizations have a long history of providing social services in Africa and other parts of the world (Quarles van Ufford and Schoffeleers 1988; Vaughan 1991), but the persistence of religion and religiously defined practice in social and public life of the "developing world" has often been described as the result of "incomplete modernization." From this perspective, the continued presence of religion in public and political life would be transcended inevitably by economic and technical progress and secular development. In contrast, several authors have argued lately for the need to integrate a "value-based" and "human-oriented" approach into the global

development framework so as not to reduce development to an appendage of global capitalism and neoliberal reform processes (Tsele 2001). Furthermore, policymakers were called upon to recognize and acknowledge the "deeper pluralism" of their target communities and examine the "thick practices" of world religions (their virtues, traditions, and social practices), instead of making appeals to the secularized rationality of Western Enlightenment as the exclusive condition for successful development. Thomas (2004) has suggested that religion can play an integral role in development by facilitating the building of positive social capital and by adopting a virtue-ethics approach that ties development activities to processes of community- and identity-building and the transmission and negotiation of moral values.

In this article, I focus on interconnections among religion, transnationally driven development, and the globalization of health politics in urban Tanzania, arguing that the recent integration of faith-based initiatives into international development efforts in the country has been embedded in the wider reconfiguration of Tanzania's social welfare system from the early 1980s onward, shaped by the decline of the postcolonial welfare state, the growing privatization and NGOization of the health sector, and the rise of the HIV/AIDS epidemic. Though the (re)emergence of FBOs in the competitive field of AIDS NGOs has been discussed critically by international-development experts and social scientists alike, few studies have focused on the way religious organizations and communities themselves have responded to the challenges of the HIV/AIDS epidemic, and on what concrete activities they have established in responding to the HIV/AIDS-related illnesses and deaths of community members.[1] After giving a brief overview of the debates that the growing focus on FBOs sparked in the context of international development and HIV/AIDS, I therefore draw on the example of two urban Tanzanian Pentecostal churches that have become involved in the struggle against HIV/AIDS. Neither of these churches has received substantial funding for HIV/AIDS-related activities, but both congregations have established initiatives to enhance the material, social, and spiritual well-being of their communities, including people with HIV/AIDS. Using these case studies, I discuss the challenges and opportunities that health planners and policymakers are facing with regard to the specific contributions that Pentecostal organizations may make to development efforts and the potential conflicts and ruptures contained in the process. In particular, I focus on the fragmentation of the healthcare sector in Tanzania, of which the focus on faith-based organizations represents only a minor aspect.

A Note on Methodology and the Regional Context

The following sections are based on a review of primary and secondary sources (print and online) relating to religion, development, and HIV/AIDS in and beyond Tanzania. In particular, I make use of scholarly articles, policy documents, publications by religious and development organizations, and

discussions on FBOs and stigmatization on the internet listserv "AF-AIDS" and on AIDS prevention and paradigms on the "AIDS and Anthropology listserv" as they evolved in relation to the U.S. Presidential Emergency Plan on HIV/AIDS (PEPFAR) in 2003.

The section on Tanzania is based on ethnographic fieldwork in Dar es Salaam, which formed part of a research project on "HIV/AIDS and social relationships" in Tanzania (1999–2003). Fieldwork was carried out in a neo-Pentecostal Church in Dar es Salaam, in urban-based NGOs, and among kinship networks in the rural Mara Region on Lake Victoria. The research focused primarily on how illnesses and deaths resulting from HIV/AIDS have affected relationships of care and support, and social, religious, and ritual practice in broader terms, as with regard to widow cleansing and burial (Dilger 2005, 2008). In the Pentecostal Church, the research explored practices of healing and community-building through participant observation during church services and healing prayers, and through interviews with church leaders and followers (Dilger 2007).

Additional data were collected during a research project on "religion, development and the state." This research, which remains ongoing, looks at the way religious organizations in Tanzania have become involved in the field of social service provision, especially health and education, in the wake of economic and political liberalization and transnational development. While the research focuses on "new" religious organizations (especially neo-Pentecostal[2] and new Muslim organizations), it emphasizes that their activities have to be situated in the broader history of religious and nonreligious engagements with social service provision in colonial and postcolonial Tanzania, and with regard to the agendas, institutional configurations, and practices that have emerged from (church-)specific historical trajectories and in relation to transnational flows of resources, ideologies, and (imagined) opportunities.[3]

In Tanzania, these recent opportunities for religious development have been created in particular by structural-reform programs and the subsequent reconfigurations in the health sector from the 1980s onward. Structural-adjustment programs in Tanzania were introduced in the mid-1980s as instruments of poverty alleviation and targeted mainly at the social, economic, and political restructuring of the country in terms of efficiency and economic growth; in effect, however, they sharply reduced the government's expenditures on social services, including healthcare, which had been a free service offered by the postcolonial state during the country's socialist (*ujamaa*) period, and had become largely insupportable because of its history of corruption, understaffing, and lack of medical equipment in most state-run hospitals and clinics. Between the 1970s and the early 1990s, the national budget allocation for healthcare provision in the country fell from 9 percent to 5 percent—a development that made the state ever more reliant upon private and international funding to make up for the growing deficit (Harrington 1998:149).[4]

The massive influx of external funding into Tanzania's healthcare systems has become especially pervasive in the field of HIV/AIDS. Since the U.N. Declaration of Commitment on HIV/AIDS in 2001, and the subsequent launching of the Global Fund for the Fight Against AIDS, Tuberculosis, and Malaria, as well as PEPFAR, international funding for the epidemic has amounted to more than US$8 billion annually at the global level. In Tanzania alone, donor funding comprised 148.47 billion TSHs (ca. US$145.40) in the years 2004–20005 and amounted to 90 percent of the total public expenditure on HIV/AIDS during the same period (TACAIDS 2007). In the fiscal year 2006, PEPFAR spent US$130 million for HIV/AIDS-related activities in Tanzania. Some of these funds were specifically allocated to mainly Christian FBOs, among them the Adventist Development and Relief Agency (the humanitarian agency of the Seventh-Day Adventist Church), Balm in Gilead (a not-for-profit organization, catering mainly to the health needs of African-American communities, but also to African countries through the support of faith-based initiatives), World Vision (a Christian relief, development, and advocacy organization with evangelical tendencies), and the Salesian Missions (an influential Roman Catholic order, established in Tanzania in 1980).[5]

In addition to PEPFAR, numerous national development organizations, including USAID, DANIDA, and the German Society for Technical Cooperation (GTZ) have become invested in the funding of FBOs' HIV/AIDS-related activities. The GTZ, for instance, supported the development of an HIV/AIDS-related policy by the National Muslim Council of Tanzania, BAKWATA, which defined a coordinated approach in the "planning, implementation, monitoring and evaluation" of the organization's HIV/AIDS response (BAKWATA 2007). Furthermore, the Evangelical Lutheran Church, the Roman Catholic Church, and the Anglican Church have become involved in HIV/AIDS-related activities such as counseling and treatment, peer-education programs, and home-based care services. Some of these services have existed for a long time and have become widely renowned for their charitable achievements and early involvement in the epidemic; for example, PASADA, founded in 1992 (Dilger 2001). Other organizations, however, have become involved in HIV/AIDS-related activities more recently—a fact that highlights the different organizational and funding structures and specific trajectories of religious institutions within and beyond Tanzania. PASADA has been established as a social-service agency under the wings of the Archdiocese of Dar es Salaam, but the Anglican Church is organizing its activities through the recently founded MEA Foundation, a nongovernmental organization (NGO) that functions mostly as a subsidiary of the Anglican Diocese of Dar es Salaam and partly relies on international funding. In addition to several other community-based projects, the MEA Foundation[6] has recently run a one year HIV-testing program for the community in Buguruni, Dar es Salaam, accompanied by outreach activities for sex workers. The project, funded by the Rapid Funding Envelope, established in turn in 2002 by the Tanzania Commission for AIDS and donor partners, aims to fill gaps created by the funding structures of the Global Fund and PEPFAR.[7]

A large number of Christian—and officially recognized Muslim—organizations have thus been able to secure funding for their HIV/AIDS-related activities through a market of international funding organizations. As part of an increasingly diverse—and, because of its locally and temporally often limited activities, also diffuse—health sector in relation to which people's behaviors in the context of HIV/AIDS are being shaped, they offer a wide range of formal and informal services for those affected by the disease. The following section describes how the HIV/AIDS-related activities of FBOs have become embedded in the wider field of "religious development" on the global level and how these activities have been discussed in various international forums.

Religion, Global Development, and the PEPFAR Controversy

> I believe we need to exercise extreme caution in working with many faith-based organizations in the augmentation of HIV prevention and AIDS care. There have been a number of progressive FBOs that have worked successfully on behalf of the need of persons with HIV/AIDS and have supported culturally appropriate condom promotion campaigns. But there appear to be many more FBOs that have used AIDS as a tool to promulgate their right-wing religious agenda to stigmatize as "sinners" those whom they condemn as "fornicators, sodomites, and adulterers."[8]

The growing focus on FBOs in international development can be traced to the late 1980s and early 1990s, when religious groups and congregations started to respond to the negative effects of structural-adjustment programs in the developing world and the transition to democracy taking place in Asia, Africa, and Latin America (Clarke 2006). The growing focus on collaborative partnerships between FBOs and the international aid community was discussed most explicitly on the occasion of the launching of the World Faith Development Dialogue (WFDD) in 1998, when George Carey, Archbishop of Canterbury, and James Wolfensohn, a former President of the World Bank, agreed on the necessity for constructive dialogue between secular and religious institutions. This relationship had long been shaped by mutual skepticism and criticism (illustrated most vividly by Jubilee 2000, a campaign for the cancellation of third-world debts, which a high number of influential Christian organizations supported), but the collaboration was redefined in more reconciliatory terms in this context. From 2000 onward, the WFDD became involved in the preparation of the World Development Report 2000/2001, organized workshops on poverty and development at the Millennium World Peace Summit for Religious and Spiritual Leaders (2000), and initiated exploratory interfaith programs in Tanzania, Ethiopia, and Guatemala, essentially aimed to establish a dialogue among denominations and provide an overview of their development activities (Marshall 2001).

On another level, the necessity of integrating FBOs into international development efforts was addressed by *Voices of the Poor,* a study carried out as part of the World Development Report 2000/2001 (Narayan 2001) and based on a survey carried out in twenty-three countries in Africa, the Middle East, Eastern Europe, and Asia. This report emphasized that poor people's own definitions of well being and development were holistic, in that they measured the quality of life in terms of material, psychological, and spiritual dimensions. Participants in the study described the role of national governments in establishing development programs as vital, but simultaneously as ineffective with regard to their inability to provide basic infrastructure, and sometimes even as harmful in relation to the perceived corruptness of state institutions. While FBOs were seen to be not entirely free from such forces, the report concluded that religious organizations should use their "moral authority and ethical standards to influence changes in attitudes about how [to] tackle the problems of poverty and injustice, gender inequality, and corruption" (Narayan 2001:47).

The most heated debates about FBOs in the context of international development have arisen in relation to the U.S. Presidential Emergency Plan for AIDS Relief (PEPFAR), launched by former President Bush in 2003, which gave unprecedented preference to faith-based initiatives through its focus on abstinence-based programs. While this program, providing US$15 billion for the international fight against HIV/AIDS between 2003 and 2008, was applauded for making antiretroviral treatment available on a large scale to populations in the Third World, critics were disturbed by the fact that it subscribed to rigid budget allocations and earmarked a third of its annual funds for promotion of abstinence-until-marriage and anti-abortion programs. A core concern of the proponents of comprehensive sex education was not only that condoms worked better than abstinence-based prevention, but that FBOs were often taking a negative stance in the HIV/AIDS epidemic and promoting strategies of exclusion against those whose sexual and social behaviors were said to oppose the moral and reproductive dictates of their respective congregations (Palmer 1997). This bias, critics claimed, would give unjustifiable preference to the agendas of conservative FBOs, which defended moral values and standards against what they perceived as the moral decay of secularized modernity, symbolized by its insistence on "pro-sex" HIV/AIDS education and its promotion of condoms. PEPFAR's opponents argued that this bias would lead to a serious undermining of the efforts of other global players in the AIDS field, including UNAIDS and the Global Fund, which were promoting comprehensive sex education and condom distribution as part of their preventative approach.[9]

On the other side of the spectrum were the representatives of FBOs and Christian groups themselves, as well as more-pragmatist NGO experts and some academics, who emphasized that religious organizations represented a significant factor within African healthcare systems and could play an important role in the successful implementation of HIV/AIDS programs. Advocates pointed out that FBOs had a long tradition of contributing to

health programs in southern and eastern Africa—as donors, advocating agencies, and implementers of projects—and that they had established a significant sphere of influence across all sectors and strata of society. They emphasized that health staff in religious clinics and hospitals were often more motivated for the emotionally straining tasks of caring and nursing than the staff in state institutions. Furthermore, stronger involvement of FBOs in development discourse was supported by the fact that many religious organizations had established positive and constructive responses to the HIV/AIDS epidemic by integrating spiritual elements with religious emphasis on mutual responsibility and the willingness to help and care in AIDS work (Klaits 1998; Benn 2000; Islamic Medical Association of Uganda 1998; for an overview, see Dilger 2001). This aspect was reflected by a growing shift occurring in religious institutions themselves away from their former silence about HIV/AIDS issues toward public statements of their willingness to collaborate with other institutions in the fight against HIV/AIDS and to speak "openly" and "truthfully" about both the disease and sexuality (Chitando 2007a, 2007b). In some cases, these statements took the form of public confessions, which denounced their previous interpretation of the epidemic as evidence of "sinful" irresponsibility. In May 2002 at a meeting in Kenya, the Pan-African Lutheran Church Leadership put it like this:

> We . . . publicly confess and acknowledge that we have too often contributed to stigmatization and discrimination and that our churches have not always been safe or welcome places for people living with or affected by HIV/AIDS. In some cases Holy Communion has been refused to people living with HIV/AIDS, funerals of people having died from AIDS have been denied and comfort to the bereaved has not been given. We repent of these sins. We therefore commit ourselves to a faithful and courageous response in breaking the silence, speaking openly and truthfully about human sexuality and HIV/AIDS. We recognize that it is especially important for the bishops, presidents and other church leaders to publicly speak and provide leadership in breaking the silence.[10]

Finally, some concerns about FBOs were allayed by the PEPFAR initiative itself and by the way in which funds were allocated in the fiscal years 2004–2006. Though critiques had initially been directed mostly at PEPFAR's bias toward prevention, it soon became clear that the bulk of the available money had been used for rolling out antiretroviral medications and establishing infrastructure needed for providing treatment. Thus, while antiretroviral treatment had been almost nonexistent in African countries before 2003, it was largely through the PEPFAR funds that the major barriers for treatment access were removed and that the rollout of ARVs could advance.[11] Similarly, while PEPFAR funding for abstinence or be-faithful programs came to equal the funds for condom-based prevention (7 percent vs. 6 percent in 2006),

it became obvious that the critical point of the PEPFAR intervention was to be found elsewhere. In 2006, funding strategies furthered emphasis on abstinence or be-faithful programs in at least two ways. First, the program prioritized abstinence by using a discourse of "risk elimination" versus "risk reduction." PEPFAR explicitly emphasized risk elimination as its primary goal and supported risk-reduction strategies, such as the use of condoms or the reduction in number of sexual partners, only as long as these efforts did not contradict or compete with the plan's primary goal, risk elimination. Second, the operational plans explicitly broke down the ABC strategy and linked each component to a specific population. Thus, while abstinence promotion became the preferred method for programs addressing youth populations, be-faithful programs were designed primarily for married couples or older people in monogamous sexual relationships. Condoms, in turn, were only to be offered to "most-at-risk populations," including "prostitutes" and their clients, migrant workers, people in discordant relationships, drug users, and men who have sex with men. Consequently, the plan did not support intervention efforts that promoted condoms or reduction in sexual partners for young people, especially people under the age of 14.[12]

To date, discussions on religion, development, and HIV/AIDS have been primarily restricted to policymaking circles and have seldom focused on individual religious organizations or congregations, which have actually profited from current policy shifts or might become the targets of future interventions. The following section examines how two neo-Pentecostal churches in Dar es Salaam have responded to the challenges of HIV/AIDS in their communities. Only one of these churches has received (limited) funding from an international organization, but both congregations have developed strategies in coming to terms with the disease and the wider suffering arising from it. Both are therefore, I would argue, among the emerging religious organizations in Tanzania that have the *potential* to benefit from the growing flows of international money that are being directed toward FBOs. Furthermore, the case studies reveal a need to examine how the transnational development apparatus affects not only those organizations and congregations that actually receive funding for their work, but other religious actors, who respond to specific social, economic, and health challenges, as well as to discourses, practices, and market opportunities triggered by globalization and transnational development in the context of HIV/AIDS.

Between Community-Building and Spiritual Healing: Neo-Pentecostal Responses to HIV/AIDS in Urban Tanzania

The Pentecostal presence in Tanzania dates back to the late 1920s, when the Swedish Free Mission and the Holiness Mission founded their first mission stations in Central and South Tanzania respectively; however, it was not until the late 1960s and early 1970s that newly introduced churches, such as the U.S.-based Assemblies of God and the ELIM Pentecostal Church,

attracted a crowd of followers, partly due to their mediation of social and economic tensions arising from *ujamaa* policies. According to Frieder Ludwig (1997), it was the Pentecostal congregations, and not the former mission churches, that reacted flexibly to the "spiritual and social vacuum" created by the government's villagization program and managed to establish new church branches in the artificially created settlements. After the passing of the socialist regime, in the mid 1980s, it was again the Pentecostal churches that gained from the challenges and dilemmas of globalization and the negative socioeconomic effects of structural-adjustment programs. In the mid 1990s, the Pentecostal movement in Tanzania became increasingly divided and split into uncountable subchurches, in the aggregate having more than 500,000 followers (Ludwig 1997).

Today, the Pentecostal movement in urban Tanzania presents a rich agglomerate of diverse denominations and congregations that are tied to a wide range of national and international religious traditions and comprise a growing group of neo-Pentecostal churches that were founded mostly by Tanzanian pastors and bishops and independently of an international mother church. Some of the "classical" Pentecostal denominations were grouped together in the Council of Pentecostal Churches of Tanzania (PCT) in the early 1990s, but others, especially some neo-Pentecostal churches, were excluded from the council because of religious practices and ideas defined as "non-Pentecostal" by the PCT (Mwasota 2008).[13] The appeal of the Pentecostal movement in Tanzania has been associated with the social, economic, and spiritual uncertainties that have shaped people's lives in the context of neoliberal reform processes and growing inequalities (Dilger 2007; Hasu 2007). Many followers of the Pentecostal churches in Dar es Salaam are found among the urban under and middle classes—those most strongly affected by urbanization and globalization processes and the introduction of structural-adjustment policies.[14] Particularly to the less wealthy followers of the neo-Pentecostal churches, the movement has become attractive not only because of its gospel of health and well-being, but in recent years increasingly because of the relief activities that it has developed for their followers and other urban people. Some of these churches have started to establish schools, health centers, and their own financial institutions, such as the church of Ephata (Hasu 2007:231); others have set up support networks on the community level and organized foodbanks and charity events for the "neediest" segments of the urban population. On the occasion of a "charity day" in October 2008, for instance, the Dar es Salaam Pentecostal Church not only distributed food and clothes to its neediest members and the surrounding community, but organized medical examinations and treatment for the attendees; the event included free testing and counseling for HIV/AIDS, offered by one of the "secular" AIDS NGOs (with whom one of the members maintained good relationships[15]), and the distribution of free drug donations.

In the following sections, I present studies of two Neo-Pentecostal churches in Dar es Salaam that have been established in the wake of social, political, and economic reform processes in urban Tanzania and whose

activities have responded to the social and moral challenges that their followers—and other community members in Dar es Salaam—are experiencing in relation to HIV/AIDS. The histories and outlooks of these churches differ widely with regard to their leaders' biographies and social and political standing, the way the two churches have been trying to formalize social services through the establishing of accountability structures and organizational logistics, and the kind of international contacts they have been able to mobilize.[16]

Mikocheni B Assemblies of God

The Mikocheni B Assemblies of God can be counted as a Tanzanian neo-Pentecostal church in that it has all the features of one, such as placing high emphasis on material wealth, having an international outlook, and being led by a Tanzanian pastor, though formally remaining connected to its mother church, the Assemblies of God Tanzania. The church was founded in 1995 by Dr. Gertrude Rwakatare, who had previously worked as personnel manager for the port authority in Dar es Salaam and who holds a Ph.D. in community development and Christian education from the Moody Bible Institute in Chicago. Her church has grown rapidly, and today it has about seven thousand to ten thousand members, of whom some—many of them women–belong to the wealthy middle and upper classes in the city and give the congregation the reputation of being a "church of the rich" (Swahili *kanisa la matajiri*), despite the fact that most of its members are from poorer social and economic backgrounds.

Dr. Rwakatare is fully aware of being one of the few women in Tanzania who has managed to become a Pentecostal church leader. In Chicago, she had been taught that women could not become pastors of a church because, she remembers, "this task was a burden which could only be carried by men." According to Rwakatare, when she founded her own Assemblies of God church in Dar es Salaam, people were critical and regarded her with suspicion. Today, however, she claims that "things have changed," and she feels well accepted by Tanzanian society. This fact is underlined by numerous newspaper cuttings at the entry to her office, which display her in the company of high-ranking representatives of Tanzanian society and politics; in late 2007, she was also appointed a member of parliament by Jakaya Kikwete, Tanzania's president, after Salome Mbatia, the former Deputy Minister for Community Development, Gender and Children, had died (in a car accident).

One of Rwakatare's main concerns is community development and, specifically, the advancement of children and women in society. In 1987, she founded the St. Mary's school group, which includes a variety of schools, ranging from nursery to primary schools, high schools, and a teacher's training college. The schools, located primarily in Dar es Salaam and Mbeya, were established "in an effort to advance local capacities in Tanzania to deliver good education" and had a good reputation among wide parts of the

population—until the school's work became increasingly troubled by a dispute between schoolworkers and Rwakatare concerning salaries and working conditions. The building of the schools was initially supported by the Christian Working Woman, a U.S. organization aiming to "equip and encourage Christians in the workplace to love Christ more and to demonstrate this love by applying biblical principles to their lives."[17] The St. Mary's curriculum, based on the Tanzania National Curriculum, takes a strongly international focus, but does not have an explicitly religious content; however, one of the school's core missions is "to groom the children academically and spiritually through Christian morals so as to have [an] academically and morally responsible workforce."[18]

After founding the Mikocheni B church, Dr. Rwakatare became involved in further community projects. On the former grounds of the Tanzanian National Insurance Company, she established Bright Future Orphanage Centre, an orphanage that provided shelter and education for about seven hundred children in 2006. Funding for the orphanage comes largely from contributions made by the Mikocheni B church members and, potentially, the support of Feed the Children in Tanzania, support that was promised by the organization's country director.[19] These examples are an expression of what Rwakatare describes as a church leader's foremost responsibility: to serve the community, rather than his or her own needs and wishes. Proselytization, according to Rwakatare, is not possible "without trying to alleviate the poverty and the pain that one finds in the community." However, while Rwakatare's biography may situate her in a unique position to address the wider structural forces underlying poverty and suffering in Tanzania, she emphasizes that her engagements are "not political," but should be seen primarily as a service to "her community and her president."[20] Furthermore, she emphasized on various occasions that her limited contacts with international partners have not resulted in grand funding schemes for her community projects, or even in personal wealth. As she put it in a briefing of journalists in 2007, "helping orphans brings no wealth":

> Majority of people consider good Samaritans who take care of orphans from various diseases, including HIV/Aids, do so to accumulate wealth from vulnerable children. . . . My center provides food, shelter, and medication to seven hundred forty orphans. I feel sorry for them, and I assist to make them feel they are human beings; however, majority of people don't understand and instead assume that I am doing it for personal gains.[21]

Efforts to "alleviate the pain of a community" include the spiritual healing of church members—an aspect strongly present in Rwakatare's church, where, in addition to her job as a member of parliament and the running of her community-based projects, she guides the service almost every Sunday.

Full Gospel Bible Fellowship Church

Similar efforts are equally prominent in the Full Gospel Bible Fellowship Church, a neo-Pentecostal church in Dar es Salaam, founded in 1989 by Zachary Kakobe, who then worked as a meteorologist and a musician in a local dance orchestra. In the first years after the church's founding, he wrote letters to different international Christian organizations, including the Billy Graham Evangelistic Association in the United States, asking for financial support; however, while he never received funding for his congregation, the FGBFC grew rapidly over the following years, and in 2000 the church claimed more than one hundred twenty thousand members nationwide, and had established more than five hundred regional and local subbranches throughout the country.

In contrast to Dr. Rwakatare's church, the FGBFC has not established formalized projects of community development, but focuses mostly on preaching and missionary work in and beyond Tanzania (Dilger 2007). Though donations from church members are collected on a weekly basis (including both a tithe and "voluntary" donations), and though the church is producing and selling its own videos, cassettes, and booklets, this money is not used for the immediate benefit of the church members, but for the building of new churches and the support of missionary activities (e.g. the buying of bicycles for newly trained pastors in rural areas, and the buying of airtime for the church's own television program).

For the members of the FGBFC, the church becomes particularly attractive because of its gospel of prosperity and, intimately related to it, the concepts of "awakening" and "salvation," all based on the claim that while everyone is born into a state of sin, a person can be saved from perdition by becoming aware of the ways Satan exerts control over a person's life. According to Corten and Marshall-Fratani (2001:7), salvation is "an ongoing existential project," which requires engagement in church activities and healing prayers so as to ward off attacks by diabolic forces. In particular, it advocates a break with many of the obligations church followers have toward their families and the abandonment of "sinful" lifestyles, such as consuming alcohol and engaging in extramarital sexual relationships; it is only if these conditions are fulfilled that the promises of salvation begin to work. Thus, the gospel of health and wealth promises more than material success and progress for those living in poverty: salvation also means the possibility of becoming a morally integral person, who, once he or she has managed to lead a life free of sin, is going to experience relief from all kinds of distress, such as trouble at work or with the Tanzanian bureaucratic systems, and from infertility, cancer, high blood pressure, AIDS, and other conditions and diseases (for relationships among sin, affliction, and healing in the FGBFC, see Dilger 2007).

Apart from the AIDS healings (which, according to Bishop Kakobe, have in many cases been confirmed by biomedical tests in Dar es Salaam's clinics and hospitals[22]), the FGBFC has established a network of mutual

solidarity that provides help and support for members in times of need and plays an important role in the context of AIDS. Especially on the level of neighborhood churches that have twenty to thirty members each, the idea of a "spiritual family" is promoted, defined in opposition to the "worldly family" and aiming to build a new moral community, dispersing any doubts that FGBFC members might have about the righteousness of their path. This community-building process is ambiguous, with a high potential for intrafamilial conflict stemming from unsaved relatives, who sometimes try to make FGBFC members depart from the path of salvation, and from church followers, who persistently urge their families to give up their "dark" and "sinful" ways (Dilger 2005, 2007). However, the small home churches were described to me also as beneficial networks of support, which flexibly and quickly reacted to the needs of their (mostly female) members.

Especially in cases of serious illness, the charitable acts of other church followers, described as "duties" or "shifts" (*zamu*) imposed by the FGBFC members, went far beyond immediate acts of caring or nursing. One church member, Anna Mwita[23] (38 years old) was infected with HIV herself, and had been a member of the church since 1992. At the time of our interview, in 1999, she lived with her four children in a rented place in Kinondoni, depending mostly on the salary she earned from her work as a secondary teacher and receiving only minimal support from her family, who lived partly in the (rural) Dodoma Region, and with whom she had a rather strained relationship. While she was aware of the multiple activities that the "secular" NGOs in Dar es Salaam had established in the care and support for people with HIV/AIDS, she maintained that in case of severe illness she would depend largely on the support of the members of her neighborhood church. As she put it:

> A.M.: They will take care of me: they will cook porridge [*uji*] and do the laundry for me; they will sit with me and talk to me; they will sit with me and read the Word to me.
> H.D.: These other members of your church?
> A.M.: Yes, from the church.
> H.D.: Do they know which illness you have?
> A.M.: They don't know.
> H.D.: Have they done this for you, when you were sick previously?
> A.M.: I haven't been very sick so far. Only once, I didn't have any money and they came to help me: one of them brought water; another one did other things.

Comparing the Cases

The cases presented here are emblematic of the neo-Pentecostal field as it has emerged in urban Tanzania under the conditions of religious diversification, social and economic transformation, and the ongoing reforms in the welfare sector. These two churches differ strongly with regard to their

leaders' social and political backgrounds, their local and transnational ties, and the way they have formalized their respective services, but both have managed to mobilize resources—financially and ideologically—for the support of community-based initiatives that are locally grounded and appealing beyond their immediate membership.

In the case of the FGBFC, these initiatives have remained integrated largely into the church's organizational structure and its urge for building a spiritual and moral community throughout Tanzania and beyond. In contrast, the Mikocheni B Church has remained largely "local" in its outreach (despite its contacts with international funding organizations in Tanzania and the United States) and started to institutionalize its services and establish separate accountability and logistical structures for its projects. Though the churches are popular, they are, like other newly established churches in Tanzania, the subject of suspicion and mistrust. The focus among neo-Pentecostal churches in Dar es Salaam on material wealth and their engagement with malevolent forces during their spiritual healings have provoked concerns about the righteousness and trustworthiness of the churches and their leaders. Furthermore, the churches' activities are being evaluated by members and nonmembers in the context of an increasingly fragmented health sector in Dar es Salaam, where the multiplicity of health projects and the people who run them provoke concerns about opportunities for personal enrichment and the transparency of redistributing transnationally provided resources for the common good (Dilger 2005:193).

Religion, Development, and the Fragmentation of Health Politics in the Era of HIV/AIDS

James Ferguson has argued (2006) that if we think about the way African systems of governance have been affected by processes of globalization, we should pay attention to the "transnational topographies of power" that have shaped relationships among national governments, civil societies, and international agencies in the context of a neoliberal world order. Contrary to a model of governance that has situated the state and civil society on two opposed poles of a vertical axis, thereby assuming that processes of democratization and the implementation of structural reforms would lead to a more balanced, and less hierarchical, relationship between the two end poles, Ferguson suggests that the state and civil society have become interdependent actors in a transnationalized field of power, shaped increasingly by international funding policies and mechanisms. This "transnational apparatus of governmentality" (2006:103), built on internationally acclaimed forms of authority and accountability, has led not only to a continued weakening of national governments, whose sovereignty has been transferred partly to organizations like the World Bank and the IMF, but also to the rise of the NGO sector, which consists, however, not simply of "local" or "grassroots" organizations, but of transnationally constituted conglomerates, which have

come to perform statelike functions all across Africa, and overlay and coexist with the older system of the nation-states (2006:103).

The growing NGO industry in sub-Saharan Africa includes an increasing number of faith-based or religious organizations, defined as "formal organizations whose identity and mission are self-consciously derived from the teachings of one or more religious or spiritual traditions and which operate on a non-profit, independent, voluntary basis to promote and realize collectively articulated ideas about the public good at the national or international level" (Berger 2003:16). Berger argues that religious NGOs represent a hybrid of religious belief and sociopolitical activism, challenging ideas that the emerging global order will be secular. While Western donors have involved FBOs in charitable or development projects for a long time, they have until recently favored mainline Christian (i.e., Anglican, Lutheran, and Roman Catholic) churches at the expense of other faiths—a bias that stands in stark contrast to the role that Muslim and/or nonmainline denominations are playing in the context of transforming welfare systems. In Nigeria, for instance, Pentecostal churches have built informal networks of mutual care and support that help church members in situations of crisis and need by initiating cooking services for the sick, looking after the children of bedridden church members, and collecting money for members in times of economic want. Beyond that, several Pentecostal churches in Nigeria have institutionalized these services and have established their own nursing schools, healing centers, and even vocational training and marriage counseling centers, gradually building an alternative to the weak social services of the Nigerian state (Marshall 1993:224–225.

Pentecostal congregations in Tanzania have not formalized their networks of social welfare to the extent that they have been institutionalized in Nigeria, and most of them are more "local" in their outlook than the transnationally operating churches in West Africa (Adogame 2004), but the churches I describe in this article have established systems of mutual solidarity on the neighborhood level, providing help and support for members in times of need, and playing an important role in the context of HIV/AIDS. Both congregations are characteristic of the religious, social, and economic reconfigurations that have occurred in urban Tanzania in the context of neoliberal reform processes and that have sparked the rise of a growing group of self-conscious, charismatic neo-Pentecostal churches with a high emphasis on health and wealth, as well as on the establishing of relief activities for the urban poor. Neither of the churches has received significant funding for its activities, but each plays a role in configuring social and moral orders. Furthermore, they have become part of a growing religious field, which has not necessarily profited from the funding opportunities offered by the global development market, but has repositioned itself—in language, practice, and institutional arrangements—toward the multiple opportunities and expectations that transnational policies and global flows of resources have articulated with regard to faith-based organizations to "do better" than their secular counterparts (Fisher1997).

In conclusion, I would therefore like to highlight three aspects that are relevant for understanding ambiguities of the role that neo-Pentecostal congregations (and other evangelical and religious organizations that may be strongly conservative in their outlook) may play in the context of international development, transnationalized forms of governance, and HIV/AIDS in Tanzania over the next few years.

First, HIV/AIDS is often not the core concern of religious congregations that have become involved in the struggle against the epidemic. As the examples from Tanzania have shown, congregations' responses to HIV/AIDS can be part of a wider social and moral project, which aims at the encompassing reconfiguration of their members' individual and collective life circumstances (Meyer 1998). For both churches, the central challenge faced with regard to HIV/AIDS prevention and care is not whether the use of condoms should be allowed or not, or whether individual members should be stigmatized and excluded or not, but how they can build a morally and spiritually integrated community of believers who are well prepared for defending themselves against the lures and threats of a mostly evil and harmful world. This project of moral reformation often extends to the wider political level: Pentecostal churches often struggle to establish a utopian world order, which in some cases may be supportive of current state structures (see Rwakatare's project of "building the workforce" through education), but may be diametrically opposed to social, cultural, and political constellations (for the case of the FGBFC, see Dilger 2005[24]). In the same vein, as Pentecostal churches make a "statement about . . . the immorality of present systems" (Ellis and ter Haar 1998:200), they promote the blueprint of a societal and political order that is often in stark contrast with the moral and liberal foundations of international development given their aggressive proselytization.

Second, while Pentecostal churches are promoting morally and socially conservative agendas, their activities have become conducive to development objectives in that many of these churches subscribe to the material and social advancement of their followers, even though this comes at a price in that the Pentecostal rhetoric on individualized work ethics, the value of the nuclear family, and the neoliberal promises of wealth and success may create potentials for social exclusion and conflict (Dilger 2007:73–74; on the question of Pentecostalism's and Islam's ambiguous role with regard to social security, see De Bruijn and van Dijk 2009). Several authors have argued that the "gospel of prosperity" preached by Pentecostal churches is having an overall positive effect on the social and economic status of their members in that the networking among "the saved," as well as the promotion of a rigid work ethos among the followers and leaders of these churches,[25] allows them to participate in the global market economy and act upon the uncertainties and inequalities that have been implicated in the ongoing reconfiguration of local and national economies. Thus, while the conservative and morally disciplining agendas of Pentecostal churches have paved the ground for social exclusion and conflict in some instances, these churches have become involved in forming communities of solidarity and support, especially for

people most strongly affected by urbanization and globalization, and by the adverse impact of structural adjustment programs and the HIV/AIDS epidemic on their followers' lives. In the case of the FGBFC in Tanzania, and partly in the Mikocheni B church, most church members are young to middle-aged women with low educational status who have migrated to Dar es Salaam in search of employment or business opportunities. To them, as to the male members of the church, most of whom have a similar social background, the FGBFC is appealing essentially because it offers hope, stability, and sociomoral orientation in the context of urban life, which not only provides new opportunities and individual freedoms for urban inhabitants, but may be experienced as risky and morally ambivalent (Dilger 2005, 2007).

Finally, it remains to be seen how the involvement of FBOs in the globalized HIV/AIDS industry is going to affect the ongoing reconfiguration of the welfare system in eastern and southern Africa, and how, in turn, specific congregations are going to be affected and transformed by international donors' funding structures and agendas. With regard to the latter, it will be important to understand how the overwhelming availability of HIV/AIDS funds creates new opportunities of social and economic engagement for Pentecostal congregations, including those that do not directly benefit from the influx of resources. How will the systems of accountability and bureaucratic routine implemented upon the request of international donors affect internal hierarchies and the charismatic character of these churches? With regard to the former aspect, it will be challenging to observe how the growing focus on FBOs in international development will contribute to the fragmentation of the welfare system in countries like Tanzania. In Tanzania's health system,[26] this process—characterized, on the one hand, by the overall restricted access to comprehensive care in the public health sector (and the concurrent absence of staff, essential drugs, and equipment in government hospitals and clinics, which have shaped individual and collective experiences around health and illness in the era of privatization, public-private partnerships, and structural adjustment), and on the other hand, by the overavailability of funds for specific health problems, such as HIV/AIDS or tuberculosis, in governmental and nongovernmental health institutions, with the focus on a (potentially unsustainable) treatment apparatus—has led to increasing fragmentation and internal imbalances within Tanzania's health system. Thus, while local and transnational NGOs, community-based organizations (CBOs), and FBOs have become increasingly invested in filling the gaps that are left by the (partially internationally enforced) failure of the state to provide care and treatment for those suffering from chronic and lethal diseases, it becomes evident that the often highly specialized services of these organizations, usually directed at specific target groups like "orphans," "people with HIV/AIDS," and "AIDS widows," may reinforce the exclusion of other population groups and *their* needs from the health system. With the change of administration in the United States in 2009, specific aspects of the PEPFAR program have been scrutinized anew (e.g., the link of funding agendas to antiabortion and abstinence-only policies). It remains to

be seen whether this shift in content will lead to a more encompassing focus on rebuilding and reintegrating the health systems in sub-Saharan Africa.

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NOTES

1. For remarkable exceptions, see the writings of Frederick Klaits (1998, 2005) and Becker & Geissler 2007.
2. Part of this ongoing research were the interviews and participant observation conducted in the "Mikocheni B Assemblies of God church" of Dr. Gertrude Rwakatre (see section on Between Community-Building and Spiritual Healing: Neo-Pentecostal Responses to HIV/AIDS").
3. For recent case studies that highlight the diversity of religion and development-related activities in contemporary Africa, see Stambach 2004; Bornstein 2005; Hasu 2007; Hearn 2002; Kaag 2007; Weiss 2002.
4. In 2005, 27.1 percent of capital expenditure for the healthcare sector came from external sources, and private expenditure on health, which partly comprised external funding through international NGOs, rose to 43.1 percent of the total expenditure on health. World Health Statistics 2007: www.who.int/whosis/database/core/core_select_process.cfm?countries=all&indicators=nha, retrieved 3 July 2009.
5. For the funding partners of PEPFAR in the fiscal year 2007 see http://www.pepfar.gov/partners/103017.htm, retrieved 25 June 2009. Funding partners of PEPFAR are further classified as "prime partners" (those receiving the funds) or "subpartners" (those contracted by the prime partners for specific program areas).
6. According the foundation's website, "MEA means 'grow' in Kiswahili and the letters stand for *Maendeleo, Elimu, na Afya*, which means 'development, education, and health.'" (http://www.meafoundation.org/finances.htm, retrieved 3 July 2009).
7. http://www.rapidfundingenvelope.org/index.html, retrieved 2 July 2009.
8. Tanzania has a variety of other evangelical and nonevangelical churches, many of which are connected to powerful transnational funding agencies and may have a much more direct impact on the reconfiguration of the health sector in Tanzania than the Pentecostal churches do. Nevertheless, the Pentecostal churches usually receive more public attention than the former mission churches since their activities have aroused, in some cases, suspicions concerning the "satanic involvement" and/or the "greediness" of their leaders (see below).
9. Participant of AF-AIDS listserv, thus quoted in af-aids@healthdev.net, 28 August 2003.

10. See the discussions on "AIDS Prevention and Paradigms" on the AIDS and anthropology homepage http://groups.creighton.edu/aarg/prevention.html; and on FBOs and stigma on the AF-AIDS listserv http://www.healthdev.org/eforums/cms/inv-archives.asp?sname=AF-AIDS (entries between 21 August and 2 September 2003). A striking example of how PEPFAR has affected the United States' *own* funding strategies is the introduction of comprehensive sex education at primary schools in Uganda. USAID had supported this program from its beginning (in the 1990s), but the PEPFAR funds brought a revised focus into the curriculum which started to place stronger emphasis on abstinence-based messages. Sexually explicit illustrations had to be removed from the teaching manuals before they could be distributed for teaching (*A Tale of Two Presidential Initiatives*: http://hrw.org/english/docs/2006/02/01/uganda12591.htm,retrieved on 25 June 2009).
11. Thus cited in World Council of Churches 2005:19–20. (Refer to comments HW7.)
12. At the end of 2007, 2.1 million HIV-infected people in Africa were receiving antiretroviral therapy (UNAIDS 2008:17).
13. This article cannot provide an exhaustive overview of all the critical points that have been articulated in relation to PEPFAR. See Fenio n.d.
14. Among the churches not included in the PCT are the Full Gospel Bible Fellowship Church, led by Bishop Kakobe (see below), and the "Msukule" Church, led by Pastor Gwajima. The latter is widely renowned for his claims to be able to bring dead people back to life.
15. It is impossible to delve here into the effects that structural-adjustment policies have had on urban and rural life in Tanzania. In short, they led not only led to a rise of living costs and an increasing impoverishment of rural areas, thus reinforcing migration to urban centers, but to a decrease of formal employment opportunities, mostly occupied by men, and a stagnation of salaries, and thereby increased the pressure on women to engage in informal income-generating activities (Tripp 1997:30–59).
16. This instance highlights the often personal networks existing among NGOs, FBOs, and churches, which may be mobilized for different purposes; this issue will be subject to further investigation.
17. Tanzania has a variety of other evangelical and nonevangelical churches, many of which are connected to powerful transnational funding agencies and may have a much more direct impact on the reconfiguration of the health sector in Tanzania than the neo-Pentecostal churches do. Nevertheless, the neo-Pentecostal churches usually receive more public attention than the former mission churches since their activities have aroused, in some cases, suspicions concerning the "satanic involvement" and/or the "greediness" of their leaders (see below).
18. http://www.christianworkingwoman.org/, retrieved on 2 July 2009.
19. http://www.stmarys.co.tz/pages/about_us.html, retrieved on 2 July 2009.
20. http://kurayangu.com/ipp/guardian/2007/04/17/88608.html, retrieved on 26 June 2009. In a personal conversation on 16 October 2008.
21. Personal conversation on 16 October 2008. The quotation highlights that "service for the President" in Tanzania may not be necessarily defined as a political activity. This in turn hints at the monopolist position of the government party, *Chama cha Mapinduzi* (CCM), for which Rwakatare was nominated a member of parliament.
22. Personal conversation on 16 October 2008.
23. For a more detailed analysis of the FGBFC and its proclaimed AIDS healings, see Dilger 2005, 2007.

24. The name has been changed.
25. The case of the FGBFC is indeed an interesting one, as Bishop Kakobe was among the main supporters of the oppositional party (Tanzania Labour Party) in the general elections 2000. This step was discussed critically among the population and politicians of all parties, with most of the discussions focusing on the question of whether religious leaders should be allowed to take part in political campaigns, but his public appearances were covered more broadly in the media than those of the TLP's presidential candidate, Augustine Mrema (Dilger and Malmus 2002). The short-term damage that Kakobe's political intervention did to the FGBFC may have been the cause for his decision to shift his alliances to the governing party, Chama cha Mapinduzi, in subsequent years (Nyakati 377:24 February–1 March 2008).For an analysis of how a Protestant work ethic has translated into the work of Christian organizations like World Vision International and Christian Care in Zimbabwe, see Bornstein 2005.
26. For a parallel development in Tanzania's education sector, see Stambach 2005.

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