

## ARHAP BRIEFING

NOVEMBER 2004

## SIGNIFICANT ADVANCES



Delegates at an ARHAP workshop

## ARHAP Leadership

**Gary Gunderson**  
Director of the Interfaith  
Health Program, Atlanta

**Jim Cochrane**  
Professor of  
Religious Studies  
University of Cape Town

**Deb McFarland**  
Professor of International  
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The African Religious Health Assets Programme, launched in December, 2002, as the 'front end' of what is ultimately envisaged as a global initiative, has been a long time in planning and gestation. Many valued friends and colleagues have been part of it during the intervening time.

Some events and developments stand out. And the first research in the field has started. In this briefing we share highlights of the last year with you.

## TOOLS WORKSHOPS

One of the most important tasks for this year was to start the development of assessment tools for ARHAP research.

During March 6 ARHAP scholars met for 2 days to start work on a set of assessment tools for religious health assets (RHAs). The outcome was greater clarity on the scope of RHAs to be assessed, dis-aggregating this vast range of assets in a matrix, and a model for a suite of assessment tools (RHA-SAT) required to study them. The Matrix incorporates a range of RHA "identifiers" by cross-referencing along two axes, viz. "tangible vs. intangible RHAs", and "direct vs. indirect health effects". The model has

an underlying logic that seeks to delineate four distinct, though interrelated, areas of investigation: the role of human agency in health (those who seek it and those who provide it); an appreciative inquiry into the capabilities of religious health assets; a mapping of material assets; the alignment (or not) of religious health assets with public health systems and policies.

The ARHAP Tools workshop with 25 participants from Southern Africa, Europe and the US was held in Cape Town during June. The key issues were: How to "populate" the areas of inquiry specified in RHA-SAT with tried and tested research instruments capable of giving reliable findings on

religious health assets; and how to apply them in respect of specific research undertakings, viz. a multi-country "rapid assessment" survey of RHAs, and in-depth case studies. These case studies will be conducted in Lesotho (country-wide survey), Copperbelt of Zambia (regional FBOs), Zimbabwe (study of Zimbabwe Association of Church-related Hospitals), and Masangane (a church project providing ARV treatment in the Eastern Cape - SA). In addition the structure of ARHAP and roles of various types of 'members' were clarified

A detailed workshop report has been prepared. Copies can be requested from the ARHAP office at UCT or IHP.

## CASE STUDIES

Limited funding made possible the first ARHAP-related field work in Lesotho during July 2004: 4 students under the leadership of Paul Germond (Wits) conducted interviews to investigate the understanding of health and how this is linked to religious

views. This was complemented by collection of data to enable a country-wide GIS mapping of RHAs.

Zambia: During September a preliminary meeting to initiate the ARHAP research agenda was held in Kitwe. Project leader Dr Steve de

Gruchy (UKZN) met with role players from a wide range of Christian churches and health agencies, most of whom are committed to support the research.

For more information on the case studies see "Plans for 2005".

## ARHAP's Mission

The programme seeks

- to develop a systematic knowledge base of religious health assets in sub-Saharan Africa;
- thus to assist in aligning and enhancing the work of both religious health leaders and public policy makers in their collaborative effort to meet the challenge of disease, e.g. HIV/AIDS;
- and hence to promote sustainable health, especially for those who live in poverty or under marginal conditions.

## NETWORKING

We have been able to build an extensive network of scholars and NGOs who are interested in ARHAP's approach and committed to be part of it in some way. These include:

### In South Africa:

- UCT: various departments in Humanities, School of Public Health, Primary Health Care Directorate, Centre for Social Science Research
- University of KwaZulu-Natal: School of Theology
- University of Witwatersrand: Department of Sociology & Centre for Health Policy
- University of South Africa: Faculty of Religion and Theology
- University of Western Cape: School of Public Health, Education
- Stellenbosch University: Institute of Advanced Studies
- The Health Systems Trust (the biggest NGO of its kind in the country)
- The Medical Research Council (the national body, a parastatal)
- Positive Muslims, Western Cape
- Human Sciences Research Council, Cape Town: links with the Social Cohesion & Integration programme; and with SAHA: Social Aspects of HIV Research programme - and through this with the continent wide research association, SAHARA.

### Elsewhere in Africa

- Tropical Institute of Community Health & Development in Africa, Kenya
- MAP International - Africa office, Nairobi (and their head office in USA)

- Eastern and Southern Networks of Christian Health Associations, Malawi
- Islamic Medical Association of Uganda
- Zimbabwe Association of Church-related Hospitals

### Outside of Africa:

- The Rollins School of Public Health at Emory University, Atlanta (Interfaith Health Program, Dept of International Health)
- The Global Fund to Fight AIDS, TB and Malaria, Geneva
- The Global Forum for Health Research, Geneva
- The Global Health Council, Washington D.C.
- World Health Organisation, Geneva
- World Council of Churches, Geneva
- The Centers for Disease Control and Prevention, Atlanta
- Muslim World League
- Catholic Medical Mission Board
- Deutsches Institut für ärztliche Mission (DIFAEM), Tübingen and through them with the University of Tübingen, Faculty of Theology
- In Norway discussions are underway with the Church of Norway, NORAD, and the University of Oslo

## FUNDING SITUATION

- During 2004 ARHAP received grants to the value of ~R370,000 (US\$60,000) - just less than in 2003. enough to scrape by at UCT, fund the workshops and start the Lesotho case study. The bulk of the funds came from Vesper Society, and from the WCC - our first financial contribution from Europe; as well as smaller contributions channelled via the IHP.

- We have secured a first long-term grant from Vesper Society: \$100,000.00 / \$60,000.00 / \$30,000.00 for 2005 / 06 / 07, mainly

for the Colloquia and for UCT infrastructure to make these happen.

- Still pending are proposals to the National Research Foundation (R500,000 over 2005/6 mainly for case studies) NIH (US\$340,000 for 2005/6 Lesotho case study & infrastructure support for ARHAP). CDC (US\$1,300,000 for multi country mapping of health facilities).

- A grant for "mapping" religious health facilities is in the offing from the WHO.

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## PLANS FOR 2005

○ ARHAP envisages convening an annual conferences for its members and researchers, to report on and discuss all ARHAP-related case studies. The first annual Case Study Colloquium is planned for 14-16 July 2005 in Pretoria. We plan to invite appropriate case study contributions from other agencies as well, and cover some conceptual issues.

○ A workshop for researchers involved in our 4 case studies is due in January 2005 in Lesotho. Its purpose is to apply learnings from the first case study to the design of further research.

○ The NIH proposal, if successful, will provide funds for extensive further research in the Lesotho case study during 2005-2006 to assess the agency of the Basotho in health expressed in their conceptions of health, their healthcare seeking behaviours and their healthcare provision.

○ The team for the Masangane case study, an HIV/AIDS

treatment and education programme in the Eastern Cape of South Africa, is being finalised at the moment. They will start work early in 2005.

○ A Zambian Copperbelt case study is under discussion with relevant bodies and actors from the region; a Zimbabwe case study on a network of hospitals and clinics is also hoped for.

○ At the instance of ARHAP, through Dr Steve de Gruchy, the Theological Society of South Africa has agreed to focus its annual meeting in June 2005 on religion and health.

○ At UCT we will set up an ARHAP website and extend our capacity by hopefully employing a half day administrator and linking to other UCT facilities.

○ In Atlanta, the IHP is devoting more space/staff to ARHAP, while exploring the possibility of a new IHP / ARHAP site in Memphis, Tennessee.