BRILL

MISSION STUDIES 42 (2025) 6–30

brill.com/mist

Organizational Identity and Decolonizing Care: Archives, Mission, and International Aid

Joanna Sadgrove | ORCID: 0000-0002-2469-4532
Research and Learning Advisor, Global Mission Team,
USPG, London, UK
jos@uspg.org.uk

Alison Searle | ORCID: 0000-0002-9672-6353
Associate Professor of Textual Studies, School of English,
University of Leeds, Leeds, UK
Corresponding author
a.a.searle@leeds.ac.uk

Received 23 December 2023 | Accepted 28 September 2024 |
Published online 19 March 2025

Abstract

Sir Christopher Codrington's bequest of two plantations in 1710 constituted The Society for the Propagation of the Gospel in Foreign Parts (SPG; founded 1701) as a corporate owner of enslaved people; this expropriated labour partially resourced their global missionary endeavours during the eighteenth and early nineteenth centuries. Engaging with the archive as both a concept and entity has offered United Society Partners in the Gospel (USPG; the organization in its contemporary form) an opportunity to renegotiate its corporate identity and practice in dialogue with its complex past. USPG's entangled afterlives pose intellectual and practical complexities for the organization and a range of global stakeholders negotiating decolonization, reciprocity, the inequitable distribution of material and cultural capital, and the narration of these activities. Using USPG as a contemporary case study, this essay explores organizational identity and decolonial aspiration. Current epistemic hierarchies, shaped by histories of colonization of territories, bodies, and minds, privilege Western forms of knowledge, modelling, and response to disease outbreak which continue to protect the interests of small elites. We argue that to decolonize care for the future, it is

Published with license by Koninklijke Brill BV | DOI:10.1163/15733831-12342006
 | ISSN: 0168-9789 (print) 1573-3831 (online)

necessary to understand the colonization of care in the past, the complex structures – epistemological, methodological, and geographical – through which it operated and its implications for entangled global networks in the present.

Keywords

mission – development – archives – decolonization – health – wellbeing – care

1 Introduction

Sir Christopher Codrington's bequest of two plantations in 1710 constituted The Society for the Propagation of the Gospel in Foreign Parts (SPG; founded 1701) as a corporate owner of enslaved people; this expropriated labour partially resourced their global missionary endeavours during the eighteenth and early nineteenth centuries. Engaging with the archive as both a concept and entity has offered United Society Partners in the Gospel (USPG; the organization in its contemporary form) an opportunity to renegotiate its identity and practice in dialogue with its complex past. USPG and its global partners remain entangled within a network of relations forged through the transatlantic exchange of paper correspondence and reporting mechanisms established in the early eighteenth century (Glasson 2012:34–8; Searle 2023:40–47),[1] which are reproduced and curated by the contemporary organization in ways that repay further consideration. The intersections between historical, political, and spiritual legacies present a unique set of challenges for communities of faith, such as USPG and its global partners, responsible for the stewardship of archives, buildings, and memorials within networks of adherents that share a religious identity and heritage riven by a traumatic past while co-existing in a contentious present. USPG's entangled afterlives pose intellectual and practical challenges for the organization and a range of global stakeholders negotiating decolonization, reciprocity, the inequitable distribution of material and cultural capital, and the narration of these activities.

Codrington's will offers the most salient example of how (U)SPG's freighted archive sets the terms that continue to shape its identity and activity as a mission and development organization:

1 'The Society for the Propagation of the Gospel: A Transatlantic Community of Letters, 1701–1720': http://emlo-portal.bodleian.ox.ac.uk/exhibition/uspg/.

> Item. I give and Bequeath my two Plantations in the Island of Barbados to the Society for propagation of the Christian religion in Forreighn parts. Erected & Established by my Late go[od] master King William the third, and my desire is to name the Plantations Continued Int[ire] and three hundred negros at least kept always thereon and a Convenient number of Professors & scholars maintained there. all of them to be under the vow's of Poverty Chastity & Obedience. who shall be oblidged to studdy & practice Physick … as well as divinity. that by the apparent usefulness of the former to all mankind [they] may Both indear themselves to the People & have the better opportunity's [of doing good] to mens souls which they are Takeing Care of their Bodys, but the Particulars of the Constitution I leave to the Society Composd of good and wise men[.] (The National Archives PROB 11/519/220)

This document foregrounds issues that remain central to USPG's operations and self-understanding more than three centuries after it received Codrington's bequest: the material and spiritual are inextricably entwined, bearing both the imprint of colonialism and the impetus for evangelization; the capacity for a 'Convenient number of Professors & scholars' to be 'maintained there' is resourced by the expropriated labour of a minimum of three hundred enslaved people on two plantations; the professors and scholars they support are to practise physic as well as divinity so that they may 'indear themselves to the People & have the better' opportunity to do good 'to mens souls' while 'Takeing Care of their Bodys'. Such intimate entanglements of exploitation and care, taking spiritual, medical, and epistemic forms, are a legacy that the organization navigates as it assesses its identity and praxis in the present, particularly in tensions between mission and international aid provision.

The early modern bureaucratic structures administering a network of global relationships through headquarters centred in London continue to shape international partnerships and expectations around reporting and control of resourcing for USPG. The process of decolonization raises questions about relinquishing or redistributing power and who controls material and cultural resources of value. Many of the matters that USPG is navigating are shared by other government, corporate, or heritage institutions tracing their origins to the early modern period. However, the theological understanding of supporters and partners as members of the body of Christ – a shared identity crossing multiple chronologies and geographies and teleologically orientated towards the *eschaton* – inflects questions of heritage, identity, communion, and mission in the present in specific ways.

These intersections between the material and spiritual and their implications for reflecting on decolonial practice are evidenced in a programme of work which USPG undertook with mission hospitals, providing a case study that allows us to explore the possibilities and limitations of decolonization within the remit of a global mission organization. Hands on Health (HoH) exemplifies the type of transhistorical patterns our research traces. It aimed to improve relationships and communication between mission hospitals and their community catchments generating trust and enhanced service delivery/uptake. The process involved four stakeholders: USPG as funder; an international group of facilitators; a provincial Anglican church agency responsible for administering in-country funds and process evaluation; and local communities in and around the hospitals (see Figure 1).

Organizational archives are curated and managed by stewards. Only by ensuring such archives are accessible with all their bureaucratic biases to a range of global stakeholders can the power of shaping institutional narratives begin to be redistributed from centre to periphery; or indeed, the geopolitical and historical injustices that underwrite such hierarchical configurations of relationship and exchange start to be unpicked. How we construe our own professional and intellectual accountability and agency when engaging in transhistorical, cross-sectoral, and collaborative research is an essential part of this process (Caswell and Cifor 2021; Bourke 2020; Jennings 2020:108).

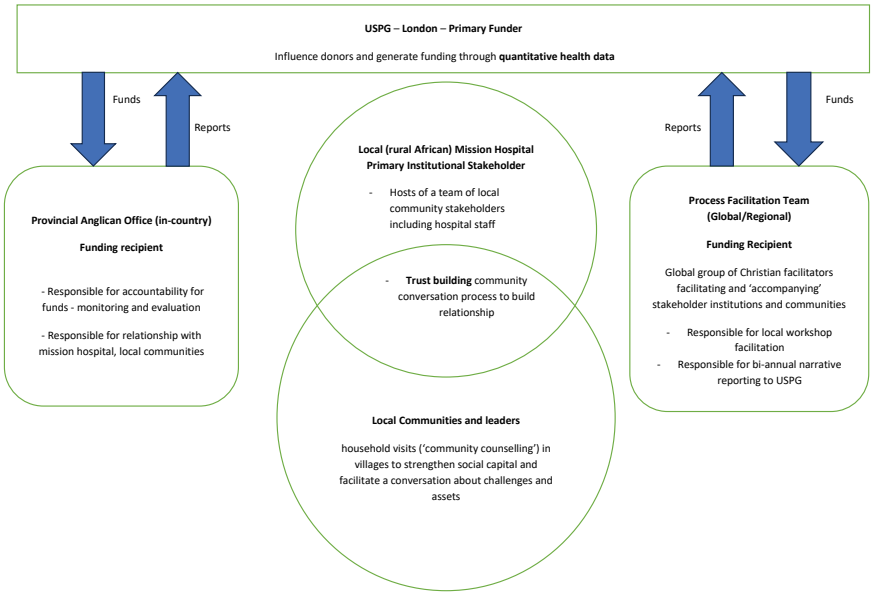

FIGURE 1 Hands on Health stakeholders

2 Research Methodology and Positionalities

We approach this task cognisant of our different positionalities as authors and practitioners, each located within organizational spaces with diverse accountabilities in relation to research, impact, and outputs. While we are both academically trained, and Sadgrove maintains a visiting research post at the University of Leeds, our funded research partnership developed out of our roles as USPG-based 'impact partner' and academic 'primary investigator'. The collaboration originated from a shared conceptual interest in voluntary caregiving in Christian communities across geographic and temporal contexts. The funded stage of the research project developed over time, through relational exchange and an explicit negotiation of 'values, aims and power relations', critical to the co-production of ethical, relevant research outputs, and impacts for all involved in cross-sectoral research (Darby 2017:230).[2] At the centre of the project, 'Pastoral Care, Literary Cure, and Religious Dissent,' was a commitment to co-production, defined not as a 'method or a technique but rather an approach: it frames knowledge production as a process relying on interaction between researchers and others concerned with what is studied. Co-production challenges traditional power dynamics by valuing the expertise of experience rather than placing academic knowledge above practitioner knowledge' (Darby 2017:231).

For Searle, whose research specialisation is early modern correspondence, undertaking transhistorical work in partnership with an organization that is still functioning in the present has brought aspects of the entangled afterlives of corporations with eighteenth-century origins into sharp focus. It has demonstrated the ideological stakes involved when choosing to place the definite article before the term 'archive'. Both understandings of what constitutes *an* or *the* archive are relevant here:

> For humanities scholars, "the archive" denotes a hypothetical wonderland, the "first law of what can be said, the system that governs the appearance of statements as unique events" … For archival studies scholars and practicing archivists, archives – emphasis on the "s" – are

2 On the importance of relational trust-building between academics and an 'internal broker' who 'understands the internal dynamics of Higher Education Institutions, has knowledge of and a commitment to the voluntary sector and can map existing opportunities for engagement,' see Weakley et al. (2021).

> collections of records, material and immaterial … the institutions that steward them, the places where they are physically located, and the processes that designated them "archival". (Caswell 2016: par. 3)

USPG's archivist has been an integral collaborator providing valuable insights into the structure and history of how records have been deposited, transported, and catalogued over three centuries. But, in some respects, it is *the* archive, understood abstractly as a deposit of records relating to SPG's origins and bureaucratic formation that has proven most generative in allowing the corporation to engage in constructive dialogue with its curated past. There is a tangibility, roughness, even resistance, embodied in the otherness of early modern material records that has helped to shape and generate discursive and communal spaces for reflection on the administration of expropriated enslaved labour and its legacies as a core aspect of SPG's historic resourcing and activity.

Sadgrove has worked for USPG for over ten years. As an ethnographer, she applies a set of reflective and analytical tools central to her professional role(s). USPG in its contemporary and historical incarnations is examined here, through the analysis of one of its community health programmes, as a case study to illuminate intersections in organizational praxis between the early modern SPG and USPG. We explore how several themes emerging from Codrington's initial bequest continue to shape USPG, including the complex imbrication of care for bodies and souls; the ready disavowal of such care in the service of organizational maintenance and financial performance; contests around the narrativization of the work of the organization for different audiences, and an examination of how bureaucratic processes aim to standardize and control these competing narratives. This analysis is informed by (auto)ethnographic observations drawn from Sadgrove's work with USPG:

> Organisational ethnography, methodologically characterised by immersive, reflective observational presence within a community over time, aims, at its simplest, to communicate to the outsider a sense of "being there" amidst the social aspects of organizations, their backstage politics, power games, and other unintended, non-rational, and at times dysfunctional consequences. (Yanow, Ybema, and Van Hulst 2012:335)

This academic-practitioner positionality has offered Sadgrove space for critical reflection and challenge (Wilkinson and Kraft 2020:1–14).

'Pastoral Care, Literary Cure, and Religious Dissent' catalyzed an examination of USPG's approach to international community health work through

an analysis of several sources including travel reports, meeting notes, autoethnographic reflections, organizational strategic and programmatic documents, partner reports, conference papers, and internal communications. There are ethical implications to undertaking this analysis. It is important to note that the data was not gathered in service of a formal research process, but as part of organizational praxis and therefore in accordance with USPG's ethical guidelines for programmatic reporting. Programme reports, evaluations, and notes are anonymized and do not contain identifiable personal data. The case study as it is presented here concerns an historic programme that USPG has not funded since 2016. All documents and data which inform the analysis date from before 2017. Almost all staff members attached to these programmes in both USPG and the southern church partner organizations which USPG was funding at the time have left their respective organizations. All of those in managerial roles with oversight responsibility for USPG's strategic articulation, out of which the programme of work described within this account emerged, have left the organization. The communities in which the health project ran and the national contexts within which they were located have been anonymized.

3 Identifying USPG

USPG is Janus-faced: it is oriented globally towards the Anglican Communion, and nationally to UK-based supporters, the Church of England, and the Charities Commission. Internal tensions that fracture a sense of corporate endeavour exist between those responsible for caregiving and global relationships and those tasked with its economic resourcing. The organizational structure creates binary accountabilities: to donors and supporters on one hand and global partners on the other. These distinct facets of the organization are also marked out by geography, reifying notions of 'centre' and 'periphery' inherent in imperial imaginaries and persisting within contemporary practices of international faith-based development (Fiddian-Qasmiyeh and Daley 2018). Within USPG, this generates existential battles over accountabilities. To whom is the modern mission agency accountable? What happens where accountability to one group necessarily entails the instrumentalization of another? This latter tension plays out between USPG communications, which requires specific stories from partners to generate interest and supporter funds, and global mission, whose staff frequently recognize that these stories are neither the ones partners themselves want to tell, nor reflect with nuance the realities of community life around the Anglican Communion. USPG staff in London expect additional labour from partners: a "performance" of gratitude for funds,

through the completion of evaluation forms, engagement in local or global communications about collaborations with USPG, and the narration of "success" stories to the organization. This requirement sits within a long history of bureaucratically structured genres (forms, letters, reports) that shape how missionaries and congregations on the peripheries narrate their experiences and achievements to the metropolitan centre in London, which remains responsible for the generation, administration, and distribution of funds.

The historic technological logistics of remote care provision generated paperwork that was central to how SPG exercised bureaucratic control. One example is the *Notitia Parochialis* form which early missionaries were expected to complete and return biannually (Glasson 2012:36).[3] This form demonstrates the concrete ways in which SPG attempted to recreate the structure of the English parish in colonies across the Atlantic. Missionaries did not always complete and return this actual form. However, the categories listed for reporting enabled them to provide an account of their ministry, its impact, and the various groups for whom they sought to care, and it shaped the structure of the accounts and letters that they sent regularly to SPG. This can be seen, for example, in the correspondence and papers of two early SPG missionaries, Dr Francis Le Jau and Samuel Thomas (Lambeth Palace Library SPG 17 80–87; Searle 2023:56–65). There are intimate connections between agency, performance, narrative construction, and control in the founding decades and documents of the mission's organization and administration that continue to shape how USPG operates now.

4 Decolonizing Care

SPG's early modern missionary archive provides a critical historical context allowing the mapping of how a new transatlantic network of care was created and maintained through the exchange of bodies, letters, and knowledge between Britain, North America, and the Caribbean in the early eighteenth century (Glasson 2012; Searle 2023). Current epistemic hierarchies, shaped by histories of colonization of territories, bodies, and minds, privilege Western forms of knowledge, modelling, and response to disease outbreak which continue to protect the interests of small elites. To decolonize care for the future, it is necessary to understand the colonization of care in the past, the complex structures – epistemological, methodological, and geographical – through

3 http://emlo-portal.bodleian.ox.ac.uk/exhibition/uspg/items/show/24.

which it operated and its implications for entangled global networks in the present. By historically contextualizing our analysis of USPG in its current form as a UK-based charity supporting small-scale, community-based initiatives in areas of health, education, and income generation around the Anglican Communion these legacies can be traced and interrogated.

Much has changed about the ways that (U)SPG operates. The merger of SPG with the Universities' Mission to Central Africa (UMCA) in 1965 expanded the priorities and communion-wide partners of USPG.[4] UMCA, founded in 1857, worked actively to oppose the East African slave trade and established medical missions across Central Africa (Good 2004; Jennings 2002; Ranger 1981). Missionaries are no longer sent from Britain to the rest of the world. USPG seeks to work in 'partnership' with provinces around the Communion, responding to their mission priorities to decolonize caregiving and relational praxis. Yet structures of accountability and reporting back to the centre of the organization from Anglican provinces receiving USPG funding discipline the narration of community life in ways that mirror the experiences of early missionaries. The nebulous and relational nature of 'partnership', the negotiations of multiple contexts and languages, and the pastoral and spiritual care that USPG's network extends continue to frustrate a heightened managerialism focused on SMART targets, KPIs, and standardized reports from partners to account for funds.[5]

"Partnership" within USPG is a core part of organizational discourse, actively employed as a means of dismantling the hierarchies of giver/receiver and donor/recipient to move towards a model of mutuality between USPG and churches around the Anglican Communion. This emphasis on mutuality reflects changes in Anglican ecclesial self-understanding that emerged in the mid-twentieth century as Communion actors sought to shift global hierarchies in the era of independence and formal decolonization.[6] USPG's adoption of a

4 On the merger of SPG with UMCA see O'Connor (2000).

5 This growing managerialism reflects trends in the wider international development sector. It is frequently conceptualized as a form of control on the part of donors that can undermine field performance and as fundamentally antagonistic to many of the traditional values inherent within aid. See Elbers, Knippenberg, and Schulpen (2014); Honig (2019); and Eagleton-Pierce (2020).

6 The move within global Anglicanism away from a centre-periphery model of mission and towards "mutual relationship and interdependence" was first articulated at the Anglican Congress in Toronto in 1963. See Zink (2022); Radner (2017). On the challenges of "mutuality" and the dissonance between USPG's discourse and praxis in attempts to apply this new theology to missional work from 1965 to 1996 see Marsh (2002).

partnership discourse mirrors a wider sectoral move within northern-based Christian organizations working with churches in the global South:

> For many in the South the word "donor" is burdened with associations of paternalism, hierarchy and neo-colonial interference. Some of the (re)emerging actors prefer to call themselves "development partners" in a conscious promotion of a discourse of horizontal relations of mutual benefit, non-interference and respect for sovereignty, rather than the vertical hierarchy invoked by the terms "donor" and "recipient". (Mawdsley 2012:257)

Within articulations of "partnership", particularly in faith-based settings, organizational discourse "is focussed upon the relational aspects of partnership, citing concepts of equality, reciprocity and open dialogue" with southern partners (Loy 2018:165). This 'mythology' has been critiqued as practically failing to move organizations like USPG beyond 'existing power relations based upon one way flows of capital' from centre to periphery (Loy 2018:173).

UPSG no longer counts converts, nor relies on local partners to do so. Yet the relationship between disciplinary structures, quantitative metrics, economics, and caregiving remains troubled. The ways in which USPG's caregiving is compromised by its concern for the quantifiable nature of bodies over missiological impacts, are evidenced by a series of evaluative conversations that took place around a community health programme that USPG funded, Hands on Health (HOH), which ran from 2011 to 2016 (Figure 1). Analyzing this programme illuminates how ideals of partnership translate "on the ground", and how different stakeholder priorities as process funder, process facilitator, regional partner organization, and local community participants worked against a shared experience and narration of the process.

The HoH programme aimed to bring mission hospitals closer to their vast community catchments by listening to and building relational capital between communities and leaders alongside clinical and hospital staff. A team of six to eight representatives drawn from the hospital, satellite clinics, local faith groups, and community leaders were brought together. Each team member was responsible for nurturing a group within their local or institutional setting and would go door-to-door with representatives to listen to community concerns. USPG supported the programme in several countries, to the disquiet of some staff and leadership. Anxiety came, in part, out of a failure adequately to understand what the programme sought to do and therefore what "outcomes" to look for and measure.

Each stakeholder had varying expectations of the process, identifying and narrating conflicting outcomes using different tools and discourses. The stakeholders themselves were not focused on discerning disjuncture between emerging narratives, nor in working to co-articulate a shared narrative about the process. USPG performed, primarily, as a development "donor". There was little interest in how the process impacted the social or spiritual lives of the communities, despite these being the strongest impacts to emerge from the narratives communities produced. The quantitative reports detailing health metrics that USPG sought from the process were not only fundamentally at odds with the process methodology and aims as articulated by the facilitators, but they also generated a dataset that said nothing about the lives and contexts of those that USPG sought to serve as a mission agency.

5 Resourcing Mission

USPG has long-standing relationships with mission hospitals, particularly across Africa, reflecting both SPG and UMCA legacies and continues to support mission hospitals by providing small grants towards core costs. Two decades of dwindling supporter donations and the Icelandic banking crash in 2008 impacted USPG's financial security, affecting the endowments and income of the organization.[7] The decision was made to shift the financial burden of operations wherever possible to areas with specific legacy funds to support the work. Within Central Africa, there were considerable legacy funds and long-standing endowments relating to UMCA for health work.[8] Health work was also perceived to appeal to trusts and foundations. In 2011, in response to the shifting financial climate and fall in donations, USPG launched HoH in seven of the hospitals it supported. Controversially, for those mission hospitals selected, existing grant funds which had been sent to support salaries and running costs were redirected towards this new approach.

7 USPG lost over 1 million pounds' worth of its endowment in the banking crash. This was eventually recovered through insurance, but the time it took to recoup the funds put further strain on the organization when internal concerns about longer-term financial sustainability were high.

8 The bulk of these UMCA legacies relate to former UMCA territories – Tanzania, Malawi, and Zanzibar. Two million (GBP) are restricted to health-related work. For a basic outline of USPG's financial reserve, see https://www.uspg.org.uk/about/financial-reserves/ accessed 24 November 2023. Personal correspondence with USPG's Director of Finance 04.09.23.

6 Disentangling Mission and Development

HoH was a flagship programme for USPG, launched at Lambeth Palace. Rowan Williams summarized the challenges of so-called development methodologies articulated primarily by organizations located in the global North. These profoundly shaped relationships with local communities around the world:

> One of the greatest problems that haunts the history of development thinking is to do with appropriate scale. How do we find … not answers to statistically-shaped questions, but answers to the questions that are actually being asked and the needs that are actually on the ground? And that frequently means … asking what the effective local vehicles of delivery are, rather than assuming that we know the bureaucratic methods that will produce results. (Williams 2011)

Williams identified two key issues in his response to USPG's programme. First, he recognized the tensions between "statistically-shaped methods", "bureaucratic methods", and "effective local vehicles of delivery", critical fault lines in the delicate dynamics that must be held by UK-based charity organizations working globally across cultural contexts. Such organizations are accountable to governance structures and the Charities Commission, which require certain forms of record-keeping ensuring accounting for proper spending of funds. Yet the narrations of experience that such forms script all too frequently centre on simplistic quantitative metrics, forcing complex local processes, worldviews, and encounters with organizational partners into narrow tick boxes.

Secondly, Williams anticipated what the HoH programme aimed to do, and how its methodology might work in a missiological sense, changing people by framing them as agents rather than the quantifiable objects/beneficiaries of a development programme. Interrogating the relationship between development and mission, Williams noted:

> Development is not just a socio-economic matter – it's a matter of changing how people see themselves. That's part of what the gospel is about: changing people's sense of their possibilities. When that happens, many other things are unlocked. (Williams 2011)

The idea behind the process and its methodology was simple. Teams of community representatives (including hospital staff) visited households in catchment villages to listen, gather concerns, collate, and analyse them in a debrief,

and report back to the hospital and the community. HoH enabled communities and institutions to talk amongst themselves generating horizontal (bonding) capital, solidarity, and trust (Putnam 2000; Pronyk et al. 2008). The difficulties came in the contradictory ways that stakeholders envisioned what success might look like, and how it should be measured and narrated.

HoH incorporated multiple stakeholders, languages, and contexts. The process methodology and rationale appeared to be poorly understood by USPG (the primary funder). Amongst USPG staff in London, most of whom had not experienced it locally, it was treated with suspicion. Analysis of the process demonstrates the complexities of USPG's engagement across geographical contexts, levels of scale, different institutional structures, and multiple stakeholders, each of which was invested in a different narrative about whom the process served, what it should do, and the outputs and data required as evidence of success.

7 Conceptualizing the Hands on Health Process and Stakeholder Expectations

7.1 *The Funder*

As the funder, USPG was principally concerned with the economics of the process – specifically it was hoped that an investment in monitoring and evaluation would ensure the gathering of data to support applications for grant funding for further health work. There was little articulation of the HoH process in missiological terms. It was conceptualized as a community health programme whose success would be recognized through quantitative metrics relating to well-established health outcomes such as reduced HIV rates, increases in the numbers of mothers delivering in hospital, decreased admissions for malaria and so on.

These aspirations, while understandable, reflected a fundamental misunderstanding of the process within its early stage and the capacity of the actors involved to attribute changes in the clinical data to the broad community process exemplified by HoH. Where narratives of change were posited by the communities, interrogation frequently revealed that behind such "success" stories lay other initiatives. One community told USPG that because of HoH more women were delivering babies in hospital. The increase was more likely a result of local government financial incentives (conditional cash transfers) to encourage women to go to hospital in early labour (Chinkhumba et al. 2020).

7.2 *The Process Facilitator/Designer*

HoH was created in collaboration with an organization of global facilitators and community health process designers whose ethos underpinned the programme. Dispersed globally, and from a range of denominational backgrounds, the facilitators prioritized the expertise, strengths, and knowledge of neighbourhood and local communities. Facilitators worked primarily at the neighbourhood level to foster enhanced dialogue amongst community members, so that communities were better able to appreciate their own strengths and recognize and respond to shared challenges and concerns. Institutions such as hospitals, clinics, churches, and schools within any community were invited to engage in a deeper dialogue with the communities that they served.

The facilitators were the core process deliverers and designers (accompanying communities on visits and facilitating workshops) and they worked in collaboration with members of staff from the respective Anglican provincial offices who would also accompany them on quarterly visits to each hospital site. The facilitators instinctively rejected "statistically-shaped" questions, understanding the focus on mission as bringing relationships to the forefront, particularly between the hospital and the community. In contrast to USPG's concerns, the facilitators' ethos, documentation, and facilitation praxis centred on relationality. Relationship-building was conceptualized as both a methodology and a missional outcome.

7.3 *The Provincial Partner Organization*

Many of USPG's in-country church partners are the health or development arms of Anglican provincial churches and function like southern NGOs (SNGOs). SNGOs are "voluntary, not-for-profit organizations operating in middle and low-income countries … serving as intermediaries who appeal for external development aid and introduce supply-side interventions in the direction of the social space targeted as beneficiaries' (Yeboah 2022:1646). Many church partners around the Communion operate in this way, attracting funds from international donors to implement community-based programmes. The partner organization analyzed within this case study can be understood as an SNGO, caught between the often-contradictory accountabilities of both the funder (USPG) and local communities.

The provincial social development team received the funds to be spent locally and were responsible for administering the process within the region. They were accountable to USPG as the funder, but also to the communities that they served as members of the Anglican national church, and this placed them

in a difficult position (Elbers and Arts 2011; Yeboa 2022). While it was clear that some provincial staff saw and understood the value of the process in-country, accountability to the funder (USPG) and a community-development programme approach meant that the confidence to narrate unintended outcomes to the funder was lacking. The prioritization of upward accountability – through the employment of a development discourse and set of bureaucratic tools that translates easily to Western donors – at the neglect of grassroots accountability has been a common critique of SNGOs which sit between international donors and local communities (Banks, Hulme, and Edwards 2015).

The provincial-level partner clearly struggled to understand how to approach a relationship-building process whose concrete outcomes might take time to emerge and be difficult to translate. Falling back into a community-development framework and prioritizing the accountability to and discursive tools of USPG as funder, the provincial partner's community-monitoring and evaluation specialist designed and implemented an initial baseline study within the hospital community and the four communities surrounding the mission hospital's satellite clinics before initiating the HoH programme. This followed in-country introductory visits and meetings with the facilitators and USPG's programme staff to familiarize them with the process methodology.

The HoH process and methodology were well articulated within the introductory material of the baseline report produced by the provincial office. However, the data gathered from 154 household interviews across 72 villages mapped clinical and infrastructural information that had little connection with the domains of change that a social capital building process might be likely to effect. No mapping of existing relational capital/collaboration was undertaken, nor were qualitative perceptions of health and wellbeing, or attitudes towards health and local health facilities gathered. The bulk of the baseline data pertained to local infrastructure and facilities (Baseline Report 2012). The baseline data were presented in the report in quantitative ways as a series of graphs and pie charts with no analytical connections made between what had been mapped and the programme aims. The baseline report required considerable time and resources but had little direct applicability to HoH process outcomes.

The evidence from USPG and the staff team at the provincial office as they engaged with and narrated the HoH process demonstrates how organizational impulses and conceptualizations of community-based processes are often exposed in and enacted through conversations around measurement. The measurement frameworks with which USPG and the provincial partner envisioned the community health process neither reflected nor engaged easily

with the local community contexts. These paradigms also failed to have much traction with the process itself as it was conceptualized or delivered at community level. Further, USPG and the provincial partners' approaches failed to speak to each other and neither offered any articulation of the process which centred on issues of faith and mission.

7.4 *Local Communities*

The most important group of stakeholders, whose voices were most oblique within the evaluative datasets, were those of the local communities that the hospitals sought to serve. The HoH core methodology involved teams of four to eight people in five or six villages or communities served by the hospital facilitating local conversations through a series of regular household visits. These household visits enabled people to share their own concerns and talk about their communities as they experienced them. In many cases, where the team members were skilled in pastoral listening, this became a form of community counselling. After each set of household visits, the team (and any community members who wanted to join them) debriefed and drew themes together. As collective community concerns were brought into dialogue, catalyzed by the visiting local teams, horizontal capital was developed and new solidarities were formed which, at best, generated community-level collective action in relation to identified challenges. In addition, a representative from each local team met every two months with hospital and other institutional staff to share concerns from the villages, ensuring that information flowed upwards to effect institutional change in response to local concerns.

7.5 *Recognizing Impacts*

Whilst USPG sought standardized clinical data to apply for further funding, the stories emerging from the communities indicated the ways in which concepts of health were themselves being challenged and developed. For example, the communities surrounding the mission hospital in question were primarily farming communities; many of them rearing and relying on livestock for income and nutrition. A common problem articulated within household visits across several villages was that of livestock theft. This was reported as an issue taxing the mental health of those who had suffered it and other community members who feared its impact on their livelihoods. As communities began to talk to each other, they recognized stock theft as a collective rather than individual concern and created anti-theft groups. These groups raised awareness by speaking with chiefs from nearby villages, and as local patrol groups monitored activity and maintained a vigilant presence around the village animals,

a reduced number of incidents of theft were reported (Facilitators' Report, November 2014).

Demonstrating how understanding might be built between the hospital and the catchment communities by the household visits, a senior nurse involved in the community conversations talked about how his concept of 'health' had changed:

> When you ask about people's concerns, you really realise that people depend so much on livestock. I wasn't aware that livestock theft affects people's health. But it does, psychologically. It attacks them as it is their livelihood. I never took that seriously before. Now I see livestock theft as a really major thing for health of the people in this community. Before I was concerned about sanitation, water as a health care professional, but now [my understanding of health] has expanded beyond diseases and things that bring diseases. Now my understanding of health is about livelihoods too and we can now work on how to work together with the community to respond to that factor. (Workshop notes, November 2014)

This demonstrates how a deeper understanding by clinical staff of the stresses that communities were under enabled an expansion in concepts of health, moving beyond the limitations of a clinical model to incorporate psycho-social aspects of wellbeing.

The centring of health as implicitly embedded in the social as well as the clinical could have been drawn on to articulate a model of caregiving, rooted within the history of Christianity and an incarnational missional theology. Yet the missiological aspects or narratives of the process were rarely articulated by USPG, who were concerned about types of outcomes that could be measured and easily translated to donors. The absence of quantitative data meant that some of USPG's senior leadership were reluctant even to define the work being done as a 'health programme'. Yet a growing body of evidence indicates the centrality of relational and social capital to health outcomes across a range of deadly conditions including dementia, stroke, heart disease, and certain cancers. Social isolation is recognized as correlating with morbidity at similar levels to obesity, smoking, and physical inactivity (Brummett et al. 2001; Ertel, Glymour, and Berkman 2009; Uchino 2006; Umberson, Crosnoe, and Reczek 2010). Ironically, the fit between health and healing through relationships offered by the programme was precisely the kind of healthcare Christian communities were well-placed to offer and, potentially, USPG donors would be willing to support.

8 Narrating Mission: the Communities and the Facilitators

Missiological narratives were most actively articulated by the facilitators in their conceptualization and design of the process, and by the fourth and most important stakeholder, the communities themselves. Within the quarterly workshops, facilitators were highly attuned to the nature and role of faith in the HoH process. The group would engage in a simple act of morning worship prior to sessions. Facilitators incorporated daily Bible studies and prayer within the workshops, and some of the exercises revolved around biblical texts, inviting participants into a process of theological reflection where they conceptualized themselves as agents with "potential as an individual to participate, to play a part in what God is doing in the world" (Programme Visit Report, September 2013, 17). The facilitators opened spaces which directly engaged the impact that the HoH process was having on participants' faith, inviting group members to develop their self-expression, within the process, as grounded in and nourishing their spiritual lives.

The invitation to the community to co-articulate their work in HoH with their spiritual experience had a powerful effect on the community members, who were the most vocal narrators of the HoH process as mission. In one workshop session, participants were invited into a small group conversation about the integration of faith and health through the process methodology. In the plenary that followed, the overwhelming narrative emerging across the larger group, catalyzed by the enthusiasm of those who had being talking about faith, was how the process of household visiting, of actively seeking out connections and relationship and supporting the communities that people had visited, was a form of discipleship:

> We have seen the miracles; we are giving out the gospel and whoever believes it will join us. We have seen love and spread the love all over the place. We see ourselves as counsellors. We have seen the generation that has love in it. We wish God can help us spread this gospel of love all over our villages. (Field notes, Review Workshop, November 2014)

The HoH process in this context had attracted several people who themselves reported being socially isolated prior to visits from one of the local facilitation teams. These included people who had lost their partners to HIV; women whose husbands were absent, working as migrant labourers; others who felt that they could not visit their neighbours for fear of their neighbours visiting them in return and having nothing to offer in terms of hospitality due to

economic challenges. The process provided a rationale for those who were isolated to meet people and to feel of value in the community, as agents with experience and skills that could be shared. One participant described their experience as "being called into life with other people; people who have the strength of care in them – to care for themselves and for others. They have hope and faith. We need to come close to them, and close to the clinic and the hospital" (Field notes, Review Workshop, November 2014).

As group members talked about how they contributed to the revival of community life, a narrative of the process as having awoken a sense of vocation deepened:

> When speaking to my friend here about [HoH] this week we have seen this is of great importance – we are being *called* to improve other people's lives. We are going to find those people that have care in them; those people who are going to have faith and hope in God; those people who are going to come to the clinics and hospitals. They are going to change other people's lives. They have hope in us. (Field notes, Review Workshop, November 2014)

In a conversation that followed one workshop, the facilitator, the provincial staff member, USPG's monitoring and evaluation staff member, and USPG's theological adviser, were each grappling with the persistent pressures around 'measuring the process' in ways that did not directly capture or engage process outcomes or methodologies to appease the "quantitative mindset" of USPG (Debrief recording, 14th November 2014). In response to this, the theological adviser asserted their confidence in the missiological successes of the process, rhetorically challenging USPG to engage honestly its own dissonances around mission and money:

> We have to be true to who we are. We are a mission agency and as we look at what is important to us as a Christian mission agency, working with the people of God to expand the Kingdom, what does the "full life" mean? If people are deepening in confidence, that is the "full life". We preach that we are not about numbers and material things. In our history we were better at saying "you might not see the results in your lifetime as a missionary, but doing the stuff is important and the gifts are later on". This is at the heart of what we do and if we *are* really about numbers and money, then let's say that. (Debrief recording, 14th November 2014)

This kind of polemical (and spiritual) claim is one of the ways that historical illiteracy is capitalized upon by staff members who have the confidence to

speak about history. Such conversations are part of an internal struggle over the organizational narrative: the global mission team draw on the voices of "partners" to gain authority in USPG; the fundraising and communications team draw on "donors and supporters"; those with some contextual knowledge draw on the history, which is poorly known, and so complex, that very few organizational members can challenge it. Individuals use history to assert truth claims within a deeply contested and territorialized organization that remains resistant to shared corporate narratives.

Within transnational organizations like USPG, the task of decolonizing care is complicated by several structural factors, which remain fundamentally unchanged in nature since the early eighteenth century. These include capital resources being held in metropolitan centres and dispersed at the peripheries; impoverished understandings about what evidence looks like, what kind of evidence counts, what kinds of evidence can be counted; and bureaucratic reporting formats that limit the capacity to narrate life experience in a range of local contexts back to organizational leaders in London. Some of these structural problems, such as where financial capital is held, are unlikely to change. But others require an imaginative rather than structural shift. Anxieties about organizational survival – measured in numbers of beneficiaries and income from donors – impede the organization's core work of supporting churches and communities to minister creatively in relationship.

9 Conclusion

Anglican mission agencies do not easily fit into contemporary frameworks conceptualizing "international faith-based development" actors (Smith 2017), nor are they independent agencies. As adjuncts to church structures, they are "a missional and dispersed expression of the Church" operating in liminal spaces between national institutions (Arthur 2017). The project of self-identification and distinctiveness then can be complex. For USPG, its historical legacy and the fact that it is one of the oldest Anglican mission agencies has come to represent a type of capital of the *longue durée*. Despite several rebranding processes in the early twenty-first century, (U)SPG's age has remained a constant in discussions, but corporate conversations about the nature of USPG's history and extensive archival holdings are rare and contradictory. There is a recognition by some staff that the history is an important asset when engaging with donors and supporters of USPG, while at the same time a frustration and suspicion about getting preoccupied with and stuck in the past. In general, there is a widespread organizational illiteracy as to SPG's historical role in national and global contexts.

Soon after the HoH programme ended, archival research began to illuminate the deep historical roots of tensions over narrative, identity, and economic resourcing in (U)SPG. Open-access publication of some of the early corporate documents in an online exhibition enabled organization-wide engagement with and a better understanding of SPG's archive.[9] The intentional focus on, and enhanced visibility of, specific material documents from SPG's early archival history has given confidence to some staff and partners initiating more robust conversations within USPG about the kinds of internal tensions that can be traced. This work has demonstrated that these core tensions were nascent within USPG's origin story and consolidated by Codrington's bequest, which entangled caregiving, economic resourcing, and exploitation. Health and healing, relationships, imagination, storytelling, and bureaucracy are intimately connected. For USPG, decolonization of care entails recognizing how the bureaucratic and epistemic structures shaped by imperialism, remain entrenched in organizational culture, holding the capacity to imagine otherwise captive through often banal quotidian processes. Organizational accountability thus becomes another site which effectively undermines caregiving and reinscribes existing hierarchies of power. Decolonizing care requires an adaption of structures across different contexts to ensure that all participants can tell their stories on their own terms and in their own words.[10]

Engaging with the archive has rendered visible materials that facilitate consideration of these fundamental questions of power and care in the contemporary as well as historical life of USPG. However, the shared historical entanglements raise other challenges that might be seen to work against the dissolution of centre/periphery impulses. What is the specific role and accountability of USPG to making the archive more visible? What work must USPG do to understand its own history and complicity? Where archival materials revealing abuses of power are held in the UK, and financial investment and decision-making are also conducted in the UK, how can archival work be done in a way that is genuinely dialogical in global terms? What forms of collaboration around the archival materials are appropriate? How does USPG hand over control of organizational narrative(s) without coercing others into conversations that they might not be ready to have, or might choose not to have with USPG? The tensions between mission and development within global institutions and communities of faith traced here require a commitment to collaborative processes of repair, including engaging with what this means in

9 http://emlo-portal.bodleian.ox.ac.uk/exhibition/uspg/.

10 Decolonizing mission is a parallel but separate interrogation.

intellectual, spiritual, and material terms. But, as Alan Jacobs notes: "Repair is harder, *rougher*, than discarding the replacement; invitation of others to collaborate in repair is rougher than going it alone" (2022).

References

Arthur, Eddie (2017). "The Future of Mission Agencies." *Mission Round Table* 12(1): 4–12.

Banks, N., D. Hulme, and M. Edwards (2015). "NGOs, states, and donors revisited: Still too close for comfort?" *World Development* 66: 707–18.

Bourke, Brian (2020). "Leaving Behind the Rhetoric of Allyship." *Whiteness and Education* [online]. 5(2): 179–94. DOI: 10.1080/23793406.2020.1839786.

Brummett, Beverly H., John C. Barefoot, Ilene C. Siegler, Nancy E. Clapp-Channing, Barbara L. Lytle, Hayden B. Bosworth, Redford B. Williams Jr, and Daniel B. Mark (2001). "Characteristics of Socially Isolated Patients with Coronary Artery Disease Who Are at Elevated Risk for Mortality." *Psychosomatic Medicine* 63(2): 267–72.

Caswell, Michelle (2016). "'The Archive' is Not an Archive: Acknowledging the Intellectual Contributions of Archival Studies." *Reconstruction* [online] 16(1).

Caswell, Michelle, and Marika Cifor (2021). "Revisiting an Ethics of Care in Archives: An Introductory Note." *Journal of Critical Library and Information Studies* [online] 3(2): 1–6. DOI: 10.24242/jclis.v3i2.162.

Chinkhumba Jobiba, Manuela De Allegri, Stephan Brenner, Adamson Muula, and Bjarne Robberstad (2020). "The Cost-Effectiveness of Using Results-Based Financing to Reduce Maternal and Perinatal Mortality in Malawi." *BMJ Global Health* [online] 5(5). DOI: 10.1136/bmjgh-2019-002260.

Darby, Stella (2017). "Making Space for Co-produced Research 'Impact': Learning from a Participatory Action Research Case Study." *Area* [online] 49(2): 230–37. DOI: 10.1111/area.12321.

Eagleton-Pierce, Matthew (2020). "The Rise of Managerialism in International NGOs." *Review of International Political Economy* 27(4): 970–94.

Elbers, Willem and Bas Arts (2011). "Keeping Body and Soul Together: Southern NGOs' Strategic Responses to Donor Constraints." *International Review of Administrative Sciences* 77(4): 713–32.

Elbers, Willem, Luuk Knippenberg, and Lau Schulpen (2014). "Trust or Control? Private Development Cooperation at the Crossroads." *Public Administration and Development* 34(1): 1–13.

Ertel, Karen A., M. Maria Glymour, and Lisa F. Berkman (2009). "Social Networks and Health: A Life Course Perspective Integrating Observational and Experimental Evidence." *Journal of Social and Personal Relationships* 26(1): 73–92.

Fiddian-Qasmiyeh, E., and Daley, P. (2018). "Conceptualising the Global South and South-South Encounters." In E. Fiddian-Qasmiyeh and P. Daley, eds, *Routledge Handbook of South-South Relations*. London: Routledge, 1–28.

Glasson, Travis (2012). *Mastering Christianity: Missionary Anglicanism and Slavery in the Atlantic World*. Oxford: Oxford University Press.

Good, Charles M. (2004). *The Steamer Parish: The Rise and Fall of Missionary Medicine on an African Frontier*. Chicago: University of Chicago Press.

Honig, D. (2019). "When Reporting Undermines Performance: The Costs of Politically Constrained Organizational Autonomy in Foreign Aid Implementation." *International Organization* 73(1): 171–201.

Jacobs, Alan (2022). "Smooth Things and Rough Ground" [online]. Available at: https://blog.ayjay.org/smooth-things-and-rough-ground/.

Jennings, Michael (2002). "'This Mysterious and Intangible Enemy': Health and Disease Amongst the Early UMCA Missionaries, 1860–1918." *Social History of Medicine* [online] 15(1): 65–87.

Jennings, Willie James (2020). *After Whiteness: An Education in Belonging*. Grand Rapids: Eerdmans.

Loy, Catherine (2018). "The Giver and the Receiver: Exploring Power in Faith-Based Development Partnership." *Practical Theology* [online] 11(2): 164–75.

Marsh, Colin (2002). *Partnership in Mission: An Analysis of Policy Statements of USPG in Relation to its Mission Training College of the Ascension, Selly Oak, Birmingham (1965–1996)*. Unpublished PhD dissertation: University of Edinburgh.

Mawdsley, Emma (2012). "The Changing Geographies of Foreign Aid and Development Cooperation: Contributions from Gift Theory." *Transactions of the Institute of British Geographers* [online] 37(2): 256–72.

O'Connor, Daniel, ed. (2000). *Three Centuries of Mission: The United Society for the Propagation of the Gospel 1701–2000*. London: Bloomsbury Publishing.

Pronyk, Paul M., T. Harpham, J. Busza, G. Phetla, L.A. Morison, J.R. Hargreaves, and J.D. Porter (2008). "Can social Capital Be Intentionally Generated? A Randomized Trial from Rural South Africa." *Social Science & Medicine* 67(1): 1559–70.

Putnam, Robert D. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.

Radner, Ephraim. (2017). "The Anglican Communion and Anglicanism." In Jeremy Morris ed. *The Oxford History of Anglicanism, Volume IV: Global Western Anglicanism, c.1910–Present, Oxford History of Anglicanism*. Oxford: Oxford University Press. DOI: 10.1093/acprof:oso/9780199641406.003.0013.

Ranger, Terence O. (1981). "Godly Medicine: The Ambiguities of Medical Mission in Southeast Tanzania, 1900–1945." *Social Science & Medicine. Part B: Medical Anthropology* 15(3): 261–77.

Searle, Alison (2023). *Pastoral Care Through Letters in the British Atlantic*. Cambridge: Cambridge University Press.

Smith, Jonathan (2017). "Positioning Missionaries in Faith Based Development." *World Development* 90: 63–76.

Uchino, Bert N. (2006). "Social Support and Health: A Review of Physiological Processes Potentially Underlying Links to Disease Outcomes." *Journal of Behavioral Medicine* 29: 377–87.

Umberson, Debra, Robert Crosnoe and Corinne Reczek (2010). "Social Relationships and Health Behavior Across the Life Course." *Annual Review of Sociology* 36: 139–57.

Weakley, S., P. Karlsson, J. Cullingworth, L. Lebec, and K. Fraser (2021). "Developing a university – voluntary sector collaboration for social impact." *Journal of University Teaching & Learning Practice* [online] 18(7): 71–88. DOI: 10.53761/1.18.7.6.

Wilkinson, Olivia J., and Kathryn Kraft (2020). "Identifying the Encounters Between Local Faith Communities and International Development Actors." In Kathryn Kraft and Olivia J. Wilkinson, eds, *International Development and Local Faith Actors: Ideological and Cultural Encounters*. Milton Park: Routledge, 1–14.

Williams, Rowan (2011). "Archbishop Hosts Launch of USPG's Hands on Health", http://rowanwilliams.archbishopofcanterbury.org/articles.php/2187/archbishop-hosts-launch-of-uspgs-hands-on-health.html.

Yanow, Dvora, Sierk Ybema, and Merlijn Van Hulst (2012). "Practising Organizational Ethnography." In Gillian Symon and Catherine Cassell, eds, *Qualitative Organizational Research: Core Methods and Current Challenges*. London: Sage Publications 331–350.

Yeboah, Sampson Addo (2022). "Solving Local Problems or Looking Good: An Ethnography of the Field Practices of Foreign Sponsored NGOs in Rural African Communities." *European Journal of Development Research* 34: 1645–61.

Zink, Jesse (2022). "Brief Introductions to Anglican Theology: Christian Mission." *Anglican Theological Review* 104(4): 444–62.

Resumen

La donación testamentaria de dos plantaciones ordenada por Sir Christopher Codrington en 1710 convirtió a la Sociedad para la Propagación del Evangelio en el Extranjero (SPG por sus siglas en inglés, fundada en 1701) en propietaria corporativa de personas esclavizadas; esta mano de obra expropiada propulsó sus esfuerzos misioneros globales durante el siglo XVIII y principios del XIX. Empleando los archivos históricos como concepto y como entidad material ha proporcionado a la Sociedad Unida Colaboradores en el Evangelio (USPG por

sus siglas en inglés; la configuración actual de la organización) la oportunidad de replantearse su identidad, y de poner su trabajo como organización en diálogo con su complejo pasado. El enmarañado legado de la USPG plantea dificultades intelectuales y prácticas tanto para la propia organización, como para las varias partes interesadas a nivel mundial que andan realizando esfuerzos por la descolonización, la reciprocidad, y la redistribución del capital material y cultural, y por la descripción de estas actividades. Este ensayo evalúa la identidad de la USPG como organización y sus aspiraciones descolonizadoras, estudiándola como caso práctico actual. Las jerarquías epistemológicas actuales, marcadas por la historia de la colonización, tanto de territorios como de cuerpos y mentes, privilegian las formas occidentales de conocimiento, de modelizar y de responder a los brotes de enfermedades, todas las cuales siguen protegiendo los intereses de las pequeñas élites. En este ensayo proponemos que, para descolonizar el cuidado clínico y espiritual de cara al futuro, es necesario entender su colonización en el pasado, las complejas estructuras —epistemológicas, metodológicas y geográficas— con las que funcionaba, y sus implicaciones para las enmarañadas redes globales del presente.

摘要

克里斯托弗·科德林顿爵士于1710年将两座种植园遗赠给“海外福音传播协会”（The Society for the Propagation of the Gospel in Foreign Parts，简称SPG，成立于1701年），使其成为奴隶的法人拥有者。这些被剥削的劳动部分资助了18世纪和19世纪早期该组织的全球宣教活动。作为一种概念和实体，与档案的接触为现今的“联合传播福音协会伙伴”（United Society Partners in the Gospel，简称 USPG）提供了重新审视其机构身份和实践的机会，以与其复杂的历史展开对话。USPG 错综复杂的历史遗留问题给该组织及全球利益相关者在协商非殖民化、互惠、物质和文化资本的不平等分配及其叙述方面带来了智识与实践的挑战。本文以 USPG 作为当代案例研究，探讨组织的身份和非殖民化的愿景。当前由领土、身体和思想殖民历史塑造的知识阶层，偏向于西方的知识形式、建模方式及其对疾病暴发的应对模式，这些仍然维护着少数精英的利益。我们认为，为了非殖民化关怀的未来，有必要理解过去殖民化的关怀，及其通过复杂的结构（包括认识论、方法论和地理结构）运作的方式，以及这些对当代全球交织网络的影响。