

The social dynamics of the fight against HIV/AIDS in a Namibian town

Joel Busher

Submitted for the degree of PhD in Development Studies

University of East Anglia, School of International Development

Submitted December 2009

© This copy of the thesis has been supplied on condition that anyone who consults it is understood to recognise that its copyright rests with the author and that no quotation from the thesis, nor any information derived therefrom, may be published without the author's prior, written consent.

Abstract

HIV/AIDS programmes have been running in the informal settlements around Rundu, a town in Northeast Namibia, for more than a decade. Yet in spite of concerted efforts by government agencies and civil society organisations to promote broad and deep participation in these programmes, residents still express little sense of ownership of them. Drawing on fourteen months of ethnographic fieldwork, this thesis describes how different groups of actors within the locale have experienced and interpreted the fight against HIV/AIDS, and in doing so explores the micro-social processes that have hindered the expansion of a sense of ownership of HIV/AIDS programmes beyond a relatively small cadre of actors: programme managers, AIDS activists and prominent volunteers.

This thesis presents a thick description of the fight against HIV/AIDS as a tangle of practices, assumptions, affective structures and a system of commonsense reasoning that cohere around a network of loosely affiliated organisations situated within but at the same time often distinguished by respondents from the wider social milieu of Rundu. Drawing on Kleinman's (1992) concept of local moral worlds, these intersubjectively constructed contexts of shared experience are referred to as the local moral world of the fight against HIV/AIDS in Rundu.

The account of the local moral world of the fight against HIV/AIDS presented in this thesis enables the identification of socially embedded structures of conditionality that shape local understandings of where ownership of HIV/AIDS programmes lies. Three main issues are explored: local accounts of differentiated cultural orientation in relation to the local moral world of the fight against HIV/AIDS; the social construction of "legitimate" knowledge and the distribution of symbolic power in relation to HIV/AIDS programmes; and the challenge of building deep trust between actors at the centre and periphery of HIV/AIDS programmes who operate within what are often quite different local moral worlds.

List of contents

Figures	6
Chapter One	8
1. Building public participation and ownership	8
2. The international fight against HIV/AIDS: Common consciousness and a global morality.....	11
3. Local moral worlds.....	13
4. HIV/AIDS and the response in Namibia	16
5. Thesis outline	22
6. A note about my intentions and broader aims.....	24
Chapter Two: A theoretical framework	26
1. Introduction	26
2. Participation: ownership, influence, and identification	27
3. Trust.....	32
4. Practice: institutional isomorphism, discourse, and social representations.....	37
5. Knowledge, power and forms of capital	44
Chapter Three: Research sites, methodology and methods	52
1. Introduction	52
2. Research sites	53
3. Methodological approach	62
4. Ethical approach	66
5. Methods.....	68
6. An introduction to the case study organisations	76
Chapter Four: This modern-day life	86
1. Introduction	86

2.	A historical sketch of Rundu and its surrounds.....	87
3.	Community leadership	91
4.	Social stratification	101
5.	Social order and “Independence”	116
6.	Conclusions.....	121

Chapter Five: The fight against HIV/AIDS in Rundu 123

1.	Introduction: A local moral world	123
2.	The organisational field of the fight against HIV/AIDS in Rundu	124
3.	The imagined community of The Fight	148
4.	The commonsense reasoning of The Fight	153
5.	Conclusions.....	162

Chapter Six: Participants, opportunities and ownership in the fight against HIV/AIDS in Rundu..... 164

1.	Introduction	164
2.	Participants in The Fight in Rundu.....	166
3.	What is at stake, and who says so?	180
4.	Locating control of decision-making.....	189
5.	Conditionalities of participation in decision making processes	200
6.	Conclusions.....	209

Chapter Seven: Building competencies, "legitimate" knowledge, and asymmetrical deference..... 211

1.	Introduction	211
2.	Building competencies and cultural capital	212
3.	“Legitimate” knowledge.....	221
4.	Experts and asymmetrical deference	230
5.	Conclusions.....	241

Chapter Eight: Obstacles to the emergence of trust	243
1. Introduction	243
2. A conceptual framework for trust.....	245
3. Tales of untrustworthiness	253
4. Obstacles to building trust.....	271
5. Conclusions.....	284
Chapter Nine: Conclusions.....	286
1. The contribution of this thesis to understanding and knowledge.....	286
2. Areas for further research	292
3. A concluding remark.....	295
Bibliography	296

Figures

1.1: HIV prevalence in pregnant women, Namibia	17
3.1: Rundu's geographic location	54
3.2: Comparison of development indicators for Namibia and Kavango	55
3.3: Plan of Rundu Town	56
3.4: Photographs of Kaisosi	59
3.5: Photographs of Ndama	61
4.1: "Who provides help in this community?"	97
4.2: Ethnicity of Kaisosi residents (%)	111
4.3: Ethnicity of Ndama residents (%)	111
4.4: Highest level of schooling completed by survey respondents in Kaisosi and Ndama	114
5.1: Institutional framework of the National AIDS Co-ordination Programme (NACOP)	126
5.2: Rise of the civil society sector response to HIV/AIDS in Namibia	129
5.3: Roles in the organisational field of the fight against HIV/AIDS in Rundu	136
5.4: The lexicon of The Fight	139
6.1: Approximate comparison of categorisations of actors in relation to HIV/AIDS programmes	167
6.2: Community volunteers in Rundu	172
6.3: "How likely is it that these people might follow your ideas?"	190
6.4: Results from institutional analysis exercise	191
7.1: Representations of "modern knowledge" and "traditional beliefs" within the commonsense reasoning of The Fight	225
8.1: Tilmar's tree of trust	245

Acknowledgements

There are several people whose contributions I would like to acknowledge.

My supervisors, Janet Seeley and Steve Russell (as well as Eddie Allison) have shown an unrelenting willingness to provide feedback and gentle encouragement. I have also greatly appreciated the wider DEV community, and in particular the other research students, for generating such an enjoyable working environment.

I would like to express my heartfelt thanks to the many people in Rundu with whom I worked and shared ideas: my former colleagues, respondents and research assistants. Without their time and goodwill it would have been impossible to write a thesis. I hope I have done our many conversations justice. Special thanks must go to Edward Kavhura whose advice and patience throughout fieldwork was invaluable, as well as to Helvi Munango and Margaret Ngongi.

During the latter stage of the writing process David Orr and my dad (Hugh Busher) have also gone well beyond the call of duty by reading through draft chapters; as has Anna Hakusembe by being kind enough to read through and comment on my chapters from a Rundurian perspective. My thanks also go to Sally Sutton for proof-reading this thesis.

Other people who have been instrumental in the research process are Betty, Shaya, and Immie, all of whom have been wonderful and generous hosts for me in Rundu. On a similar note I must also thank Molisa for looking after me so well in Windhoek and Peter and Mita for doing so in Norwich. Special mention must go to Rose and Jo for their calmness under pressure and extreme administrative endeavours, as well as to Maggie and Star for their general contribution to morale. I would also of course like to thank family and friends for their ongoing support – you know who you are. Thank you.

This research was kindly funded by UEA Social Science Faculty.

Chapter One

1. Building public participation and ownership

There is now a fairly firm consensus among academics, public health officials, AIDS campaigners and other relevant constituencies that a successful response to HIV/AIDS requires meaningful participation on the part of people who are, or are likely to be, infected or affected by HIV/AIDS and its social and economic impacts (Barnett and Whiteside 2006; Epstein 2008; UNAIDS 2008a). This consensus is in part a product of the wider shift in thinking about public health that took place in the latter part of the twentieth century, in which the paradigm of top down, state based programme delivery has been replaced by that of community based responses and empowerment (Altman 1997; Rifkin 1986; Rifkin 1996). It also draws on widespread recognition of the centrality of socially embedded and spontaneous participation in some of the most high profile HIV/AIDS success stories: the dramatic decline in HIV transmission that occurred in Uganda in the 1980s and early 1990s (Epstein 2008; Thornton 2008); the rise of AIDS activism in North America and Europe during the 1980s (Epstein 1996; Roy and Cain 2001); and more recently, treatment activism in countries such as South Africa (Robins 2004; Robins 2006; Robins and von Lieres 2004) and Burkina Faso (Nguyen et al. 2007). However, building this broad sense of public ownership of the problems posed by both HIV/AIDS and the response to HIV/AIDS has been a major challenge, particularly in Southern Africa (Allen and Heald 2004; Campbell 2003; Steinberg 2008).

Observations during a year working with a non-governmental organisation¹ and fourteen months of fieldwork in Rundu, a medium-sized town in Northeast Namibia, seem to echo this. The aim of promoting greater community participation is at the heart of government and civil society HIV/AIDS programmes there (cf.

¹ I worked with the Namibia Red Cross Society in Rundu between September 2004 and August 2005

MoHSS 2008a; MRLG and MoHSS 2007), and on one level these programmes appear to have achieved considerable success. In Namibia there are more than 354 nongovernmental, community based and faith-based organisations (NGOs, CBOs, and FBOs) and more than 21,000 community volunteers delivering HIV/AIDS programmes (NANASO 2008). Furthermore, networks for people living with HIV/AIDS (PLHA) are prominently situated within the institutional architecture of Namibia's fight against HIV/AIDS (MoHSS 2004; MoHSS 2006a). However, staff and volunteers working with government agencies and AIDS service organisations in Rundu often commented on how difficult it was to engender a sense of ownership of HIV/AIDS programmes among the wider community, and while residents of the informal settlements who took part in this research were largely appreciative of the services that these organisations delivered, they expressed little sense of ownership of them.

The apparent difficulty of building a broader and deeper sense of ownership has been approached from a variety of angles within the existing literature. One approach has been to explore a range of interlinking technical, economic, political, and sociocultural factors that seem to have constrained the expansion of public participation and ownership. For example, political leadership has received considerable attention, with a great deal written about the positive contribution of Museveni's leadership in Uganda² compared to the politics of denial that has characterised the response in many other countries (Barnett and Whiteside 2006; Fassin 2007; Green 2003; Heald 2005). Other factors that feature prominently in the literature include the often limited economic and human resources of actors at the local level (Campbell 2003; LeBeau 2004), the relative cohesion or forms of connectivity in some societies (Low-Beer and Stoneburner 2003), and the

² But see Tumushabe (2006) for a more critical perspective on the construction of Uganda's AIDS success story.

persistence of HIV/AIDS-related stigma³ (Barnett and Whiteside 2006; Campbell et al. 2005).

Other approaches have focused more on the HIV/AIDS programmes themselves, in particular on issues around cultural appropriateness. Various disjunctures have been described, for example between biomedically informed interventions and indigenous interpretations of HIV/AIDS (see Green 2003; Mufune 2005). Questions of cultural appropriateness have also been raised in relation to the organisational mechanisms used to deliver HIV/AIDS interventions. For example, Swidler (2006) contests that one of the reasons that Botswana's well-resourced and bureaucratically robust response to HIV/AIDS has in most respects been far less effective than the (at least initially) less formally coordinated and poorly resourced responses to HIV/AIDS in Uganda is a lack of "cultural match" (Cornell and Kalt 2000) between Botswana's well established governance culture of strong centralised government planning and the decentralised multisectoral approaches favoured by the dominant ideology of the international response to HIV/AIDS.

My aim in this thesis is to offer an additional approach to the problem by building more detailed and empirically informed theoretical understanding of the micro social processes that have hindered efforts made by government agencies and civil society organisations to engender a broader and deeper sense of public ownership of HIV/AIDS programmes. In doing so I concentrate on the processes through which the often limited sense of ownership of HIV/AIDS programmes has, often unintentionally, been socially embedded or institutionalised.

³ However, it has been argued that the same stigma may also have contributed to the intensity of these movements where they have emerged (Boesten 2007, vol. 5, ; Robins 2005a), although unlike in North America, where an HIV/AIDS movement grew amongst a population that was already politically active and had embraced its position as a part of a counter-culture (Epstein 1996), in most of Sub-Saharan Africa this has not been the case.

I have two main objectives in order to achieve this aim. The first is to put forward an interpretation of the fight against HIV/AIDS not only as a series of policies, programmes and the actors that plan and deliver such programmes, but also as something similar to a subculture: a tangle of practices, ideas, assumptions, and values that cohere around a network of loosely affiliated organisations situated within but at the same time often distinguishable from the general social milieu of Rundu. The second is to provide a “thick” description (Geertz 1973) of social interactions in the context of HIV/AIDS programmes in Rundu, and the way different groups of actors have experienced these interactions. The main conceptual apparatus with which I do this is Kleinman’s (1992) concept of “local moral worlds”. Before discussing this concept further however it is first useful to situate this concept of the fight against HIV/AIDS as something akin to a subculture within the wider literature on the international response to the epidemic.

2. The international fight against HIV/AIDS: Common consciousness and a global morality

Although patterns of susceptibility and vulnerability to HIV/AIDS are highly differentiated globally, nationally, and locally (Altman 1999; Barnett and Whiteside 2006; Farmer 1992), the international fight against HIV/AIDS has also contributed to the processes through which “more and more of the world is brought within similar systems of governance, consumption and imagination” (Altman 2008, 145). The fight against HIV/AIDS has seen an unprecedented degree of multilateral coordination through UNAIDS, the first and only UN agency to be commissioned solely to address one disease, and through other multilateral organisations such as the Global Fund to fight AIDS, tuberculosis, and malaria. It has also seen the weaving together of a multitude of civil society organisations, AIDS activists and academics into a series of more or less formalised “transnational issue networks” (Keck and Sikkink 1998). Indeed, in spite of the often highly politicised and moralised debate that has surrounded aspects of HIV/AIDS science (Epstein 1996;

Epstein 2008), through this global interconnectedness there has emerged a remarkable convergence of ideas around the threats posed by the epidemic, its possible impacts, and the imperative to take action: what Barnett and Whiteside describe as a “common consciousness” (2006, 4).

Perhaps one of the most obvious manifestations of this common consciousness is the relative homogeneity across national and local HIV/AIDS policies and programmes, where consensus has been consolidated around the importance of multisectoral responses to HIV/AIDS; ensuring a prominent role for civil society organisations (CSOs); including people living with HIV at all stages of the project cycle; incorporating the discourse of human rights; approaching HIV/AIDS as a development issue; mainstreaming gender, and so forth (Altman 2008; Pisani 2008; Swidler 2006; Thomas 2007).

Yet there is another layer to this common consciousness that appears to run far deeper than similar policies and programmes, to a sense of solidarity and identification around a perceived commitment to a set of common goals. This deeper affective aspect of the common consciousness is particularly evident in the accounts of various “AIDS communities” that describe how actors have come to identify as part of a broader social movement organised around addressing the challenges posed by HIV/AIDS (Kates 2002; Lyttleton, Beesey, and Sitthikriengkrai 2007; Robins 2004). Indeed, the international fight against HIV/AIDS has generated a sense among actors in very different parts of the world that there is what Baylies (1999) refers to as a “global morality”, even if, as she then goes on to caution, this global morality is often more imagined than real. It is this sense of solidarity with a global morality, this common consciousness, that gives credence to notions of an international HIV/AIDS community, and it is this same sense of being part of or at least linked into an international movement that I take to be central to what I will describe as the local moral world of the fight against HIV/AIDS.

The focus in this thesis is on how this common consciousness or global morality has been diffused and refracted at the local level through practices associated with the government agencies, civil society organisations and coordinating bodies that plan and deliver HIV/AIDS programmes: the meetings, workshops, training events, awareness campaigns and so forth. It is through these practices that the various AIDS service organisations operate as “the main transmission-belts for globally-validated institutional models” (Swidler 2005, 3); which in turn operate as carriers of a particular logic aligned with the common consciousness of the international fight against HIV/AIDS (Schou 2009; Seckinelgin 2005). As such, the fight against HIV/AIDS can be seen to fit more broadly within the expansion of a global civil society and the diffusion of western liberalism and its accompanying values and assumptions (cf. Comaroff and Comaroff 1999; Garland 1999; Seckinelgin 2002a). What I describe in this thesis are the social interactions through which these wider processes are unfolding.

3. Local moral worlds

I use the term “local moral worlds” to refer to the intersubjective “contexts of belief and behaviour” that are “*constitutive* of the lived flow of experience” (Kleinman 1992, 172 his emphasis). In other words, local moral worlds are shared by multiple actors and are constructed through social interaction, but local moral worlds also shape that actors’ future practice and frame their interpretations of the past. It is important to be clear however that as these local moral worlds are generated through social practice, they do not simply reflect macro-level socioeconomic and political forces because “within local moral worlds, the micro-level politics of social formations and social relationships ... underwrite processes of contesting and negotiating actions” (Kleinman 1992, 172).

These contexts of shared experience can coalesce around various “symbolic apparatuses” such as “language, aesthetic preference, kinship and religious

orientation, rhetoric of emotions and common-sense reasoning” (Kleinman 1992, 172). One could for example describe the local moral world shared by worshippers at a particular church, or by a group of scientists working within a particular field. Here there are resonances with the concept of the “lifeworld” (Habermas 1984) insofar as both engage with the taken-for-granted aspects of much of human experience and the mechanisms through which human consciousness reproduces itself. What the concept of local moral worlds brings to the fore is the interplay between forms of shared understanding and *context*.

The utility of emphasising the role of context is well illustrated by Meinert’s (2004) use of the concept of local moral worlds in her study of childhood and health in Uganda. She explores how human experiences of macro-social processes and the accumulation of material and symbolic resources are mediated by the array of different local moral worlds across which actors may operate. In her analysis she describes two clusters of local moral worlds within her research sites: “the local moral worlds of school, modernity and Christianity, and the local moral worlds of home, family and kinship” (Meinert 2004, 13).

Meinert’s description raises three interesting points. The first is that as actors move between different institutional settings and therefore potentially different local moral worlds in the course of their everyday lives they ought not to be thought of as being effectively “trapped” within one local moral world. However, this brings in a second point that is central to the discussion in this thesis. Actors’ capacity to effectively move between and identify, even temporarily, with different local moral worlds is mediated by their wider life circumstances and by the material and symbolic resources at their disposal. In Meinert’s study for example, the schoolchild appears more able than her unschooled mother to move from the local moral world of kinship and family into that of modernity when they go to the clinic. The child is the person to speak English with the health worker and the person to suggest a solution to a technical problem when it arises. This idea of limited capacity to operate effectively within different social environments

resonates with work on identity and identification, and in particular with the idea that social and psychological circumstances limit persons to a finite “repertoire of identities” (Cinnirella 1998). Where a person lacks certain core properties associated with inclusion in a particular group it is unlikely that they can persuade others to identify them as part of that group. The illiterate mother lacking in educational credentials struggles to inhabit the local moral world of school and modernity, just as a European researcher may struggle to inhabit the local moral world of home, family and kinship in Uganda or Namibia.

The third point that I draw from Meinert’s account is that the extent to which local moral worlds are geographically “local” may depend on the spatial patterns of social contacts and available means of communication. It is therefore possible to conceive of local moral worlds, such as those of “modernity” or “Christianity”, that are aligned with similar local moral worlds that extend over a wide geographic area. However, as concepts and values are constantly reinterpreted and reproduced, fractures occur between these interlinking local moral worlds. For example, clergy of the Anglican Communion could at one level be imagined to share a local moral world, but as these actors are widely dispersed, various subgroups have been exposed to differing societal pressures and discourses contributing to some significant points of divergence such as those surrounding the position of homosexuals in the clergy (*The Guardian* 13th July 2009). Following this principle, the local moral world shared by actors engaged in the fight against HIV/AIDS in Rundu is likely to be similar to those experienced by actors engaged in HIV/AIDS programmes in Windhoek, Cape Town, Zomba, Bulawayo or other towns and villages in Southern Africa, particularly as many actors in leadership positions in HIV/AIDS programmes in Rundu have had opportunities to visit and share experiences with actors in Windhoek, South Africa, Uganda, the Netherlands and so forth. However, one would still expect Rundu’s local moral world to be mediated by the town’s specific social, political and economic context. I return to and add further depth to this concept of the local moral world in Chapter Five.

4. HIV/AIDS and the response in Namibia

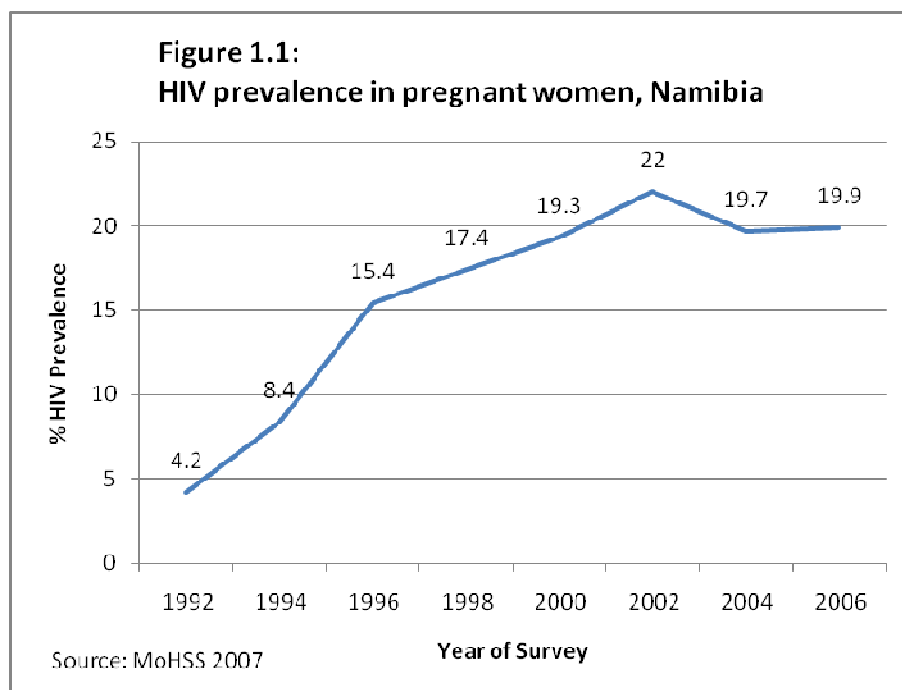
In the last two decades HIV/AIDS has become such a part of everyday life in Namibia that it has almost become mundane (cf. Fassin 2007). People in Rundu pay scant attention to the funeral motorcades as they snake their way from the hospital to the cemetery; and it is now hard to find somebody who will not admit, at least in private, that they have friends or family who have died from an AIDS-related illness. These deaths do of course provoke sorrow and grief, but they do not provoke the kind of furore that surrounds car crashes or the occasional instances of poisoning, events that are discussed in marketplaces, football stadiums, bars and fields for several weeks. Instead people more often make opaque references to “this disease of today”, a disease around which stigma continues to linger.

In addition to the succession of burials, in towns like Rundu the seemingly constant slew of HIV/AIDS messages has also become part of the backdrop to everyday life: announcements on the radio, murals on school walls, advertisements on television, posters at the clinic or in shops and bars or presentations delivered by one of the many AIDS service organisations. Tempting as it may be to describe the HIV/AIDS epidemic as exceptional, it is also important not to lose sight of the extent to which AIDS-related morbidity and mortality and the ever-present HIV/AIDS interventions have become part of the local “normality”.

The rise of the HIV epidemic in Namibia

The first cases of HIV/AIDS in Namibia were identified in 1986 (MoHSS 1999), although as elsewhere, in popular discourse these cases were initially associated with various groups of outsiders. A nurse who worked in Rundu in the late 1980s recalled for example how at the time people “started calling it Angolan disease

because if you are sick you will be linked to Angola”.⁴ By the mid-1990s however it was apparent that Namibia faced a generalised hyper-epidemic, and since 2000 national HIV prevalence has plateaued at around 20% (MoHSS 2007a) (Figure 1.1), putting Namibia among the five countries with the highest HIV prevalence (UNAIDS 2008a). The first case of HIV/AIDS in Kavango was officially identified in 1988. Sentinel surveillance data suggest that HIV prevalence here has followed a pattern similar to the national profile, although prevalence in Rundu appears not to have reached 20% until 2002 (UNAIDS/WHO 2008).



According to the academic literature, the hypothesised drivers of the epidemic in Namibia are similar to those in other Southern African countries: high levels of population movement and mobility, with large numbers of men and women living away from their primary partners for extended periods of time; pervasive gender inequality that has supported the continued concentration of economic assets among men, and often older men; the erosion of taboo systems that curtailed sexual

⁴ Interview with respondent 105 (see explanation of numbering in Chapter Three), 5/6/2008.

freedoms; widespread stigma and denial, particularly earlier on in the epidemic; and epistemological and moral incongruence between biomedical interventions and traditional knowledge systems (LeBeau et al. 2001; Mufune 2003; Mufune 2005; Mufune, Fox, and LeBeau 2000; Thomas 2007). It is interesting that the references made in this literature to the role of rapid social change in promulgating the epidemic also resonate with one of the underlying themes of indigenous narratives of HIV/AIDS in Namibia, where the rise of AIDS related morbidity and mortality seems to be inextricably linked to narratives of the changes taking place in the moral and social order (Busher 2009a; Thomas 2008; for similar accounts elsewhere see Dilger; Setel 1999).

Namibia's response to HIV/AIDS

Shortly after Independence in 1990, the SWAPO⁵ led government established the National AIDS Control Program. By 1992 Namibia's first medium term plan had been drawn up in collaboration with the World Health Organization (WHO) and further medium term plans followed in 1999 and 2004. These documents outline a response that fits very much within the rubric of the international responses to HIV/AIDS: the emphasis on a multisectoral response; the explicit inclusion of PLHA and other subpopulations identified as being at risk at all stages and levels of the project cycle; and framing HIV/AIDS as a "development issue" (MoHSS 1999; MoHSS 2004).

While the extent to which these policies and programmes are actually implemented has been subject to debate (Clayton 2007), stakeholders can point to some considerable achievements. While HIV prevalence has remained fairly constant, there was a sharp drop in AIDS related mortality in Namibia in 2005, coinciding with the scaling up of antiretroviral therapy (ART) provision (UNAIDS 2008b).

⁵ South West Africa People's Organisation. This political party has been in power since 1990, for most of this time with more than a two thirds majority.

ART has been available through the public health system in Namibia since 2003, but its availability increased greatly with support from the President's Emergency Plan For AIDS Relief (PEPFAR) and the Global Fund in 2004 and 2005 respectively. By December 2007 Namibia had achieved nearly 90% ART coverage for people identified as being in need of treatment (WHO 2008, 23). By April 2008, 2,087 people were accessing ART through the Rundu state hospital,⁶ and it is now available at all four hospitals in Kavango.

The Government of Namibia and civil society partners have also vigorously promoted HIV testing and Namibia now has one of the highest rates of HIV-testing in the world, with 28.6% of people aged 15-49 testing during the twelve months preceding a survey in 2006 (WHO 2008, 55). In Rundu, HIV testing facilities are available at hospitals, an NGO run VCT centre and private health centres, although Kavango has one of the lowest HIV testing rates in Namibia (de la Torre et al. 2009).

However, concerns have been expressed about Namibia's rather heavy reliance on donor support. For the ART programme alone Namibia received contributions of US\$30.1 million between 2004-2006 from PEPFAR, US\$7.4 million between 2005-2006 from the Global Fund and US\$5.3 million between 2003-2006 from Bristol Myers-Squibb (UNAIDS 2008b). Similarly, other major HIV/AIDS programmes in Namibia such as the orphan caregiver grants are also heavily dependent on ongoing capital investment. A sustainable approach to tackling HIV/AIDS would still appear to have at its core the need to mobilise the support of wider Namibian society.

⁶ Rundu State Hospital, anonymised patient records: accessed May 2008

“The fight against HIV/AIDS”

In this introductory chapter it is important to clarify what I refer to by “the fight against HIV/AIDS” and to briefly explain my choice of this terminology over other possible terms that have been used in the HIV/AIDS literature, such as “the AIDS industry” (Altman 1998; Scott 2000), or “the business of AIDS” (Pisani 2008).

For the purpose of this thesis, I use “the fight against HIV/AIDS” to refer to the activities of organisations and persons locally recognised as being involved in the delivery of HIV/AIDS programmes. Based on this position I suggest, for example, that an elderly woman could be caring for six orphans and therefore helping to respond to the challenges posed by HIV/AIDS but, if she does not consider this to be a response to the challenges of HIV/AIDS and does not engage with any of the organisations delivering HIV/AIDS programmes, I would not consider her as part of “the fight against HIV/AIDS”. This may appear contentious: however, I am not suggesting that she is not contributing to overcoming the challenges generated by HIV/AIDS. What I am saying is that she does not identify with the network of organisations that constitute “the fight against HIV/AIDS” in Namibia.

There are two main reasons why I have chosen to use the terminology of “the fight against HIV/AIDS” instead of other terms that appear in the HIV/AIDS literature. First, “the fight against HIV/AIDS” is a term widely used in Namibia at multiple levels and in multiple contexts by actors ranging from politicians to volunteers to newsreaders. As this term is thoroughly embedded in local and national discourses it would appear well suited to a discussion about the way that people in Namibia have experienced the expansion of HIV/AIDS programmes.

Second, given my interest in the discursive elements of the fight against HIV/AIDS, the symbolic aspect of the terminology is important. The “fight against” carries significant emotive content which is particularly salient in Namibia, as it resonates with experiences of the still recent struggle for independence and political freedom.

It conveys a sense that the people of Namibia are struggling alongside each other to overcome this new threat to their collective wellbeing (cf. Kates 2002). This has made it a viable rallying call for politicians and civil society organisations trying to mobilise support for HIV/AIDS interventions. The symbolism of the “fight” sits in stark contrast to the pejorative connotations that cloak terms like “the AIDS industry” or “the business of AIDS”. These terms suggest that the actors delivering HIV/AIDS interventions do so with an economic rationale akin to other industries or businesses. As I discuss in Chapters 6 and 8, while this may at times have been the case in Rundu, many actors appeared to share a quite genuine commitment to addressing the challenges posed by HIV/AIDS first and foremost.

I anticipate a possible criticism of this use of the term “the fight against HIV/AIDS”, which is that it overplays the homogeneity of values and purpose shared by actors engaged in HIV/AIDS programmes. However, the fight metaphor need not imply absolute agreement among those who are fighting side by side. History can offer plenty of examples of battles fought by unlikely alliances, such as the ill tempered tolerance that characterised the alliance between Stalinist Russia and the Western allied countries during the Second World War (Sebag Montefiore 2003), or the various political configurations that were formed during thirty years of conflict in Angola (Vines 1999). In each case there were a number of key objectives and ideas around which some form of agreement could be constructed. In the case of the fight against HIV/AIDS, these objectives are laid out in the sixth Millennium Development Goal – to reduce HIV infection rates and ensure universal access to treatment – and one could perhaps also add something about the mitigation of the psychological, economic and social impacts of HIV/AIDS.

This definition makes “the fight against HIV/AIDS” a type of concept, and for ease of articulation from this point forward I will generally make use of “The Fight” as shorthand to refer to “the fight against HIV/AIDS in Namibia”. To avoid confusion I will however continue to refer to the international fight against HIV/AIDS in full. On a similar note, I also capitalise the two other local moral worlds that I refer to in

the course of this thesis: the local moral world of Development and Modernity, and the local moral world of Traditional Culture. These are explained further in Chapter Five.

5. Thesis outline

In Chapter Two I extend the theoretical framework beyond the core concept of the local moral world. There are two parts to this chapter. First I discuss the theoretical approach taken in this thesis towards the concepts of participation and trust. In the second part I introduce some of the deeper theoretical concepts on which I draw. This part starts with a discussion around practice and the generation of social institutions, concentrating on processes of institutional isomorphism (DiMaggio and Powell 1983), discourse (Fairclough 1993; Foucault 1978) and social representations theory (Moscovici 1984). From there I briefly outline the theoretical approach taken to the underlying theoretical concepts of knowledge and power and how these are mediated through practice.

Chapter Three contains a description of the methods and methodological approach taken in this thesis. This also includes a brief introduction to the research sites and the case study organisations that feature in Chapters Four to Eight.

The main objective of Chapter Four, "This modern day life", is to situate The Fight within the context of local experiences of social, economic and political change. It is these experiences that have not only shaped the objective reality of the present but also inform the intersubjective interpretations of the past that are inscribed in the present (Fassin 2007). It is these experiences that have generated the lens through which actors understand and interpret HIV/AIDS and the interventions of government agencies and civil society organisations (Setel 1999; Thomas 2008).

In Chapter Five I present a fuller account of the local moral world of The Fight, proceeding through four layers of description. The first is a fairly conventional description of the institutional framework for the delivery of HIV/AIDS programmes in Rundu. The second layer consists of the wider social institutions that contribute to a relative homogeneity of structure, practice and output across organisations delivering these programmes (DiMaggio and Powell 1983). The third layer is the affective structure of a sense of community. To conclude, I describe some of the core principles of the commonsense reasoning of the local moral world. I argue that the local moral world of The Fight largely overlaps with a broader local moral world of Development and Modernity and appears to represent a divergence from what was often referred to by respondents as “Traditional Culture”.

Chapter Six is organised around four questions. The first of these is about who the participants in HIV/AIDS programmes are and how they might be categorised. The second concerns what participants expect and hope to get out of their involvement in HIV/AIDS programmes. The third is about who was seen to be in control of decision-making processes. The fourth question comes to the central problem of this thesis: the discrepancy between the rhetoric and the apparently genuine intent to promote broad ownership of HIV/AIDS programmes on the part of people in management positions, on the one hand, and on the other, widespread accounts of exclusion from decision-making processes. In starting to address this core question I propose two conditionalities of participation that are explored further during Chapters Seven and Eight. Those conditionalities relate to the capacity to demonstrate technical competence and what I refer to as cultural orientation (Eide and Acuda 1996; Tsai and Chentsova-Dutton 2002).

In Chapter Seven I consider some of the efforts that have been made to address the perceived problems of limited technical competence at the local level. However, my interest is not so much in the “successes” or “failures” of knowledge transfer and dissemination programmes, but in the production and reproduction of a system of “legitimate” knowledge, what could be called the “dynamics of knowledge creation

and use” (Jasanoff 2005, 6). Here I draw in particular on Bourdieu’s concept of cultural capital. I then consider the implications of this system of knowledge for the dynamics of participation in HIV/AIDS programmes and the distribution of symbolic power (Bourdieu 1979; Hallett 2003), exploring this through observations about the performance of deference and demeanour in the contexts of HIV/AIDS programmes (Goffman 1956; Hallett 2007).

In Chapter Eight I come to an issue that in respondents’ narratives was often associated with limited participation in community-based HIV/AIDS programmes: trust and the obstacles that appear to have inhibited its emergence. The discussion is theoretically grounded in Möllering’s (2001; 2005; 2006) neoinstitutional theory of trust, which draws on the work of Giddens (1984; 1994) and Luhman (1979) and traces its roots back to Simmel’s (1950) notion of the quasi-religious element of trust as a form of faith. The chapter starts with a brief theoretical discussion which is followed by a discussion of the tales of distrust presented by respondents. I propose four underlying factors that mitigate against the emergence of greater trust between actors operating at the centre and periphery of The Fight.

6. A note about my intentions and broader aims

Sociological analysis often comes up against a misconception. Anyone involved as the object of the analysis ... tends to think that the work of analysis, the revelation of mechanisms, is in fact a denunciation of individuals, part of an ad hominem polemic. ... But the further you get in the analysis of a given milieu, the more likely you are to let individuals off the hook (which doesn’t mean justifying everything that happens). And the more you understand how things work, the more you come to understand that the people involved are manipulated as much as they manipulate. (Bourdieu 1998)⁷

⁷ Page number not available; accessed online 24th August 2009
<http://www.nytimes.com/books/first/b/bourdieu-television.html>

Prior to and throughout this research I enjoyed close working relationships with many people involved at various levels of HIV/AIDS programmes in Rundu. It is important to be clear that in the thesis my intention is not to identify or portray any one party or group of parties as the villain of the piece, as I do not believe that there is such a thing. Instead I have sought to explore the social milieu that surrounds HIV/AIDS programmes in Rundu and then to identify some of the mechanisms that appear to have constrained the broadening of a sense of ownership of these programmes.

The broader aim in writing this thesis has been to contribute towards a more textured, and, dare I say, more realistic understanding of the way in which the international fight against HIV/AIDS is transposed from the high rhetoric of the global arena into the everyday social interactions in towns like Rundu that find themselves the focus of this vast international industry. What makes Rundu a particularly interesting case study is that it is a place where economic resources are, if not abundant, not in such short supply as they are in many other parts of Sub-Saharan Africa, and is also a place where there is a concerted effort on the part of government and civil society actors to promote community led responses to HIV/AIDS.

Chapter Two:

A theoretical framework

1. Introduction

The aim of this chapter is to start to extend the theoretical framework of this thesis beyond the core concept of the local moral world (Chapter One). However, the approach taken in this thesis has not been to seek to build theory in and of itself, but to make use of a theoretically informed frame of analysis in order to add greater interpretive depth to this account of efforts made to broaden the sense of ownership of HIV/AIDS programmes in Rundu. As such, this chapter contains only a brief discussion of the main aspects of the theoretical framework, which is built upon in the subsequent chapters as the empirical data is introduced. In the conclusion (Chapter Nine) I then discuss some of the theoretical insights that have been generated through this research.

The chapter can be divided into two main parts. In the first part I discuss the way in which I approach the concepts of participation and trust. In the second part, I outline the deeper theoretical concepts that underpin this approach. These are oriented towards an understanding of the “ongoing dialectic” (Berger and Luckmann 1966) through which practice reproduces and is reproduced by social institutions.⁸ Here I first discuss the concepts of institutional isomorphism (DiMaggio and Powell 1983), discourse (Fairclough 1993; Foucault 1978; 1994), and social representations (Moscovici 1984). I then add a further layer to this theoretical framework by discussing briefly the understanding of power and knowledge that I

⁸ Where social institutions are understood as “social practices ordered across time and space” (Giddens 1984, 2)

utilise here, and how power and knowledge are mediated by access to different forms of capital (Bourdieu 1977; 1986).

Part I: Participation and trust

The concepts of participation and trust have often been closely linked, particularly in the social capital literature (Cattell 2001; Coleman 1988; Putnam 1995; 2000; Rothstein 2005). While I also see participation and trust as being intimately related, I do not link them together under the banner of “social capital”, preferring instead to concentrate on working towards a more experience-near description of actors’ experiences of participation and trust. However, to complicate matters slightly I do make limited use of a concept of social capital, although, in keeping with the broader theoretical framework of this thesis, I limit this strictly to the sense in which it is used by Bourdieu (1977; 1986; 1990; Bourdieu and Wacquant 1992), I discuss this in the final section of this chapter.

2. Participation: ownership, influence, and identification

Participation has been one of the “new orthodoxies” of the international development sector (Cooke and Kothari 2001) for much of the last thirty years, as it has also been in the field of public health (Rifkin 1986; Rifkin 1996). Given the considerable institutional overlap between the fight against HIV/AIDS and the development and public health sectors (Epstein 2008; Pisani 2008), it is not surprising then that the concept of participation has also been thoroughly embedded within the discourse of the international response to HIV/AIDS,.

As Midgley argues, the popularity of the concept has been bound up with the diffusion of “the belief that the power of the state has extended too far, diminishing the freedoms of ordinary people and their rights to control their own affairs”

(Midgley 1986a, 4). This has resulted in the concept appealing to a wide array of actors and being associated with a variety of different ideologies. Particularly during its first flush of popularity, participation was deployed as a quite radical concept by practitioners and academics keen to put persons at the centre of development and challenge the concentration of power in the hands of a small elite by “putting the last first” (Chambers 1984; cf. Midgley 1986b; Rahnema 1992). However, the concept has also chimed well with (neo)liberal enthusiasm for the reduction of the state and devolution of service provision to civil society associations and the private sector (Midgley 1986a; 1986b), while its common usage by multilateral agencies including the World Bank (Narayan 1999) has seen the concept further distanced from its more radical and politicised incarnations. This depoliticisation of participation has drawn criticism from some actors within the development field who have sought to retain the more overtly political dimension of the concept (White 1996). However, these criticisms do not appear to have reduced the term’s popularity in policy documents or among practitioners.

In spite of the broad popularity of participation, or perhaps in some ways because of it, the concept has often been poorly theorised (Rahnema 1992). As White argues, it seems that “the status of participation as a ‘Hurrah’ word ... blocks its detailed examination” (1996, 7); and these concerns about a lack of conceptual rigour have also been related to concerns about the potential abuse of participation for nefarious aims by actors already in positions of relative power (Cooke and Kothari 2001; Rahnema 1992). Writing about participation and other “jargon”, Rahnema contends that

Like Lego pieces, the words fit arbitrarily together and support the most fanciful constructions. They have no content, but do serve a function. As these words are separate from any context, they are ideal for manipulative purposes. (1992, 116)

Of course, the fact such concerns exist does not mean that participatory approaches to development or public health cannot offer a great deal (cf. Chambers 1984;

Cornwall 2002; Cornwall and Welbourne 2000). However, given these criticisms and concerns around participation I have chosen to minimise my application of the concept during the course of this thesis, using it only to mean “taking part” in the widest (and weakest) sense. In order to talk about participation in what could be called a stronger sense, I refer to the idea of a sense of ownership, not in the sense of legal ownership but with regard to 1) whether actors feel able to exert influence during decision-making processes should they so wish; and 2) whether they identify with the issue in hand and with the response to the issue. In doing so, I draw on some of the major critiques of the concept of participation within the mainstream community development literature, as well as on insights from the literature around new social movements (cf. Edelman 2001; Habermas 1981; Melucci 1989; Touraine 1981). This approach to participation also resonates with the references within the HIV/AIDS literature to the challenges associated with building a sense of ownership of the problems posed by HIV/AIDS (cf. Barnett and Whiteside 2006; Campbell 2003).

A sense of ownership

The idea of a sense of ownership is not of course free from conceptual challenges, particularly when used in cross-cultural contexts as I do in this thesis. However, by taking into consideration issues around perceptions of influence and of identification I would argue that the concept does provide scope for a more textured account of the way in which actors describe their experiences of taking part in community-based HIV/AIDS programmes.

Influence

Various “ladders” and typologies of participation have been prominent among efforts to theorize participation (Arnstein 1969; Farrington and Bebbington 1993; Pretty 1995; Seeley, Kengeya-Kayondo, and Mulder 1992; White 1996) that have enabled descriptions and assessments about the extent to which development or

research projects might be said to be “participatory”. Arnstein’s (1969) ladder, for example, describes different degrees of participation ranging from manipulation at the bottom of the ladder, through consultation as a form of “tokenism”, to partnership, delegated power and citizen control as forms of “citizen power”. Later, Farrington and Bebbington (1993) have urged distinction between the breadth (who participates) and depth (the extent to which they participate) of participation, and further ladders have continued to add layers of complexity in recognition of the multi-dimensionality of participation (White 1996). There appears however to be consensus across these ladders around the point that analyses of participation must move “from involvement to influence” (Cornwall 2008, 278). Participation ought not only be a question of whether people have a voice, but also of whether those voices have, and are perceived by those same people to have, an impact.

This move from involvement to influence has the advantage of demanding a broader understanding of the social, economic and political environment within which the activities of specific research or project encounters take place, recognising that the social interactions within these specific contexts cannot be disentangled from the broader social milieu (Mosse 2001). Participation is therefore not only a matter of “getting the mechanisms and methodologies right” (Cornwall 2008, 279), but also of understanding the other, wider social structures that may undermine efforts to promote inclusion in decision-making processes. As an example, Cornwall draws particular attention to the processes of what can be called “self-exclusion” (Cornwall 2008; Dorsner 2004) where, for a variety of reasons, actors do not take up opportunities that may, at least from the perspective of an observer, appear to be available to them. Often these reasons are grounded in past experiences that result in low confidence, expectations that their voices will be silenced, or a perception that they have nothing to contribute or that their participation is unlikely to achieve anything (Cornwall 2008).

A further advantage of this emphasis on influence relates to the issue of an underlying assumption about the will to take part that appears to be made in much of the participatory development literature. As Hardiman argues,

It is a myth that everybody wants to be actively involved in decision-making, or even in the hard work of implementation. The majority of people are usually content to accept the decisions and actions of others as long as their interests are served. (Hardiman 1986, 65)

Calls for the wider adoption of participatory approaches have been criticised for making the implicit and sometimes quite explicit assumption that greater breadth and depth of involvement are desirable, if not to all parties then at least to those who are supposed to benefit from the intervention (Nelson and Wright 1995). However, this assumption is difficult to sustain. Empirically, as Hardiman argues, it is simply not true that the majority of people always want to take part in decision-making. Furthermore, it can also be problematic from an ethical perspective because assertions about the benefits of participation seem often to elide into propositions about the moral value of taking part, representing a soft and subtle form of coercion (Kothari 2001). By focusing on perceptions of influence, it is hoped that this problem is at least partially avoided, because the assumption that is made is only that it is desirable that actors feel able to put forward their views and can exert some degree of influence within the group should they so wish.

Identification

In her account of why HIV/AIDS interventions often “fail” Campbell draws attention to “the tendency, even among those who are most concerned about the problem, to portray HIV/AIDS as someone else’s problem” (2003, 191). In recognition of this challenge I take the idea of a sense of ownership slightly further than a perception of actual or potential influence to include the idea of identification. In doing this I draw on some insights from the literature around new social movements and around HIV/AIDS activism.

While the New Social Movements literature approaches social participation from a more overtly political tradition, with its origins in the writings of Marx, via Gramsci, it also represents a departure from traditional Marxist thought, emerging as it did in response to the proliferation of social movements drawing on forms of identification other than class-based distinctions such as the environmental, feminist and anti-war movements (Canel 1997; Edelman 2001; Martin 2001). A fuller discussion of the New Social Movements literature goes beyond the scope of this thesis; but what is important in the context of this thesis is that these struggles are about contesting “ways of life” (Touraine 1981) and negotiating new forms of subjectivity, which are produced through the emergence of new social cleavages. The concept of participation in this tradition is therefore linked to notions of culture, identity and symbolic struggle rather than to organisational membership. These ideas resonate particularly strongly through the literature around AIDS activism and the emergent debates around forms of bio-citizenship (Boesten 2007, vol. 5, ; Epstein 1996; Robins 2004; 2005b; 2006; Robins and von Lieres 2004), which describes how new identities have been forged around and have simultaneously sustained increasingly transnational social movements. This process of identification, then, can be seen as the second part of what I refer to as a sense of ownership.

3. Trust

The understanding of trust deployed in this thesis draws primarily on Möllering’s neo-institutional theory of trust (Möllering 2001; 2005; 2006), where trust is conceptualised as

...an ongoing process of building on reason, routine and reflexivity, suspending irreducible social vulnerability and uncertainty as if they were favourably resolved, and maintaining thereby a state of favourable expectation towards the actions and intentions of more or less specific others. (Möllering 2006, 111)

This theory of trust has its roots in the tradition of trust research that can be traced back through Giddens (1990; 1994) and Luhman (1979) to Simmel's (1950) observations about a quasi-religious element to trust. Within this tradition, trust is ultimately a "suspension of doubt" (Möllering 2006) or a "leap of faith" (Giddens 1990, 90), and is not reducible to a system of formal or informal control mechanisms. This challenges more rationalist formulations that present trust as a product of a evaluations of potential costs, gains and losses (cf. Coleman 1988; Hollis 1998; Sztompka 1999) and instead proposes a "process view" (Möllering 2006, 77) of trust, in which trust is intertwined with the production and reproduction of social institutions in the course of everyday social interactions (cf. Lewis and Weigert 1985; Nooteboom 2006; Woolthuis, Hillebrand, and Nooteboom 2005) *and* with the practice of trust.

Trust as a psychological state

While Möllering's neo-institutional theory of trust may differ in some respects from other traditions of trust research, there are several basic points around which there appears to be broad agreement within the social science literature. These provide a useful starting point for this brief theoretical discussion and can be summarised as follows:

Trust is a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behaviour of another... Trust is not a behaviour (e.g., cooperation), or a choice (e.g., taking a risk) but an underlying psychological condition that can cause or arise from such actions. (Rousseau et al. 1998, 395)

Although in everyday speech it may be common enough to hear mention of acts of trust, the consensus within the social science literature appears to be that trust is a psychological condition (Nooteboom 2006; Rousseau et al. 1998). Of course, this psychological condition may often lead to actions that may be said to represent the trust of an actor. Furthermore, by acting "as if" they trust (Gambetta 1988) actors

can contribute to trust building processes, to the emergence of the kind of favourable expectations of others that can be said to constitute trust (Möllering 2006; Nooteboom 2003). However, trust itself is a psychological state.

Conceiving of trust as a psychological state supports a useful conceptual clarification between trust and trustworthiness that I utilise in Chapter Eight. Trustworthiness relates to properties of the trustee, to what can be referred to as the “objects of trust” (Nooteboom 2006; Tillmar 2005; 2006). An actor’s trustworthiness is a question of whether there can be said to be reasons, which might be framed in cognitive or affective terms (Möllering 2006, 46) to trust that actor. For example, a neighbour might be said to be trustworthy if she has looked after your chickens on several occasions when you have been out at the field and on each occasion you have come back to find all of your chickens alive and well. Alternatively, a neighbour might be said to be trustworthy because you have known her family all your life. Discussions of “objects of trust” have referred to three aspects of the trustee; their competence, their commitment, and their good will (Nooteboom 2006; Sztompka 1999; Tillmar 2005; 2006).

Trust, on the other hand, relates to the psychological state of the trustor, which is not only a reflection of the trustworthiness of the trustee but also emerges through the social context in which the relationship between trustee and trustor is embedded and is a product of the trustor’s own personal history. The question of how a person may come to trust is therefore closely related to but goes beyond questions about how other actors may become trustworthy⁹ (Möllering 2006).

⁹ Möllering argues that one of the limitations of the rationalist paradigm has been its failure to explore the implications of this distinction to recognise that trust “goes beyond reason and may be explained in terms outside our normal understanding of individual-based, self-interested, utility-maximising rationality” (2006:50).

Trust, vulnerability, and control

A second point of agreement is that trust is inextricably linked with the acceptance of perceived vulnerability and risk. This is because, “[w]hen the object of trust (what one trusts) is imposed, inevitable, beyond choice, as in the case of laws of nature, higher powers and many institutions (e.g. laws), one may speak of confidence rather than trust” (Nooteboom 2006, 2). Trust then requires “a willingness to be vulnerable” (Rousseau et al. 1998, 394). This allows for a conceptual distinction between trust and control, and therefore avoids the problem of confusing trust with coercive power. If an actor controls the actions of another, the first actor cannot be said to trust in the second actors, but only to have confidence that they will behave in a certain way. However, this does not necessarily entail that trust and control are binary opposites, as control can also play a role in enabling the emergence or maintenance of trust by eliminating some of the reasons for actors to feel distrust towards each other (Lewicki, McAllister, and Bies 1998). As such, Möllering (Möllering 2006) describes trust and control as a duality, in which control may in some instances facilitate trust, and vice-versa, but in which trust is never reducible to control.

Trust as a socially embedded process

While the “leap of faith” is ultimately made by the trustor, the processes through which the trustor arrives at this position are socially embedded (Granovetter 1985; Möllering 2006). Möllering (2005; 2006) discusses three broad bases of trust that I introduce here and elaborate on further in Chapter Eight. The first, to which I have already made some reference above, is forms of reasoning. The second is the emergence of routine through which trust can become taken-for-granted, “performed without questioning its underlying assumptions, without assessing alternatives and without giving justifications every time” (Möllering 2006, 52). The question that arises is then about how reasons and routines emerge and are

maintained. This has been the question that has challenged researchers seeking to understand the emergence of “trust under pressure”, where actors

...have little to fall back upon to make their ‘leap of faith’: actors are from different organizations, tribes or countries; relationships are not embedded in a shared institutional structure, common culture, or networks; and transactions are not backed up by contracts, monitoring and/or sanctioning systems” (Bijlsma-Frankema and Woolthuis 2005a, 2)

Here, as the third base for trust, Möllering draws on Giddens’ concept of “active trust” (1990), where the production and maintenance of trust are understood as an ongoing endeavour even though it may be one that is often given little thought in everyday life. By placing trust in others and responding favourably to the trust placed in them by others, an actor may enter into and remain a part of a positive cycle of trust. As such, the leap of faith itself becomes one of the processes through which actors can come to hold favourable expectations about the capabilities and intentions of other actors.

The use of this particular understanding of trust is theoretically consistent with the other aspects of the theoretical framework deployed in this thesis. Möllering’s account of trust draws on institutional isomorphism (DiMaggio and Powell 1983), and has at its heart the role of everyday social interactions in generating institutions, including those which sustain trust. As it engages with the idea that trust is often part of ongoing relationships, it also seems to be well-suited to the geographical context of the research. Rundu is a relatively small town in which dense kinship and neighbourhood networks ensure that there are very few one-off encounters, and social intercourse is usually steeped in personal and family history. It seems appropriate therefore to utilise a process-based theory of trust.

Part II

4. Practice: institutional isomorphism, discourse, and social representations

Through their everyday practices, an actor becomes encultured within a particular world of values and meanings, and becomes part of 'a constitutive relationship' with the institutions of this world. (Giddens 1984, 17)

The approach to participation and trust described above draws broadly on theories of practice that have sought to dismantle the debates around the primacy of structure *or* agency by emphasising "the ongoing dialectical process" (Berger and Luckmann 1966, 129) through which social interactions are shaped by and at the same time contribute to the construction of social institutions (Bourdieu 1977; 1990; Giddens 1979; 1984; Stones 2005). While it may be individual actors that perform actions, these performances take place within social contexts, local moral worlds that are the outcomes of wider societal processes (political systems, distribution of economic resources and so forth) as well as localised intersubjective processes. However, these actions also negotiate and define the social order, setting precedents and contributing to the embedding or challenging of social rules (Goffman 1959; 1967; Hallett 2007). Here I discuss briefly three core concepts that are utilised during the discussion of practice in the contexts associated with HIV/AIDS programmes. These are institutional isomorphism, discourse, and social representations.

Institutional isomorphism

I draw on DiMaggio and Powell's (1983) concept of institutional isomorphism to understand the convergence around certain common practices within organisational fields such as that of The Fight in Rundu. DiMaggio and Powell

propose: "As an innovation spreads, a threshold is reached beyond which adoption provides legitimacy rather than improves performance" (1983, 148). This represents an alternative to Weberian models that associate the convergence of practices within an organisational field with processes of rationalisation and increasing efficiency (Weber 1997), what DiMaggio and Powell call "competitive isomorphism". Instead, their proposal can be seen to echo Giddens' notion of the structuration of organisational fields (Giddens 1979; 1984). They posit that while actions may be consciously oriented towards promoting efficiency, "individual efforts to deal rationally with uncertainty and constraint" (DiMaggio and Powell 1983, 147) mean that practices will also be "increasingly organized around rituals of conformity to wider institutions" (DiMaggio and Powell 1983, 150). They describe three isomorphic processes: coercive, mimetic and normative isomorphism.

Coercive isomorphism relates to the direct or indirect imposition of standardised procedures that all organisations operating within a field must observe. The coercive agent might be the state, but could equally be other types of organisations such as regulatory bodies or influential business, NGOs, churches and so forth within the field. These coercive agents are conceived of as being able to demand compliance with standardised procedures through the overt or implied threat of sanctions of one form or another. However, as DiMaggio and Powell observe, this process can be quite subtle. For example, they cite work by Milofsky (1981) in which he

...described the ways in which neighbourhood organizations in urban communities, many of which are committed to participatory democracy, are driven to developing organizational hierarchies in order to gain support from more hierarchically organized donors,

concluding that

...the need to lodge responsibility and managerial authority at least ceremonially in a formally defined role in order to interact with hierarchical organizations is a constant obstacle to the maintenance of egalitarian or collectivist organizational forms. (DiMaggio and Powell 1983, 151)

The structures that are put in place by actors who exert a great deal of influence over the distribution of resources within the field may generate homogeneity as other actors adapt accordingly. As I discuss in Chapter Five, DiMaggio and Powell's example is particularly instructive in the context of this research.

Mimetic isomorphism refers to the imitation of other actors in a similar field, and is particularly common in contexts characterised by uncertainty. "[W]hen organizational technologies are poorly understood ..., when goals are ambiguous, or when the environment creates symbolic uncertainty, organizations may model themselves on other organizations" (1983, 151). In particular, they will tend to model themselves on the practices of actors that are perceived to be successful. For example, if one kindergarten effectively rebrands itself as a centre for orphans and vulnerable children (OVC centres) and then successfully accesses donor funds it becomes increasingly likely that other kindergartens in the area will follow suit, renaming themselves "OVC centres".

Normative isomorphism refers to the process through which a particular form of commonsense reasoning becomes accepted and embedded within a cohort of actors who identify with that organisational field (such as teachers in the field of education; or NGO workers in the field of the fight against HIV/AIDS). As norms emerge over time, an actor's or an organisation's claims to legitimacy and competency within that field increasingly depend on their conforming with these norms. As I discuss in Chapter Seven, one example would be how in Rundu holding a workshop has come to be regarded as a sign that organisations and their managers have a professional attitude (cf. Jordan Smith 2003).

What institutional isomorphism offers is an explanation of how apparently ineffective and inefficient practices can become embedded as unchallenged norms, particularly where actors are operating in a context characterised by relatively high levels of uncertainty (DiMaggio and Powell 1983, 153). An example of this process

that has some relevance to this thesis is provided by Pisani's (2008) critique of the emergence of the "sacred cows" of the international response to HIV/AIDS. She describes how the power exercised (often indirectly) by the major multilateral agencies, the will to mimic "best working practice" and the embedding of norms within the international HIV/AIDS community has contributed to a great many successful and important interventions, but also sometimes to the proliferation of inappropriate and disproportionate HIV/AIDS programmes.

The underlying principle of the concept of institutional isomorphism is that while actors' actions may be reasonable, they may not always represent calculated reason but are instead based on an emergent commonsense shared by actors operating within a similar field. This concept is central to Möllering's neo-institutional theory of trust and to Swidler's (2005) discussion of the diffusion of institutional models through the international fight against HIV/AIDS (Chapter One).

Discourse

Discourse provides an example of the ongoing dialectic between practice and institutions and the idea of discourse as being simultaneously practice and a social institution has been widely used (Fairclough 1993). It is possible therefore to talk both about discursive practice and about *the* discourse of a particular setting, interest group, or subject matter. For example, in Chapter Five I discuss some of the discursive practices (monitoring and evaluation, counselling and so forth) that instantiate and reproduce the discourse associated with the international fight against HIV/AIDS within the context of local programmes.

What makes discourse a particularly important form of practice in terms of understanding social relations is that through discursive practice actors not only institutionalise certain forms of practice (a particular lexicon or set of discursive modalities), but also institutionalise modes of thought (Rouse 2005). They construct

the objects, subjects and categories that are then used by persons to interpret the world in which they live (Fairclough 1993; Foucault 1994). As discourse is conceived of as providing “a vehicle for thought, communication and action” (Purvis and Hunt 1993, 485), the institutionalisation of a particular discourse is simultaneously the institutionalisation of parameters around what can or cannot be proposed as a true or valuable claim (Rouse 2005, 2). It is this that links discourse inextricably to symbolic power, to the “power to define” (Hallett 2007), and I return briefly to symbolic power in Section Five. Yet while discourse in the present shapes that of the future, these parameters are of course never fixed, and through their everyday practice, deploying, reinterpreting, acquiescing to or resisting the discourse, actors modify and adapt it (Fairclough 1993).

Discursive change is shaped through the interface between different discourses (Fairclough 1993). Discourse boundaries are highly porous, and as they lap against each other terms and discursive modalities may pass from one to the other, sometimes retaining their previous meaning and sometimes taking on a new set of meanings; part of what Kristeva (1980) refers to as intertextuality or Fairclough (1993) calls interdiscursivity. For example, at times the discourse of public sexual health has been infused with racial discourse (Caldwell 2000; Jochelson 2001) or with moral discourse (Brandt 1985; Epstein 1996; Epstein 2008). As such, it is possible to describe clusters of discourses that are characterised by a similar set of discursive practices or a similar nomenclature. A relevant example of this might be the discourses of development, human rights, democracy and the fight against HIV/AIDS. Several authors have traced the emergence of the discourse of the international fight against HIV/AIDS at the interface of multiple social and political movements (Epstein 1996; Epstein 2008; Farmer 1992; Fassin 2007).

This interdiscursivity also opens up the possibility that one or more discourses may come to dominate other discursive fields as their discursive modalities and their lexicons become embedded within those other discursive fields (Laclau and Mouffe 1985), what Foucault (1978; 1994) describes as processes of colonization. The now

classic example of this is the apparent medicalisation of the language and the systems of thought that are used in relation to an array of different domains of life, including food and exercise (Lupton 1997). The relative influence of different discourses correlates with the extent to which that discourse coincides with the distribution of material and symbolic resources (Foucault 1978; 1980; 1994). This is at the heart of the arguments presented by Pisani (2008) and Swidler (2005) about how “sacred cows” or “institutional models” have been institutionalised in countries from every continent as a result of the economic capital flowing through the HIV/AIDS sector and by the production of experts at local, national and international levels able to exert influence by virtue of their claims to knowledge. This concept of the dynamics of how discourses flow into one another is important in this thesis, particularly in the discussion of the practices of knowledge in Chapter Seven.

Social representations

In talking about how respondents described various aspects of The Fight I also make use of the concept of “social representations”. Social Representations Theory (Moscovici 1984) is a social psychological theory about the intersubjective production and reproduction of the objects of what Durkheim calls the collective consciousness (1982). Social representations have been described as “the ensemble of thoughts and feelings being expressed in verbal and overt behaviour of actors which constitutes an object for a social group” (Wagner et al. 1999, 96). They therefore extend beyond the object that they may denote, to the other images and thoughts that they might generate. Furthermore, these images, thoughts and feelings are generated intersubjectively, meaning that “the seat of psychic reality” (Joffe 1996, 172) is not exclusively within the individual but is also in the processes of social interaction. Social interactions between persons are conceived of as the generators of meaning (Joffe 2003), with social representations situated

...at the crossroads between individuals and society[:] representations are a space in-between, a medium linking objects, subjects and activities. Representations are embodied in communication *and* in individual minds, shared in a way similar way to language. (Bauer and Gaskell 1999, 167)

Social representations theory has been used to explore the processes through which different forms of knowledge, and particularly scientific knowledge, have become embedded within commonsense understandings (Jodelet 1984; Moscovici 1984). The two processes through which, according to Social Representations Theory, new phenomena enter the individual or collective lifeworld are “anchoring” and “objectification” (Joffe 2003; Moscovici 1984). Anchoring is the process through which new phenomena are given meaning with reference to a socio-historical context, so new phenomena are compared and associated with existing representations. For example, when AIDS was first identified in the early 1980s, the social representation of AIDS was anchored into existing social representations. It was labelled as a “gay plague”, associating it with notions of depravity, sex, sin and punishment; or it was identified with Haitians, anchoring it within representations of contamination from groups that had historically been marginalised (Berridge 1992; Brandt 1985; Farmer 1992; Joffe 1999; Shilts 1987). Objectification is the process through which a representation develops symbolic meaning within that context, the “mechanism by which socially represented knowledge attains its specific form” (Wagner et al. 1999, 99). Sontag (1991) for example provides an account of this process in relation to AIDS, as well as to TB and cancer, whilst Rödlach (2006) also describes how in Zimbabwe “HIV” and “AIDS” have been interwoven within popular narratives and interpretations of contemporary political, social and economic life.

Like discourse, social representations are liable to change over time and their stability or fluidity varies depending on the extent to which they are peripheral to or embedded within a discursive field (Bauer and Gaskell 1999). The more a representation becomes embedded, the less likely it is to be challenged or questioned. It becomes the foundation for other representations, remaining present

often at an unconscious or habitual level. It comes to form part of the structure of individual and collective life-worlds, and continues to interact with conscious and reflexive thought processes (Marková 1996). The most deeply embedded representations are no longer recognised as representations. As such, while social representations are reproduced through practice, they also generate perceptual and conceptual constraints. Marková for example describes how “socially shared knowledge *ensnares the individual* in existing forms of thinking” (1996, 185 emphasis in the original). Deeply embedded social representations therefore play an integral role in, among other things, shaping patterns of thought and action, defining social groups and legitimising behaviours (Bauer and Gaskell 1999).

Philosophically, such an understanding of the intersubjective generation of patterns of thoughts and feelings resonates strongly with the concept of local moral worlds and seems well suited for use in this thesis. Talking about social representations explicitly recognises that any act of description is a product of the interface between subjects, objects and practices. It ensures that practice is retained at the heart of the description presented in the following chapters.

5. Knowledge, power and forms of capital

The concepts of knowledge, power and capital have been subject to considerable academic discussion and my objective here is only to make clear the theoretical position from which I approach them for the sake of clarity during subsequent chapters.

Social practices of knowledge

In the course of this thesis, particularly in Chapter Seven, knowledge is discussed at some length. However, what I discuss are not so much what can be imagined as the “facts” that people could be said to know but the practices through which actors

claim to transfer, produce, or acquire knowledge. There are two related aspects of this approach to knowledge. The first, which is intimated in the title of this section and resonates with my use of the concept of social representations and of local moral worlds, is that I take knowledge to be intersubjectively constructed through social practices associated within the local context with learning and knowing (Mosse 2001; cf. Cooke and Kothari 2001).

The second aspect relates to what might be considered the “politics of knowledge” (Leach and Scoones 2007) and the linkages between knowledge and power: one of the major themes of social analysis, in particular since the post-structuralist turn in the social and political sciences (Rosenau 1992). Given my focus on micro-level social analysis, the theorisation of these linkages deployed in this thesis is derived largely from Bourdieu’s (1977; 1986; 1990) writings on the forms of capital, and specifically of cultural and symbolic capital, which I discuss further in the final subsection of this chapter. Essentially, my position revolves around the idea that while an actor may pursue “knowledge” for its own sake, by displaying their educational credentials or their mastery of a particular subject field an actor also exercises power in relation to other actors. The social practices of knowledge must therefore be understood at least in part as the accumulation of intersubjectively recognised credentials that may be deployed in the actor’s future struggles.

Furthermore, it is through these struggles that interpretations of what constitutes educational credentials are reproduced and modified. For example, in a context where there is a discourse of wisdom that links knowledge to life experience, living a long time becomes in itself an educational credential and older people might expect to be revered, subject to certain conditions about their comportment. Yet this need not be the case, and changing socio-economic conditions might contribute to altering this discourse. For example, the discourse of wisdom may gradually be replaced with a discourse of (formal) education with the introduction of compulsory school based education. People in senior decision making posts might be required to have particular competencies due to changes in the broader political

economy, such as being able to speak English or use a computer, thus necessitating a school education as a means of entry to these reconstructed positions of authority. There may be significant financial rewards for actors with these competencies, further incentivising going to school to learn English and computer skills. Thus, over a period of time, the discourse of schooling may displace that of wisdom.¹⁰ In this way, the social practices of knowledge are inextricably linked to the reproduction and appropriation of symbolic power, the authority to define what constitutes legitimate knowledge and action (Foucault 1980; 1994).

Power and agency

The understanding of power deployed in this thesis has its roots in the Foucauldian conceptualisation of power as something that “circulates” (Foucault 1980). I maintain a relational concept of power in which power and agency are understood not as properties of individuals, but as “embodied in social relations” and only effective through those social relations (Long 2001, 17; see also Foucault 1978). According to this view, power is inherent in social action and therefore “is everywhere, not because it embraces everything, but because it comes from everywhere” (Foucault 1978, 93).

It follows from this that power is conceived of as being “produced from one moment to the next” (Foucault 1978, 93), not residing only in official titles, policy documents, or diktat. It is exercised through social interaction, and is exercised not only by those actors in positions of authority who might be imagined to be “powerful”, but is exercised by and can be observed through other modes of social interaction, including acts of resistance or subversion (Foucault 1980; Scott 1985). Actors exert a form of power even through acts of acquiescence, as in doing so they may be able to exert influence or build patronage networks (cf. Swidler 2005; Wood

¹⁰ This example is based on an informal conversation with two teacher trainers in Rundu.

2003). It is for this reason that in this thesis I have sought to observe how power circulates in the day to day social interactions around HIV/AIDS programmes, rather than focusing solely on the formalised channels of authority.

I recognise however that actors have a differentiated capacity to exercise power within any given institutional context. Following Bourdieu and Giddens, I understand this differentiated capacity to exercise power to be mediated by actors' access to material and symbolic resources, where what constitutes a "resource" is defined with reference to its alignment with the interests and dispositions of other actors and the social conventions that shape the field; what can be referred to as the "use value" of that resource (Foley and Edwards 1999). In order to refer to these material and symbolic resources, I make use of Bourdieu's (1986) typology of the forms of capital. However, before I go on to discuss this I make one further point about the conceptualisation of power.

Research on power presents a variety of typologies of power (cf. Haugaard 2002; 2003; Lukes 1974). It goes beyond the scope of this research to elaborate on these typologies. However, it is worth saying that the form of power on which I focus most attention in the course of this thesis is what can be described as symbolic power (Hallett 2003; 2007), or what Lukes (1974) describes as "ideological power". Symbolic power can be understood as the power to set agendas and shape the parameters of what constitutes appropriate, important, or legitimate subjects for discussion through "control over the meanings and definitions that provide a guide for action" (Hallett 2007, 166). This type of power has been described as "world constructing through the capacity to make certain interpretations of the world count" (Haugaard 2002, 227) and is intimately linked to the processes of institutionalising modes of thought described above in relation to institutional isomorphism, discourse and social representations. As Hallett (2007, 166) observes, this type of power can also be "ethereal and harder to identify" than more overt forms of power.

Capital

Although I utilise Bourdieu's (1977; 1986; 1990) typology of the forms of capital to conceptualise the resources through which the capacity to exercise power is mediated, throughout the empirical chapters I also seek where possible to maintain the use of emic terms for the description of these capitals in order to reduce the likelihood of falling into the trap of imagining that actors strategically pursue "forms of capital" *per se*. I speak, for example, about financial wealth, respect, being a well known person and so forth. It would after all be very rare for a person taking an exam to explain their motivations in terms of their pursuit of cultural capital, or for a person who helped their neighbour to talk about how they were investing in social capital, except perhaps in jest.

The four forms of capital to which I make most reference in this thesis are economic, cultural, social and symbolic capital. Economic capital refers to material resources. Cultural capital is used to refer to credentials that demonstrate knowledge appropriate within a given institutional context. Social capital I use to refer to the more or less established networks through which an actor may lay claim to other forms of capital. Following Hallett's (2007) application of Bourdieu's discussions of capital, I use the term symbolic capital to refer to an actor's potential capacity to exert symbolic power, which proceeds from the other three forms of capital. I also make some limited references to human capital. This I understand to mean, approximately, access to and adept utilisation of information that may enable an actor to pursue their objectives. This can blur into cultural capital, although I seek where possible to maintain a distinction by retaining the notion that cultural capital is more explicitly about the credentials that an actor is able to display. For example, a person may acquire information that HIV is a sexually transmitted infection. Having this information may be seen to constitute a form of human capital, particularly where the actor adapts their behaviour as a result of this information. However, this information might not be deployed at any point as

a form of cultural capital. Here I elaborate a little further on cultural and social capital, as these are terms that I make greater use of in this thesis.

Bourdieu distinguishes between three forms of cultural capital: embodied, objectified and institutionalised. Embodied cultural capital can refer to a range of credentials that are manifest through various forms of practice: using appropriate language (linguistic capital) (Bourdieu 1990); or carrying one's body in a particular way (*hexis*) (Bourdieu 1977; 1990). Objectified cultural capital can be understood to refer to the cultural capital that an actor is able to derive from material objects with which they are associated. Being in possession of and knowing how to use a paper and pen would provide an example, as might possessing and being seen to read a book, depending on the context. Institutionalised cultural capital then refers to the forms of cultural capital that have become embedded within formally institutionalised systems. The classic example given by Bourdieu is the qualifications issued by formal educational institutions such as schools and universities.

There has been some discussion around how to interpret references to these various credentials as forms of cultural capital, particularly in the field of education research (Lareau and Weininger 2003) and this discussion provides useful insight. Specifically, I draw on the observation that the credentials that constitute cultural capital

...must be understood to certify simultaneously two forms of competence on the part of the holder. On the one hand, Bourdieu does acknowledge that certificates and degrees do guarantee a technical capacity. On the other hand however, certificates and degrees also attest to a "social competence". (Lareau and Weininger 2003, 581)

What is important to note here is that in referring to credentials as cultural capital one is not saying that these credentials do not represent some form of technical competence, but that in addition "claims of technical competence act as a strategic *resource*, by means of which individuals may seek to legitimate their position in a

status hierarchy” (Lareau and Weininger 2003, 581). Cultural capital, then, can be seen to represent simultaneously technical and cultural competencies.

Turning to social capital, Bourdieu describes this as “the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition – or in other words, to membership in a group” (Bourdieu 1986, 240). This definition makes quite clear that social capital here does not constitute a public good as it does in Putnam’s account (Putnam 1993; 1995; 2000). While an actor’s social capital is a product of their social relationships, the capital belongs to an individual person. Of course, in contexts where there is a great deal of what Putnam calls “social capital” it may be more likely that most actors would also have more social capital in Bourdieu’s sense. It is also important however that the term “social capital” does not refer to the relationships themselves, but to the combination of the relationships and the potential resources linked to those relationships (Portes 1998).

It is also worth briefly recognising some of the limitations of the use of this theory of capital. One of the criticisms of Bourdieu’s use of the concept of capital is that he may overstate the fungibility of the different forms of capital (Portes 1998), and this has been linked to criticism of what have been described as the imperfect analogies between the different forms of capital (Fine 2001). For example, it has been suggested that social capital may often, although not always, be strengthened through frequent utilisation, in contrast with economic capital, which generally decreases with utilisation (Hawe and Shiell 2000). This specific point does appear to apply more to Putnam’s concept of social capital than to Bourdieu’s, because once social capital is understood as both networks and the other forms of capital accessed through these networks it is quite easy to imagine how social capital could be used up (cf. Cattell 2001). However, the general point is a useful one, particularly when considering the exchange of capitals in non-western cultural contexts, or between different subcultures, where the “exchange rates” of these capitals may vary greatly. It is easy, for example, to imagine two subcultures within

the same geographical location where greater emphasis may be placed on the accumulation of economic or on the accumulation of cultural capital.

Another concern that has been raised in relation to the application of Bourdieu's concept of capital in non-Western contexts has been the individualised focus generated by Bourdieu's insistence that while forms of capital can be exchanged, they are accessed and deployed by individuals rather than groups (Meinert 2004). Meinert's research in Uganda however suggests that cultural capital can extend beyond individuals to wider groups, particularly where understandings of agency are more collective. As she observes, "Bourdieu's unit of analysis is the individual, whereas in Ugandan life the relevant unit for analysis of health issues is the family" (Meinert 2004, 23), an insight that is particularly relevant for this thesis. What this reiterates is the importance of using the concept of capital as part of a set of *thinking tools* (see Wacquant 1989) rather than as a *theory*, and maintaining a reflexive approach in order to remain alert to where theoretically informed interpretations of events may diverge from the experience-near categories of the persons taking part in the research.

Chapter Three:

Research sites, methodology and methods

1. Introduction

By way of introduction this chapter starts with a brief description of the research process. I then introduce the research sites, describe my methodological approach and comment on my ethical approach. After that I provide an account of the methods of data generation and analysis utilised in this study. The chapter concludes with an introduction to the organisation case studies.

The research questions around which this thesis is structured emerged in part out of my experience working in Rundu as a VSO volunteer with the Namibia Red Cross Society between September 2004 and August 2005. The questions were then developed and theoretically grounded prior to conducting fieldwork. Field research was conducted between February and July 2007 and between October 2007 and July 2008. Throughout the research process a dialogic relationship between theory, the field encounters, research design and data analysis was maintained in order to enable ongoing reflection upon the theoretical and conceptual bases of the research. This can be seen as a soft form of grounded theory (Glaser and Strauss 1967), meaning that while categories were built from the data being generated, these categories were at the same time being incorporated within a flexible conceptual framework that was theoretically informed.

One of the implications of taking this approach has been that the research questions and methods have evolved, sometimes incrementally and at other times more dramatically where data did not coincide with the provisional conceptual model (cf. Glaser and Strauss 1967; Martin and Turner 1986). One change of particular

note is that a central aspect of the initial research design involved concentrating on high-risk populations, defined by their occupation, in order to explore why persons in these populations were particularly unlikely to benefit from community-based HIV/AIDS programmes. However, during the first phase of fieldwork it became increasingly clear that basing the research around ascribed occupational identities was neither feasible nor conceptually coherent on the grounds that such identities were given very little prominence by respondents. At the same time, questions and contestations around the ownership of community-based HIV/AIDS programmes started to emerge as a strong theme. This resulted in a shift in perspective in two respects. First, there was a shift from thinking in terms of actors categorised by occupation to actors categorised by the extent to which they were involved in community-based HIV/AIDS programmes. Second, the main focus moved from the hypothesised high-risk populations to the fight against HIV/AIDS itself and the institutional contexts of HIV/AIDS programmes. This shift in perspective, which took place between July and September 2007, shaped the second period of fieldwork and the subsequent process of writing. It also meant that within this thesis very little use is made of data generated during the first period of fieldwork, and in this chapter I concentrate primarily on methods deployed during the second period of fieldwork.

2. Research sites

There were three research sites. Two of these were easily demarcated physical spaces; sections within two of the informal settlements that surround the main town of Rundu. Research sites were identified in informal settlements as these are the locations in which community-based HIV/AIDS programmes in the town are primarily focused, and were situated in two informal settlements in order to reduce the potential impact of highly localised factors on the analysis presented here. The third “site” was in the main town of Rundu, specifically the various council and NGO offices in which I conducted interviews and attended meetings and

workshops. The selection of research sites drew on advice from local NGO staff, government officials, community volunteers and my previous experience working in the town.

Kavango and Rundu

Figure 3.1: Rundu's geographic location



Kavango is in North-east Namibia and is estimated to have approximately 203,000 inhabitants. Kavango has been rated as the fourth poorest of Namibia's 13 regions with the second lowest income and consumption per capita (Central Bureau of Statistics 2006) and approximately 40% of the labour force estimated to be unemployed (NPC 2007). Kavango also falls well behind the national human development index (HDI) and human poverty index (HPI) scores. However, while Kavango remains one of Namibia's poorer regions, Rundu has become something of a boomtown and is a thriving administrative and commercial centre (see Chapter Four).

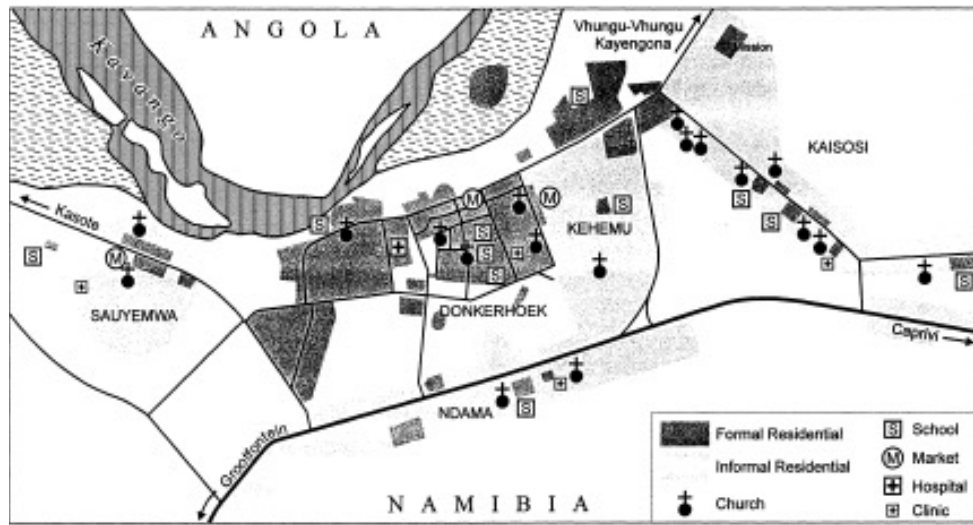
FIGURE 3.2: Comparison of development indicators for Namibia and Kavango

Indicator	Kavango	Namibia
Human Development Index	0.554	0.648
Human Poverty Index	30.3%	24.7%
Literacy rate (people aged 15+)	70%	81%
Life expectancy at birth:		
Female	42 years	50 years
Male	42 years	48 years
Infant mortality	113 per thousand live births	71 per thousand live births
Main sources of household income:		
Farming	52%	28%
Wages and salaries	21%	41%

Source: Adapted from NPC (2007)

The town overlooks the Kavango River and the small Angolan town of Calai (Figure 3.3). The official townlands extend across an area of 20km east-west by 10km north-south and are home to almost a third of Kavango’s population (Lux Development 1999). The townlands have been divided into clearly demarcated residential, commercial, industrial and “town” areas, with the latter occupied by or set aside for public buildings: government offices, schools, clinics, a hospital, the sports stadium and so forth.

Figure 3.3: Plan of Rundu Town



Source: (Brinkman 1999 p.432). The map is a little dated, drawn in 1994. The formal residential areas, shown in dark, have expanded, as have the informal settlements. However it provides a clear and simple picture of the general layout of the town.

The formal residential areas have been extended considerably since Independence (Hamata, Hangula, and Pendleton 1996; Lux Development 1999) and further expansion is planned (Rundu Town Council n.d.). These areas were formerly and formally divided along racial lines, but today are divided more by wealth, although of course this continues to intersect with other social divisions including race. However, most of the informal settlements have also continued to expand, and these house the majority of Rundu's population. In 1995 it was estimated that approximately 75% of residents lived in informal settlements (Hamata, Hangula, and Pendleton 1996, 3). No comparable data were available at the time of this research.

Informal settlements: Kaisosi and Ndama

The term "informal settlements" is used in keeping with the local nomenclature to refer to residential areas within the boundaries of the Rundu townlands where the

formal land survey has not been completed. For the purposes of this research, I will say that there are six informal settlements around Rundu, (Figure 3.3), although this number varies depending on whom one speaks to.

Research sites were chosen in Kaisosi and Ndama in order to provide some contrast between sites in terms of proximity to the town centre, the rate at which the settlements were being formalised through the survey process, ethnicity and livelihood profiles. Kehemu was excluded as a possibility because it was the settlement in which I had worked the most during my time with the Red Cross, and there was a concern that my previous identity there could complicate my relationships in the area and potentially create problems for the Red Cross if it was perceived to be conducting research without a follow-up programme. Kaisosi was identified as the most remote of the informal settlements and was described by acquaintances working with NGO and multilateral agencies as the poorest of these in economic terms. Ndama, as one of the largest and fastest growing informal settlements in Rundu, provided an interesting comparison. However, even though these were selected as separate research sites, in the course of thesis I have sought not to exaggerate the differences between them. The distance between the two settlements is relatively short and there are strong social linkages between the two sites, in part as a result of a steady migration of people from Kaisosi towards settlements closer to town after Independence in 1990

Subsections of both Kaisosi and Ndama were selected as research sites. Formally accepted boundaries used by the local development committees (LDCs) were used as research site boundaries. Information about these boundaries was provided by members of the LDCs during initial accompanied walks around the settlements.

Kaisosi

Kaisosi lies at the eastern end of the Rundu townlands. A census conducted in 1995 by the traditional leader of the settlement put the population at 4,855 (Brinkman

1999). A recent survey by the Community Land Information Program (CLIP 2009) suggests that the current population is about 6,000. However, it is quite likely that the boundaries used to measure Kaisosi in these two studies differed slightly, particularly as LDC members and other Kaisosi residents with whom I discussed this all described the population as having decreased since the late 1990s.

Kaisosi was the least urbanised of the informal settlements around Rundu. At the time of this research it was the only settlement without a market, although it did have a general store, several food stalls and a handful of bars (see Figure 3.4). It was also the only informal settlement not to have any formally surveyed land, a sewage system or a tar road connecting it to Rundu. There were however two schools, several kindergartens, a clinic, a community development centre (although this was not in use), official buildings for the LDC and a local police station. Most of these buildings are situated on the one main gravel road that runs along the western edge of the settlement.

Most houses in Kaisosi are referred to locally as “traditional structures”, made using wooden poles and clay, with a grass or sometimes sheet-metal roof. A growing number of these houses now have a concrete floor and there are several brick houses (locally referred to as “permanent structures”). There were also a number of houses made using plastic bags, typically inhabited by some of the very poorest residents (see for example Figure 3.4). Kaisosi is surrounded by fields, a number of which have been sold to commercial farms in recent years. Millet is also often planted in people’s yards and during the rainy season the houses gradually disappear from view as the millet grows. Many households keep chickens, and pigs are also commonly seen although the LDC has decided that livestock should not be kept in the settlement.

Figure 3.4: Photographs of Kaisosi



A fairly typical dwelling in Kaisosi

One of the many stands where women sold firewood, dough-balls, fried fish and other snacks. Similar stalls were also common in Ndama



The main shop in Kaisosi. In the foreground to the left is also one of the churches.

A house belonging to one of the poorer residents of Kaisosi. The owner was an old man who had been stranded in Namibia during the civil conflict in Angola.



For administrative purposes Kaisosi is divided into eight blocks, with each block having four representatives on the LDC. These blocks are grouped so that blocks 1-3 are referred to as Kaisosi 1 (sometimes referred to as Sarusungu) and blocks 4-5 are referred to as Kaisosi 2. This is not only an administrative boundary. Taxis charge a different rate for rides from town to the two parts of Kaisosi; younger respondents referred to rival gangs in the two areas; and respondents and acquaintances in both areas made reference to the number of witches in the other area.¹¹ There was no particular rationale behind choosing Kaisosi 1 instead of Kaisosi 2.

Ndama

Ndama is inland from the river behind the main settlement of Rundu and is closer to town than Kaisosi (Figure 3.3). It is one of the most recent but also one of the largest informal settlements in Rundu, stretching along the Trans-Caprivi highway for 8km with a population estimated to be in the region of either 10,000 or 12,000, depending on where one draws the boundary of the settlement (CLIP 2009). Like Kaisosi, its public amenities include a clinic and residents have easy access to three schools. Ndama also hosts Rundu's bus station, as well as a host of bars, food stands, small shops, a petrol station and a hotel.

¹¹ One research assistant from Kaisosi 1 refused to drink water when we were in Kaisosi 2 explaining that she feared it might be poisoned.

Figure 3.5: Photographs of Ndama



A house made of sheet metal in Ndama to the south of the Caprivi highway. The grass structure in the foreground is a toilet

This traditional dwelling has been reinforced (or decorated, depending on whom one spoke to) using drinks cans.



The Caprivi highway. Trucks would often stop in the lay-by overnight, or in the area just to the right of this shot in the main bus station for Rundu.

One of the many shebeens in Ndama for which it is famed. This shebeen is about 100m from the bus station and sells traditional beer.



The Trans-Caprivi highway bisects Ndama. The land to the north of this has now largely been surveyed or is in the process of being surveyed. Here, approximately half of the houses are brick structures with concrete floors and metal roofs and almost all are built in straight rows. To the south of the highway the land has not been surveyed, houses are not built in such orderly lines and most are still either traditional structures or made with metal sheets. The poorest households are mainly situated further from the road and many of these are made using plastic bags.

Like Kaisosi, Ndama is also divided into administrative blocks. Again, these boundaries were used to define the parameters of the research site. Given the obvious social and economic differences between the northern and southern side of the road, the research site encompassed areas on both sides. Research was conducted in the two blocks closest to the main bus station and the two blocks adjacent to the east.

3. Methodological approach

Reflecting my research objectives (Chapter One) and theoretical framework (Chapter Two), the methodology of this thesis has been oriented towards generating space to explore the perspectives of a range of different actors within the contexts of HIV/AIDS programmes. As such, I have taken what can be called an “actor-oriented” approach (Long 2001). This has meant that while I have sought to engage with persons who might be considered experts in the relevant fields locally and nationally, I have also sought to engage with and take seriously the voices of more marginalised actors to enable me to make use of “experience-near categories” (Kleinman and Kleinman 1991, 278) to explore respondents’ local moral worlds. In order to do this I have taken an ethnographic approach, generating data primarily through participant observation, informal conversations and a series of minimally

structured interviews. This approach raises a number of issues that I discuss briefly below.

Although I seek to use experience-near categories to describe the experiences of respondents, I do not claim either to represent the protagonists in this thesis or to portray them as they see themselves because, as the author, I am necessarily present in the account contained within this thesis (cf. Audi 1998; Hammersley 1992; O'Reilly 2005). First, it is not possible to entirely detach myself from the core beliefs and assumptions that I carry with me, and so my analysis will be coloured by the local moral worlds that I inhabit. Second, my presence during the research activities will have impacted on respondents' thoughts and actions, making it difficult to take their practices and testimonies at face value (Audi 1998; Hammersley 1992). For example, during interviews respondents may present an "honest" recollection of the past, but they may also seek to please the interviewer or try out new ideas; they may speak allegorically, or fall back on cliché and received wisdom (cf. Robins 2004, 668). However, while accepting these limitations it is important to point out the steps taken to ensure that I can present this account in good faith.

While I cannot detach myself from my own history and some of the core beliefs and assumptions that come with that, by maintaining reflexive awareness (Kenway and McLeod 2004) I may at least be more aware of where I fall back on these (O'Reilly 2005). Furthermore, rather than seeing the inevitable distance between the lifeworld of the researcher and that of the research subjects only as a limitation or weakness, it is useful to recognise that it also presents opportunity. As Kleinman and Kleinman argue, "ethnographers also bring with them a liberating distance that comes from their own experience-near categories" (Kleinman and Kleinman 1991, 278).

Four main steps were taken with regard to concerns about my influence on respondents' thoughts and actions and therefore my capacity to provide a credible

interpretation of what was said and done. First, as far as possible observations were made *in vivo* in the course of respondents' everyday activities, or at least in places where they were relatively at ease. As such, this research fits within the tradition of participant observation (cf. Goffman 1967; Malinowski 1964; Omvedt 1979). There are of course well documented challenges in taking this approach (see Hammersley 1992). There was for example a real risk that in becoming a participant I also became partisan (Caulfield 1979). It is also true that in spite of my best efforts to build rapport and be unobtrusive I remained a foreign, white researcher widely perceived to be well connected to people in decision making positions in regional government and NGOs. This undoubtedly impacted on some of the relationships that emerged over the course of the fieldwork (see Busher 2009a).

A second step I took was sharing in some of the local modes of knowing. For instance, very few local people came to learn about the views of other residents by conducting formal interviews with them, whereas the "grapevine" was tapped into by almost everyone. It seemed likely that I could come closer to local understandings by making use of (although not relying solely on) similar channels of communication (cf. Bond 2009). It also made me more able to be aware of rumours circulating about me and what I was doing in the settlements.

Following on from this, a third step was to maintain awareness of the identities being attributed to me by respondents and other people in the research site, which again relates back to my reflexive awareness. While of course I made efforts to explain the nature of my research clearly to people, like any other actor I could only expect to have partial control over my social identity (Brubaker and Cooper 2000; Goffman 1956). For example, one of the identities persistently projected onto me was that of a Jehovah's Witness. Apparently my research assistant and I, walking through the settlements with me carrying a bag over my shoulder, looked like Jehovah's Witnesses. On days when I was not asked for bibles I was often asked to register people's children with either "the government", "my project" or "my church". These attributed identities reflect residents' previous encounters with

Europeans and Americans, and managing these expectations required constant effort. On the same point, during my procedural paper concerns were also raised about how my previous role in Rundu as an NGO worker might affect the identities attributed to me and therefore also respondents' expectations of me. In response to these concerns I opted not to work in the parts of town where I had spent the most time while with the Red Cross, as mentioned above. However, I recognise that I was still often seen as a potentially useful patron by many of the respondents, and this view had a ring of truth to it. At some point during the course of this research I provided employment to five different people; my research assistant and I regularly ate and drank at food stalls and bars in the settlements; I provided information to people about government and NGO services; I took passport photographs to help people get their identity cards; I arranged a lift to take a woman to hospital; I put two people that I met through this research in contact with an NGO that was looking for translators; and I gave basic technical assistance to community-based organisations that were preparing funding proposals. While it may be argued that these interactions shaped the practices that I was able to observe, I would contest that they enabled me to achieve a proximity to many of the respondents that enabled a less stilted kind of research encounter than would have occurred in more formalised interviews or focus groups.

A fourth step was data triangulation. This was done using different research tools; meeting with respondents in a variety of social contexts; ensuring a sufficiently large sample to reduce the probability of the research being heavily skewed by highly localised idiosyncrasies; consulting local persons and subject matter experts about my interpretations of the data; and remaining alert to the reactions of other actors within the research context during research activities.

4. Ethical approach

Ethical approval for this research was granted by the University of East Anglia's International Research Ethics Committee.

Permission and consent

Permission to conduct research in the settlements was sought through the Kavango Regional Council and through the local traditional leaders. In keeping with the *Statement of Ethical Practice for the British Sociological Association* (British Sociological Organisation 2002), consent was actively sought prior to each formal interview and reconfirmation of consent was sought prior to any follow-up activities.

Confidentiality

The location of the research sites has not been disguised, because to do so would be extremely difficult and would take away some of the depth of understanding of the historical context (presented in Chapter Four). The names of the case study organisations have been replaced with descriptors, except in two instances where the organisations are more obviously in the public eye and changing these names would have done little to hide the identity of these organisations. However, given the relatively small number of organisations operating in the town it would still of course be possible for people "in the know" to identify the organisations I am referring to.

Care has been taken to preserve the confidentiality of respondents in Kaisosi and Ndama. Those whose comments are quoted directly in this thesis have been given pseudonyms. The official titles of respondents from government agencies and NGOs have been used rather than their names.

Openness and managing expectations

Throughout this research I have sought to be as open and honest as possible with respondents about the nature of this research and its possible outcomes. Specifically, information about the nature of the research was made available in writing to gatekeepers and discussed at length with respondents prior to interviews being conducted. In Kaisosi I also spoke about the research at a community development meeting organised by the LDC. Information about the research was made available in English and Rukwangali both orally and on paper, and orally in Portuguese and Luchazi.

It was made clear throughout the process that no financial incentives were available to participants and that while I intended to present my initial findings to a meeting of the Rundu Town Council, I could not expect this research to impact upon local HIV/AIDS policies.

Contributing to the life of the research sites

Recognising that my presence would inevitably have some impact on the lives of some of the residents of the research sites, efforts were made to minimise any possible harm. At the individual level, interviews often covered sensitive issues, and during these discussions it was repeatedly made clear that respondents were not under any form of obligation to speak. My research assistant and I also sought to make participation in the research as pleasant an experience as possible, and a large proportion of our time was spent building rapport, sharing jokes and so forth. Furthermore, I was aware that being associated with me could have both positive and negative consequences for respondents (Busher 2009a) and so at all times I sought to avoid undermining respondents "impression management" (Davis 1986).

At the social level, some of the activities carried out as part of this research also contributed to the life of local organisations (see the final section of this chapter for

more detail). I was a member of the RHACC throughout this period (again see below) and introduced some insights gained during interviews and community meetings during the monthly meetings. In addition I presented preliminary findings at an extraordinary RHACC meeting where I was able to put forward a synthesis of some of the concerns raised by respondents in Kaisosi and Ndama.

Representation

I do not claim to speak on behalf of the people that took part in this research. Instead I acknowledge that the description that appears in this thesis is my interpretation of events. However, I have sought to make this interpretation as credible as possible by continuing to seek the opinions and evaluations of other actors familiar with the research sites including residents, community volunteers, NGO and government agency staff, teachers and health professionals.

5. Methods

In recognition of the role played by the researcher in shaping data, I follow Mason (1996) in using the term “data generation” rather than “data collection”.

Data generation

The main methods of data generation deployed in this research include: 1) participant observation with nine community-based organisations delivering HIV/AIDS programmes; 2) guided life history interviews with residents of Kaisosi and Ndama and members of the case study organisations; 3) informal observation and conversation; and 4) an institutional analysis exercise with residents of Kaisosi and Ndama. These have been supplemented by a household survey and semi-structured introductory interviews.

Participant observation with community-based organisations

Observation was carried out with nine community-based organisations, as well as with the RHACC, see below. Although methods of observation varied slightly from organisation to organisation (see section 6), broadly speaking observation took place through attendance at, and in some cases active participation in meetings, through making small and usually logistically oriented contributions to project activities and through just spending time with people involved in these organisations.

Case study organisations were identified through consultation with the LDC and RHACC members as well as by drawing on prior knowledge of the research sites. All of the organisations were at least partly funded through the institutional framework of the fight against HIV/AIDS, or were applying for funding, and all were working on either HIV prevention or impact mitigation.

The minimally structured qualitative interviews

Minimally structured qualitative interviews can be approximately divided into two types. The first type could be called guided life history interviews. A life history approach to interviews creates space for the respondent to generate their own narrative, but also allows the researcher an opportunity to pursue topics of particular interest. This approach has been successfully used elsewhere to generate rich descriptive data with which to explore issues including marriage (Nabaitu, Bachengana, and Seeley 1994) and sexual behaviours (Gysels, Pool, and Nnalusiba 2002).

Guided life history interviews were conducted with two overlapping groups of respondents: residents of Kaisosi and Ndama and members of the case study

organisations. Guided life history interviews with the first group were intended to provide insight into the perspectives of actors not actively involved in HIV/AIDS programmes. Sixty-nine of these interviews were conducted. Respondents were purposively selected to attain an approximate balance in number of respondents by gender, age, wealth and degree of self-reported participation in community groups. Contact was made with respondents following the earlier household survey (see below) and through attendance at meetings of the case study organisations. In all cases, the formal interviews took place after a series of more or less formal encounters with the respondent over a period of at least six months.

The first questions asked of most respondents in Kaisosi and Ndama were how long they had been living where they lived, who they lived with and so forth. From there the interview either moved forward or backward in time. The discussions were then guided towards questions about the respondent's experience of coming into contact with or taking part in different community-based organisations. The format for these interviews varied slightly according to the respondent and my previous relationship with them. For example, in some instances where we knew each other very well there was less need for "warm-up" questions, and in other instances there were specific parts of the respondent's life that I was keen to explore in greater depth and so would steer the conversation in that direction while the respondent was still engaged and interested.

Almost all of these interviews were conducted with a research assistant present. Interviews were conducted in several language combinations, with Rukwangali, Portuguese, English and Luchazi most frequently used. At times the interviews turned into something of "a vast lament" (Brinkman 1999, 437) as respondents listed the many problems about which they wanted me to hear. However, many of the interviews were also punctuated by laughter, particularly as rapport grew over the fieldwork period.

With respondents from case study organisations the questions were more closely linked to their experiences of working with their own and other, similar organisations, although more general background information was also elicited where the respondent took the conversation in that direction. Most of these interviews were conducted in English, often without a research assistant present.

The second type of minimally structured qualitative interviews, which was carried out with some senior figures from the research sites and leaders of the case study organisations, were oriented more around the history of the settlements and organisations.

Interviews about the history of Kaisosi and Ndama were carried out with three headmen and five community elders. Again, six of these took place after a series of more or less formal meetings. A slightly more structured approach was taken during these interviews, with questions asked about specific historical events.

Where consent was given, interviews were recorded and transcribed for thematic analysis. Where consent was not given for the interview to be recorded, notes were taken during the interview and corroborated with a research assistant after the interview.

Informal conversations

Informal conversations were another important research method. These took place throughout the research sites but most often in the street, people's compounds, bars, fields, the bus station in Ndama, offices, and outside meetings. Notes on these conversations were recorded in a research diary. These provided a valuable context in which to triangulate some of the accounts emerging through the more formalised research methods (while of course ensuring that I did not breach respondents' confidentiality).

Institutional analysis exercise

The institutional analysis tool was adapted from a World Bank guide to using qualitative methods to explore levels of social capital¹² (Dudwick et al. 2006). It consisted of a grid containing a list of organisations and four criteria by which to assess them. The four criteria were: whether the institution helped people in the settlement; whether it was trustworthy; whether it treated people fairly; and whether it was possible for people to influence decision-making processes. Respondents gave scores of between 1 and 50 across the four different criteria for each organisation. The scores were collated and mean scores were calculated in order to provide a rather crude yet useful overview of respondents' views of the institutions in question. In addition, the respondents' justifications for the scores they gave were recorded and transcribed for qualitative analysis along with the data from the life history interviews. The exercise was carried out with sixty respondents. Fifty-six of these respondents had previously given life history interviews. The other four were people with whom I had intended to conduct life history interviews but was unable to arrange a time to do so.

One point that arose during this testing phase is worth mentioning here, and I will return to this in subsequent chapters. It became apparent that it was difficult to translate the question about being able to influence decision-making into Rukwangali. The initial phrase that I and my research assistants had agreed upon had been; "I am able to influence the decisions that are made there". While the words themselves could be translated into Rukwangali, the sense that they gave was quite different. The problem lay in the term "influence", which carries negative moral undertones. In Rukwangali, "*kuhongagura*" is usually used in a negative sense in the way that an English-speaking parent might refer to their neighbours' unruly child as "a bad influence" on their own child. It is instructive that while searching for a more appropriate word, three research assistants and two teachers

¹² Using Putnam's definition in this instance

who were consulted suggested that the way of exerting influence over decision-making processes that I described could be translated as “*ndino*”, or “rudeness”. The question was eventually framed as follows: “If you took an idea to the organisation, how likely would they be to listen to your idea and then, if they were good ideas, follow them?”

Household survey

A brief household survey was conducted in order to generate some descriptive information on the demographics of the research sites; educational attainment levels; economic activities; citizenship and ethnicity; housing conditions; formal sources of external financial support, and affiliation to community groups among the adult population. As little use is made of these data in the course of the thesis, only a minimal description of them is given here.

A systematic random sample was used. Each research site was divided into sections using clear landmarks such as roads and telegraph lines. Within each section every third house was selected for an interview, with the starting house chosen at random by drawing a number between one and three out of a pot. Data were generated for 441 adults in Kaisosi and 1071 adults in Ndama.

In the case that a household refused an interview the next house would be selected. There were only two refusals. Both of these were on the grounds of suspicion that we were working for a recently formed political party called the Rally for Democracy and Progress (RDP), which had been accused of falsifying supporter lists in another region. If it was not possible to arrange an interview at the first visit, the house could be visited twice more before being struck from the list.

Initially it was agreed that any adult in the household could act as the respondent. However, after the first week of conducting the survey it was agreed that teenagers could also be used as they often appeared to be more comfortable answering

questions than some of the more elderly adults. Data were coded at the point of generation by the enumerators, whom I trained and then monitored throughout their first week. Data entry into a Microsoft Excel spreadsheet took place twice per week and logical inconsistencies were identified and checked against the enumerators' notes.

Semi-structured introductory interviews and support network diagrams

These two methods were used only during the first period of fieldwork, and almost no mention is made of the data generated through these in the course of this thesis. As such they warrant little comment. Semi-structured interviews were concentrated around perceptions of the major challenges facing the settlements. Support network diagrams were drawn by respondents using pieces of card to indicate the relative importance of the support provided to them by different persons and organisations.

Data analysis

Data analysis has been an ongoing process since February 2007. Interviews and research notes have been coded in two phases that fit broadly with what Coffey and Atkinson (1996) refer to as data simplification and data complication. Data was "simplified" through systematic coding in which recurrent themes were identified and diagrams of basic conceptual nodes were assembled. For example, respondents' comments about poverty were often linked to comments about social order (Chapter Four) and so these would come together as one possible conceptual node. Data complication then consisted of going beyond the data in order to try to weave these basic conceptual nodes together with aspects of the theoretical framework. However, throughout this process codes have been treated as "unfinished resources for a variety of further uses" (Mason 1996, 115). The codes have evolved over time and have in some instances been part of multiple conceptual nodes.

Analysis of the data generated during the preliminary phase of fieldwork was carried out using Nvivo qualitative analysis software. However, after the second phase of fieldwork, I found that I preferred manual analysis. This was in part a personal preference. I found it easier to look at data on paper than on the computer screen. Furthermore, while reading the data on paper I found it easier not to lose sight of the context of the comments under analysis. Nvivo enabled me very effectively to home in on very specific citations, but I noticed that I was increasingly looking at snippets from several interviews rather than following through the discussion of any one interview. I was concerned that this might undermine the integrity of my analysis.

I carried out most of the coding on my own. However, in order to strengthen the robustness of the codes that I used and the linkages that I made between them, I sought to discuss the preliminary hypotheses with a number of different audiences. I consulted research assistants and health and education professionals in Rundu and Windhoek on an ongoing basis. The presentation of preliminary findings to an extraordinary committee meeting of the RHACC also provided an opportunity to do this, and the preliminary findings have also been exposed to academic scrutiny at the European Conference on African Studies 2007 and the International AIDS Conference 2008.

Finally, it is important to explain briefly how these data are referenced in subsequent chapters. Where direct quotations are used, respondents have been given pseudonyms. European names have been used for pseudonyms to make it easier for the anticipated readers to identify the gender of the respondents. In addition, all respondents have been allocated numbers, with respondents from Kaisosi and Ndama allocated numbers between 1 and 99 and respondents from government agencies and civil society organisations given numbers above 100. These numbers appear in the text in square brackets where the data presented refer specifically to that person.

6. An introduction to the case study organisations

Nine community-based organisations became case studies during the course of this research. Here I provide a very brief introduction to each of these organisations and to RHACC, which provided a further case study. I also provide a little more detail about the contact that I had with each organisation.

However, it is first worth mentioning some of the other organisations in the research sites with which I had contact. These included a butchers' association in Ndama, a garden project in Kaisosi, a community development programme operating in several villages around Rundu as well as Kaisosi, the Ndama branch of the Shack Dwellers Federation of Namibia and a regional youth football programme. None of these organisations were used as case studies as they were not delivering HIV/AIDS related interventions or accessing (or seeking to access) funding designated for HIV/AIDS programmes. However, they did provide opportunities to gain further insight into local organisational cultures. During the course of this research I interviewed several members of local organisations as part of the programme of interviewing residents of Kaisosi and Ndama, and I regularly attended the meetings and activities of the youth football programme, which I had helped to launch during my time working with the Red Cross.

In addition to these organisations, and of great importance to my understanding of the research sites, were meetings and interviews with the LDCs of Ndama and Kaisosi. I discuss these organisations further in Chapter Four. With Kaisosi LDC I had the opportunity to attend community meetings, facilitate a focus group discussion with members of the LDC and interview most of the committee members in Kaisosi 1. In Ndama it was not possible to attend a full LDC meeting for various logistical reasons (meetings were scarce and announced at relatively short notice, making it difficult to cancel other appointments). However, I was able

to conduct a series of long (up to two-hour) interviews with seven members of the LDC.

Rundu Town HIV/AIDS Coordinating Committee (RHACC)

RHACC was established in 2005 as part of a VNG¹³ programme for Municipal Partnerships in Combating HIV and AIDS, through which local governments in the Netherlands offer “assistance to municipalities in Namibia and South Africa in strengthening their capacities to respond to HIV and AIDS” (Meijer and Sprangers 2007, 5). The role of RHACC is to promote greater coordination and collaboration amongst governmental and non-governmental agencies delivering HIV/AIDS programmes in Rundu. It is situated within Rundu Town Council and managed by one of its employees, who is funded by the Municipal Partnerships programme. The committee included representatives from relevant government agencies (Ministries of Education, Health, Gender and Child Welfare), several of the larger AIDS service organisations, the Regional AIDS Coordinator and a representative from the Council of Churches of Namibia.

The committee met on a monthly basis with occasional extraordinary meetings called where necessary. In addition to supporting greater cross-agency collaboration, RHACC also provided additional training for programme managers, led an HIV/AIDS workplace programme initiative and administered a small grants programme for CBOs. The last of these is of particular importance to this research as it was this programme that provided financial support to five of the nine CBOs listed below.

Between March 2007 and August 2008 I also sat on this committee, although I did not have the power to vote on matters arising. In February 2007 I requested permission to attend RHACC meetings, which was approved by the committee

¹³ VNG is the International Co-operation Agency of the Association of Netherlands Municipalities

members. I attended all of the meetings that took place while I was in Rundu and made limited contributions to the proceedings (RHACC 2008a). I also accompanied the coordinator and another member of the committee on small grants monitoring visits to organisations in Ndama, Kaisosi and Kehemu (see RHACC 2008b), conducted formal interviews with five members of the committee and enjoyed many informal encounters with various members of the committee.

Post-test club (Rundu)

The post-test club included in this research was associated with an international NGO and was part of a national network of post-test clubs. It was located in Rundu at a VCT testing facility. Most of the leaders of the post-test club were living with HIV, although some of the NGO staff supporting the club were not living with HIV. The club organised weekly meetings for members and provided peer counselling. Members of the club also provided material support to each other through an emergency fund to which members would contribute as much as they felt able. Income generating projects for the group were also being established. One of these that was already underway and had received funding through RHACC was a crocheting business. Plans were also underway to establish a jam making project. Representatives from the post-test club sat on the RHACC and the leaders of the club often attended training events and workshops outside Kavango. Three of the leaders had become trainers of trainers on interventions delivered by larger state and non-governmental agencies.

Contact with the post-test club was frequent. I attended two meetings with members of the club through RHACC; conducted five formal interviews with club members and three with leaders; met leaders on a regular basis through RHACC activities; attended two of the public events in which the post-test club was involved; and often met with and spoke to members and leaders on an informal basis.

The Kavango Community Volunteers Association (KACOVA) (Rundu)

KACOVA was launched in 2008. It is a network that anyone who is a volunteer can join and is intended to provide opportunities for volunteers to share skills and experiences with each other, as well as gain access to further training opportunities that might not be provided through the organisations with which they volunteer. The concept of KACOVA was introduced by an international volunteer, based on a similar organisation that she had encountered in North-central Namibia. KACOVA is run by an elected committee from within the volunteer community and supported by local NGO staff who have formerly been volunteers, as well as by international volunteers. The initiative has been warmly received by RACOC (see Chapter Five), from which, together with MoHSS, it received funding for its launch.

Prior to the launch of KACOVA I already knew most of the committee and socialised with some of them on a regular basis. I attended the first scoping meeting, to which all volunteers in Rundu were invited and which was attended by about sixty people. This scoping meeting included focus group discussions about the experiences and challenges of being a volunteer during which I was able to take notes about the points raised by volunteers. I also attended and took part in a series of meetings leading up to the eventual launch of KACOVA, although I was unfortunately unable to attend the launch itself.

Regional youth organisation (Rundu/Kaisosi)

The regional youth programme was established in 2003 by an international volunteer who had identified that there were very few youth-based organisations in Kavango. This volunteer has since left the region. The organisation is led by a team of young volunteers aged between about 20 and 30, but also has a management board recruited by the international volunteer. The board is made up mainly of teachers. Initially the board members made regular financial contributions to the organisation and met on a fairly regular basis. However, both

of these practices had come to a halt by February 2007 when this fieldwork commenced.

The organisation's constitution sets out a broad range of objectives and activities, including establishing youth groups and a training centre so that young people can learn new skills and take part in music clubs, sporting activities, drama groups, choirs and various other activities. However since 2006 the organisation has focused more closely on delivering an adolescent reproductive health programme for which it received funding through UNAIDS. There had also been some internal wrangling about its role. One faction continued to pursue the idea of setting up youth clubs and delivering public health messages, while another started to lay greater emphasis on establishing income-generating projects for the members. The leadership positions on the board and the committee were held by people from the second faction and so the organisational discourse began to shift more towards income generation. This was enthusiastically received by many of the youth, particularly those who were "out of school youth". However, when income generating projects did not materialise many of the members started to leave and the faction that had promoted income generation also gradually withdrew. During 2007–2008 the remaining members of the organisation's leadership were rebuilding the membership with the focus back on setting up youth groups, recreational activities and health education.

This is one of the organisations with which I had most contact. I met frequently with the organisation leaders, both formally and informally; conducted three formal interviews with two of these leaders; sat in on organisation meetings; facilitated the first joint meeting between the youth leaders and the management board (on 29/3/2008); and frequently socialised with members of the organisation. I also employed one of the youth leaders as a research assistant for six weeks.

First OVC project in Ndama

The first OVC project in Ndama was established in 2005 by two sisters who were concerned about the number of children in their neighbourhood who were not eating properly and were often not attending school due to problems at home, lack of clothes, hunger, lack of money for school fees and so forth. The land for the project was provided by the sisters' mother.

To launch the project they called for support from people living in the vicinity of the project, and there appears to have been a great deal of such support. Sixty people from the neighbourhood (fifty-eight of whom were women) attended meetings, made financial contributions and offered their various skills and labour. One of the sisters contributed most of her salary as an administrator at the hospital, although she later left this post to be able to concentrate fully on the OVC project. The project has close ties with the church that the women attended, although it was never run by the church. The sisters leading the project have been very successful in building up a support network for the organisation. They have accessed funds through Church Action for Orphans (CAFO) and are now used by CAFO to support capacity building among other organisations in Kavango. They have also established connections with partner projects elsewhere in Namibia, have made successful applications for funds from the RHACC small grants fund and have tapped into the pool of international volunteers and development workers passing through the town. The sisters are leading figures in a local network for kindergartens and frequently take part in local, regional and national level workshops and training programmes.

At the time of this research there was at the centre a kindergarten classroom; a feeding programme; four income generating activities (bike repairs, butchery, baking, sewing – and plans were also underway to start showing films in the evenings for a small fee); and an offsite office with computer and printer with a comprehensive database of the children registered with the centre.

My contact with the project consisted of a series of informal visits to the centre, two formal interviews with the project leaders and visits as part of the RHACC small grants programme. I also helped out at the Christmas party.

Second OVC project in Ndama

The second OVC project in Ndama was within 200 metres of the first. It was considerably smaller and far less well resourced. The project was set up as a kindergarten and came about through the efforts of a woman who had previous experience as a kindergarten teacher in Kavango and Windhoek and a man who later went on to become one of the regional councillors who had provided a plot of land next to his house for the project. The project had no external donors, no income generating activities and very few of the children's parents (estimated by the teacher to be less than 10%) paid their fees. There was a committee comprising some of the children's parents, but they met infrequently and the teacher complained that they provided very little financial or logistical support.

I made frequent informal visits to the centre, carried out three interviews with the teacher, conducted an institutional analysis exercise with the committee and also assisted at the Christmas party.

Brick making project (Kaisosi)

The brick making project was initiated by members of the Kaisosi LDC after attending a workshop at which they were encouraged to come up with community development initiatives for their settlements. The basic concept underlying the brick making project was to make bricks in order to ensure a supply of cheaper bricks for the residents of Kaisosi and then to use any profits to create a community fund. The project members anticipated that this would mainly be used to support

children who could not afford kindergarten fees, or elderly people looking after orphans.

After the first project meeting a monthly contribution scheme was established in order to generate start-up capital. During 2007, more than twenty households joined the scheme and by early 2008 they had raised almost N\$2,000. However, start-up costs were around N\$10,000. The members tried to find sponsorship from local businesses but none were receptive to their idea and they had started to look for donors. The only accessible donor that could be identified was RHACC. An application was made in early 2008 and approved shortly after I left the research site.

My contact with this organisation was extensive. I spoke almost every week with project members and attended project meetings. I also provided logistical support in preparing the proposal to RHACC. This included getting an updated quote from the builders' merchant in town (due to transport reasons the cost of this was prohibitive for project members) and assisting with the spelling and grammar of the proposal. One of the project leaders was also involved in the youth sport programme.

Poultry project (Kaisosi)

The poultry project was run by the members of a post-test club, and had been established with the encouragement and logistical support of an international NGO. The group consisted of eleven PLHA and was led by two middle-aged women from the group. A local field officer, a young man with some experience as a community volunteer and an international volunteer working with the NGO had been the main points of contact between the NGO and the project members.

The group had started to prepare a project proposal in 2006 and made an application to the RHACC small grants programme early in 2007. In mid 2007 they

were notified that they would receive funds, although due to various bureaucratic issues grants were not given out until January 2008. This case is discussed at length in Chapter Eight.

I had less contact with this group than with the other groups mentioned above. I spoke with the women leading the project on only two occasions, both through the RHACC programme. This was in part because the project was in Kaisosi 2. I did however encounter the outreach officer on a regular basis. He was friends with my research assistant and our paths often crossed around Kaisosi.

Kindergarten (Kaisosi)

The kindergarten in Kaisosi, which was one of several in the settlement, was set up by a schoolteacher. She explained that she had set it up because all the other kindergartens were too far away for the smaller children to walk to in the mornings. She had given half of her compound over to the kindergarten and was in the process of erecting shelters and sourcing equipment at the time of this research. She was supported in this by several people in the neighbourhood, who formed the kindergarten committee. This group also included the young women who were recruited as kindergarten teachers (sometimes referred to as the “volunteers”).

The kindergarten had made a successful application for the first round of RHACC small grants in 2007 and this had gone into starting up the project. At the time of this research there was no other source of income, although contact was being made with the Ministry of Gender and Child Welfare to request materials for the outside classroom.

Contact with this organisation consisted of formal interviews with four of the committee, attendance at a project meeting (through RHACC) and a series of informal discussions with three members of the project committee.

Sewing project (Kaisosi)

The sewing project was in the process of being established as a community-based income generating project towards the end of the fieldwork period.

Contact with the sewing project was through a series of discussions with the project leaders during the planning phase. The leader of the project had also been a respondent in the household survey, life history interviews and institutional analysis exercise. As with the brick making project, I provided logistical support for the project proposal, which had already been handwritten by the leaders and a copy had been typed up by a friend of theirs. However, they did not have a soft copy and so at their request I copied the document again and burnt it onto a CD for them so that they could make multiple copies in the future as they were approaching sponsors and donors.

Chapter Four:

This modern-day life

1. Introduction

These changes now, it's like eating meat with chilli: it tastes good but in the mouth you are feeling pain, because we are used to the past things.
(Respondent 51: a pastor and long-serving community leader, 27/6/2008)

During formal interviews and informal conversations in Kaisosi and Ndama the topic was often "this modern day life", and the above quote encapsulates the tone of many of these conversations. Residents' comments were often ambivalent, and many respondents remained undecided about whether they considered the changes that they were seeing to be for the better or for worse. As the quote suggests, even things that taste good can sometimes cause pain.

This chapter describes some salient aspects of the social and historical context in which the fight against HIV/AIDS in Rundu (The Fight) unfolded. It starts with a brief historical sketch of Rundu and its surrounds. It then goes on to provide a thicker description of some of the issues that dominated conversations about how life in these settlements was changing. Three themes have been distilled from these conversations: community leadership, social and economic stratification, and social order. A brief exploration of these themes will provide background that is highly relevant for understanding the social dynamics of The Fight, particularly as the organisations involved in The Fight were often associated with the forces of change (Chapter Five).

The chapter is based on observation, informal conversations and formal interviews with residents of the research sites, the institutional analysis exercise and the

household survey (Chapter Three). It also draws on two unpublished, largely firsthand historical accounts written by two residents of the informal settlements (Ambilho n.d.; Muye n.d.). Several published secondary sources have also been used, two of which have been particularly influential in shaping the discussion in this chapter. The first is a Masters Degree thesis written by Likuwa (2005) which provides a historical account of the forced relocations that took place around Rundu under South African rule, and which gave rise to the settlement of Kaisosi. The other is a report published by the National Planning Commission of Namibia (NPC) in 2007, based on a participatory poverty assessment conducted in five villages in Kavango and an informal settlement in Rundu called Kehemu. The conclusions of this report resonate strongly with comments made by respondents in Kaisosi and Ndama.

2. A historical sketch of Rundu and its surrounds

The colonial state arrived relatively late in Northeast Namibia, and its arrival was not marked by the same kind of protracted violence that was seen in many other areas of Namibia (Fleisch and Möhlig 2002; Mertens 1974). In fact, it has been argued that “until 1965, [the Kavango people] still lived in a more or less traditional life-style” (Fleisch and Möhlig 2002, 323). For most Kavango people, the first contact with Europeans was through the mission stations, the first of which was set up at Nyangana (East of Rundu) in 1908 (Mertens 1974). The offices of the Native Affairs Commissioner for Kavango remained in Nkurenkuru, in the far west of the region, until 1936. At that time there was a string of villages along the southern bank of the Kavango River where the town of Rundu now sits: Sauyemwa, Rundu, Nkunki, Ncwa, Sarusungu, Nkondo, and Rupouoro (Likuwa 2005, 1).

In 1936 the office of the Native Affairs Commissioner was moved to Rundu, making it the capital of the region. It also came to host the offices of the South West Africa Native Labour Association (SWANLA). Whilst the Native Affairs offices in

Rundu remained small, they did start to create wage labour opportunities in the area, and over the decades that followed growing numbers of men were recruited through the SWANLA offices to work in the mines and commercial farms of Southern Namibia and Johannesburg. Although Rundu remained little more than a string of riverine villages and a collection of offices, as the villages along the southern bank of the river expanded Rundu gradually became a centre for trade. By the 1950s the majority of the recruits at the SWANLA offices were men from Angola (Brinkman 1999), and as some respondents whose parents had moved to Namibia or who had moved there themselves during the 1940s and 1950s recalled [28, 51, 53, 84, 103], the brutality of the Portuguese regime in Angola which imposed heavy taxes and forced labour (cf. Clarence-Smith 1979), and the emergence of health and education facilities on the south bank of the river provided good reasons for people returning from the mines as well as residents of villages near to the river to move their homes into Namibia.

The town of Rundu started to change more rapidly in the mid-1960s as the South African administration moved forward with the implementation of the Odendaal Plan (Likuwa 2005). The Odendaal Plan set out a programme of “separate development” similar to that of the Bantustans in South Africa, with the aim of establishing home rule for the different ethnic groups in South West Africa. Rundu was to become the seat of the Kavango government. Furthermore, 1966 saw the commencement of the armed struggles for Namibian and Angolan independence, led respectively by SWAPO and the Popular Movement for the Liberation of Angola¹⁴ (MPLA). As a result, Kavango took on greater strategic importance, leading to a far larger presence of South African police and military in the region. As Likuwa (2005) argues, it seems likely that a combination of the implementation of the Odendaal Plan and fears about the nascent counterinsurgency resulted in the series of forced relocations undertaken by the South African administration in the late 1960s and early 1970s that produced Rundu’s black urban and peri-urban

¹⁴ *Movimento Popular de Libertação de Angola*

townships (Likuwa 2005). After the first black township of Nkarapamwe was established in 1968, the next forced relocations took place in 1971-2, during which residents of the riverside villages of Sarusungu and Mangarangandja to the east of Rundu were moved to Kaisosi and Kehemu. The South African administration claimed that their motivation was to enable the provision of better health and education facilities. However, the relocation remained deeply unpopular, a fact reflected in the name *Kaisosi*, meaning “looking for a reason to start up a quarrel or fight” (Likuwa 2005, 75). As one respondent pointed out

We didn't come from the place by the river; it was the government regulation at the time that was the one that made us come from that side to here, not us. Their government chased us here. (Respondent 51, 27/6/2008)

It was in the midst of this series of forced relocations that the Kavango Legislative Council was installed in 1970 in what some respondents during informal discussions referred to as the first *Emanguruko* (Independence). It is interesting to note however that in spite of the complaints about the forced relocations, two older men in Kaisosi who arrived from Angola in the late 1960s [22, 48] recalled that this was a time when businesses started to flourish. They both made wooden tools and curios, some of which they sold to the South African soldiers and more affluent members of the local ruling classes.

After 1974 and the collapse of Portuguese rule in Angola, violence in Southeast Angola intensified and the flow of immigration grew, further swelling the settlements emerging around Rundu (Brinkman 1999; 2008). At the same time the struggle for Namibian independence continued amid rising political tension. Many respondents recalled the fear and confusion of that period. Tales abounded of night raids, and two respondents [86, 89] in Ndama told of clandestine meetings and the times that they were beaten and tortured by South African soldiers. Rural-urban migration continued as people in the surrounding villages sought security from the raids taking place in rural areas (Muyeu n.d.). However, rural-urban migration was also reported to have been driven by economic reasons, and most respondents in

Kaisosi and Ndama recalled the 1980s as a time of violence but also of high employment and a relatively low cost of living.

That was a good time. We were working; we normally get domestic work and the money that time was having value. (Respondent 3, 2/3/2008)

In that time you can see every household in Kaisosi there is at least one person who is in employment. (Respondent 92, 7/11/2007)

There was no problem for work. Me I was a panel beater starting 1977 and my brother was a soldier at Buffalo.¹⁵ (Respondent 32, 13/3/2008)

Ndama started to grow in the 1980s. Named after the large water storage dam built there in the 1970s, the site of Ndama today was previously reserved for Khoisan people, who were estimated to number around 200-400 at the time.¹⁶ The first non-Khoisan people to settle in the area were employees of the Water Board in the late 1970s. From just nine households in the area in 1982, Ndama had increased to 386 households by 1990 (Muyeu n.d.).

In the early 1990s, after Namibian Independence in 1990, Rundu was one of the four fastest growing urban areas in the country, and it was estimated that 75% of its population lived in the informal settlements (Tvedten and Mupotola 1995). Under the newly formed national, regional, and municipal authorities, plans for the formalisation of these settlements moved forward, albeit rather slowly (Hamata, Hangula, and Pendleton 1996; Lux Development 1999).

¹⁵ The base of Battalion 32 of the South African Defence Force, in the west of Kavango

¹⁶ The Khoisan population is still present although with greatly reduced numbers. With the immigration of Bantu people from the early 1980s they moved to the south, about 1 km from the highway. They continue to have their own headman. Whilst there is some social and sexual mixing between the Bantu and Khoisan populations, particularly around Ndama's many shebeens, they are treated very much as second-class citizens and are usually described by other residents as poverty-stricken drunkards, the objects of a mixture of pity and amusement.

It has been estimated that by 2010 Rundu will have approximately 75,000 residents (Lux Development 1999). In discussions with traders, bus drivers and baggage handlers at Rundu's main bus station the town was often described as a place with many economic opportunities for those with the wherewithal to capitalise on them. The town has become a substantial administrative centre (Rundu Town Council n.d.), and as a municipality, Rundu has its own town council that coordinates the delivery of public amenities including water, electricity, land allocation, refuse collection, road maintenance, street-lighting and so forth. Rundu also hosts offices for government ministries and the regional council. This has contributed to the creation of a large number of relatively well paid jobs for Rundu's emergent elite and middle classes (cf. Fumanti 2002). This, and the town's position on the border of Angola and at the mouth of the Trans-Caprivi highway linking Namibia to Botswana, Zambia, Zimbabwe and beyond, has also helped Rundu to become a thriving commercial centre. At the time of this research the town centre had five large supermarkets, several furniture and electrical stores, more than a dozen clothing stores,¹⁷ several banks and a number of bars and restaurants in addition to open markets in the town centre and two of the informal settlements. However, as I discuss later in this chapter, the employment and consumption opportunities on offer in Rundu remain largely beyond the reach of many of the residents of Ndama and Kaisosi. Kaisosi in particular was described by its residents as not having developed along with the rest of the town.

3. Community leadership

One of the domains of life in which there has most obviously been a great deal of change is the structures and systems of community leadership. Respondents' comments about changes in community leadership focused largely around three

¹⁷ A new shopping mall was completed in 2008 after fieldwork for this research had been concluded. The commercial sector was dominated by South African, Portuguese and Chinese owned businesses.

events: the implementation of the Odendaal Plan in the late 1960s; Namibian Independence and the introduction of multi-party democracy in 1990; and to a lesser extent the introduction of Local Development Committees (LDC) in 2005. As such, I also keep these three events prominent in my account, which is divided into two parts. The first concerns public authorities, and the second civic associations.

Public authorities

Traditional authorities

For much of the past 250 years the Kavango region has been governed by the 5 traditional authorities that still exist today,¹⁸ with a *homp*¹⁹ as the head of each (Fleisch and Möhlig 2002). From west to east, these traditional authorities are Kwangali, Mbunza, Shambyu, Gciriku and Mbukushu. Rundu is situated at the western end of Shambyu.

Most of the villages in Kavango were spread alongside the river and would have had approximately 500-800 inhabitants (Fleisch and Möhlig 2002, 26). Each had a headman who liaised with the *homp*. Within the village, each kraal had a head who liaised with the village headman. Older respondents who spoke about these local governance systems prior to the implementation of the Odendaal Plan emphasised the prominence of public deliberation and the relative proximity of the people to their leaders [3, 7, 26, 46, 51, 56, 71, 77, 89] (cf. Diescho and Wallin 1988; Fleisch and Möhlig 2002). For example, one respondent [3] explained that “before, if you trouble me I will just go to the *homp* because he knows us all”, and another [26] told how she had sought the *homp*’s assistance in resettling in another village after her husband was killed. The *homp*s also appear to have been subject to relatively

¹⁸ Although of course for the majority of that time the concept of Kavango as a “region” was not in use.

¹⁹ King or queen

direct channels of accountability. Although royal positions were inherited, the matrilineal inheritance system was such that there were always several possible heirs, and the appointment of a new *hompas* would be subject to considerable public discussion, consultation and sometimes conflict (Fleisch and Möhlig 2002, 120). In addition, Fleisch and Möhlig argue that it was not unheard of for senior women of the royal lineage to eliminate leaders who were seen as incorrigible (2002, 72).

It is important to note here that it was and still is relatively common for women to hold positions of public authority. Many celebrated *hompas* have been women, such as the present *hompas* of Shambyu. There have also been many female headmen²⁰, such as the current senior headman of Ndama, and this has continued into the system of LDCs, with for example a woman as the chair of Kaisosi LDC. It seems likely that the relative prominence of women in positions of public authority is related to the matrilineal pattern of inheritance common to all the Kavango peoples (Ipinge and LeBeau 2005). However, this is not to say that the pre-colonial Kavango society was matriarchal or that women were necessarily in control of resource allocation (cf. Gough 1971).

Although there were some incremental changes to these governance structures during the early colonial encounter, it seems that the major shifts in local systems of public authority took place after moves were taken to implement the Odendaal plan. The five *hompas* of Kavango were called by the Native Affairs Commissioner to meet altogether for the first time in 1966 under the auspices of the plan to establish a Kavango Legislative Council (Diescho 1993; Likuwa 2005), which was presented to the people of Kavango as the first step towards an autonomous Kavango nation (there was even a national anthem and a flag). In 1974 the Kavango Legislative Council was replaced by the Kavango Government, containing nominated representatives from the five tribal authorities (Likuwa 2005, 79).

²⁰ "Headman" is used locally as a gender neutral term. For example, the top headman of Ndama, Mrs. Mapeu, was referred to as "headman".

However, like the other South African homeland governments the Kavango Government had very little legislative authority.

It also seems that women's political participation was circumscribed through this process. First, the colonial authorities did not want to deal with female leaders (Ipinge and LeBeau 2005). Second, Diescho (1993) proposes that as power was centralised in Rundu and the traditional authorities were effectively incorporated into the South African state, it became increasingly incumbent on political leaders to travel away from their village if they were to effectively represent the interests of their people. Given the social and reproductive responsibilities borne by women, this made it difficult for them to balance the two roles.

The next major change came after Independence in 1990 when Namibia became a multiparty democracy. Public authority was vested in democratically elected Regional Councillors representing each of Kavango's eight constituencies, and at the municipal level Town Councillors were also elected. Political parties, mainly SWAPO and the Democratic Turnhalle Alliance (DTA), replaced the tribal authorities as the organisations that nominated representatives. This meant that even though *hompas* and headmen continued to be influential figures, able to summon and lead public meetings, they no longer had direct political power at the regional or municipal level. As Düsing argues, "the incorporation of traditional leadership structures into the Namibian system of democracy took place according to a model of rigid subordination, in which traditional structures were entirely controlled by democratically elected institutions" (2002, 187).

Crucial to the changing dynamics of public authority was the fact that whilst in the rural areas village headmen retained control over land allocation (NPC 2007), within the municipal boundaries the administration of land was handed over to the state. This initially caused great confusion and consternation, particularly among the traditional leaders (Hamata, Hangula, and Pendleton 1996). As one headman

[89] in Ndama explained, this reduced the control that the headman and his²¹ advisors had over who was able to move into the community. This loss of control over who moved in or out of the settlement was linked by a number of respondents [see 71, 83] to complaints about a growing number of witches living in the settlement, whilst others [77, 80] related it to rising levels of crime and an increasing number of illegal shebeens.²²

Related to this, and given great prominence in respondents' accounts of the transition to democratic rule, the headmen and the *hompas* also lost much of their juridical authority to the state magistrates. Yet even though the traditional courts had lost much of their authority, they remained popular with many residents because they were seen as being more likely to deliver a tangible benefit to the claimant. As one respondent [89] put it, in the new state legal system "somebody can just get you but then you cannot get them". Respondents who had recently brought cases before the traditional courts [5, 12, 17] explained that if you report somebody to the state police the defendant is only imprisoned, and this will upset the defendant's family. Meanwhile, the claimant receives nothing, whereas at the traditional court the claimant could expect the defendant to be ordered to make a payment directly to them.

However, as many respondents, including the headmen of Kaisosi and Ndama pointed out, there was now a strong tendency for defendants not to pay fines ordered by the traditional courts. For example, one respondent [12] was paralysed from the waist down when she was stabbed by a man who was drunk and wanted to "propose" her. The man was ordered to pay her N\$6,000 compensation, but two years later had still only paid N\$1,500. There were very few punishments that the traditional authorities could mete out to people like this who refused to pay their fines. They could no longer incarcerate anybody or expel them from the settlement.

²¹ At the time the headman was male.

²² A small bar, which may or may not be licensed.

During testing of the institutional analysis tool, comments were invited from respondents on both the traditional police and state police. In both of the tests, questions about the traditional police were met with hoots of derision. One respondent²³ said that if the traditional police tried to “beat” him he would call the “real” police.

Local Development Committees

In 2005, LDCs were introduced in Rundu. According to members of the Kaisosi and Ndama LDCs, the purpose of these committees was to coordinate development planning at a local level and to facilitate greater community participation. Representatives are proposed and elected to these committees by residents of the settlements. They then liaise with the Constituency Councillors (MPs) and with Rundu Town Council, depending on the issue in hand. Members of the LDC do not receive a stipend, nor can they claim expenses.

The LDCs are supposed also to work in collaboration with the traditional authorities. However, the cases of Kaisosi and Ndama suggest that the extent to which this happens varies greatly. In Ndama the relationship between the headmen and the LDC was close and cooperative. They met regularly, and on several of my visits to either the headmen or the chairperson of the LDC I found them engaged in meetings. In Kaisosi the story was quite different. The leaders of the LDC and the headman described a breakdown of communications between the two parties.

Headman: We don't really have a good relationship [with the LDC]. They just work on their own.

Joel: So what caused the LDC to work on their own instead of working closely with you and your advisors?

Headman: Maybe there is a disrespect and misunderstanding about what they should do. That has made it so there is not a proper communication. Like to the government and the traditional side, these kind of government are different, two kinds of government.

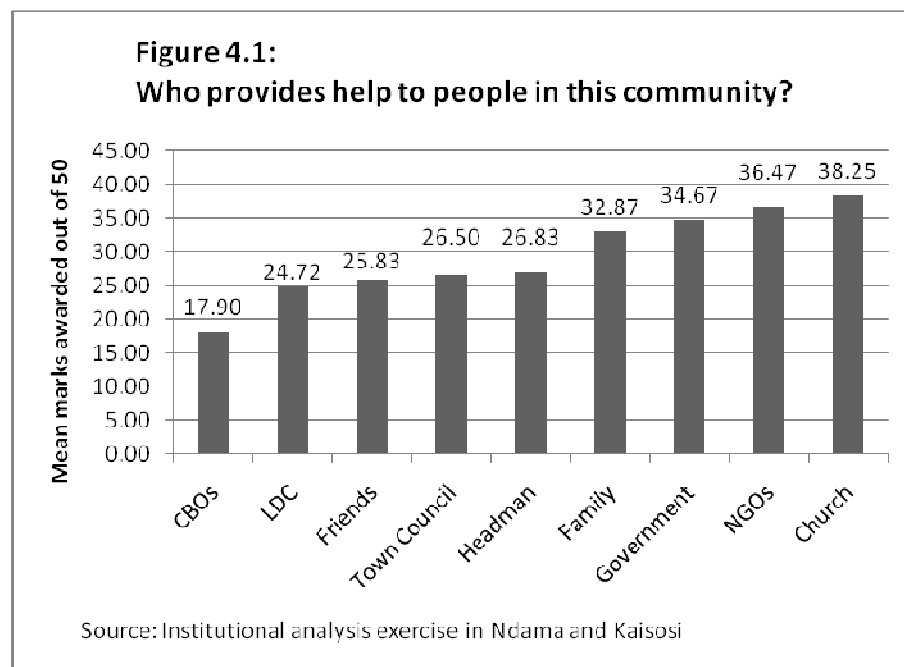
²³ Unnumbered: the respondent only took part in this one research exercise.

Joel: So are you in communication with the Town Council?
 Headman: I am in contact with them, but we don't understand each other very well. The Town Council work with the LDC.
 (23/6/2008)

In Kaisosi there were tensions around the remits of the two bodies, centring on questions of who could allocate land. This issue is bound up in historic wrangling about land that had been sold off by the traditional authorities to two commercial farmers. Members of the LDC and the headman both said that these poor relations were a major obstacle to community development planning.

However, across both research sites, respondents expressed a low opinion of the effectiveness of LDCs. They, along with the headmen, were described as local level institutions that did least to help people living in the settlements (Figure 4.1). Interestingly, this view was even shared by four respondents (three from Kaisosi [20, 25, 53] and one from Ndama 67)) who were themselves LDC members.

We spoke to the Town Council that we don't have electricity, only some places. We talk and talk but [respondent tails off]. Maybe that is why the community don't come to meetings; we talk, we talk the same thing every day but nothing happens, that is the problem. (Antonio, 24/6/2008)



In addition, several claims were made that members of some LDCs in Rundu were taking advantage of their position for personal gain. For example, during a RHACC meeting a Town Councillor complained: “We get people every day in this office. We get people saying this LDC is selling land for what and what and what and that money is never reaching here!” The widely perceived limitations of these committees and the ongoing questions about corruption undermined respondents’ enthusiasm for them, and as Antonio observed (above), meetings were often poorly attended.

Civil society organisations

Churches

De facto community leadership in Kavango has long been interlinked with civic associations, and in particular with the rise to prominence of the various churches and mission stations. Churches have provided one of the main focal points for social life across Kavango and have played a leading role in delivering a variety of aid and self-help programmes (Brinkman 1999; Yaron et al. 1992). This has also been the case in Kaisosi and Ndama. There were nineteen churches in total between the two research sites. They were all well attended; although the secretaries of each of these churches estimated that at least 60% of their congregation were women and observed that young men were the least likely group of people to attend church.

All of these churches had a women’s choir and seventeen had a youth choir or youth group. These groups were highly visible around the settlements as in most cases members wear a uniform, and in addition to singing in church often go to visit the houses of the sick and the elderly members of the congregation who are unable to attend the church service. In addition, five of the nine churches in Ndama and one of the ten churches Kaisosi also run either an OVC project or a

kindergarten, and four churches in Ndama and one in Kaisosi ran home based care projects. Church leaders (pastors, chairpersons, secretaries) were often also on LDCs or amongst the advisors to the headman.

The prominence of the churches appears to be reflected in the institutional analysis, in which churches were identified as one of the institutions that do most to help people living in these settlements (Figure 4.1). Comments during the institutional analyses were focused in particular on support for bereaved families through collections for coffins, comforting the family and so forth. However, in spite of these favourable comments several remarks were also made about the proliferation of new churches since Independence (cf. Brinkman 1999). For example, one of the headmen of Ndama joked during an interview:

People are even building their own churches! Before [Independence] there was only the Catholic, Evangel, Full Gospel and the Methodist. After Independence it was ooh, now if there is a white person or you have a lot of money you can even put your own church, even just put "Joel-church" [laughter]. (Ndama Headman, 20/5/2008)

As these comments suggest, observations about the proliferation of new churches were tinged with suspicions about potential opportunism and self-aggrandisement. An application made during this research by one church for planning permission in Kaisosi provoked intense debate, both at a public meeting and around people's yards. These debates were full of questions about the motives behind this desire to build another church, bringing to mind research elsewhere in Africa that explores how building or leading churches (Barrett 1968) is seen as one route through which to achieve public recognition, and in some cases even make some money. These observations resonate with comments about CBOs that I present later in this chapter, and again in Chapter Six.

The rise of NGOs

None of the respondents in Kaisosi and Ndama were able to recall encountering NGOs prior to Independence except for the Red Cross, which had provided medical services for Angolan refugees. A UN boycott of investment and intervention in Namibia meant that in 1989 there were just 42 NGOs registered in Namibia, mostly through churches or political parties (Brown 1993, 11). These organisations were broadly divided along political lines; with the “white-founded, corporate-funded NGOs” integral to the South African Defence Force’s Winning Hearts and Minds campaign (Brown 1993, 13) to one side, and the leftist block, comprised largely of trade unions, aligned to SWAPO to the other side. Given the political tensions of the time, the latter group had little access to people living in the combat zones of the north (*ibid.*). However, in the run-up to democratic elections in 1989, a large number of international NGOs and bilateral donors entered the fray, providing support to local NGOs aligned with an anti-apartheid agenda. By 1992 there were 135 NGOs registered nationwide, and the focus of these NGOs and their donors shifted away from political mobilisation towards social and economic development (Brown 1993, 31). Since then HIV/AIDS has increasingly become a main focus of the sector (NANASO 2008).

As the institutional analysis results (Figure 4.1) suggest, by the time this research was undertaken in 2007-8, NGOs had become prominent and important institutions within these settlements. Like the church groups, NGOs also constituted a highly visible presence with their easily recognisable cars and their volunteers usually in uniform. Respondents in Kaisosi and Ndama who took part in the institutional analysis exercise associated NGOs primarily with HIV/AIDS programmes, food aid, and support for orphans.

In addition to NGOs, CBOs had also become increasingly common. In Kaisosi and Ndama, most of these organisations were linked more or less directly to a church, a prominent figure in the community or an NGO. I discuss these organisations at

greater length throughout the next four chapters. However, it is worth noting here that as the institutional analysis results suggest, most respondents in Kaisosi and Ndama remained sceptical about the effectiveness of these organisations. It is interesting to note that in her study of community philanthropy LeBeau also notes that international and bilateral agencies tend to figure most prominently in the philanthropy discourse in Namibia (LeBeau 2004, 147) and that there has been what she describes as a commercialisation of the “helping process” (2004, 143). Certainly, as with the comments about the churches, there was a degree of cynicism in the remarks of respondents about these new NGOs and CBOs and the motivations of their leaders. This issue has also drawn comment from the Namibia NGO Forum (NANGOF), who expressed concern that in some instances commerce rather than the helping process was taking precedence, and that this was undermining the reputation of the sector (*The Namibian* 25/10/2004).

4. Social stratification

Conversations about life in Kaisosi and Ndama were also marked by comments about the processes of social stratification. Broadly speaking, in these comments a division was made between those actors perceived to be thriving in “this modern day life” and those struggling to get by. In Kaisosi respondents overwhelmingly positioned themselves in the latter of these two categories. However, this was not so much the case in Ndama, where there was a more even split. This section starts with some comments on economic well-being. It then moves on to the issues of exclusion and favouritism linked to political and ethnic affiliations, before concluding with some brief comments about gender.

Economic well-being

In spite of per capita incomes rising in Namibia as a whole (Central Bureau of Statistics 2006), income inequality continues to be a major issue, and according to

the most recent UNDP Human Development Report Namibia has the most skewed income distribution in the world, with a Gini-coefficient of 74.3 (UNDP 2009, 197). Remarks about economic inequality were common during interviews and informal conversations in Kaisosi and Ndama, and were often linked to comments about rising levels of poverty within these settlements in spite of the visible symbols of wealth in other areas of Rundu. This echoes the NPC report, which notes: “The perception of poverty trends in the Kavango is that of an impoverished community today opposed to that of the mid 80s” (NPC 2007, 20). The report goes on to link these perceptions to high inflation;²⁴ a decline in employment opportunities; rising costs for basic services including water, education and health; and the burden of supporting extended family as a result of “new diseases” (NPC 2007, 20-21). These views were broadly echoed by respondents in Kaisosi and Ndama, including respondents with a relatively high salary. The comments of one of the teachers interviewed in Ndama serve as an example:

You can see the lives of these people in town; if their parents are working they can be living very nicely but they only have the same income as you are having. But you see they only support themselves. In my case my parents are passed away and I must support my family members. My brother passed away with this HIV and my sister is sick, she has this problem of nose-bleeding and she cannot work or study. My grandmother is at the village and she complains that we do not support her because in the culture the children should support the parents when they are old and cannot cultivate. I also have to support my child. When I was at school I didn't think about these problems that can come, we didn't use condoms and those things at that time, so I have to support them. Then where my child is staying she is also having a brother who completed grade 12 but nobody can help him for further training so now I must help them and I pay for him to do the vocational training. (Timothy, 16/2/2008)

As Timothy's story illustrates, where family networks are truncated by illness and death the patrons, the people who appear to be the “big people”, could also find

²⁴ The price of maize meal increased by 74% between April 2005 and April 2008; bread increased by 48% between August 2006 and April 2008; and the price of 10 kg of fish increased by 94% between November 2006 and April 2008. Figures provided by Kavango OK Foods.

themselves struggling to get by. Among the respondents who fall broadly within the category of patrons, it is interesting to note that the subject of cash loans from loan sharks often featured in discussions about poverty [20, 40, 48, 79, 80, 91]. Almost all of these respondents had taken cash loans at some point, usually to cover funeral expenses or school fees. The loans ranged from N\$100 to N\$2,500 and were to be repaid within one month at an interest rate of between 25% and 45% per month.

Livelihoods

Historically livelihoods in Kavango revolved around small-scale agriculture, hunting, fishing, gathering wild plants and animal husbandry, as well as ironwork and woodwork (Eirola 1990; Fleisch and Möhlig 2002; Yaron et al. 1992). Almost all households had a field, and there was in operation a system for sharing labour called *ndjambi*. As Likuwa explains, “in this system one sought the assistance of other people at work and invited them afterwards to a drinking feast as a way to thank them for their services rendered” (Likuwa 2005, 75).

However, from the mid-20th century wage labour became increasingly important, particularly around Rundu, and financial payment has largely replaced the *ndjambi*. Furthermore, whilst “cultivation” remained the most frequently cited occupation in Kaisosi (22%) and Ndama (13%),²⁵ it was said to be being replaced by non-agricultural wage labour. Around both settlements land for cultivation is increasingly scarce, and several respondents reported losing their plots in recent years [1, 7, 13, 20, 21, 26, 36, 47, 56, 71, 83]. In Ndama this is largely due to urban expansion, whilst around Kaisosi much of the land has been sold to commercial farmers. Furthermore, it was generally agreed that in “this life of today” having

²⁵ With the exception of what most respondents described as “sitting” or *kwato* (nothing). This was entered as “housework/unemployed”: Kaisosi 42%; Ndama 37%. These figures corroborate the estimate of unemployment presented in the NPC report (2007).

cash has become increasingly important. This was certainly the case among younger respondents, who showed little inclination to cultivate fields, and as one group of young women in Kaisosi explained, after being in school for ten years they had not acquired agricultural skills [2].

The most common occupations other than cultivation across the two research sites were shop work in town, piecework (mainly construction work by male respondents), small businesses (usually women selling vegetables, fish, meat, traditional beer, cosmetics, or snacks), or security guard. With the exception of a few people in professional positions, respondents' occupations changed frequently. For example, during the period of this research one respondent [21] worked as a beautician, NGO trainer, agricultural labourer, language tutor, and small business owner; whilst another respondent [92] in the same period was a PRA facilitator, mechanic, baker, and NGO volunteer. Almost all of these positions were poorly paid. Some respondents in the retail sector earned as little as N\$300 per month working six days per week. Security guards reported earning between N\$400 and N\$900 per month, but complained about the cold, having to stay awake all night, and putting up with the taunts of passers-by.

The jobs that were most desired by younger respondents were government positions and posts with "international companies" like UN agencies or international NGOs (INGOs). As I discuss in Chapter Six, in this context volunteering with NGOs or government agencies also represents a viable livelihood activity, in part as a possible way into the coveted paid positions and in part because many volunteers received either a small stipend or some in-kind benefit. Furthermore, these voluntary positions also offered another route to achieving public recognition and building up one's social network, which seems to be an integral part of the livelihood strategy of many of the residents of Kaisosi and Ndama who lack the resources, skills and opportunities to get ahead in this modern day life (cf. LeBeau 2004).

Unemployment

Whilst wage labour has largely replaced subsistence agriculture as the ideal, unemployment in Kavango is estimated to be in excess of 40% (NPC 2007). As I indicated earlier in this chapter, this high unemployment is largely seen to be something that has taken place since Independence. Respondents' explanations for this high rate of unemployment provide some insight into the way that they interpret the changes taking place in their communities. The explanations can be broadly organised around two main points.

The first is essentially that the number of jobs has declined in comparison with the number of people seeking employment [3, 11, 28, 32, 34, 51, 52, 57, 79, 89]. The South Africans employed many people in the police force, the army and in the service sector that catered for the white doctors, teachers, civil servants and so forth. When they left this created a surge in unemployment, leading to a negative multiplier effect in the informal settlements. Residents of Kaisosi described how in the early 1990s there were many small shops and bars in Kaisosi, but these had gradually closed down as unemployment rose. Now several shells of shebeens can be seen around Kaisosi, the night club has closed down and the main shop is in an advanced state of disrepair.

The second point often made was how the remaining jobs are distributed. The problem identified here is not so much the overall lack of jobs but that the jobs are concentrated within a relatively small number of families and cliques. As one respondent argued, "If you see now who are all the people living nice, you will find that they were part of these big families at the time of Independence" [92, 24/4/2008]. This is also echoed by the NPC report: "Corruption, nepotism and discrimination are also mentioned to play a role in preventing poor and different cultural groups from obtaining employment" (NPC 2007, 14).

Tales of nepotism in relation to jobs and scholarships abounded. One respondent [76] in Ndama complained that her son, despite having the highest Grade 12²⁶ points in his school, was overlooked for a university scholarship in favour of the child of a senior civil servant; a group of young women²⁷ in Kaisosi complained that they continued to be unsuccessful in their applications for cleaning jobs at the offices of the Town Council and Regional Council because the posts were always given to cousins of the people in senior posts; and a male respondent [48] argued that the only place he could find work was either with “Whites” or with “Chinas” because “Black they only take their own family”. When I asked about this use of racial stereotypes another respondent [92] who was also present at the discussion explained it as follows:

If a white South African garage owner who had four employees had a job to do that required twelve more labourers, then he would ask each of the four employees to bring three people, expecting each of his workers to recruit three members from their own family. If a black garage owner was in the same position, he would just bring twelve more people from his own family. (Respondent 92, 15/3/2008²⁸)

These two respondents said that this was an example of cleverness, and of the white business owners wanting to ensure that the workforce was from different families and was therefore less likely to defraud them. A similar story came up in another interview, except that in this case the respondents [59, 60, 61] attributed this practice to a mixture of “pity” and a belief in fairness on the part of white business owners. Either way, the upshot was said to have been a more even distribution of jobs through the settlements around Rundu.

²⁶ The final year of school is Grade 12.

²⁷ These were not formal respondents as such, but they lived near to a bar selling traditional beer where I often met respondents. We had several informal conversations.

²⁸ Fieldnotes. This was an informal conversation.

Land ownership

Another dominant issue in conversations about economic well-being was land ownership, and the long awaited land survey was a issue of constant concern or frustration. Some respondents [62, 63, 72] worried that they might be forced to move to another area; others [68, 69] complained that the new plots were too small for the traditional style of housing, whilst still others [20, 23, 80, 82, 89] lamented how slow the process appeared to be. As mentioned in Chapter Three, at the time of this research Kaisosi was still awaiting a formal land survey 3 years after 1200 low cost houses were supposed to have been completed (cf. Lux Development 1999). In Ndama as well, the survey was only partially completed, and the issue of land ownership had been highly controversial here.

On 5th July 1996 the residents of Ndama were served with thirty days notice to vacate the area to “give way for a development” (Rundu Town Clerk 1996). This letter was met with a protest in which residents of Ndama marched on the Town Council offices to demand the right to stay on the land that they had cleared (Muyeu n.d.). Although the protest was successful in its main objective of preventing these immediate evictions, the issue has persisted. In 2002 a petition was submitted on behalf of “the residents of the informal settlements of Rundu” that called for “the immediate stop of the forced evictions in the informal settlement of Kehemu, Ndama, Tuhingireni and Sauyemwa” (2002).

Some locally organised attempts were made to resolve these problems, but these have also become mired in controversy. Residents from two blocks organised themselves to arrange for a survey to be conducted so that they could purchase land. Three leaders of this initiative collected more than N\$18,000 from the residents for this purpose. However, for a series of reasons that go beyond the scope of this discussion, the survey did not materialise and the residents did not receive the land titles that they had hoped for. Three respondents [55, 69, 79] showed me their receipts of payment for N\$620 and expressed their anger and

disappointment in no uncertain terms. This series of events was often referred to in conversations about trust with Ndama residents (see Chapter Eight), and seems to have contributed to the negative expectations that most respondents expressed in relation to the Town Council and the LDC (see Figure 4.1).

Political affiliation and ethnicity

One of the major improvements to life described in the NPC report is the decline of social exclusion along racial lines (NPC 2007, 21). This was also expressed by residents of Kaisosi and Ndama, who emphasised in particular the importance of the decreased fear of violence at the hands of South African soldiers and police (see section 2). However, a common refrain was that the old racial exclusion has been replaced by other forms of social exclusion. In addition to the economic exclusion described above, two issues frequently identified as providing grounds for discrimination were ethnicity and political affiliation (cf. NPC 2007). These are both highly sensitive issues, and I do not want to become mired in a discussion about the extent to which these representations of discrimination might be labelled as “true”. What is important is that from the perspective of many respondents, these structures of exclusion were very real.

Political affiliation

Political affiliation was said to have a major bearing on access to jobs in government institutions, as well as to bursaries and scholarships. During my time working with the Red Cross as well as during the period of fieldwork I often heard comments made before or after NGO and government meetings about how so-and-so had only got their promotion because they had been in exile, or because they were part of the ruling party. As a Red Cross colleague explained during the 2004 national elections: “It’s better to support the winning team”.

An incident on 15th March 2008 illustrates the extent to which these concerns were taken seriously. In the afternoon I met up with a friend who had a good government post, but was also ambitious and hoped to secure a promotion in the not-too-distant future. When we met, she appeared rather preoccupied. She told me that earlier in the day she had heard that her mother, a fairly well known person in the region, had been approached by a man who wanted to launch a new political party. When she heard this, she had gone to speak to her mother to ask “what will happen now to our promotions?” When the party had their rally in Rundu she made sure that she was nowhere near to the place of the rally, and asked her mother to stay away as well.

Ethnicity

Even though there is considerable evidence that ethnic identity has not historically been a particularly important system of social categorisation and identification in Northeast Namibia and Southeast Angola (Brinkman 1999; Clarence-Smith 1979), it was often referred to in discussions about social stratification in “this modern day life”. As the NPC report observes: “Participants also felt generally that tribal differences will cause increased social exclusion. This belief is based on the perception that employment opportunities will become impossible for a person who does not belong to a certain tribe.” (NPC 2007, 21). However, it is worth noting that ethnicity was almost never discussed in NGO or government meetings, but instead often came up in private conversations as a fall-back point to explain some of life’s many frustrations. As du Pisani notes, “ethnicity is not regularly debated in the public realm” but rather constitutes a part of the “private world” (Du Pisani 2003, 132).

It goes well beyond the scope of this chapter to attempt to depict the full texture of the tapestry of ethnic identities in the area, so I limit myself to the ethnic distinction

that is most prominent in the two research sites, which is between Kavango peoples²⁹ and the people of Angolan origin locally identified as Nyemba.³⁰

The Nyemba share similar historic origins with the Kwangali, Shambyu, and Gciriku (Fleisch and Möhlig 2002, 298), and all of these peoples appear to have moved backwards and forwards across the Kavango river at various times in their histories (Ambilho; Fleisch and Möhlig 2002). This was of little consequence until

²⁹ The five traditional authorities mentioned in the previous section broadly correspond to historic socio-linguistic groups. The three official languages spoken in the region are Rukwangali, Rumanyo and Thimbukushu. Of these, Rukwangali and Rumanyo are very similar, whilst Thimbukushu is less so, and is spoken in the far east of Kavango in Mbukushu. Rukwangali, the region's lingua franca, is spoken in Kwangali and Mbunza. Rumanyo, which is divided into the dialects of Rugciriku and Rusambyu is spoken in Gciriku and Shambyu respectively (Lusakalalu 2003).

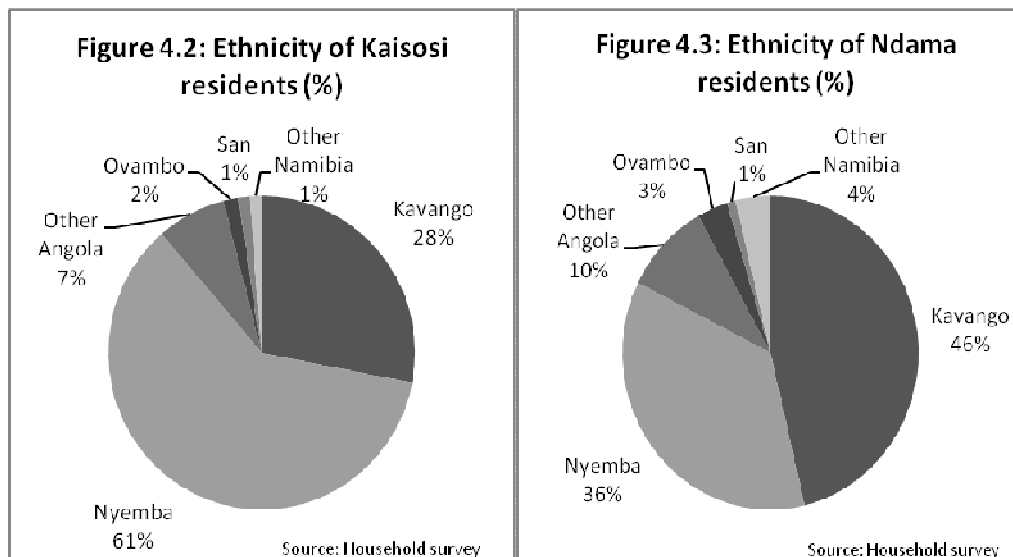
Whilst local chronicles do not agree on all the details, there is agreement that the Kavango peoples moved from the lower Mashi River in what is now Southeast Angola sometime around the late 18th century (Fleisch and Möhlig 2002, 59-61). The river at that time was at the centre of life rather than a national border, and settlements moved from one side of the river to the other for a variety of reasons, with more permanent residency on the southern bank only occurring as the brutality of the Portuguese regime became intolerable.

The Shambyu, Gciriku and Kwangali chronicles all make reference to the conflicts that took place between the royal families of the different peoples, but also to the close bonds between them. Throughout this time intermarriage between people of different groups was a common feature of Kavango society (Fleisch and Möhlig 2002, 22). This continues today, particularly in and around Rundu.

³⁰ The term *Nyemba* is a hyponym generally used by people in Kavango to refer to a loosely defined group of peoples from Southeast Angola, although it actually refers to just one of these ethno-linguistic groups (Ambilho n.d.; Brinkman 1999; Theart 2001). This use of the term *Nyemba* was the cause of some umbrage. An interesting example of this is provided by the entry for *Nyemba* on Wikipedia: "Nyemba/Nyembas or Vanyemba is a misunderstood interpretation by the [Kavango](#) people to the incoming immigrants from [Angola](#) in the times of the [Angolan Civil War](#) (<http://en.wikipedia.org/wiki/Nyemba>, accessed 1st October 2009). However, in this thesis I use *Nyemba* in the way that it is 'misused' in Kavango as my focus is on the discursive sphere within Kavango.

the river became a national border, and the Nyemba were defined by their “official” residence north of the river.

However the migration that has taken place from Southeast Angola to which I made reference earlier in this chapter has meant that there is a large Nyemba population in Kavango (Theart 2001), and large numbers of people identified themselves as Nyemba in the parts of Kaisosi and Ndama in which this research was conducted (Figures 4.2 and 4.3). In fact, the distinction between Kaisosi 1 and Kaisosi 2 (Chapter 3) was usually said to have an ethnic element to it, with Kaisosi 1 more predominantly Nyemba, and Kaisosi 2 more predominantly Kwangali and Shambyu.



It is important not to create the impression that daily life revolved around ethnic distinction or that there were not many friendships and kinship relations that extended across these ethnic distinctions. As my research assistant observed, if you look deep into family histories almost everybody in Rundu has some family that are Nyemba, and earlier studies of villages outside Rundu suggest that people from so-called ethnic groups have long lived side by side (Eirola 1990). However, in spite of these close social and personal relations at times there have been tensions linked to ethnic categorisations. In the 1980s and 1990s ethnic difference was interwoven

with political tensions (personal communication³¹). Much of Southeast Angola was held by the National Union for the Total Independence of Angola (UNITA),³² who by that time was fighting alongside the South African Defence Force (SADF) against SWAPO. Furthermore, the famous (or infamous) SADF Battalion 32, the Buffalo Soldiers, drew largely on Nyemba men who had fought for the disbanded National Front for the Liberation of Angola (FNLA)³³ (Nortje 2004). This had created suspicions about the political affiliation of some Nyemba people, particularly the more recent immigrants.

During the 1990s the position of many Nyembas settled in Namibia remained precarious, as people without documents risked imprisonment or deportation back to Angola as SWAPO sought to assist in MPLA's struggles to eradicate UNITA. As Brinkman reported, "[f]requent raids, in which Angolan illegals are caught, put into prison and sometimes expelled are a source of anxiety, resentment and anger among the refugees." (Brinkman 1999, 433). Respondents whose family members had been taken away remained angry about the way that they were treated [22, 48, 50, 59].

At the time of this research the debates continue. They are sometimes aired on the popular radio talk show *Mudukoli*, and *Nyemba* continues to be used as a derisory word in common parlance, "charged with negative stereotypes" (Brinkman 1999, 426). There has been sustained discussion about who could legitimately claim autochthony, which was linked to arguments about land allocation, access to Namibian citizenship documents, discrimination in the labour market, and a request made by some prominent Nyemba people for radio broadcasts on NBC in one of the Nyemba languages (Ambilho n.d.; Brinkman 1999). A key issue affecting a significant minority of respondents at both research sites is access to citizenship

³¹ Much of this discussion draws on a series of conversations with Mr. Ambilho, the author of the unpublished history of the Nyemba people referenced earlier in this chapter.

³² *União Nacional para a Independência Total de Angola*

³³ *Frente Nacional de Libertação de Angola*

documents, without which it is not possible to claim state welfare payments including old age pensions, orphan caregiver grants and disability grants.³⁴ 9.4% of the survey population in Kaisosi and 5.2% of the survey population in Ndama reported that they did not have these documents.

The debates about the position of Nyembas in Kavango were in full swing in 2005 when Kaisosi held elections for a new headman. The initial winner was a pastor and well-known figure in the community. However, he was also of Nyemba origin. The Shambyu hompa, Mutumbo Ribebe, intervened with a decree stating that there should no longer be headmen of Nyemba origin in Shambyu³⁵. As a result, a different headman was installed. The decree has since been lifted, but these events are still discussed, and cited as evidence of ethnic discrimination. Young unemployed men around the bars in Kaisosi made frequent reference to ethnic discrimination in the labour market, and one of the reasons given for the low marks awarded to the headman in the institutional analysis exercise was that he was “only for one side” [21].

Gender

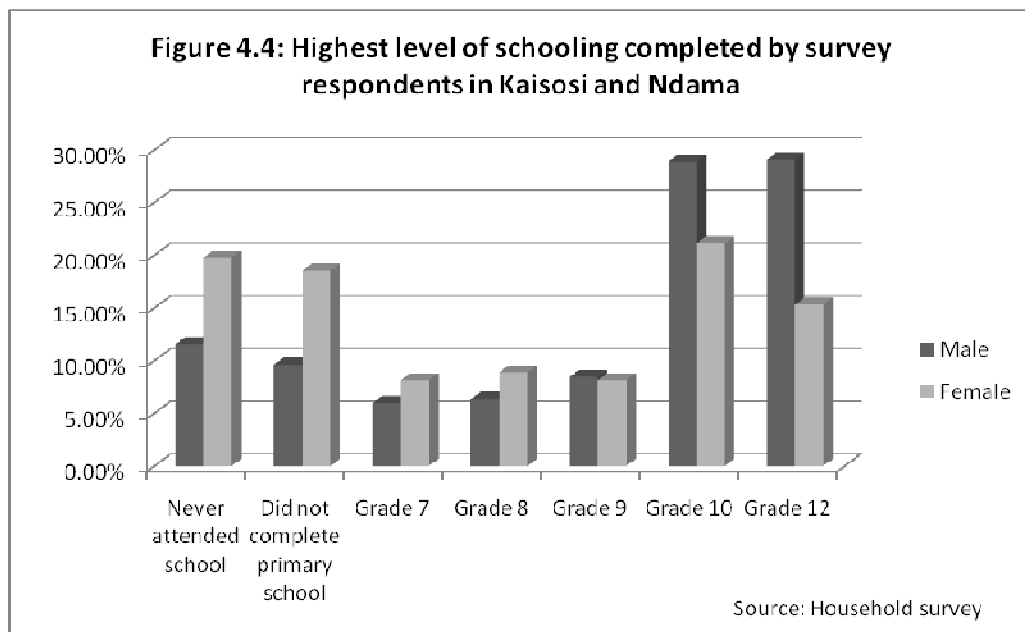
Before going on to discuss the theme of social order, there are two areas where social stratification was particularly closely linked to issues around gender: formal education and inheritance. The comments below are intended only to provide some background.

³⁴ Based on anecdotal evidence, it appears that many of those who did not have ID were born in Namibia. One of the members of Kaisosi LDC explained that she was part of a group of Kaisosi residents who were born and brought up in Sarusungu but did not have Namibian ID. When cards were being distributed by the South Africans they did not receive them because they spoke Nyemba.

³⁵ It is appropriate to say ‘no longer’ as historically there have been numerous instances of headmen of Nyemba origin in region (Interview with Ambilho).

Namibia and Kavango perform fairly well on broad indicators of gender equality such as access to schooling. In fact a greater proportion of girls (85%) than boys (74%) of school-age in Kavango are enrolled in school (NPC 2007). However, there seems to be a discrepancy between these figures, and the accounts of respondents and the household survey, in which girls were seen to be most likely to drop out of school.

For example, the survey data suggest that at least in Kaisosi and Ndama a greater proportion of male than female respondents had gained their Grade 10 or Grade 12 certificates (Figure 4.4). Of course it is possible that these figures reflect historic bias towards males. However, all of the respondents who claimed to have completed grade 12 had done so since 1990, so the extent of the historical bias is questionable.



When I asked teachers at Sarusungu Combined School (Kaisosi) and Ndama Primary School about this they suggested that the reason for this discrepancy was that more girls repeat years and then eventually drop out during their early teens. The two main reasons given for this were suspension of girls who were pregnant

(after which many did not return to school) and being withdrawn from school to care for siblings.

The other area is inheritance. As I have already said, inheritance in Kavango has traditionally been matrilineal. This essentially means that a child inherits from his or her maternal uncle, so that inheritance is diagonal rather than vertical. On the other hand, contemporary Namibian law supports vertical rather than diagonal inheritance, making vertical inheritance the default for important aspects of the estate of the deceased such as pensions. What seemed to be happening in Rundu was that people were seeking to make use of whichever system best served their interests in order to lay claim to the possessions and pensions of people who had died. Male and female respondents told stories of conflict as different branches of family jostled for position in the wake of the funeral. As a respondent who lived near the cemetery mused, “now every day they are three or five [funeral] cars – and after the funeral then it is just struggling for this GIPF” [92].³⁶

However, it seems that it is often, although not always, the widows who come out worse in these instances. The story of Angelina’s mother is almost identical to that of seven other respondents.

Angelina lives with her mother, her younger sister and daughter in Ndama. Her father died two years ago. At that time they had been living in another informal settlement. When her father died her mother was told by her late husband’s family she must leave the plot and go back to her own family because they claimed that the plot belonged to her late husband, not her. She tried to resist these claims. She went to the traditional court, which is responsible for settling matters of residence. The court ruled in her favour but the family continued to threaten her. Sometimes members of her late husband’s family came to the house and took possessions by force. Eventually she decided to move, unwilling to continue to live under the stress of the ongoing conflict.

³⁶ Government Institutions Pension Fund. This comment was supported by the GIPF social worker during an interview (18/6/2008).

In the stories of the seven other female respondents who had been widowed [7, 15, 19, 37, 62, 75, 76], televisions, radios, chairs, chickens, and in one case a car were taken by the families of their late husbands.

The Namibian constitution does make provision for legal equality between men and women, and a host of initiatives are being taken forward by organisations including the Ministry of Gender and Child Welfare and a number of women's NGOs (although most of these did not have a presence in Rundu at the time of this research). However, the outcomes of these processes are mediated by historically-embedded power inequalities and local understandings about gender relations.

5. Social order and "Independence"

When the white colony was having the power they took the power from the church, from the *hompá*, and put it to their power. Before, the church and the headmen and the *hompá* worked together. People were afraid of that law. Then after the *Emanguruko* [1970], from there it started that you can just get somebody but they will not get you. In the colonial time though there was still a law that if you make somebody pregnant they can still make you pay. A long time ago we were not boys and girls seeing each other. Boys were on one side, the girls on the other side. We were only meeting in the class, then after the class we were not seeing each other again. We wash separately, we eat separately, and you were afraid of the sisters and the fathers [the nuns and priests], the teachers. When the independence of Namibia came, now everybody must look out for himself ... There is nobody who makes like boys alone and girls alone, everybody just had to look after himself, for your own personal independence. Now that kind of independence is coming now. You cannot put a hyena in with the goats, you cannot put a goat in with the beans, and that is why it is like this now. (Ndama Headman, 20/5/2008)

Many of the respondents celebrated the economic and social freedoms that came with political independence. However, a common refrain, particularly among older respondents, was that this has also accelerated a transformation in the social order, or rather a decline in social orderliness. As in the quotation above, this was often traced back to the imposition of the Odendaal Plan and the introduction of the Kavango Legislative Council in 1970. Three themes were particularly prominent in

these narratives. The first was related to increased competition over resources, in particular over land. As Likuwa (2005, 88) observes, a “[b]reakdown of neighbourliness and cooperation” was said to have started shortly after the forced relocations as neighbours argued over water and other scarce resources. I pick up this theme again in Chapter Eight. The second theme, following on from the discussion earlier in this chapter, is the declining authority of institutions that previously maintained orderliness; and the third is related to the way in which people interpreted concepts like “democracy” and “independence” after 1990.

Some of the most frequently mentioned manifestations of declining social orderliness were the failure to fulfil familial responsibilities, alcohol use, “people moving around” (sexual promiscuity), and the prevalence of “new diseases”. Discussions of these were often interlinked and woven into the narratives of the waning influence of institutions that had been fundamental to social order prior to Independence: the traditional authorities, the church, the family, and the colonial authorities. In relation to alcohol use, for example, several older respondents [3, 7, 8, 15, 20, 22, 53, 80, 87] pointed out that alcohol consumption had formerly taken place only during social events like the *ndjambi*. These were occasional events steeped in social conventions that placed restrictions on who could or could not drink and to what extent they could get drunk (cf. Diescho and Wallin 1988). Alcohol use was reported to have increased during the 1970s as it became increasingly commercialised. The headman of Kaisosi [46] reported that the sale of alcohol had started to become more common at around the time of the forced relocations, and one respondent [7] who had previously been a wife in the royal Shambyu household recalled that she had started selling beer shortly before the Portuguese left in 1974. Based on earlier research in the region it seems that by the 1980s selling alcohol had become a popular and often highly profitable way of making a living (Eirola 1990; Yaron et al. 1992). However in spite of this, respondents [3, 7, 20, 46, 52] recalled that alcohol consumption was still considerably more regulated than in “this modern day life”. First, there were said to have been strict rules laid down regarding traditional beer, enforced by the

*homp*a and the headmen, stating that the beer must not be too strong and that people were not allowed to sell spirits [7, 46]. Second, respondents who had been teenagers in the 1970s and 1980s [3, 23, 44, 60, 92] recalled that parental control, and more broadly the control of adults in the neighbourhood, was strict, and that children and adolescents were not allowed to leave their compounds in the evenings unless sent on an errand. In addition, the South African police and army were also said to have played a major role in preventing excessive alcohol use:

In the time of the colony it was not like this drinking beers; nobody can drink beers up to 12 o'clock at night. If they [the South African soldiers] caught you drinking beer up to 12 o'clock they could even kill you." (Ndama Headman, 20/5/2008)

This last comment raises an interesting tension around the role of the colonial authorities in relation to social order. As in the quote at the beginning of this section, the colonial regime was often associated with the decline of some of the traditional structures that had contributed to social orderliness [28, 46, 51, 77]. For example, a dominant theme in the accounts of some older respondents [3, 8, 56, 57, 77, 87, 89] was the rise in unexpected and unsanctioned pregnancies, which was often discussed alongside references to "new diseases", and explanations of these problems were often linked to the gradual reduction of the role played by the wider kinship network in the education and upbringing of children (cf. Thomas 2007, 604). Also associated with this was the gradual disappearance of rites of passage, and older and younger respondents [21, 26, 68, 71, 92] spoke about how this contributed to a process of "forgetting" traditional values. During one interview [on 27/2/2008] the circumcision of three young boys was taking place in the household next door. The people in the household in which I was conducting the interview [respondent 21 and family] mused that the people did not really practice the more extended initiation rituals for boys or girls that they had known or had heard about from their parents. Such comments resonated with those reported in Ipinge and Shitundeni's study of initiation rituals in Kavango: "Now the first menstruation for many girls takes place while they are in boarding schools. In most

cases parents just see their daughters coming home from school with pregnancy. This shows she has already menstruated” (Iipingene and Shitundeni 1999, 14). However, whilst the decline of these institutions was often traced back to this period of South African rule, the strictly enforced curfew and the fear of having their households raided had ensured that alcohol use and “moving around” had to some degree been kept in check. This meant that the usually critical comments about the regime were often tinged with a sort of nostalgia for the enforced orderliness that it had imposed.³⁷

After Independence life was seen as less obviously subject either to the rules of social convention or to the control imposed by a combination of these institutions. In the first round of interviews alcohol abuse was listed as one of the main problems in the community by the vast majority of respondents (84%), and I had frequent informal conversations with residents in both research sites about the problem of adolescents sneaking out of their houses at night to go to the bars. Around Ndama bus station it was pointed out to me on several evenings that young people no longer have to seek permission to drink; all that is required to have a drink is enough money to pay for it. Some of the bus drivers and loaders made similar comments about sex, claiming that they are able to buy sex for as little as N\$20 worth of mobile phone recharge vouchers and a bag of chips, although when

³⁷ These vaguely nostalgic comments about the order imposed by the South African often intersected with comments about “black” nepotism and “white” fairness discussed above. Particularly during the second period of fieldwork, these comments were also often laced with political references. Robert Mugabe’s refusal to accept the results of the election in Zimbabwe in March 2008 was a popular topic of conversation in the bars of Kaisosi and Ndama where bar workers and patrons speculated about how long it would be before Namibia too became like Zimbabwe. The authoritarian response of SWAPO to RDP rallies in parts of Windhoek and North Central regions at this time only added fuel to these comments. These conversations were replete with negative stereotypes about “us blacks” that, even if partly in jest, sat in tension with popular public criticisms of white colonialism and neo-colonialism (cf. Melber 2003) that were also articulated in the same discussions.

sober they all claimed that this was only something that they had seen other people do.

These comments often coincided with the comment made in the quote at the top of this section, that in this modern day life “everybody just had to look after himself, for your own personal independence”, and there was broad agreement that in this modern day life financial wealth is increasingly the primary factor mediating social agency, although of course this still continues to intersect with other structures including kinship, gender, land ownership and so forth. This point was most frequently made regarding patterns of alcohol consumption and sexual behaviour, but was articulated through comments about how people could use money to buy prestige through having expensive cars and mobile phones, or as the comment on page 98 suggests, building or setting up your own church.

The ascendancy of economic capital was said by both younger and older respondents [3, 60, 77, 92] to have eroded the automatic social seniority of elders, particularly as it is more often the younger generation who have completed school and speak English and are therefore more able to acquire better paid jobs (NPC 2007, 35). It was also described as one of the factors undermining conventions surrounding kinship responsibilities, as actors concentrate their energies on accumulating financial wealth even if this means transgressing established local customs. For example, discussing community-based support for orphans at a RHACC meeting, concerns were raised about “orphan farming” (cf. Barnett and Blaikie 1992): taking in orphans in order to benefit from the state and private pensions paid to orphan caregivers. One of the delegates at the meeting commented:

In the past the uncle would take the child into his house even without a pension, but now an uncle will just spend the money, he will buy a new car or whatever, he can show off, that is what is bringing us so many orphans.
(12/6/2008)

Threaded through these comments about the declining influence of these various sources of authority and control were references to the discourse of this modern day life. Specifically, concerns were raised about what were described as “misinterpretations” of words such as “independence”, “human rights”, “democracy” and “freedom”. In Kaisosi, one of the community elders [51] who used to be well known for “chasing” the children to school if they were late explained that he had stopped doing this because he did not want the children to go to the police about their human rights, whilst one of the older respondents in Ndama argued:

People nowadays are difficult. They have understood independence the wrong way. They have understood that every person can do as he wants, even if it not the things that are within the law. He can say that this is democracy, I can just do as I want, you cannot tell me to do something. (Respondent 86, 28/5/2008)

Similar comments are referred to in the National Planning Commission report:

According to participants, independence also brought a misconception of “human rights” to the extent that there is no need to act responsibly. This also led to a situation where everybody could do as he please. People seem to confuse independence with a collapse of moral values. The youth lost their respect for older people and the police and Traditional Authority no longer maintains law and order. (NPC 2007, 20)

These comments bear comparison with similar concerns reported amongst villagers in other parts of Southern Africa regarding the use of terms like “human rights” (Allen and Heald 2004; Englund 2006). I return to this point in Chapter Five where I discuss the commonsense reasoning of the fight against HIV/AIDS

6. Conclusions

There was unanimity among respondents that the way of life in Kaisosi, Ndama, and Rundu has changed dramatically during recent decades, but there was also ambivalence and tensions in their accounts of the contribution of these changes to

the well-being of the residents of these places. As the quote with which I introduced the chapter suggests, even things that taste good can sometimes cause pain.

In this chapter I have drawn attention to three themes that were particularly prominent in discussions about the social, political, and economic changes that have taken place at a local level: community leadership, social and economic stratification, and social order, and I return to the comments made in relation to these three themes throughout the subsequent chapters. What this discussion has highlighted is that from the perspective of many residents of Kaisosi and Ndama this modern day life is characterised by a pervasive uncertainty and by a shift in the locus of authority and accountability that has worked to the advantage of some actors but to the disadvantage of others. An understanding, however cursory, of the distinctions made by respondents between the life of the past and of the present, and between those actors that have thrived and those that have struggled to get by in this modern day life is central to the social categorisations introduced in Chapter Five and used throughout the rest of this thesis to explore the social dynamics of the fight against HIV/AIDS. It also provides the basis for the discussions in Chapters Six, Seven, and Eight in which I engage with the social representations of the distribution of skills, knowledge and agency in relation to HIV/AIDS programmes, and their implications for the social intercourse in the contexts of these programmes.

Chapter Five:

The fight against HIV/AIDS in Rundu

1. Introduction: A local moral world

In Swidler's discussion of the diffusion of what she refers to as the "rhetoric and ideology" of the international AIDS industry in Africa, she argues that "[s]ome of this influence is direct: local people discover that they increase their chances of jobs or funding if they say the right things. But a great deal more of it comes from the earnest belief that, at least in some respects, the Western view is the prestigious, legitimate, "correct" view which any right-thinking person would share" (Swidler 2005, 5). In this chapter I seek to engage with these earnest beliefs and the way in which they have been woven into the local moral world of the fight against HIV/AIDS in Rundu (The Fight) and the intersubjective "contexts of belief and behavior" (Kleinman 1992, 172) that have been shaped by the last decade of HIV/AIDS interventions in Rundu (see Chapter One).

The reason for doing this is to enable a shift in perspective away from the more standard understandings of HIV/AIDS programmes as technical responses to defined biomedical and socio-economic problems (Seckinelgin 2002a; 2004; 2006a), towards thinking of them as intersubjective spaces through which new systems of thought and experience can emerge. This shift in perspective is fundamental to the discussion around participation and ownership that follows in Chapters Six to Eight.

In this chapter I describe three aspects of the local moral world of The Fight. The first is the institutional context. Here I describe the "organisational field" (DiMaggio and Powell 1983) of The Fight, focusing both on the formal institutional

framework and on the wider social institutions established through the everyday practices that constituted HIV/AIDS programmes. I explore the idealised institutional models, shared discourse and common procedures that comprise “the done thing” within this organisational field.

The second aspect is the sense of community around HIV/AIDS programmes, which provides an affective structure for the local moral world. This picks up on the various descriptions of AIDS “communities” (Kates 2002; Robins 2004; Shilts 1987; Steinberg 2008) to which I have already made brief reference in Chapter One. In particular, I return to Baylies’ (1999) comments about the sense of solidarity with a “global morality” and the importance of this for understanding the alignment of the affective ties generated through the imagined HIV/AIDS community.

The third aspect is the common-sense reasoning that underpins and emanates through the organisational structures, discourse, procedures and sense of community. Here I draw out some of the core principles of the common-sense reasoning of The Fight that distinguish it from what was often referred to by respondents as “traditional culture”. In doing this, I situate the local moral world of The Fight within what could be imagined as a broader local moral world of development and modernity that was enacted and experienced across a series of institutional contexts, including schools, government offices, NGO offices, the hospital and clinics, banks, insurance companies, the supermarket, the Internet cafe and so forth. By popular contrast, the local moral world of traditional culture was usually associated with the social contexts of kinship, family and “the village”.

2. The organisational field of the fight against HIV/AIDS in Rundu

I take the term “organisational field” to mean “those organisations that, in aggregate, constitute a recognized area of institutional life” (DiMaggio and Powell

1983, 148). In the case of the organisational field of The Fight, inclusion is recognised primarily through organisations' registration with the various local, regional and national coordinating bodies, as well as their inclusion in interagency forums. There are two layers to the description of the organisational field presented here. The first sets out the institutional framework, whilst the second layer adds further depth by describing what DiMaggio and Powell (1983) call the "wider institutions" that shape practice within the field.

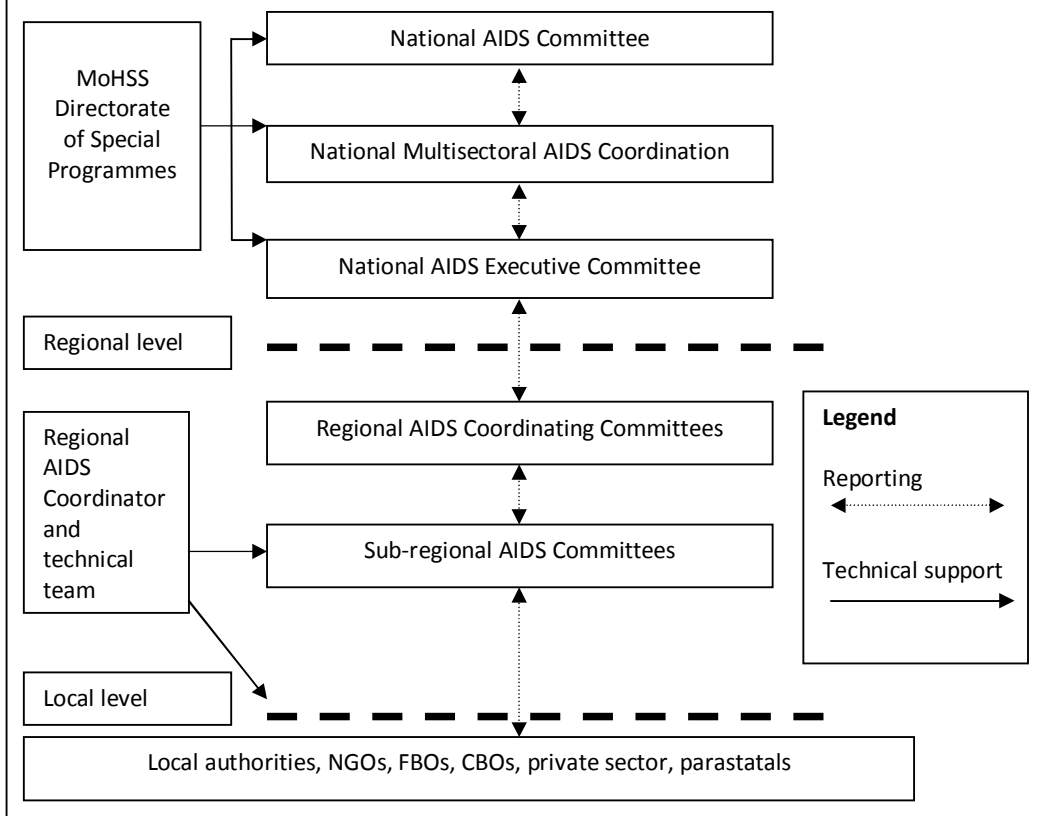
The institutional framework

Namibia

The institutional framework of Namibia's fight against HIV/AIDS (Figure 5.1) has evolved over a period of almost two decades and three medium term plans (MoHSS 1999; 2004). Whilst it has been shaped by Namibia's specific legal, political and economic context (Clayton 2007), it also bears many of the hallmarks of the global response to HIV/AIDS. It is oriented toward a multi-sectoral and decentralised response that treats HIV/AIDS, at least in rhetoric, as a "development issue" (MoHSS 2004; NPC 2004). It is also geared towards the "three ones principle": one national HIV/AIDS policy framework, one coordinating body and one recognized national monitoring and evaluation system (MoHSS 2006a; UNAIDS 2004), with government agencies responsible for the coordination mechanisms at local, regional and national levels.

Figure 5.1: Institutional framework of the National AIDS Co-ordination Programme (NACOP)

Source: Adapted from MoHSS 2006a:2



The “highest policy decision-making body on matters related to HIV/AIDS” (MoHSS 2004, 12) is the National AIDS Committee (NAC) and whilst the National AIDS Co-ordination Programme (NACOP) is located within the MoHSS, the multi-sectoral credentials of Namibia’s institutional framework are bolstered by the National Multi-sectoral AIDS Coordination Committee (NAMACOC). Questions have been raised about the extent to which the rhetoric of multi-sectoralism is born out in practice (Clayton 2007); however, whilst this may be an interesting aside, it goes beyond the limits of this discussion.

At the regional level, the Regional AIDS Coordinating Committees (RACOCs) are the focal point of HIV/AIDS planning, resource mobilisation, implementation,

coordination, capacity building and monitoring and evaluation. Below the RACOCs, there are the Constituency AIDS Co-ordinating Committees (CACOCs) who liaise with Village Development Committees (VDCs). In municipalities like Rundu these CACOCs may be replaced by a Town Council HIV/AIDS Coordinating Committee who are supposed to liaise with the Local Development Committees (LDCs) (See Chapter Four).

As a “development issue”, this institutional framework intersects with those of the broader national development plans (NPC 2008). Namibia’s fight against HIV/AIDS has therefore been institutionally and conceptually bound together with a range of other issues that are currently high priorities within the development agenda, such as poverty reduction, government decentralisation, literacy, gender equality and human rights (MoHSS 2006a; 2008b).

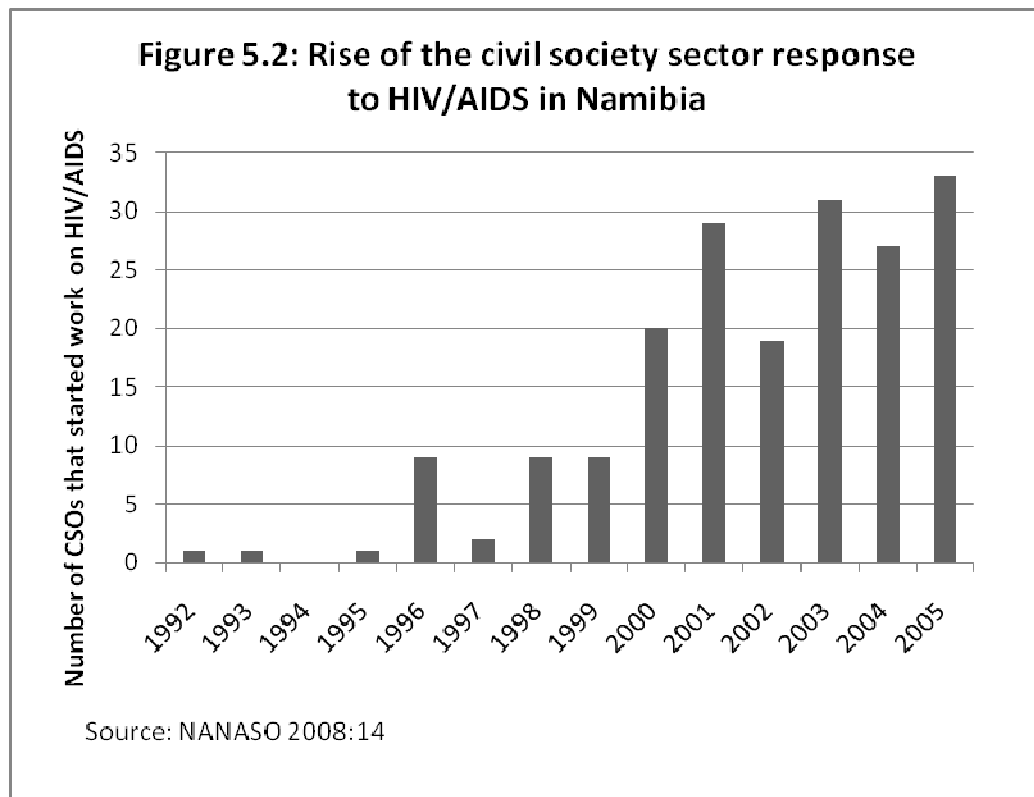
Civil society organisations³⁸ (CSOs) also have a central role in Namibia’s fight against HIV/AIDS, as they have in much of Sub-Saharan Africa (Altman 1997; Epstein 2008; Seckinelgin 2002b; 2004; UNAIDS 2008a). The Namibian Network of AIDS Service Organisations (NANASO) was founded in 1991 and continues to coordinate, monitor and document the activities of AIDS service organisations, as well as liaising with transnational networks, other national umbrella bodies and relevant government agencies. By 2007 there were 354 civil society organisations registered with NANASO, operating across all five key components described in Namibia’s National Strategic Plan (NANASO 2008).

³⁸ In addition to government agencies and civil society organisations, the business community of Namibia has also been involved in The Fight and this is reflected in the formation of Namibia Business Coalition on HIV/AIDS (NABCOA). However, as it did not play a major role in any of the activities observed during fieldwork I will not go into any further detail about the commercial sector response to HIV/AIDS here.

The network of organisations formally recognised as the civil society sector in relation to HIV/AIDS consists of a mixture of INGOs, national NGOs, CBOs³⁹ and the post-test clubs that often form part of national organisations to support people living with HIV/AIDS (PLHA). There is great diversity in terms of the size of these organisations and the extent to which they have been professionalised. 63% of AIDS service organisations operate in only one of Namibia's thirteen regions and 45% of CSOs do not have any paid staff (NANASO 2008). At the other end of the spectrum there are national NGOs like Catholic AIDS Action (CAA). CAA was launched in 1998 and has since grown to have nineteen members of staff and more than 1,500 trained volunteers working across nine of Namibia's thirteen regions (CAA). INGOs operating within the field include Red Cross, Social Marketing Association (SMA), Family Health International, Humana People to People (Total Control of the Epidemic (TCE)), John Hopkins University, VSO, Peace Corps and Lifeline/Childline. The largest of these programmes in terms of personnel was TCE, with 558 full time staff and 4,275 volunteers (NANASO 2008).

Interestingly, this large-scale civil society response only emerged in the late 1990s (see Figure 5.2), by which time AIDS was already identified as the most common cause of death in the country (El Obeid et al. 2001) and NANASO and the medium term plans had been in place for nearly a decade.

³⁹ In order not to overcomplicate this description I do not differentiate faith-based organisations (FBOs) from NGOs and CBOs.



The suggestions offered by respondents involved in the coordination of the civil society sector at national [121] and regional level [105, 113, 115] can be broadly divided into three points. First, awareness about HIV/AIDS was said to have remained low during the early 1990s. This was linked in part to the stigma associated with it and the popularity of the view that HIV/AIDS was only a disease of foreigners or some returning exiles. The second reason suggested was that from the late 1990s more funding started to become available from bilateral and multilateral donors. Respondents in Kavango observed that once people realised that funds were available to support HIV/AIDS programmes, more people were inclined to think about establishing their own programmes. The third suggested reason was that as a result of the tight control on NGO and CBO activities imposed during the extended occupation of Namibia by South Africa (see Chapter Four), very few people in the north of the country had had experience of establishing or managing CBOs or NGOs. It was suggested that this had made people slow to latch onto the idea of joining or establishing such organisations.

Kavango and Rundu

Kavango's Regional AIDS Co-ordinating Committee (RACOC) is chaired by the Regional AIDS Coordinator, whose office is located in the new regional government building in Rundu. As in other regions, RACOC falls under the aegis of the Ministry of Regional and Local Government, Housing and Rural Development (MRLG). As of June 2008 56 organisations were registered with RACOC. RACOC meetings nominally take place every 3 months. However, between January and July 2008 there was no meeting, due largely to the Regional AIDS Coordinator being out of the region attending a series of consultations and workshops about the new national monitoring and evaluation system. Clinical HIV/AIDS programmes in Kavango operate through the state hospitals and clinics. In addition there is an NGO-managed VCT centre in town. HIV/AIDS-related programmes within other ministries, such as the OVC grants (see Chapter One), are run through the regional offices of the relevant ministries.

At the municipality level, since 2005 the activities of AIDS service organisations and relevant line ministries have been coordinated through the Rundu Town HIV and AIDS Coordinating Committee (RHACC). As stated in Chapter Three, at the time of this research the committee included representatives from relevant government agencies (MoHSS, MoGCW, MoE), several of the larger AIDS service organisations, the regional Community Liaison Officer, a representative from the Council of Churches of Namibia and me⁴⁰. It is also worth noting some of the actors who were not so obviously represented at interagency meetings here. Political party offices were not included and there was unanimity among staff and volunteers that, as one local councillor articulated at RHACC meeting "you must leave all your political parties out of HIV". In addition, whilst traditional authorities and the LDCs featured on the organogram of the national fight against HIV/AIDS, in terms of the

⁴⁰ See Chapter Three for an explanation of my role on the committee.

day-to-day operations of HIV/AIDS programmes they remained marginal figures (Busher 2009b). I pick up this point again in due course.

Whilst the co-ordinating mechanisms provide a formal hub for HIV/AIDS programmes in the region and the town, most of the public engagement and programme delivery takes place through the civil society organisations, with the real centres of activity around the offices of the larger NGOs. As the Regional AIDS Coordinator explained during a RHACC meeting:

We [RACOC] don't play a major role. We don't implement, we just open doors for the NGOs to operate. We can support the NGOs but we don't go into the field so people won't see the government act. They will see the CBOs, the FBOs, they will see the NGOs. (Regional AIDS Coordinator, 12/6/2008)

The civil society sector in Rundu and Kavango has expanded rapidly since the late 1990s and by 2007 there were fifty civil society centres registered with NANASO (NANASO 2008). Most of the larger AIDS service organisations in Namibia have relatively well equipped regional offices in Rundu and well qualified staff who receive regular training. Most of these organisations have a cohort of volunteers, some of whom also receive regular training. As such, these organisations provide much of the technical capacity on which HIV/AIDS programmes in Rundu depend, often providing logistical support to smaller organisations, such as typing out documents, printing, photocopying and so forth.⁴¹ These NGOs were well represented on committees at local, regional and national level. They were also widely perceived to be highly professional and several teachers and civil servants whom I knew around Rundu made comments about their desire to work for what one teacher referred to as "those international companies like Unicef, Red Cross, or SMA".

In addition to the arrival of the NGOs, there has also been a proliferation of CBOs in nearly all of the informal settlements and villages in the vicinity of Rundu, the

⁴¹ These comments are based on the author's personal experience of working with NGOs in Rundu.

most common types of which were youth groups, OVC centres and income-generating projects. In quite a few cases these organisations have been established or supported by NGOs or by government agencies seeking to promote community level responses to HIV/AIDS (see Chapter Three). There were also several instances of members of staff or experienced volunteers with NGOs and government agencies taking part in forming CBOs, often in the villages or informal settlements in which they grew up. Particularly in the case of OVC centres, these organisations were also often linked to a local church.⁴²

At the time of this research, the CBOs involved in explicitly HIV/AIDS related programmes in Kaisosi included five kindergarten/OVC programmes (two of them church-based); the brick-making project (Chapter Three); three home based care projects (all dormant); a branch of the regional youth programme providing sessions on adolescent reproductive health (Chapter Three); a vegetable garden for PLHA (that was out of use); and the poultry project (Chapter Three). In the part of Ndama in which research was carried out there were four kindergartens/OVC centres (of which one was explicitly church-based); one active home based care programme; and a highly active youth group conducting a wide range of activities. Due to Ndama's proximity to town, all of the respondents who I knew to have joined a post-test club were attending meetings in town.

Of the nine locally based organisations visited as part of this research (introduced in Chapter Three), none were in operation before 2003. None of these organisations had paid staff, although some volunteers received an allowance (cf. MoHSS 2006b) and others secured an income through delivering training sessions [21, 29, 42, 73, 78, 85, 120]. None of the nine organisations that took part in this research reported having secured funding beyond the next two years and all except one, the first OVC project in Ndama, said that they didn't know where their next grant might come

⁴² By which I mean that they were explicitly local projects connected to a specific church, rather than being linked more generally to a denomination.

from, although the regional youth programme had also secured short term financial support by winning a tender to deliver programmes for government and multi-lateral agencies. All of the organisations expressed concerns about a perceived lack of training for their personnel in areas such as project management and accounting (cf. LeBeau 2004). Furthermore, very few CBOs enjoyed representation on interagency committees and meetings and when they did, their representatives, sometimes intimidated by the context, sometimes shy about speaking out amongst such elevated company, tended to say very little (see Chapters Six and Seven).

Having said that, it is important to recognise the diversity amongst the CBOs, particularly in terms of their size, their success in attracting donors and the extent to which they were esteemed by other actors in the organisational field. For example, the two OVC centres in Ndama are situated within 200m of each other, but while one had almost 300 children registered, a highly trained management team, a computer and printer, four different income generating activities taking place on site and a string of national and international donors, the other was essentially a kindergarten run by one woman with restricted funds and the assistance of a handful of parents. While the manager of the second centre [55] complained that she struggled to receive information about new initiatives taking place in the town, the manager of the first [112] was invited to sit on interagency committees and attend national conferences and training events. In comparison with most of the CBOs in Rundu, the second of these two organisations was something of an exception. Indeed, the Regional AIDS Coordinator described the organisation as “one of the four success stories that we have [in terms of CBOs] in the region”. Of the other three “success stories”, one was a church based programme with national and international support networks that was able to draw on the relatively extensive economic, symbolic, social and human capital of the church and the other two both shared something in common with the OVC centre: charismatic founders with a relatively high degree of formal education and experience of work in professional government positions prior to founding the CBOs.

However, in spite of these differences in the size and professionalisation of civil society organisations, the CBOs and NGOs also had much in common in terms of their “structure, culture and output” (DiMaggio and Powell 1983), or at least in terms of the structures, cultures and outputs to which most of the programme leaders aspired. Many of the organisations in and around Rundu were delivering what were essentially very similar services. Several discussions at RHACC meetings revolved around concerns about how difficult it was to keep track of where all the different home based care organisations were working, while RHACC also received a steady stream of applications for soup kitchens, poultry projects, vegetable gardens and OVC centres.

Homogenisation of practices within an organisational field is of course expected and, as I discussed in Chapter Two, my understanding of the processes through which convergence comes about is grounded in the concept of institutional isomorphism (DiMaggio and Powell 1983). To recap briefly, this means that, rather than view the convergence of practices as a product simply of rationalisation and the drive for greater efficiency (cf. Weber 1997), convergence is also seen to come from the “rituals of conformity to wider institutions” (DiMaggio and Powell 1983, 150). It is to these “wider institutions” that I now turn.

“The done thing” in the organisational field of The Fight

Even though there was a great deal of variation in the size and “success” of the AIDS service organisations, the “myth and ceremony” (Meyer and Rowan 1977) that surrounded the organisational structures ensured a relatively high degree of homogeneity of practices across organisations. The prominence of NGOs and CBOs, which were often modelled on or instigated by NGOs or people who had experience of working with NGOs, meant that there was a fairly standard set of ideas about what constituted the most effective and appropriate means of

operating. For example, almost all of the CBOs around Rundu were managed by committees, which usually contained a chair, treasurer, vice-treasurer, secretary, vice-secretary and so forth. In some cases these had been elected and I was assured that the elections had been “free and fair” [25, 92]. Other common features were written constitutions, membership lists and the perennial search for donors.

In this section I describe three of the “wider institutions” that helped to maintain this homogeneity: a standardised set of social roles, a shared discourse, and common procedures.

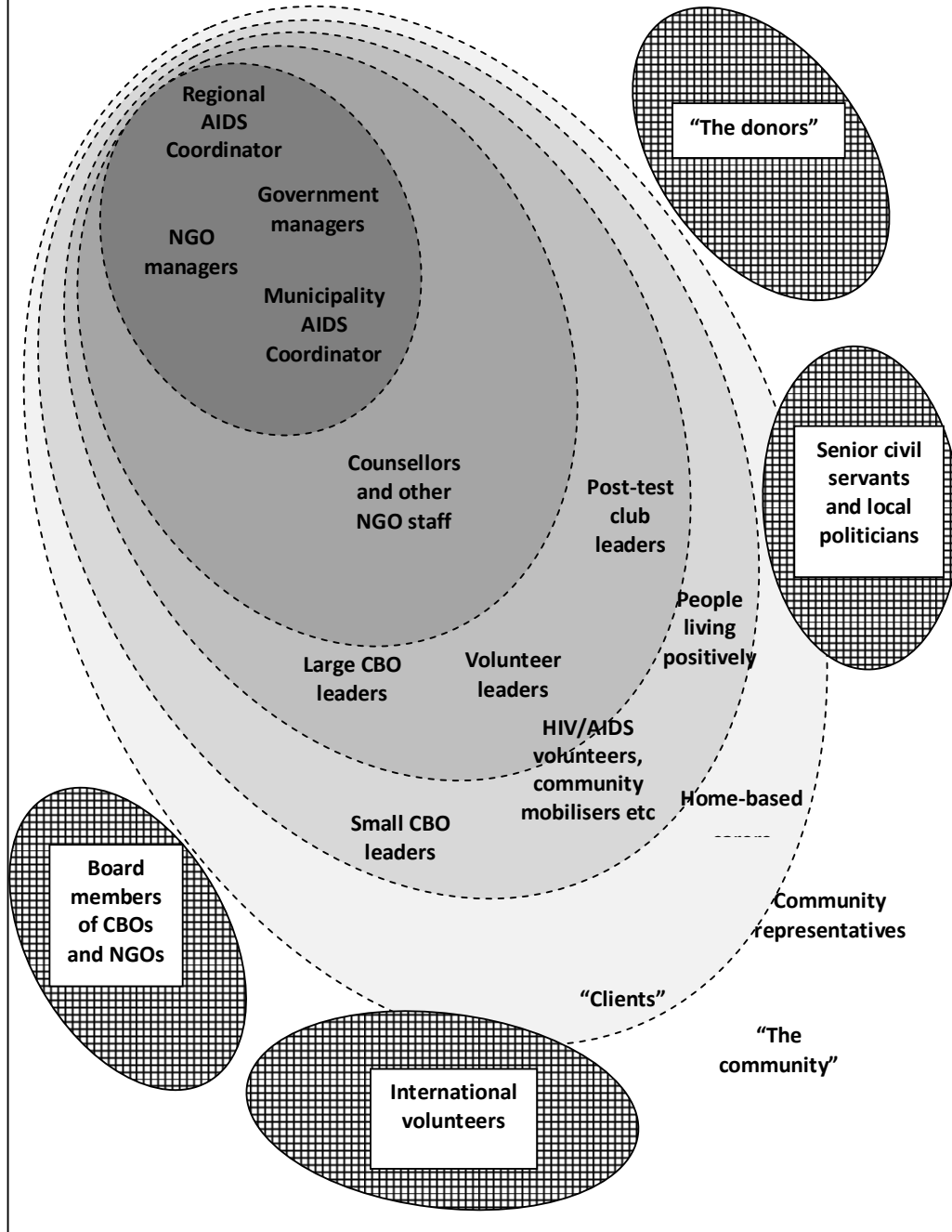
The roles associated with the organisational field of The Fight

The emergence of the formal institutional framework has generated a set of roles that populate the organisational field of The Fight. Some of these roles were effectively a continuation, extension, or alternative interpretation of already well established roles. For example, many of the older women who were described as home based care volunteers had for a long time assisted at the houses of the sick and the elderly as members of church groups. Other roles represented more of a departure from previous social roles. For example, none of the respondents in Kaisosi or Ndama claimed to have heard of “volunteers” before 1998 when SMA and Catholic AIDS Action first recruited volunteers in the town. A similar observation was made about “counsellors”. These new roles were often connected with a raft of relatively new practices and procedures that I describe shortly.

In Figure 5.3 I have attempted to capture the idea of this array of roles populating the organisational field. Here I provide only a very brief description of these roles, as I elaborate on them further in Chapter Six. The roles have been situated based on a conception of the organisational field as having a centre and a periphery. Towards the centre are the roles that were more frequently and more intensively involved in activities and procedures that were unequivocally part of The Fight.

The actors who performed these roles were also often the most influential in terms of dictating policy and setting precedents that other actors were likely to follow.

Figure 5.3:
Roles in the organisational field of the fight against HIV/AIDS in Rundu



At the core of the diagram of the organisational field in Rundu are the people who lead the coordinating mechanisms, managers from line ministries (MoHSS, MoGCW, MoE) and from the larger NGOs. Slightly further out are the other programme staff from the larger organisations; outreach staff, counsellors and so forth. Further out still are the leaders of the larger CBOs and post-test clubs and volunteer leaders from the larger NGOs, who were less often involved in meetings with coordinating bodies but were included in training events at the local and national level. This includes people like the manager of the first OVC project in Ndama and the coordinator of the regional youth programme (Chapter Three). Next are the volunteers and the members of post-test clubs who were actively involved in activities that represent a greater break with previous social roles such as the volunteers who presented AIDS dramas and the “people living positively”; the people from the post-test clubs who sang in the choir (see below), who were still quite publicly associated with explicitly HIV/AIDS-focused programmes. At the periphery are the volunteers, including many of the home based carers, who contributed a great deal to addressing the challenges posed by the HIV/AIDS epidemic but had relatively few interactions with the actors at the imagined centre of the organisational field. Around and beyond the periphery are the other residents of Rundu, including the community representatives (LDC, headman etc). I return to “the community” in more detail in Chapter Six.

The actors who are perhaps more difficult to situate are those who appear in the four “satellites”. Whilst often having relatively few interactions within the organisational field, these actors often exerted considerable influence. The first group are the board members of some of the CBOs and NGOs. These were usually drawn from the professional classes, often teachers,⁴³ but had little involvement in the life of the AIDS service organisations. However, if they chose to become more involved their voices were often listened to, as in the case of the regional youth

⁴³ It should be noted that teaching was a highly respected profession in Rundu: there is more prestige attached to being a teacher than there is in the UK.

programme. A second group of actors that featured prominently in accounts of HIV/AIDS programmes presented by respondents were senior civil servants within the local and regional government and local politicians. These actors, whilst usually having little to do with HIV/AIDS programmes, often had the authority to approve, reject, or veto proposals passing through the formal channels. In the third satellite are the donors. Despite the fact that these figures were very rarely seen, the image of “the donor” loomed large over the daily interactions taking place within the organisational field. Those organisations that had donors wanted to keep their donors happy; those who did not were on a constant search for an avenue that might lead them towards a donor, such as an acquaintance with someone in a good government or NGO position, an international volunteer, a missionary or a PhD student. The majority of the expatriates engaged in HIV/AIDS programmes were international development workers, most of whom were described as “volunteers”. They were predominantly from North America, Europe, or East Asia, although there were also international volunteers from Uganda. There was also a small number of volunteers in and around Rundu on mission programmes.

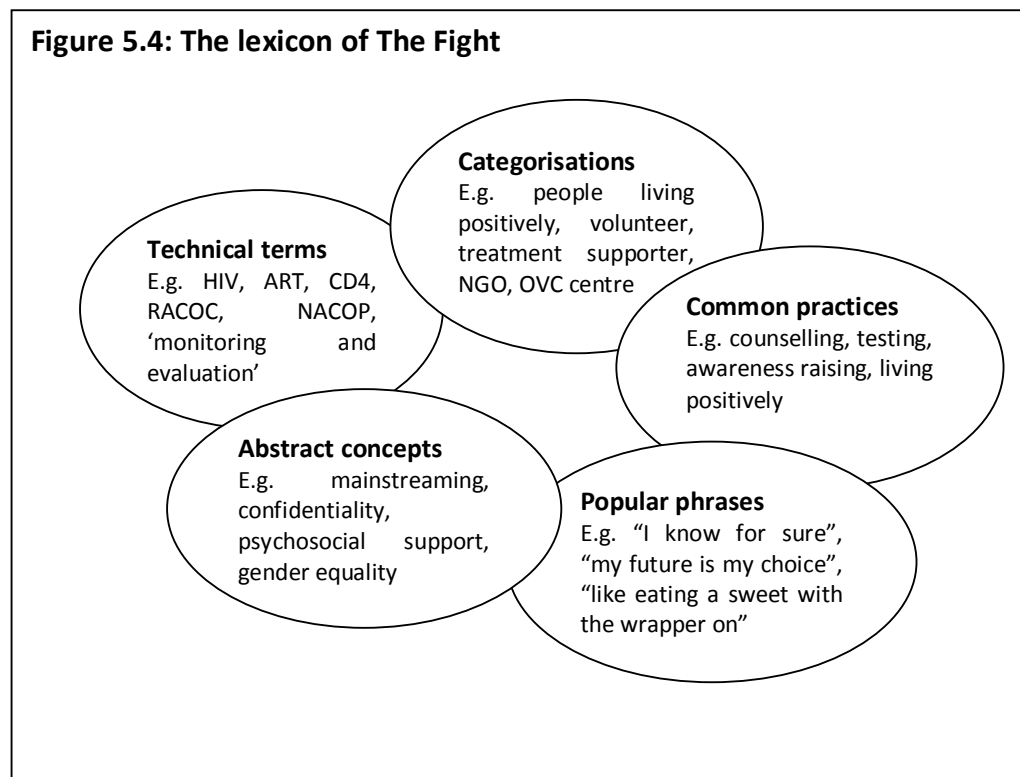
The discourse of the fight against HIV/AIDS in Rundu

The terms used to describe these more or less new roles were part of one of the other “wider institutions” that has shaped the organisational field: the discourse of The Fight. As discussed in Chapter Two, I understand discourses as instantiated structures that gain purchase on the imaginations of those who make use of them as they are reproduced, reconstructed or resisted in the course of social interaction. As my interest is in discourse in the context of the HIV/AIDS programmes taking place in and around Rundu, the description presented here focuses more on the everyday uses of language than on the language deployed in HIV/AIDS policy documents, although of course the two are closely related.

In talking about the discourse of The Fight I do not intend to suggest an absence of contestation and disagreement between the actors who practiced this discourse, nor

do I preclude the possibility that there were other discourses around HIV/AIDS within the locale. The account is concerned merely with the dominant discourse that was deployed in the contexts of HIV/AIDS programmes and that, as a general rule, was used with greater frequency and less deviation in the contexts closer to the core of The Fight: the interagency meetings, workshops, funding applications and suchlike, which are discussed in the following section.

Here I focus primarily on the lexicon of The Fight. The lexicon used by staff and volunteers of AIDS service organisations in Rundu resonated with that used across much of Sub-Saharan Africa, originating as much of it did in the directives, guidelines, workshops and handbooks provided by multilateral and large bilateral agencies. The lexicon was a cocktail of acronyms, buzzwords and phrases, many of which are also enjoying popularity in related fields such as development, politics and public health. The terms can be divided into five fairly flexible sets (Figure 5.4).



The first three sets relate to the process of definition and categorisation. First, there is a range of technical terms that can be further classified into domains such as medical terms like HIV, AIDS, ART, CD4; and administrative terms like RACOC, CACOC, NACOP. Other administrative terms like “M&E” or cost benefit analysis are not exclusive to The Fight and provide linkages to adjacent discourses. Second, there has been a profusion of new terms used to categorise or describe people and groups of people. These include terms like PLHA, people living positively, OVC, treatment supporter, volunteer, at risk person, vulnerable, donor, and sugar daddy. Terms referring to groups include things like positive living support group, income generating activity (IGA), NGO, trio⁴⁴, or OVC centre. These categories were often fuzzy when applied in practice. For example, organisations that might be described by a development researcher or practitioner as a CBO or perhaps as a community-based income-generating project could be referred to as a business by respondents [14, 15, 24, 41] who were less *au fait* with the lexicon of The Fight. The third set consists of terms that refer to activities or practices like counselling, testing, registering orphans and living positively. Again, some of these terms were rather fuzzy. For example, whilst most people seemed to use “living positively” to refer to people living with HIV who had made their HIV status public, two post-test club leaders [85, 111] said that people who were not living with HIV could also be described as “living positively” if they took an HIV test every three months.

The fourth and fifth sets relate more to social representations that have entered the collective consciousness as a direct or indirect result of the fight against HIV/AIDS. The fourth set consists of now common phrases associated with various aspects of HIV/AIDS. These include popular metaphors like “not taking a shower with a raincoat on” or “eating a sweet with the wrapper on” in discussions about condom use. Similar to this is the popularisation of the rumour that that some Africans

⁴⁴ This term is used by TCE, Humana People to People. A trio refers to a group of three people, at least one of whom is living with HIV. The other two people in the trio provide support to that person.

believe that you can cure AIDS by having sex with a virgin.⁴⁵ This set also includes widely used expressions such as the strap-lines from health campaigns: “I know for sure”⁴⁶ (Social Marketing Association); “My future is my choice” (Unicef); or “an HIV free generation” (Directorate of Special Programmes, MoHSS). Finally, there is a set of terms that are often invoked that refer to more abstract concepts. These include terms like “confidentiality”, “sexual choice”, “gender equality”, “participation”, “psychosocial”, “mainstreaming” and “empowerment”. Due to the more abstract nature of terms in this set they tend to be more discursively mobile, applied across a wider range of discourses such as those of development and democratic governance. Whilst they are commonly used in the contexts of HIV/AIDS programmes, they are not grounded exclusively in The Fight.

Linked to and denoted by this lexicon were a set of common procedures that provided a third, wider institution for the organisational field.

Procedures

These common procedures represented what in “development speak” might be called “the project cycle”. Interwoven with the idealised organisational structure and the institutionalised discourse they were in a way the most tangible part of “the done thing”. These procedures were integral to the structuration of the organisational field and therefore also to the local moral world of The Fight.

Proposal writing

All nine of the organisations that took part in this research were planning, preparing, submitting, or waiting to hear about proposals throughout the period of

⁴⁵ During two and a half years in Rundu and nearly nine months in Swaziland I have failed to find somebody who believes that sex with a virgin can cure AIDS, but have found a great many people willing to tell me that this is a common belief among Africans.

⁴⁶ A catchphrase for the New Start VCT service that has been widely adopted into everyday speech

this research. This was often an arduous and drawn out process, for which the required skills tended to be in short supply. The process of preparing and submitting a proposal for the brick making project spanned more than two years and preparing the proposal for the poultry project had taken about six months and the submission and review process took a further nine months (RHACC 2008b).

Through writing proposals, the ideal organisational structures and the discourse of The Fight were further embedded. In the case of the brick making project in Kaisosi, the project had initially been established with the aim of enabling people in Kaisosi to build brick houses and of creating a general community fund. The project was based on a membership structure, with all members asked to make monthly contributions to create the capital required to start the project. The contribution scheme had limited success and so the search began for a donor to help kickstart the project. After an extensive search for possible donors, a funding proposal was eventually prepared for the RHACC Small Grants Programme. In preparing this application, the ostensible structure had to be modified by nominating a chairperson, treasurer and secretary as the formal representatives of the organisation. It also entailed ensuring the explicit inclusion of PLHA in the project beneficiaries and making clear how the project engaged with ideas of gender equality.

This provides an example of how, through the procedure of proposal writing, local organisations might adapt their organisational structures and planned outputs in order to be able to present themselves in ways that they anticipated would maximise their chances of securing support from the best-placed patrons (see also Swidler 2005; 2006). A similar process could be described for the regional youth programme and I pick up on this again later.

Monitoring and evaluation

Monitoring and evaluation was another part of the project cycle in which the wider institutions of The Fight were particularly evident. The term “monitoring and evaluation” was relatively new among those actors beyond the core layers of The Fight. In 2004 when I first worked in Rundu, few of the local volunteers made much reference to this concept, but in 2007-8 “monitoring and evaluation” was on the tip of someone’s tongue at almost every meeting that I attended. Certainly the larger NGOs, RHACC and RACOC had made a concerted effort to instil the importance of monitoring and evaluation among their staff and volunteers; and outreach workers and volunteers involved with community groups were then institutionalising these procedures in the CBOs with which they worked.⁴⁷ In addition, at the time of this research the new national monitoring and evaluation system was being rolled out in the region. This entailed a concerted effort on the part of RACOC to build the capacity of organisations to meet their monitoring and evaluation requirements, which included a one week monitoring and evaluation workshop in Rundu and which is likely to have contributed to the attention that monitoring and evaluation received during this time.

In terms of practices, the most obvious manifestation of monitoring and evaluation was the production of written reports and preparation for monitoring visits. For example, CBOs receiving support through the RHACC small grants programme would receive monitoring visits and would also be expected to present their accounts, including receipts for expenditure (cf. RHACC 2008a; 2008b).

One of the effects of the monitoring and evaluation procedures, and particularly of the reporting channels through which reports were funnelled, was to contribute to the consolidation of ideas about which organisations constituted the organisational

⁴⁷ This assertion is based on discussions with the Regional AIDS Coordinator and the RHACC Coordinator and on observations made with the nine organisations described in Chapter Three.

field of The Fight. The general flow of reporting was from the CBOs and local offices of NGOs; through the larger NGO offices, smaller donors and local coordinating mechanisms; and then on to the national level NGO offices, coordinating mechanisms and international donors. None of the AIDS service organisations in Rundu were formally expected or even overtly encouraged to report back to the LDCs or the traditional authorities, although it should be noted that a small minority of organisations did make an effort to do so. I return to the implications of this in Chapter Six.

Workshops and training

Workshops and training events usually marked the launch of a new HIV/AIDS programme or project and were also popular in related organisational fields such as those of Development and Education. I discuss the popularity of these events in more detail in Chapter Seven, drawing on Jordan Smith's (2003) discussion of the multiple interests intertwined in the workshop culture. For the purpose of the discussion in this chapter, what is important is that workshops and training events presented one of the most direct channels of institutionalising "the done thing".

At the regional level, RHACC, RACOC and the larger NGOs all ran workshops and training sessions with the aim of building capacity among NGO staff and CBO leaders. In addition, many actors involved with HIV/AIDS programmes also had opportunities to attend meetings outside Kavango, usually in Windhoek.⁴⁸ At these events the attendees would be presented with the latest information about HIV/AIDS and the best working practice for responding to the challenges it posed. On return to Kavango these actors would be expected to then disseminate these ideas within their organisations (see discussion of this in Chapter Seven).

⁴⁸ This was the case for respondents 2, 12, 21, 25, 33, 42, 55, 65, 78, 80, 85, 90, 92 in Kaisosi and Ndama, as well as for all of the respondents that were not residents in these settlements.

Some workshops also contained a practical element in which project plans and proposals were developed. For example, one of the outputs of the RHACC project planning workshop that I attended was a plan for a poultry project and a vegetable garden to raise funds for the RHACC's small grants programmes. This plan was later implemented (RHACC 2008a). Similarly, the plan for the brick making project in Kaisosi was formulated during a community leadership workshop attended by one of the members of the Kaisosi LDC [20].

Awareness-raising

The final two procedures, awareness-raising and counselling, would both fall under "project activities" within a chart of the project cycle. Both of these activities were particularly fashionable at the time of this research, as evidenced by their prominence in the list of areas in which the volunteers at KACOVA said that they wanted training.

Awareness-raising campaigns (and "sensitisation" programmes) around a whole raft of issues have been a staple of the international fight against HIV/AIDS (and of the broader development industry), usually oriented towards achieving some form of behaviour change (Epstein 2008; Stillwaggon 2006). In Rundu, awareness-raising and sensitisation campaigns were also high on the agenda (RHACC 2008c), and the activities used to raise awareness and sensitise people were similar to those used across much of Sub-Saharan Africa: dramas, rallies, sports tournaments, quizzes at public events, short courses for young people and peer education programmes. Whilst HIV transmission and safer sex has been one of the main focuses of these campaigns, they have also addressed other issues including HIV/AIDS stigma and discrimination, gender, VCT and treatment options.

What made these awareness raising activities stand out in the context of Rundu was that they would often quite openly and intentionally transgress and challenge established social norms. The public discussions about sex and sexuality provide

the most obvious example of this, although as RHACC members [107, 116, 122] observed, some of the gender sensitisation campaigns were considered by some sections of the wider community to be provocative. According to Kavango custom there are specific rules concerning who can speak about sex, with whom and in what contexts (Ipinge and Shitundeni 1999). The details of these customs vary slightly across the region, but there are some common features; namely that sex is not discussed in public except through allusion and that typically a female child would speak only with a grandmother or an aunt, whereas a male child would speak only with his grandfather or a maternal uncle. By pushing discussions about sex into public places, including village meetings, schools, radio and television, AIDS service organisations and government agencies were actively seeking to establish new social norms regarding where sex was spoken about. One of the first people to become a volunteer in Rundu [108] recalled that when she first started talking in public about condoms people were astonished. She would hear people saying: “Are they trying to promote sex, or what?!” and she also heard people complaining about her and the other volunteers on *Mudukoli*, a Rukwangali radio call in show. These overt transgressions of what was referred to as “traditional culture” made the The Fight feel rather like a kind of counter-culture (cf. Roszak 1969), and as I go on to discuss in the next section, this has been an important element in building the sense of community amongst staff and volunteers involved in these programmes.

Of course, that is not to say that some of these practices were not still resisted by some of the actors involved in HIV/AIDS programmes. By 2008 the moral outrage that had met the first volunteers who spoke about sex in public had largely subsided, at least in and around Rundu. Outreach workers at the NGO-run VCT centre [114, 123] had even been invited by headmen to attend village meetings. Yet misgivings persisted about the appropriateness of some of the messages being delivered, and these were often linked to moral and religious concerns. For example, during a discussion at a RHACC meeting about “behaviour change” the issue of the sex education in schools came up. As one delegate [122] argued:

There is a difficulty of finding Bibles in the schools. When we were in school every Sunday evening there was reading. Now take these kids that are involved with church and those that are not, there is a big difference between them because the one has moral education. The problem is that they are free to do what they want. We must go back to where we were. They must say that sex before marriage is a sin and we need to give them moral and religious education in schools! (27/2/2008)

These comments were not openly challenged and in fact appeared to be well-received by other delegates at the meeting. What these comments, spoken in a context shaped very much by the global fight against HIV/AIDS demonstrate, is that tensions still rippled around the procedures and practices of The Fight. Even though practices like sex education in schools were formally endorsed, concerns about youth sexuality, the “misinterpretations” of independence and the breakdown of social order discussed in Chapter Four remained as an almost constant sub-text. I continue to return to these tensions throughout the following chapters.

Counselling

The concept of counselling was reported to have been largely unheard of prior to the arrival of AIDS service organisations [109, 114]. However, by the time of this research it had become a very fashionable activity, the enthusiasm for which among staff and volunteers appeared to go hand-in-hand with the frequent references to “psychosocial” interventions. Counselling was still associated primarily with VCT, which took place at the Rundu State Hospital as well as at the NGO-run VCT facility. However, more general counselling services were also provided by Lifeline/Childline, and since 2005 a partnership project between the MoHSS and Namibia Red Cross Society had seen community counsellors installed in most clinics in the area (NRCS 2005). As growing numbers of volunteers have been trained in counselling it has increasingly become part of the done thing and volunteers at KACOVA meetings identified counselling as one of the priority areas for training.

The uptake of counselling services was strong and the counsellors at the NGO-run VCT centre reported that most of the time they were fully booked. However, it is interesting to note again that some of the respondents in Kaisosi and Ndama expressed misgivings about counselling. For example, two respondents in Ndama [69, 92] were concerned about the confidentiality associated with counselling and thought that it promoted secrecy. As one [92] explained, when they were younger the whole settlement would know the affairs of each other, but with confidentiality people were “learning to keep secrets from each other”. Another fairly common concern was that the idea of confidentiality was just implausible. Several of the respondents who had told me that they were living with HIV [4, 14, 19, 30, 58, 69, 81, 92] pointed out that in most cases people in the community came to know what was happening in the lives of their neighbours by watching them as they became thin or fat, weak or strong.

3. The imagined community of The Fight

Having described the formal institutional structure and some of the wider social institutions that shaped the intersubjective contexts of belief and behaviour around HIV/AIDS programmes, I now come to the affective structure. To do this I use Anderson’s (1991) idea of an “imagined community” to express the idea of feeling a sense of belonging to a group of people that extends well beyond the range of likely social interactions that most actors involved in The Fight in Rundu were likely to take part in.

As discussed in Chapter One, the sense of community amongst AIDS activists has been a prominent theme in the literature on AIDS activism, as has the way in which the construction of a social identity of being an AIDS activist or of being a person living with HIV has been a central component of these movements (Boesten 2007, vol. 5, ; Robins 2004; 2006). Furthermore, as Kates (2002) observed in Australia, this

has also meant that for many AIDS activists it has become hard to separate their role as an AIDS activist from other areas of their life, meaning that not only do the activities associated with being an activist take up a great deal of time and energy, but they also come to be integral to individuals' "projects of the self" (Giddens 1991). This has been particularly striking in contexts like those described in South Africa in which persons who have experienced marginalisation across multiple domains of life have found solidarity and respect through become part of an imagined HIV/AIDS community.

Perhaps the most important reason for the success of TAC's⁴⁹ grassroots mobilisation has been its capacity to provide poor and unemployed HIV-positive black South Africans with a biomedical and psychological lifeline, often in contexts where they experience hostility and rejection from their communities, friends and families. (Robins 2004, 666)

Although in Rundu there was not the sort of highly politicised AIDS activism that has been seen in South Africa and in the global North (Busher 2009b), there has been the emergent sense of an HIV/AIDS community which has at times provided refuge and a feeling of purpose for people who had experienced intense social marginalisation. This sense of community came through most strongly in discussions with PLHA [4, 45, 69, 78, 85, 111, 118]. For example, one respondent, who I will call Robert, was the leader of a post-test club. He recalled the first time he went to an event for PLHA outside the Kavango region:

It was very nice, like I could just stay in that place. We were all there together in the same category. Even there were teachers who could just talk to you. Imagine Joel, it was like a family meeting. (Robert, 19/4/2008)

During the same interview he also laughed at how people would comment when he visited the house of another prominent AIDS activist who lived nearby; "When I go there to visit [name] you can see people whisper 'look those HIV people discussing'". However, in this account I extend the idea of the imagined

⁴⁹ Treatment Action Campaign, South Africa

community around The Fight to include the staff and volunteers that were involved with HIV/AIDS programmes.

In May 2008 I attended a male engagement event⁵⁰ in a community centre in one of Rundu's informal settlements. The event had been organised by one of the larger NGOs working in the region and was attended by a crowd of about 100 people. Towards the back a post-test club choir, most of whom were young women, was singing. At the front some chairs on the stage were occupied by special guests: some senior figures from the settlement, pastors and NGO managers. Other attendees, almost all of whom I was able to recognise from other HIV/AIDS-related events, were scattered in small groups around the room. Approximately three-quarters of those in attendance were women. The event proceeded along familiar lines: songs from the choir; speeches from local dignitaries and people working at the VCT centre; a song from four men representing the different churches in the neighbourhood; a drama performed by the VCT post-test club; and to round off proceedings, a testimony from two "people living positively",⁵¹ both of whom were in their early twenties. As Robert, one of the people living positively, gave his testimony, there were tears, applause, dancing and ululations among the crowd. He encouraged his "brothers", "sisters" and "friends" to embrace him, to show that they were not afraid of HIV. People ran forward from the crowd amid much celebration.

The event came to a close after nearly five hours. Outside in the dark everybody, including senior managers, assisted in packing up the chairs and the tables. Chatter filled the air. One woman in her twenties explained how she had become a member of the support group. She had not intended to go public about her HIV status or join a support group. However, the information had come out somehow, she did not know how. Her boyfriend had chased her out of the house. She said she was grateful for the people like those who had attended the male engagement event, who were open minded enough to accept her HIV status and support her.

Events like this were often characterised by a deep sense of solidarity, a sense that those present had come together to struggle against the suffering wrought by the epidemic. This sense of solidarity also pervaded many of the day to day activities taking place around AIDS service organisations. For example, a particular camaraderie could be observed amongst the community volunteers on a daily basis in Kaisosi and Ndama. When volunteers from different organisations met on their

⁵⁰ 'Male engagement event' was used by NGO workers to describe events that were specifically intended to promote greater involvement of men in The Fight.

⁵¹ See Chapter Six.

rounds they would often share stories. There was banter about who had the better t-shirt, or whether somebody from one organisation could lend their umbrella to somebody from another organisation that did not give its volunteers umbrellas. There was also general gossip about other volunteers and staff: who had left, who was coming back, who had gone out of town, or who had a family member that had passed away. This sense of community was often referred to by longer term volunteers as one of the most important aspects of being a volunteer, and in several cases the volunteer community had come to constitute an important social network [21, 25, 85, 90, 102, 106, 108, 109, 110].

In and around Rundu there were a great many constructs with which persons could identify or be identified and around which communities could therefore cohere: political parties, a church, gender, ethnicity, kinship, or even a shared passion for a sport club or a certain musical genre. The argument presented in this thesis is based on the idea that the emergent network of AIDS service organisations and the “mission” that they were seen to stand for provided another construct around which communities could be imagined to cohere.

An imagined *moral* community

The durability of the sense of community around AIDS service organisations, like that around a church, for example, depended at least in part on a shared conviction that the activities associated with those organisations were in some sense correct and appropriate. In other words a belief that they represented “the prestigious, legitimate, ‘correct’ view which any right-thinking person would share” (Swidler 2005, 5). It is in this sense that the HIV/AIDS community can be considered a type of *moral* community, and in the following section I sketch out some of the principles around which this moral community cohered.

I also want to briefly try and situate the imagined moral community of The Fight within the broader social landscape in Rundu, picking up again Baylies’ description

of HIV/AIDS volunteers and activists in Zambia operating “in solidarity with a global morality” (Baylies 1999, 338). What this description seems to capture is an idea of people who feel themselves to be part of a community that extends beyond their locale and that connects them to the wider world that they hear about on the radio or see on the television. This is also applicable for many of the staff and volunteers in Rundu. The imagined moral community of The Fight was not seen to stop at the edge of the town or of the Kavango region, but extends across Africa and beyond. As I have already pointed out, many of the staff and volunteers attended training events and workshops outside Kavango and in quite a few cases outside Namibia. These national and international connections were prominent in the life histories of respondents at the core of The Fight [78, 102, 105, 106, 112, 120].

This resonates with aspects of the broader social context that I started to describe in Chapter Four. Rundu has become a cosmopolitan town and social identities have become increasingly globalised, particularly in the more urban areas. Bars in Rundu were full of Manchester United and Chelsea fans on a Sunday afternoon watching Premiership matches on satellite television; hair salons were named after American rap artists; and people in the open markets would analyse the latest twists and turns in the *telenovelas* from Latin America and Nigeria. Rather like the churches with their international missions, the NGOs, and to a lesser extent the CBOs, were part of this global connectedness. Furthermore, this global connectedness was personally experienced by many of the staff, volunteers and PLHA involved with AIDS service organisations. For example, each of the nine CBOs involved in this research had formal or personal connections with people from outside Namibia, and most volunteers or staff had a story to tell about a Western volunteer, development worker, pastor, teacher, or doctor whom they had befriended at some point. These experiences provided a basis on which to ground beliefs about a global morality.

4. The commonsense reasoning of The Fight

My aim in this section is to point out some of the core principles of the commonsense reasoning of The Fight; the social representations that were well enough embedded to not be brought into question or to only rarely be brought into question by staff and volunteers in the context of HIV/AIDS programmes. For the most part these were also the principles of the commonsense reasoning associated with the broader local moral world of development and modernity, and it is particularly important to seek to understand the way in which the global morality with which they were associated was distinguished from what respondents usually called “traditional culture”. The distinction was made frequently and by actors at all levels of The Fight.

Taylor (2007) observes that within the academic literature analyses of the role of “culture” in HIV/AIDS interventions can be broadly placed within two camps: those that claim that culture can assist interventions and those that claim that it compromises them. Most of the comments made by respondents in this research fell squarely within the latter of these two camps. At various points during the research, comments about “traditional culture”, at times fused with self-deprecating references to “us blacks” (Chapter Four), were linked to high HIV prevalence; low condom use; intergenerational sexual mixing; people not attending VCT centres; men having multiple sexual partners; misuse of donor funds, and poor hygiene. That is not of course to say that respondents who made these comments consistently disparaged local practices and social norms or consistently celebrated this imagined global culture. However, the contexts of HIV/AIDS programmes were often dominated by the commonsense reasoning of The Fight because this same reasoning was deeply intertwined with the institutional framework and institutionalised procedures that were characteristic of HIV/AIDS programmes.

The assertive individual

One of the foundational principles of the commonsense reasoning of The Fight was the ideal of the assertive individual who knows and asserts their various rights and who is empowered to make the “correct” decisions to ensure a healthy and prosperous future for them and their family. As Dilger observed in Tanzania:

The majority of the numerous AIDS programmes that have been launched by governmental and non-governmental agencies over the last 5-10 years focus on the self-responsible and empowered actor who is supposed to apply the “technologies of the self”...to the proper management of health risks and in dealing with afflicted bodies. (Dilger, 1)

The behaviour change, counselling and awareness-raising programmes that were standard fare in Rundu were oriented towards the production of this “health-maximizing individual” (Horton and Lamphere 2006, 33), and this idea seems to be encapsulated in the title of a Unicef life skills programme being delivered in schools in Kavango: “My future is my choice”. It is interesting, however, how beyond the formal contexts of interagency meetings people also played with the phrase, using it as a byword to say something along the lines of “people will just do what they want to do”. For example, during an interview with a health worker we were talking about her daughter and how intergenerational relations have changed since she was a young woman.

Here now it is the things we inherit from the West: the UN convention on human rights. They will tell you “my rights” and “my future is my choice”. They [young people] don’t understand the basic of that terminology. It’s about choosing something positive - you will live a positive life. I have kids and when you tell them to do something they will say “my future is my choice”. There are days I used to fight with my children but they are taught about “my future is my choice”. For me if I talk my future is my choice I will think something positive in my profession or at home and a good behaviour towards the community or what.” (Senior health worker, 5/6/2008)

These comments pick up on the theme of social order discussed in Chapter Four, with the supposed ideal of assertive individuals laying claim to their rights

critiqued on social grounds, as this was seen to coincide with a decline in other values held to be of importance, such as respect (cf. NPC 2007).

This introduces a broader point, and one that I return to in Chapters Six and Seven. This is that being assertive and persuading others was rarely celebrated as an admirable quality, unlike for example being described as somebody who “listens well”. Here I come back to the discussion in Chapter Three about the difficulty my research assistant and I experienced in translating the term “influence”. As I explained there, it was initially difficult to find a satisfactory way of explaining “influencing the decisions of others” that was not laced with negative connotations. Whilst the social representation “assertive” in the participatory development literature generally carries positive connotations (cf. Cornwall 2003; Cornwall and Welbourne 2000), it was more ambiguous in the day-to-day language of Kavango. A discussion with staff at the NGO run VCT centre illustrates this idea. The question that I asked was why Rundu had not seen the kind of public rallies that had taken place in South Africa led by groups such as the Treatment Action Campaign (Robins 2004; cf. Schneider 2002).

Romanus: What I think, I have never been in South Africa but I think in Africa it is the most developed country and people that stay in South Africa they are more liberated, they are more active and they fight for what they want. Here we have Ovambo⁵². If they want to complain they can go from Ovambo to Windhoek footing,⁵³ they have that energy to do that. But in Kavango we don't have this culture that we can push, push, push. We are a bit patient, patience is also there. We are good people [laughter].

Joel: Why is there not this thing of pushing?

Anita: We accept things very easily.

Romanus: That is the main thing. In South Africa, if they start that they want this, then they just try until it happens, they push, too much. But we, we just listen. We have Open Line [radio show] where we air our views and listen what are the responses.

(26/6/2008)

⁵² Reference is to people from North of Namibia who speak Oshiwambo. This is the largest ethnic group in Namibia.

⁵³ On foot

This idea that it is not good to “push too much” permeated conversations with respondents in positions of authority within Kaisosi and Ndama [20, 51, 53, 67, 77, 80] and within CBOs [21, 33, 112, 124], who repeatedly emphasised that they had “not put themselves on top”. Indeed, a common narrative among these leaders was of their reluctant bowing to the will of the people who had chosen them as a leader. On the other hand, people who were seen to have “put themselves on top” were criticised as opportunists or people who liked “showing off”, and interviews in Kaisosi and Ndama were replete with complaints about these people. In these accounts the assertive individual idealised in the commonsense reasoning of The Fight was transformed into an antisocial, disrespectful and egoistic individual.

Participation: PLHA, youth and women

Closely linked to the ideal of the assertive individual was the concept of participation, which was just as much a central tenet of The Fight in Rundu as it was in Namibia and in the international fight against HIV/AIDS (Chapter One). In keeping with responses to HIV/AIDS elsewhere, attempts to increase public participation were particularly focused on PLHA, youth and women, although there had been a notable shift towards male inclusion by 2007-8, as evidenced for example by the male engagement event. Indeed, inclusion of PLHA in all aspects of the project was almost mandatory if organisations sought donor support and, based on discussions at RHACC meetings around the allocation of grants, it would also be difficult for an organisation to access funds if they did not explicitly include at least one of the other two sub-populations (see RHACC 2008a). However, this way of focusing programmes was again called into question by respondents who were less immersed in the local moral world of The Fight, or during interviews with managers when we came to critically consider the programmes in which they had been involved.

On one level, the inclusion of women was not especially controversial. As I discussed in Chapter Four, there has been a long history of women in positions of authority in Kavango. However, as I pointed out in the same chapter, this does not mean that daily life is not strongly gendered, and a number of comments were made by male respondents [20, 32, 57] during interviews and informal discussions in which they expressed concerns about the blurring of male and female roles. The term “gender” was linked exclusively to the local moral world of development and modernity, another of the terms that had only become common currency since Independence, and what were seen as efforts to “make men and women the same” [60] were linked back to the broader theme of the dissolution of social order.

The prominence of young people, particularly in leadership positions appears to have provoked greater controversy and resistance. LDC members in Kaisosi and Ndama observed during their histories of the settlements that in the past it would have been highly unusual for somebody under the age of about 35⁵⁴ to be in a position of authority. Comments about the reluctance of some older people in leadership positions to devolve decision-making to youth by the coordinator of the regional youth programme and two prominent AIDS activists [78, 85], as well as those of some of the other younger community volunteers [21, 25, 110] suggest that these attitudes persist.

The explicit inclusion of PLHA also drew comment. For example, in the case of the brick making project one member [92] observed that it would be difficult to say whether there were PLHA included in the project because in most instances PLHA did not reveal their status to the rest of the community.

⁵⁴ The official age for the end of “youth” in Namibia (which is of some comfort to me).

Accepted chains of accountability

As Swidler observes, the usually unchallenged assumption that donors can reasonably expect to be able to monitor the activities of the organisations that they support is central to the institutional logic of the international fight against HIV/AIDS

Both donors and recipients take for granted the right of donors to monitor how their resources are spent. (Swidler 2005, 5)

To some extent this research bears out this comment. During discussions with the staff of NGOs and government agencies, the legitimacy of coordinating bodies and donors to monitor the activities of HIV/AIDS programmes was never called into question. This was also the case among volunteers and leaders of the larger CBOs. However, the comments of respondents situated around or beyond the periphery of The Fight again highlight how the commonsense reasoning of The Fight may not always appear so commonsensical to actors who are not so engaged with that particular system of reasoning. The comments made can be roughly divided into two issues.

The first issue was the most frequently raised. Put simply, whose money was it? Two NGO programme managers [115, 117] proposed that differing understandings around this question were one of the main obstacles in transferring ownership of projects to communities, observing that once control of resources was handed over the resources would often be shared out amongst the project members. This, as a community social worker reported [119], was what happened with a small garden project in Kaisosi. Tools were given to the group, who gratefully accepted them. The tools were then allocated to the group members, who took them to use on their fields. This of course was not well-received by the agency that had donated the resources. In Chapter Eight I talk at length about the breakdown in relations that took place around the poultry project (Chapter Three). In this instance again, the recipients brought into question the assumption that even after funds have been

given there is still a sense in which they belong to the donor, insofar as they are able to dictate how the funds should be spent. The two women leading the poultry project remained adamant that having been awarded the money, it should then be *their* money.

The second issue was raised by some of the respondents in community leadership positions [20, 25, 53, 80] and relates to the question of the alignment of the chains of accountability. The chains of accountability in relation to HIV/AIDS programmes effectively retrace the route via which the funds arrive in Kaisosi and Ndama. For example, the CBOs that were part of the small grants programme were accountable to RHACC. When they did not submit their receipts the RHACC coordinator was concerned because RHACC was accountable to Rundu Town Council and to their Dutch donors. Similarly, NGO offices based in Rundu delivering programmes in Kaisosi and Ndama were accountable to their head offices in Windhoek, and in effect to NAC via the national monitoring and evaluation framework. Yet at the same time there was no discernable channel through which these organisations were accountable to community representatives in Kaisosi and Ndama, such as the LDC or the headmen. As these respondents pointed out, even when they did receive information about what was happening, they were not able to give feedback or to influence the future direction of the programmes. This is what drew the criticism from these respondents. Previously the chains of accountability had extended usually no further than the *homp*, who was at most a day or two's walk away and one could request an audience with him or her if something was perceived as unreasonable [3, 7, 12, 26, 51, 71, 77]. Now the chains of accountability often extend beyond the horizons of most respondents' sphere of experience; to Windhoek, or even to Europe or America. Whilst this appeared to be accepted by the staff and volunteers who celebrated their global linkages, it seemed less satisfactory to some of the residents at the periphery of The Fight who did not have these same connections.

The prioritisation of (bio-medically defined) health interventions

The idea that health should be a primary focus of NGO and government interventions was another of the core principles of the commonsense reasoning of The Fight. Indeed, the local moral world of The Fight could be described as being medicalised (cf. Foucault 1978; 1994; Lupton 1997) insofar as explanations of the rationale behind programmes were thick with references to protecting or improving health. For example, youth programmes were talked about as promoting “healthy behaviours”, whilst programmes for PLHA were often discussed in terms of how to improve their nutritional status, rather than, say, how best to improve their economic opportunities or their broader life chances. Indeed, the demands made by some members of the wider community for programmes more oriented towards economic development were sometimes used by staff as illustrations that the community lacked awareness of the really important issues.

A good example of the disjuncture between this medicalised commonsense reasoning of The Fight and other systems of commonsense reasoning is provided by the troubles experienced by the regional youth programme in engaging with out-of-school youth, one of their core constituencies. According to the organisation’s constitution⁵⁵ they had a broad remit, working across a range of health related, economic and environmental issues. However, during 2006-8 the organisation’s focus was almost exclusively the delivery of an adolescent reproductive health programme, for which it had secured funds from UNAIDS. In some senses this was a success. The project was ably administered, the donors were impressed by the professionalism of the organisation and the coordinators gained a good reputation within the local HIV/AIDS community. However, the programmes did little to engage the out-of-school youth and the majority of these had drifted away from the organisation by late 2007.

⁵⁵ In the author’s possession but not cited as it contains the name of the organisation

Coordinator: If you call the youth and ask them what they would like to learn, the answer will come that they want to do these new things, like computer and whatever, but we don't have those sorts of things. I always encourage them: 'How will you do computer courses if you are not aware of your own health needs, especially in this environment where we are living in risk? Let us first talk about your health.

Joel: But do you think that is the priority for these young people?

Coordinator: It is not. In fact they want skills that will give them a way to employment, especially the out-of-school youth. It is these out-of-school when they come they give us headache because what they want is just employment. They hope, when you call them for training, that it will give them something...Most young people in our local context are getting pressure again that 'if you are attending a club or something you must at least bring some maize meal or something', but those parents themselves don't realise that those kids are going to learn skills that will help them even to live better. They are not interested in knowledge, just in material things. They are not allowing young people to learn the skills that will help them in the future. For them they just want that if the children go then they should bring something.

(27/11/2007)

The out-of-school youth and the families of the youth group members seemed to send a clear message that they did not consider these sorts of health education programmes a priority. I pick up this point again in Chapter Six.

Returning to an earlier point, this case study provides some indication of the power of the isomorphic processes (Chapter Two) within the organisational field. In spite of the coordinator's comments above, the organisation continued with plans to submit another funding application for an adolescent reproductive health programme. Encouraged by regular and apparently enthusiastic conversations with a contact at Unicef, the coordinator remained adamant that health education programmes were a priority. Furthermore, without an office since the end of the UNAIDS grant, the organisation had struggled to remain active, and securing new premises was a constant concern. A grant for another health programme had the potential to save the organisation, and the coordinator observed,

One of the reasons why we make proposal for adolescent reproductive health is that we have the expertise in that field. We can write a proposal in maybe two weeks or one month. (27/11/2007)

Some months later the organisation became an implementing partner in an MoHSS disabilities programme.

5. Conclusions

The aim of this chapter has been to provide a thick description of the local moral world of The Fight, the shared “contexts of belief and behaviour” associated with HIV/AIDS programmes and AIDS service organisations. There have been four layers to this description: the formal institutional framework; the wider social institutions that constitute “the done thing”; the affective structures of a sense of community; and finally the common sense reasoning that permeates and proceeds from these other structures.

The purpose of presenting The Fight in this way has been to transpose the ideas about a “common consciousness” (Barnett and Whiteside 2006), a “global morality” (Baylies 1999) or an “AIDS community” (Kates 2002) in such a way that they can be applied at a micro level and used to explore the social dynamics of HIV/AIDS programmes in Rundu.

The thoughts and actions of actors operating within the local moral world of The Fight were grounded in what often seemed to be a quite genuine, even if sometimes only temporary belief in the legitimacy and correctness of what has come to constitute “the done thing”. As such, it seems reasonable to argue that there was a type of subculture around HIV/AIDS programmes and AIDS service organisations that can be distinguished from the general milieu of everyday life in Rundu and in particular from the norms of what was called “traditional culture”.

In the rest of thesis I use this idea to explore the problem of engendering a greater sense of community ownership of HIV/AIDS programmes. However, in Chapter Six I first add some more depth to the description of the participants in the organisational field in order to draw out the intersection of this organisational field with some of the deeper social structures that I started to describe in Chapter Four.

Chapter Six:

Participants, opportunities and ownership in the fight against HIV/AIDS in Rundu

1. Introduction

There are two main parts to this chapter. The first addresses three core questions: 1) who were the participants in HIV/AIDS programmes; 2) what did participants expect and hope to get out of their involvement; and, 3) who was seen to be in control of decision-making processes in relation to HIV/AIDS programmes. The second part, proceeding from this discussion, comes to the central problem of this thesis: the apparent discrepancy between the rhetoric and the apparently genuine intent on the part of people in management positions to promote broad ownership of HIV/AIDS programmes on the one hand and widespread accounts of exclusion from decision-making processes on the other.

A report released by NANASO (2008) on *Civil Society Contribution to Tackling HIV/AIDS in Namibia* makes quite astounding reading. In a region of only slightly over 200,000 people, by 2007 there were 50 civil society centres working on HIV/AIDS; between 2005 and 2007 the number of organisations involved in “creating an enabling environment” increased from 7 to 60 and the number of people reported as “benefiting” from programmes rose from around 7,000 to slightly over 350,000. Whilst the numeric accuracy of these figures might be taken with a pinch of salt, they hint at the kind of “race for numbers” that appears to have been typical of the fight against HIV/AIDS internationally (Hanefeld 2009).

However, this sort of storytelling by numbers was rarely heard in Rundu outside the offices of HIV/AIDS NGOs and government agencies. In yards, fields, bars, churches and the marketplace, the conversations were generally not about how many people had taken part but about who had taken part, why they had done so and what kinds of benefits or costs they had incurred as a result. A good example of this was the popular analysis of one of the highest profile HIV/AIDS events to have taken place in Kavango.

In October 2001, 130 people paraded into the main Catholic Church in Rundu as part of a demonstration against the stigmatisation of PLHA. It was reported in a UN Integrated Regional Information Network (IRIN) bulletin as follows.

AIDS, not the border war with Angolan rebels, is the real threat to people's security in Namibia's northeast Kavango region. Galvanised by the crisis, a group of 130 HIV-positive people, most of them between 15 and 25 years, declared their status publicly at the border town of Rundu over the weekend.⁵⁶

Although this event was still being recalled and discussed by people in Rundu between 2004 and 2008, the tale of AIDS activism presented in the IRIN bulletin was difficult to locate amongst the accounts presented by respondents. More common was the type of conversation I had with two respondents [69, 92] in which they commented that their relatives who had been among the 130 had never been tested for HIV and so couldn't "know for sure" whether they were living with HIV. The Regional AIDS Coordinator remembered a conversation with one of the leaders of the event who had told him that only 8 of the people who entered the church knew that they were living with HIV and that the other 122 were there as supporters. Why these people wanted to support people living with such a heavily stigmatised disease was a popular subject of speculation: maybe they wanted to show solidarity with the people who were sick; maybe they feared that they might also be sick; maybe they anticipated possible financial rewards or future employment opportunities.

⁵⁶ <http://www.aegis.com/news/IRIN/2001/IR010929.html>. Accessed 12th October 2008

The extent to which these accounts correspond with the actual events is of little relevance here. What is relevant is the amount of attention given to the questions of who was involved and what was at stake for those people, which is why I also orient my discussion around these two questions and a third issue that was of great public interest: who controlled the flow of resources through and from these organisations. I argue that, despite the fact that “grassroots participation” and “local ownership” were core concepts in the discourse of The Fight, most actors who were not within the core layers of the organisational field of The Fight had a very limited sense of ownership of the HIV/AIDS programmes.

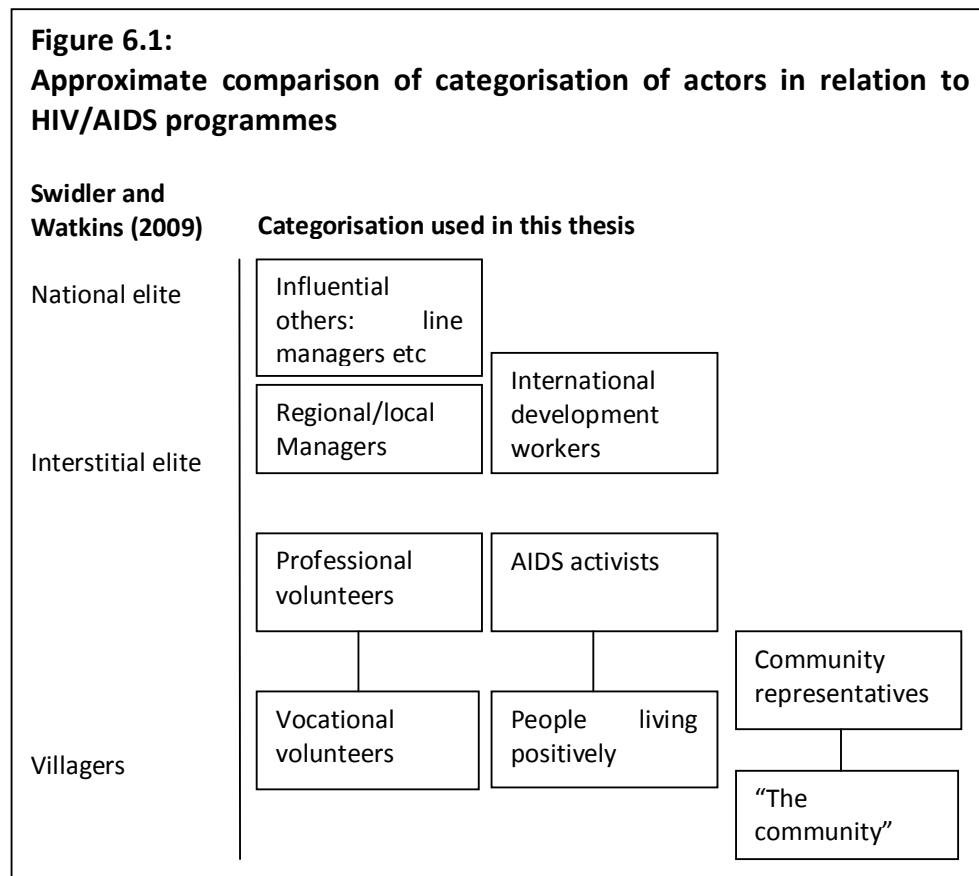
In the second part of this chapter I begin to engage with this problem by setting out two types of conditionality that appear to compromise the expansion of a sense of popular ownership: the distribution of what were deemed to be appropriate competencies and what I will refer to as actors’ “cultural orientation” (Eide and Acuda 1996; Perez and Padilla 2000; Tsai and Chentsova-Dutton 2002). These two issues are revisited and explored further in Chapters Seven and Eight.

2. Participants in The Fight in Rundu

The aim of this section is to add greater depth to the description in Chapter Five of the positions of actors in the organisational field of The Fight and to provide some understanding of how these positions intersected with other social structures such as gender, age and class. This is done using a system of categorisation based on distinctions commonly applied by actors involved in HIV/AIDS programmes in Rundu, and I have sought to indicate the instances in which I stray from this principle. This system of categorisation also draws conceptually on Swidler and Watkins’ (2009) analysis of the positionalities of actors in relation to HIV/AIDS programmes in Malawi, in which they distinguish between three groups of actors: the national elite, local elite (what Swidler and Watkins refer to as an interstitial

elite), and the villagers. This basic schema has been adapted as the study presented here is focused more exclusively on the local level and because I am keen to retain where possible an emic system of categorisation.

The categories presented here (Figure 6.1) should be thought of in terms of degrees rather than absolute and fixed categories, with actors moving within and between them. The description that follows does not include influential others, nor international development workers. As these groups are not the main focus of this research, the information presented in Chapter Five is sufficient.



In using this categorisation I do not intend to claim that of actors' "multiple subjectivities" (Laclau and Mouffe 1985), those derived from their positions in relation to AIDS service organisations are necessarily the most important in terms of actors' "projects of the self" (Giddens 1991). However, for some respondents,

more usually those situated close to the centre of The Fight (see Chapter Five), it did form an important part of the way in which they both self-identified and were identified by others. Most staff and volunteers were highly visible in the settlements where they worked, due to their activities, the clothes they wore and in some cases, the vehicles that they travelled in. One community outreach worker joked that even his name had changed since he started promoting HIV testing.

Me, I am not shy, even when I send an sms I put "Joni go VCT" or "AIDS" to mobilise them. They call me Joni-go-AIDS and I say "Yes, I'm around". I don't have a problem with what they call me; if they call me AIDS that's fine...I have an education about what is HIV. If they call me Joni-go-AIDS I won't get infected, so if they call me that it's fine. I work for AIDS. Fine. (Joni, 6/6/2008)

The people leading post-test clubs were also well known and during afternoons and evenings spent in the homes of leading activists in Rundu a steady stream of people arrived, seeking advice from somebody known to have experience of coming to terms with living with HIV.

Managers

There was fierce competition for paid management positions in AIDS service organisations and teachers, and on a number of occasions other highly qualified public sector workers expressed their desire to secure posts with "these international companies". The posts were seen to be well-paid, prestigious, with good working conditions, including opportunities for further training and attractive fringe benefits such as access to 4x4 vehicles and opportunities for international travel.

There were similar numbers of men and women in management positions. As an indicator, in RHACC there were eight women and seven men (including myself⁵⁷).

⁵⁷ See introduction to RHACC, Chapter Three.

Both the chair and the coordinator were women, and the men could not be said to dominate meetings. The ages of people in management positions in Rundu ranged from late twenties up to retirement age, although most of the younger people in management were in the NGO sector rather than government agencies. Whilst most people in management positions were Namibian, at the time of this research there were also Zambians and Zimbabweans, and there had previously been some Europeans.

Managers had taken various career paths into these positions. A handful had started off as volunteers in the late 1990s. One respondent [108] had been one of the first people designated a volunteer in Rundu. She and the other three volunteers from that time had recently completed school and had been looking for employment when they heard about the opportunity. All four were employed by NGOs at the time of this research. There was also a small number of people who had become managers by setting up their own organisations. Of the two respondents in this research who fell within this category [111, 112], both had completed school and had had professional backgrounds prior to establishing their projects. Neither drew a salary, but both received fringe benefits such as travelling allowances from donors. However, the vast majority of people in management positions had been recruited into their posts based on their professional experience and tertiary educational qualifications.

All of the actors in management positions were fluent in the discourses of The Fight and of Development. They attended local, national and, in some cases, international workshops. Meetings and interviews with managers were peppered with the latest jargon: “people who are not infected are affected”; “organisations must learn to monitor and evaluate”; “we must concentrate on capacity building” and so forth. This also entailed fluency in spoken and in most cases in written English, as well as at least basic IT skills, numeracy and accountancy.

Volunteers

One of the most visible forms of participation in HIV/AIDS programmes has been the large numbers of community volunteers. An MoHSS report entitled *Community-Based Health Care* (MoHSS 2006b), identifies sixteen types of volunteers, of which the most common are home based care volunteers and peer educators. In Rundu, volunteers were an essential source of labour for almost all AIDS service organisations, a fact recognised by managers.

The first people designated as volunteers with AIDS service organisations in Rundu started working in the informal settlements in 1998-9. The term *volunteer* was largely unknown in the region before this time. As a programme manager at the hospital [107] explained: “Volunteering is a new thing; it just came after Independence. Most of the people they don’t know it before, including myself.” Two current volunteers [109, 110] also recalled that they first heard the word *kulizambera*, (to volunteer) in around 1999-2000 when a friend asked them to join a youth organisation. Yet by 2008 the Kavango Community Volunteers Association (KACOVA) had been launched. During its first six months in operation KACOVA undertook to create a database of all community volunteers working in Rundu. A total of 292 volunteers were registered representing fourteen organisations, all of which were carrying out HIV/AIDS programmes.

What it meant to be a volunteer

As might be expected around a new term, there was and continued to be some discussion around what “volunteer” meant, and there was often some discrepancy between volunteers’ descriptions of their role and those of the residents of Kaisosi and Ndama who were less involved in HIV/AIDS programmes.

The main issue of contention was volunteers’ remuneration, an issue that was, at the time of this research, the subject of a major government review as the MoHSS

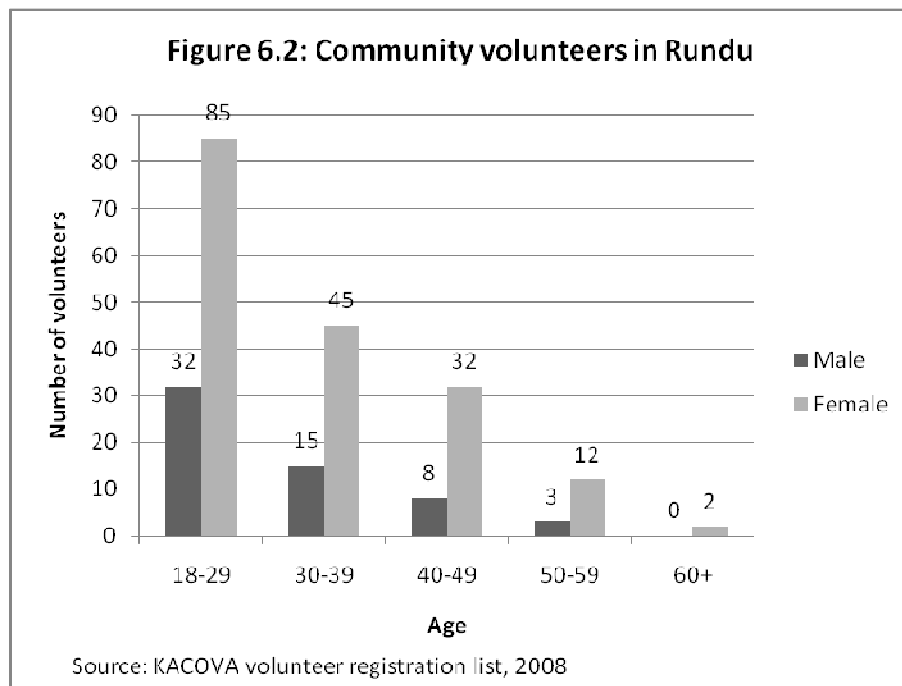
sought to provide clearer guidelines on volunteering (MoHSS 2007b). Although in both English and Rukwangali the word volunteer suggests not being paid, in practice many volunteers did receive some form of payment and this created a good deal of confusion. Whilst some volunteers in Rundu received food and an occasional t-shirt, others received stipends as high as N\$50 per day, well in excess of the wages paid to construction workers (N\$30 per day), retail assistants at the low end of the market (N\$12 per day) and agricultural labourers (N\$15 per day). The presence of international development workers labelled “volunteers” who earned wages comparable with a junior teacher or a police officer added to this confusion. This meant that whilst the narratives presented by most volunteers’ were oriented around the theme of self sacrifice, they were still often viewed as paid agency staff when they were in the field [90, 108]. This also had implications for the way in which they were treated by clients. For example, as an MoHSS manager [107] observed, home based care volunteers were often expected to perform the role of nurses. I return to this point below.

During informal discussions and formal interviews with volunteers, a range of ideas was put forward about what it meant to be a volunteer. These comments often recognised that volunteering could present individuals with a range of opportunities, and I discuss these in the following section. However, the comments often also emphasised the importance of being willing to make personal and financial sacrifices, echoing other accounts of volunteer experiences in Namibia and South Africa (Akintola 2008; MoHSS 2006b). A good example of this was Teresa, one of the first volunteers in Rundu, who had been volunteering for almost a decade. At school she had been part of an HIV/AIDS group, but she wanted to learn more about “this new disease” by becoming a volunteer. She also hoped that the skills she would learn would help her to find employment. She recalled that more than 100 people attended the meeting when Catholic AIDS Action made the announcement in 1998 that they were recruiting volunteers. Nearly all of these people left when they heard that “volunteer meant no payment”. As she explained, the difference was that she was willing to “sacrifice”. She recalled how difficult the

first months were: “It was a challenge. Some people used bows and arrows to threaten us, to chase us away. They used to call us “AIDS people” and told their kids to lock their doors” [also 43, 108]. Later, as the volunteers became more accepted and the number of people identified locally as living with HIV/AIDS increased, the sacrifices that she made were in terms of time and taking care of people every day without receiving any payment. The work was emotionally and physically draining [also 105].

Demographic profile of volunteers

The demographic profile of volunteers in Rundu broadly followed that of the rest of Namibia and South Africa, where the majority of volunteers are young, female and unemployed (MoHSS 2006b; Robins 2004). In Rundu women aged between 18 and 39 made up 56% of the total population of registered community volunteers (Figure 6.2) and NGO managers reported that most were unemployed.



Interestingly, at a national level, despite men only making up 20% of the volunteer labour force, they hold approximately 50% of the decision-making positions (MoHSS 2006b, v). I did not obtain comparable data for Rundu. However, each of the nine CBOs that took part in this study had women occupying some of the most senior positions, whilst two of the organisations had no men in similar positions.

There are several possible explanations for the numeric dominance of women. Namibia's HIV/AIDS policy identifies women as being especially susceptible and vulnerable to HIV/AIDS (MoHSS 1999; 2004) and consequently they are often targeted for HIV/AIDS interventions. Another factor has been that activities performed by volunteers such as home based care and supporting OVC were described as female roles. In addition, working without earning a salary was said to be less acceptable for men, who were described as being under greater social pressure to generate an income (see also discussion of the poultry project, Chapter Eight).

Young people have also been one of the main foci of HIV/AIDS interventions by government agencies and NGOs (MoHSS 2004). However, it seems likely that high joblessness among the youth in Rundu (Chapter Four) has also contributed to the high number of young volunteers. Other factors suggested by respondents to have contributed to the greater numbers of younger people volunteering were related to broader social and familial pressures. Two female respondents [63, 73] who had recently stopped volunteering did so because they had had children, and another [39] who had recently married was told by her husband that it was not acceptable for her to go around the community talking about sex. It was also said to be easier for younger people to transgress social norms that have historically prohibited public discussion about sex because they had become accustomed to talking about such matters at school. Also related to the issue of schooling was the point that young people had been schooled in and become more comfortable using English, and it was therefore easier for them to take part in programmes where the working

language was often English. Prior to 1994 the language of instruction in schools was Afrikaans.

Subcategories within the volunteer community

I now stray somewhat from the category distinctions that were commonly made by actors within AIDS service organisations. Although reports on volunteer activities have tended to create subcategories based on the activities carried out by volunteers (cf. MoHSS 2006b; 2007b), for the purpose of this thesis it seems more useful to identify subcategories based on the degree to which volunteers might be said to inhabit the local moral world of The Fight (Chapter Five). I explain this distinction between what I call “professional volunteers” (cf. Coutinho et al. 2006; C. Thomas et al. 2007) and “vocational volunteers”⁵⁸ with reference to three brief case studies.

Beatrice and Nathaniel represent what I refer to as “professional volunteers”

Beatrice is a young woman who did not gain sufficient grades to win a scholarship for tertiary education. She was not married and lived with her family and child in Kaisosi. She became a volunteer in 2003 because she wanted to learn more about HIV/AIDS, gain work experience and, hopefully, a job. She was interviewed by an international volunteer who was establishing a new organisation in the region. He was impressed by her, as she recalled, describing her as “brave” and “not afraid to speak”. She had volunteered with the same organisation since 2003 and had been one of the coordinators of the organisation for most of that time. She did not receive a stipend but earned money delivering workshops and training trainers as part of a UN-sponsored programme.

Nathaniel had been a volunteer for six years. He lived on his own in an informal settlement but also had a child to support. He had completed grade 12 with poor grades and due to some family wranglings had been unable to attend vocational training college. A close friend introduced him to

⁵⁸ This term is not widely used in the academic literature, but does seem to be used within the not-for-profit sector in the UK and North America. This is based on the author’s own experiences, conversations with a colleague with more than ten years experience in the not-for-profit sector in the UK and a Google search. The term is used as it seems to fit best with the description that follows.

volunteering with a youth organisation, which he had greatly enjoyed. Later, seeing volunteers from an organisation in town riding bicycles he decided he would try to join that organisation as well and subsequently volunteered with three other organisations. He described how his experience with these organisations helped him to become a “serious person” and how he hoped that his experience would eventually translate into a paid job. The training that he attended through these organisations enabled him to gain short term paid work as an enumerator and as an outreach worker, but none of these were the permanent position that he hoped for. During the time that he has been a volunteer he has also worked on a temporary contract in a supermarket and attended classes at technical college. Describing his volunteering career he explained “You can try this channel and then you see that it is not for you, so then you try the next channel and you see that one also is not going to help, so you try another channel, you look, maybe this one is for you.”

Volunteers like Beatrice and Nathaniel were often quite fluent in the discourse of The Fight. They were usually young, spoke good English, attended workshops and training events and had social networks that extended into other regions of Namibia. Many of them like Nathaniel had volunteered with more than one organisation and most aspired to be recruited to a paid position with an NGO. These were the volunteers that corresponded most closely with what Swidler and Watkins’ (2009) call the “interstitial elites”.

The “glittering castle” of training, certificates and the possibility of a paying job lead these young men and women to embrace opportunities to volunteer in donor-sponsored projects. Some of them volunteer for years, always hoping that the...grant they had submitted years earlier would finally come through, or that the workshops and meetings they attended and the certificates they earned might someday lead to a paying job. (Swidler and Watkins 2009, 1192)

At KACOVA events, these were the volunteers who put themselves forward or were nominated for committee positions. They were also the volunteers described in Chapter Five, who would meet up with volunteers from other organisations to share jokes and gossip about other volunteers that they knew.

By contrast, Esme provides an example of what I refer to as a “vocational volunteer”.

Esme moved to Kaisosi with her family in the mid-1970s from a village on the Angolan side of the river in order to escape the violence resulting from the conflict between MPLA and UNITA. At the time she was a young woman; she had one child. She had lived in Kaisosi ever since and at the time of this research lived with her daughter and grandchildren. She lived in a well maintained but small house and cultivated a small plot of land at the edge of Kaisosi. She was an active member of her church, which is a ten minute walk from her house and a similar distance from her field. Every Wednesday and Friday she went to the church to prepare food for orphans that the church supported. She went with a group of four women of a similar age as well as several younger women because “you have to love your friend as you love yourself and your family”. She could not remember how long she been helping, but said that in the past they used to visit the houses of the elderly people who could not attend church to sing for them.

The vocational volunteers were usually older women and typically only volunteered with one organisation, often a faith or church based organisation. As with Esme and her colleagues, these acts of volunteering were often described as a continuation of the kinds of church based activities that they had been involved in for some time [7, 19, 29, 55, 93]. Some of the vocational volunteers involved in home based care programmes had received appropriate training, but few had attended workshops on more generic skills such as “M&E”, leadership or project management. They tended to have very limited English and to be far shyer than most professional volunteers about speaking with international development workers and foreign researchers. In terms of the categories used by Swidler and Watkins (2009), they corresponded more closely with the “villagers” who dutifully made their contributions but did not aspire to making a career out of these activities.

People living positively

The expression “people living positively” is used rather than PLHA here because, whereas the term PLHA is based on a biomedical system of categorisation, “people living positively” was commonly used by respondents to refer more specifically to those people who had chosen to go public about living with HIV. In Namibia, the concept of being a person living positively was embodied by people like Emma

Tuahepa, one of Namibia's first HIV celebrities. Since founding Lironga Eparu, a national association of people living with HIV, in 1996 she has gone on to achieve iconic status (Rukambe 1999). People living positively in Rundu often cited her as a role model, although there are also rumours expressing doubt about whether she really is living with HIV because she does not look like somebody who has been living with the virus for so long.

There was considerable overlap between the people living positively and the volunteers, as many people living positively became volunteers. Accordingly, the demographics of people living positively largely mirrored those of the volunteers. Post-test club managers reported that between two-thirds and three-quarters of post-test club members were women, that a similar proportion was below 35 years old and that almost all of the active members in the clubs did not have permanent formal employment. Post-test club managers suggested that the predominance of women was related to the higher rates of HIV testing among women (cf. MoHSS 2008b, 22).

There were several explanations for the relative absence of post-test club members in paid employment. Post-test club meetings usually took place during the day, so it was difficult for employed people to attend. Furthermore, staff at the VCT centre and the hospital said that most people with access to medical insurance, such as teachers, nurses and civil servants, were accessing treatment through private clinics rather than going through the public hospital or the VCT centre, as this allowed them to conceal their HIV status. There were no secondary data available to support this assertion, although observations at the hospital and the experiences of friends who fell within this category of people suggest that it is plausible. Another reason given by post-test club leaders was that these clubs were usually described as "support groups" and this was often taken to mean "economic support". To some extent this was a fair understanding. For example, members of one club contributed to an emergency fund, another club promised support with funeral expenses and all of them organised various income generating activities.

As with the volunteers, it is also possible to distinguish two subcategories of people living positively. There was a group that corresponded broadly with the professional volunteers, whom I refer to as “activists”. These were people like Robert, who is described speaking at the male engagement event in Chapter Five. They occupied leadership positions with the post-test clubs and were often involved in more than one AIDS service organisation. Most of these activists had attended events outside Rundu and some had been involved in delivering training to groups in Kavango and beyond. Almost all had completed school and were highly articulate. They were in many ways the public face of The Fight in Rundu. They would be the people to speak at rallies and other public events and who represented PLHA at interagency meetings and workshops. Some of these activists had achieved considerable fame. One, Rosawitha Ndumba, had even featured in *Sister Namibia* magazine (cf. Baumgarten and E. IKhaxas 2007). She is a primary school teacher who had been married to a soldier. After her husband passed away she tested for HIV and learned that she was also positive. However, she continued to struggle on and was among that group of 130 who entered the Catholic Church in October 2001. Fortunately, she was able to purchase ART using the pension from her husband until ART became freely available in 2005. She became a leading figure in Lironga Eparu in the region and in 2003 set up her own organisation to support people living with HIV in Kavango.

The social position of these activists was rather ambivalent. In most cases they were held in high regard by others who inhabited the local moral world of The Fight. As I have said, there was an almost constant stream of people seeking their advice and they were often invited to speak at HIV/AIDS events. However, in wider society they were still stigmatised as PLHA and some of them spoke at their frustration at the persistence of this stigma [78, 85, 111]. They also appeared to be subject to particular public scrutiny and often derogatory comments could be heard among people from all walks of life about how people like Rosawitha and Emma seemed to have done rather well for themselves out of this virus.

The majority of people living positively were not however so well-known and had very little engagement in HIV/AIDS programmes beyond their own post-test clubs. They attended counselling sessions, sang and danced at events and sometimes took part in income generating projects, like the young woman who joined the post-test club and sang in its choir after her boyfriend chased her away (Chapter Five). These people living positively were often far less publicly open about their HIV status. One post-test club member in Ndama [69] explained that she had still not told her neighbours that she was living with HIV. When she went to town to attend meetings she told people that she was going to do some work or to visit friends. Other respondents in Kaisosi [4, 14, 16, 17, 31] said that they joined post-test clubs in the hope that they would be included in income-generating projects or that the club would provide a coffin when they died so as not to burden their children and partner with this expense. I refer to these people simply as “people living positively”.

The community

The community featured prominently in discussion about HIV/AIDS programmes with managers, volunteers and activists, as well as in written reports and oral presentations about these programmes. The term was generally used as a catch-all to refer to those people at or beyond the boundaries of AIDS service organisations. They were the current or potential “clients” and “beneficiaries” and were the people to whom the various outreach programmes supposedly reached out.

As is pretty standard in talking about “community” in the context of development programmes, there were people identified as community representatives, usually referred to in Rundu as “community leaders”. These were either the traditional authorities or the LDC (see Chapter Four), but could also include people such as pastors. These were the people who were most likely to be targeted for consultation

when NGOs and CBOs established programmes in informal settlements and villages.

In official discourse, the rest of the community was generally distinguished based on categories like gender, age and wealth. For example, at RHACC meetings comments were often made about the need to reach out to men, the youth, or the “poorest of the poor”. Of course, these categorisations would soon become less prominent once discussions about “the community” moved from the general to the particular, at which point the systems of categorisation more commonly used in common parlance would come to the fore: kinship relations; neighbourhood; church membership; links to other well-known institutions and so forth.

3. What is at stake, and who says so?

When speaking to residents of Kaisosi and Ndama about NGOs, CBOs and volunteering one question that recurred with striking frequency was: “Where’s the benefit?” Having seen “project after NGO after local government” (Cornwall 2008, 274) promise to bring development to their settlements, people were not surprisingly sceptical about the benefit of giving up more of their time to become participants of another programme. This leads me to the second question of this chapter: what did people expect or hope to gain from being participants?

As all respondents with whom this issue was discussed acknowledged, AIDS service organisations and HIV/AIDS programmes were widely described as offering an array of opportunities for people to acquire various forms of capital. The altruistic narratives of self-sacrifice were tempered by these accounts of the benefit that managers, volunteers and other members might expect to receive.

NAMDEB⁵⁹

There are so many NGOs and community groups now. We say HIV and AIDS has become NAMDEB because many people come up with a project about HIV/AIDS and get donors. It has become a money making activity and they are really many. (Senior health worker, 5/6/2008)

There was unanimity among respondents that perceptions of economic opportunities were contributing to the high numbers of people establishing CBOs and volunteering with NGOs. However, across different categories of actors there were differing ideas about what constituted legitimate usage of these opportunities.

As already mentioned, paid positions with AIDS service organisations were considered by other professionals (teachers, nurses, civil servants) to be fairly well remunerated, and volunteer stipends, while usually quite small, were still sufficient for volunteers to be considered as paid staff by some of their neighbours and relatives living in households where nobody had any form of paid employment. However, while the economic opportunities associated with these posts seemed to be broadly seen as legitimate, managers and volunteers were at the same time highly critical of members of “the community” who were said to treat HIV/AIDS as “a cash cow”.

When you ask detailed questions about the project they want to start we see there is nothing there. When they see or hear the person next door has got a donor then they just start thinking it is something like a shebeen. They are coming here with the aim of making money, not with the aim of taking care of these HIV people or orphans. They have no idea. (Regional AIDS Coordinator, 13/6/2008)

Indeed, one of the criticisms that managers sometimes made of the wider community was that people often seemed only to be interested in coming to meetings and events if they thought that there was some kind of material gain to be

⁵⁹ Namibia De Beers diamond company

had. As one manager joked in an RHACC meeting, if you want people to attend a meeting you must tell them that World Food Programme will be there.

However, these hopes and expectations of receiving some kind of material benefit were given a different gloss by respondents positioned around or beyond the periphery of the organisational field of The Fight, and my research assistants and I listened to a string of tales of limited yet frustrated ambition.

I heard that people the other side of Nyangana are getting capital, some financial assistance, so then I thought I would join and I will also get that benefit...The good thing with that group is we get information on how to live with this HIV and we can try and use the information. The bad thing is we get nothing to help us with our family at home. So it's better to go out and try to look something for yourself to eat. That is why I stopped. (Martha, 11/3/2008; former post-test club member)

That is the way we were told, that if you die then they [the post-test club] will buy you a coffin. The thing that made me to leave was one of the group members died but they did not contribute even a coffin. (Paulina, 28/2/2008; former post-test club member)

I know that there is money here somewhere but I don't know where to get it. I don't know who has the money and I don't know the way to get the money from them. (Paulus, 13/3/2008; discussing his efforts to set up a sewing project)

Although managers' descriptions of HIV/AIDS programmes being treated as cash cows conjure up images of great self-enrichment, when described by residents of Kaisosi and Ndama they became tales of their struggle to scrape by. What they hoped to receive through these programmes was seen as negligible in comparison with what appeared to be the vast riches lavished by these organisations on things like 4x4s and steak lunches at workshops in the town's luxury lodges. The problem, as Paulus observed, was knowing how to present an appeal for funds to the right people in a way that would be deemed legitimate.

Whose cultural capital?

As well as recognising the economic opportunities described above, respondents who were more heavily involved in HIV/AIDS programmes also spoke about the value of the human and cultural capital that these programmes made available. Particularly among professional volunteers and activists like Beatrice, Nathaniel, Teresa and Robert, learning about HIV/AIDS and gaining transferable skills was described as a major motivating factor for joining their organisations (cf. MoHSS 2006b). Vocational volunteers and people living positively also expressed enthusiasm for acquiring these skills. For example, even though at the time of this research the home based care programmes in Kaisosi were either yet to get off the ground or had started and then stalled, there had been a large uptake of home based care training among people connected to CBOs and NGOs.

On one level this can be seen as a desire to accumulate human capital, particularly where, as I have already discussed in Chapter Five, respondents held a genuine belief in the value of the information acquired through this kind of training (cf. Swidler 2005). For example several volunteers emphasised that their desire to understand more about HIV/AIDS had been one of the main factors in becoming a volunteer [21, 29, 33, 35, 42, 64, 90, 109]. However, as I discuss at greater length in Chapter Seven, the certificates and demonstrable linguistic competencies acquired through the various workshops and training events provided important indicators of professional or educational distinction; they were forms of cultural capital. In a context in which a large proportion of people do not leave school with any formal qualification, volunteering offers an opportunity to gain alternative, even if less prestigious, qualifications. Respondents like Nathaniel hoped and in some cases were able to use volunteering as a platform from which to go on to acquire skills that would improve chances of future employment, completing courses in areas such as participatory research methods, first aid or youth leadership.

However, there seemed to be far less appetite for HIV/AIDS related workshops and training sessions beyond the boundaries of AIDS service organisations (see Chapter Five). Even though the coordinator of the regional youth organisation extolled the benefits of learning about adolescent reproductive health, the out-of-school youth who were the organisation's main target were not persuaded. They attributed considerably more value to the acquisition of skills that they imagined would improve their employment prospects: computing, electric and plumbing skills and so forth. It seems telling that with the withdrawal of the promises of income generating activities and the lack of opportunities to acquire technical skills to which they attached value, many out-of-school youth left the organisation. The Kaisosi group nearly folded after members' families complained that they were not bringing anything home from the meetings apart from dirty clothes from the sporting activities that needed to be washed with soap that they had to pay for. As Martha's comments above suggest, whilst the information may have been appreciated it seemed that often it was not valued highly enough to warrant the ongoing opportunity costs incurred. Being a volunteer or a member of a post-test club was a considerable commitment, and Paulina's husband complained that he just did not have time to keep attending the club. As he observed: "I cannot eat a certificate, I cannot eat a t-shirt".

Where staff, volunteers and activists emphasised the value of the skills, knowledge and better long-term health that their programmes were thought to offer, most respondents in Kaisosi and Ndama appeared far more concerned with the more immediate and tangible benefits. The value attributed to the cultural capital available through HIV/AIDS programmes was dependent on the extent to which an actor was engaged in the culture and local moral world, of The Fight.

Becoming a well known person

Some months into this research project my research assistant explained to a friend of mine that the best thing about being involved in the research was that he had

become “very famous” in the settlements where we had been working. This echoed many comments made by volunteers about why they had become volunteers (cf. MoHSS 2006b), as well as those of people in other community groups such as the LDC and church committees which often made reference to the desire to be seen as a “serious” or an “active” person [21, 25, 29, 33, 44, 67]. Being involved in these organisations provided opportunities for people to enhance their reputations and extend their social networks; to acquire social capital.

Managers, activists and some of the professional volunteers attending workshops, capacity building events and conferences built professional networks that often extended across Namibia and beyond. Almost all of the senior managers of NGOs and the coordinators of RHACC and RACOC had international professional relationships and most had attended meetings outside the country. In addition to these networks branching out from Rundu, the distinction that these actors acquired in their professional fields often also translated into prestige in more localised social networks, and both the men and the women in these positions were very much considered “big people” (cf. Chapter Four) in Rundu society.⁶⁰ Many of the managers had, for example, taken on honorific social positions such as sitting on school management boards, church committees or sports club management committees.

Volunteers also recognised the benefits of becoming well-known. For the more aspirational professional volunteers and activists, becoming well-known within the organisational field of The Fight was key to building a career in that field. But becoming well-known also brought opportunities to build a reputation within one’s local community. In volunteers’ life histories a recurrent theme was the respect that they had gained within their communities, and a number of volunteers pointed out

⁶⁰ Although the way in which this “big person” status was expressed was mediated by deeper structures of gender. For example, men would be more likely than women to be found in a bar buying a round of drinks for their friends. Men and women with “big person” status would however be just as likely to be appointed in the honorific positions described in the main text.

that since becoming a volunteer they had also taken on other prominent positions such as becoming a member of the LDC, the church choir committee or a scribe for the traditional authorities [25, 35, 85, 92]. Another example of this was the kudos enjoyed by many of the home based care volunteers who were often viewed by their clients as nurses [107, 115, 117]. As Kaler and Watkins (2001) observed among community-based family planning workers in Kenya, volunteering presented an opportunity for people with limited access to economic, cultural and social capital to secure for themselves a stronger position within the social contexts in which they lived out their lives. "CBD⁶¹ work is a means for women to earn respect and obligation from other people, where earning money is difficult. The GTZ/MOH⁶² CBD program may enable these women to attain a measure of power and respect by giving them new ways to take advantage of one of the few avenues open to women" (Kaler and Watkins 2001:261). These comments resonate strongly with observations made in Rundu.

There were however also costs for those volunteers and activists, who effectively became patrons in the communities in which they worked. One NGO manager noted with some concern the number of volunteers who were spending a large proportion of their stipend on providing soap, bread and maize for their home based care clients. As Chabal and Daloz argue, "patrons suffer considerable constraints. The maintenance of their status is entirely dependent on their ability to meet the expectations of their clients" (Chabal and Daloz 1999, 28). This applies equally well to these rather small scale patrons as it does to the more obvious patron figures who feature in much of the African political science literature (cf. Bayart 1993; Berman 1998).

⁶¹ Community-based distributors (CBD) in family planning programmes

⁶² GTZ refers to the German government's international development arm. MOH stands for Ministry of Health

While the situation for people living positively was in some ways broadly similar to that of the volunteers, particularly where they were involved in local development projects through the post-test clubs, becoming well known could also be problematic given the persistence of HIV/AIDS stigma. As I have already mentioned, some of the post-test club members had not informed their family or neighbours that they were living with HIV, and so to become well-known precisely for being a person living with HIV was obviously not desirable. However, for those people living positively who, for whatever reason, were more able to make their status public, this could open up many opportunities. For both Rosawitha and Robert, their meetings with prominent AIDS activists transformed their lives as they became leading figures in the AIDS community themselves. This then was the positive side of living positively.

Finally, HIV/AIDS programmes also offered networking opportunities to some actors who were at or beyond the periphery of the organisational field of The Fight. As I stated earlier in this section, these programmes were universally recognised as a potential source of resources and understandably nobody was keen to miss out on such an opportunity. The first weeks of conducting research in Kaisosi were punctuated by conversations with residents who asked if they could register themselves or their children with my “project”. Similarly, when the regional youth programme was established it was easy to find teachers willing to become board members in the hope that their investment of time, energy and material support might someday be rewarded.

Making a difference and generalised opportunism

In spite of the comments made in the section above, it is important to stress that this description of what was perceived to be at stake is not intended to portray participants as mercenaries, only seeking to get what they could out of the opportunities presented by these new organisations.

On the part of the managers and volunteers there was often a very genuine belief that delivering the correct programmes in the correct manner would contribute to the well being of people such as the residents of Kaisosi and Ndama, and many of the NGO, CBO and government staff and volunteers were passionate about trying to improve the lives of people living around them. Some had even made considerable personal sacrifices in order to do so. One CBO manager quit a well paid job to lead her organisation; an NGO manager continued for a long time to earn a salary well below what she could have earned in Windhoek because of her commitment to the clients of the organisation with which she worked; a teacher in his 50s [20] explained that he spent every evening doing voluntary youth work because "I love sport and they are good children"; another teacher donated most of the land attached to her house to a kindergarten because she was concerned that too many children in her part of the settlement were not attending any kind of preschool.

However, life and good fortune in Rundu were often described as precarious (cf. NPC 2007, 17). People would provide evidence of this with reference to the accidental poisoning of six children in Kehemu; the recent burial of another teacher, nurse or family member; or the most recent in a long succession of fatal road accidents, and then life would go on with a sigh: "God's will"; "*eparu tupu*" (that's life). As Swidler (2005) observes, where good and bad fortune often seem hard to predict or explain in a context where life is characterised by uncertainties, people are more likely to spread their bets, to make themselves available to whatever piece of good fortune may be passing in their vicinity. This seems to be integral to the "generalised openness of people in poor circumstances to any opportunity to expand the web of connections that might bring something unexpected their way" (Swidler 2005, 13). In Rundu, Kaisosi and Ndama, people invested time, energy and other resources, often in the hope of contributing to some sort of greater good but also in the hope that some of these investments might pay off at some point in the not too distant future. An upshot of this seems to have been that this "generalised

openness” could also be construed as a “generalised opportunism” (Swidler 2005, 12) and, as I discuss further in Chapter Eight, in Rundu this also seemed to be bound up with a widespread wariness about the intentions of others.

4. Locating control of decision-making

I come now to the third main question of this chapter: Who was seen to be in control of decision-making processes in relation to HIV/AIDS programmes?

I take as a starting point the data on perceptions of influence generated during the institutional analysis exercise with respondents in Kaisosi and Ndama (Chapter Three). From there I return to two of the questions about participation discussed in Chapter Two: who participates, and in which decisions?

Perceptions of influence

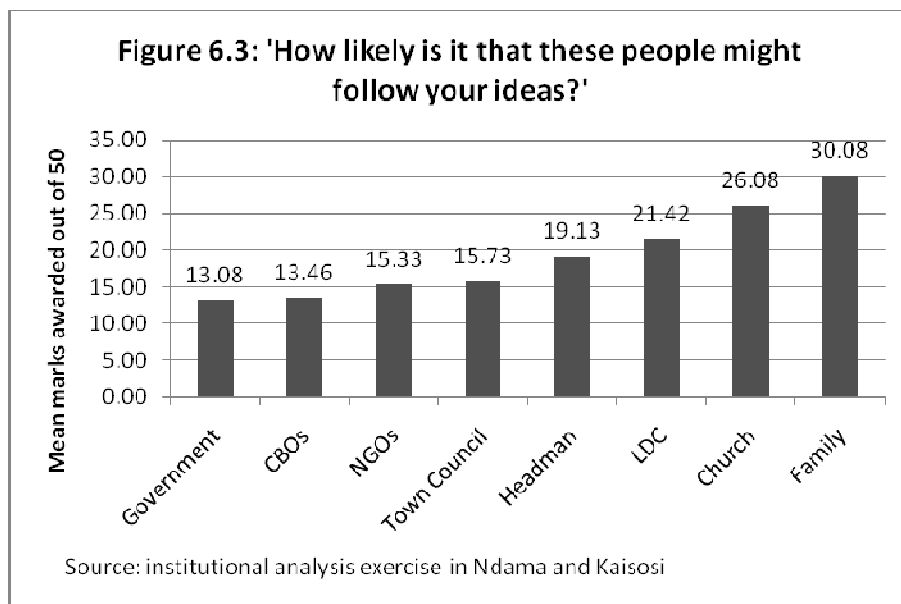
The question that respondents were asked during the institutional analysis was, “If you took an idea to the organisation, how likely would they be to listen to your idea, and then, if it was a good idea, follow it?”

Data generated through this exercise indicate that most respondents felt that they had very little say in the decisions made by the majority of organisations delivering HIV/AIDS programmes, and NGOs and CBOs performed particularly poorly. Indeed, the mean scores of 15.33 and 13.46 presented in Figure 6.3 have been pulled up slightly by a small number of respondents who were heavily involved with these organisations and who gave them much higher scores. The median score for both CBOs and NGOs was 10 out of a possible 50. Of the formal organisations included in the institutional analysis, only the churches⁶³ stood out as places where

⁶³ As discussed in Chapter Three, what are sometimes called faith-based organisations, such as for example Catholic AIDS Action, were included with NGOs on the grounds that during the testing

respondents considered themselves able to influence decisions taken. Here, respondents provided examples of ideas that they or relatives had proposed at church that had then been acted upon, such as deciding whether to send delegates to a church conference; which sick people the choir should visit, or how funds from the collection should be spent.

The low scores given to CBOs and NGOs were quite surprising, particularly given the claims often made about how such organisations are close to the people (Seckinelgin 2006b). What was particularly surprising was that CBOs and NGOs received even fewer points than the Town Council and the LDC, about whom many residents of Kaisosi and Ndama complained at great length.

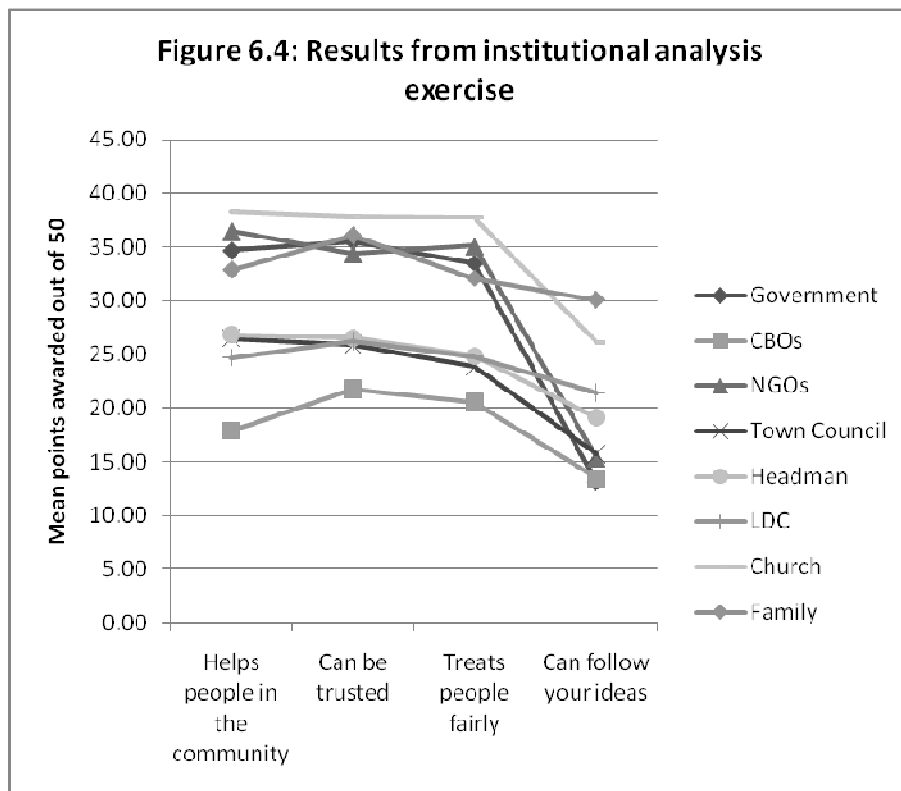


With CBOs, their low score appeared less puzzling when the scores for the other three criteria in the institutional analysis were taken into consideration, as they scored poorly across all four criteria (Figure 6.4). CBOs were described as largely ineffective, even by respondents heavily involved in them (see Chapter Four). In

phase of this tool the respondents found this easier to understand. 'Churches therefore refers only to the churches themselves and not to other organisations with which they may have links.

Kaisosi⁶⁴ three respondents [5, 15, 32] even doubted whether there were any CBOs in their settlement, as they claimed not to have seen evidence of their activity and two respondents [20, 32] who were trying to set up CBOs gave them less than 5 points out of 50, saying that they could not give marks to organisations that had never done anything.

Corruption was also frequently mentioned in relation to CBOs and their leaders were suspected of “eating” the money that they received from donors. Indeed, CBOs were often referred to as personal “projects” or “businesses”.



However, the low score for NGOs was less in keeping with the scores that they received across the other criteria. NGOs were described as an important and reliable source of support, with the example most frequently given of this support

⁶⁴ Respondents living in Ndama who gave higher marks to CBOs mentioned two projects in particular: the first OVC project and a butchers’ association.

being assistance for orphans, emergency food aid and providing blankets and food for people if their houses burned down. What this seems to suggest is that whilst NGOs were valued highly as service delivery organisations, they were not viewed as forums through which local people could have their say.

These data were also supported by comments made during focus group discussions with community volunteers at a KACOVA meeting. NGOs were praised for helping to “bring development” to the region and providing services for vulnerable people. However, there was also a strong convergence around the position that most volunteers had only very limited opportunities to put forward their ideas to the organisations with which they worked.

Who participates, and in which decisions?

I come now to two key questions about participation posed by Cornwall: “Which members of the public participate” and “Which decisions [do] the public have the opportunity to participate in” (Cornwall 2008, 280). However, I explore respondents’ perspectives on these two questions from the other side of the coin, by asking which actors were perceived *not* to take part and from which decisions were they described as being excluded.

Based on respondents’ descriptions of who was most often excluded from decision-making, I discuss four groups of actors. The first was the community representatives, namely traditional leaders and the LDC. The second group was, quite generally, those people not identified as part of the emergent socio-economic elite, usually distinguished in a number of ways reflecting the intersection of social, economic and political aspects of elite formation. For example, professional status was one common way of identifying “big people”, as was the car that they drove or the mobile phone that they used. Political affiliation and ethnic distinction were also occasionally invoked (Chapter Four), and among respondents in Kaisosi “the

people in town” also carried connotations of people with better life chances. While the means of distinguishing people varied, the subtext remained that of separating out the perceived minority of people who were thriving from the rest who were struggling to get by in “this modern day life” (see Chapter Four). Almost all of respondents in Kaisosi and the majority of the respondents in Ndama seemed to identify with this second group. The third group were the youth, in particular the out-of-school youth. The fourth group were the volunteers.

Community representatives

In most cases NGO staff did consult with headmen and/or LDCs before implementing a programme in a settlement. Indeed, some NGOs had started to build a strong working relationship with a number of headmen and LDC chairpersons, particularly in relation to the promotion of VCT and the uptake of ART (Busher 2009b). However, LDC members and headmen from Kaisosi and Ndama argued that NGOs usually came to them with preformed ideas about the kinds of projects that they would deliver.

Those people from NGOs doing HIV things they don't really pass from the headman or the *hompá*, they just call them to brief them on what is going on, not to discuss. Something that is decided there and implemented here already we cannot say whether it is good or not... You cannot think anything because they don't even give you any idea for you to start thinking, so you just leave them to do it. (Ndama headman, 20/5/2008)

The distinction between being briefed about a programme and discussing a programme is critical. Members of the LDC in both settlements offered similar comments, though like the KACOVA volunteers they also praised NGOs for their efforts to “bring development” to the settlements.

Related to the issue of limited opportunities for discussion were comments about the scarcity of up to date information received by community representatives from NGOs and government agencies. In a focus group discussion with the Kaisosi LDC,

members observed that as the people designated with the task of promoting development in Kaisosi, they would like to be able to report to residents information about programmes being delivered there, such as whether programmes were going to be expanded or discontinued. In a separate interview the chairperson of the LDC reported that her inability to answer the questions of other residents had even resulted in her being accused by some of intentionally withholding information in order to keep the benefits of that information for herself.

Members of Kaisosi LDC and Ndama LDC suggested that representatives from the Town Council, NGOs and other organisations delivering HIV/AIDS and development programmes could report back to the community during community meetings. I raised this point during the presentation of initial findings at an extraordinary RHACC meeting (Chapter Three) and it prompted a lively discussion. However, while all parties were in agreement that there should be more reporting back to the wider community there was considerable disagreement about whether the responsibility for doing this should lie with the NGOs and CBOs themselves or with the umbrella bodies coordinating the monitoring and evaluation processes. In addition, some delegates aired concerns that people would not attend such feedback sessions unless food was provided.

“The community”

Given the limited sense of inclusion among community representatives, it is not surprising that very few respondents in Kaisosi or Ndama described themselves as being able to influence the decision-making processes of NGOs or government agencies. Most community outreach events convened by NGO groups were oriented more towards disseminating information than to gathering opinions. A number of participatory research projects had taken place in recent years, conducted either by the MoHSS or by NGOs, in most cases as part of project planning procedures. However, experiences in Rundu seemed to echo Cornwall’s

observation that “it is commonplace enough for external agencies to conduct a “participatory” assessment of needs and priorities, then to plump for those corresponding with their own agenda” (Cornwall 2008, 279). A community meeting that I attended as a representative of Namibia Red Cross Society in 2005 in one of Rundu’s informal settlements provides an example of this.

The meeting was set up as both the final stage of a participatory community health research project and the starting point from which to develop a community based programme to address the challenges identified through the research. The lead organisation worked primarily in the field of health. The meeting took place in a church and over 60 people in attendance. The meeting consisted of a series of short presentations and discussions around the data that had been generated and was facilitated mainly by Windhoek-based staff from the lead organisation. The discussions were earnest and the facilitators very effectively encouraged people to share their views. Towards the end of the day there was a summing up where the meeting was presented with a list of the conclusions reached during the course of the day. However, some of the delegates observed that something was missing from this summary. Throughout the day one of the strongest themes had been poverty and unemployment, yet in the summary this had disappeared. The challenges described in the summary were still of course seen to be important: alcohol abuse, drug abuse, lack of medical facilities, lack of education among the youth and so forth. However, they did not really reflect what had been said.

This discrepancy between the programmes that organisations offered and the requests made by residents in settlements like Kaisosi and Ndama did not go unnoticed. During interviews and private conversations, residents complained that they had given their ideas to lots of people who had asked them questions about the problems in their community. As one respondent exclaimed,

Where do they take all this information, like how many times people eat in a day or how do they survive?! (Paulus, 13/3/2008)

That is not to say that residents did not appreciate what NGOs delivered; the institutional analysis data indicate quite clearly that they did; but as it had little correlation with what they asked for there seemed little point in taking the trouble to participate. As the headman observed: “You just leave them to do it”. These experiences appear to have played their part in the “participation fatigue” (Cornwall 2008, 280) that manifested itself in the low attendance at community meetings described earlier by the RHACC delegates.

One way of having more say in matters was to establish one’s own project, and this may partly explain the proliferation of CBOs in the research sites. For example, one respondent in Ndama [69], a person living positively, announced that she and some other women at church had been planning to establish an OVC centre with the support of their church. Previously she had been involved as a volunteer with one of the larger CBOs in Rundu, but was critical of what she saw as an attempt by the leaders to monopolise the decision-making. Similarly, the Kavango Bridges of Hope was initially founded in part as a result of Rosawitha’s dissatisfaction with the decision-making processes in Lironga Eparu. However, while Rosawitha and another woman who had launched her own CBO had become prominent figures in the HIV/AIDS community, invited to interagency meetings in Rundu and capacity building sessions across Namibia, they were exceptional. The failure rate of CBOs was high. In Kaisosi a skills centre had folded, two of the kindergartens that had been set up had quickly closed down and none of the home based care groups were active (see Chapter Five). The regional youth organisation limped along without an office and with only minimal logistical support and about half of the projects supported through the RHACC small grants programme teetered on the brink of closing down after their first six months of operation. With a few exceptions then, these small organisations rarely provided a step up onto the participation ladder.

Young people⁶⁵

The fact that young people were identified as one of the groups excluded from decision making processes was rather surprising given the emphasis placed on promoting youth participation by many of the larger AIDS service organisations and the high proportion of volunteers who were also young people. However, a number of cases seemed to sustain the claims that in some cases whilst young people were formally involved in projects they had very little influence. The regional youth programme (Chapter Three) provides a good example of this.

When the regional youth programme was set up, the founders established it along similar structural lines to what was at the time becoming the dominant organisational model for AIDS service organisations in the region: a constitution was written and a management team established. As it was a youth organisation, part of the management team was a board of directors appointed to provide support to the young people on the committee. Most of the board members were teachers. After the board was set up the relationship between most of the board and the youth coordinators dissolved. For five years none of the youth members were invited to attend any of the board meetings,⁶⁶ despite the organisation's claims to represent the voice of young people in the region. The programme coordinator, a young person himself, reported that "they even tried to chase me" because "they believe that the board is for grown-ups". Other young persons involved in leading smaller NGOs and CBOs also shared similar stories and three of them [21, 25, 78] commented that when it came to attending the interagency forums they felt that they were not taken seriously by the "big people".

⁶⁵ In Namibia 'youth' is officially used to refer to people up to the age of 35.

⁶⁶ The first meeting involving the board and representatives of the youth members took place in April 2008 (see Chapter Three)

There is an obvious incongruence here with the commonsense reasoning of The Fight. However, what this demonstrates is the extent to which the discourses that permeate AIDS service organisations were mediated by patterns of social relations that predate the rise of the ideology of The Fight and Community Development. The idea of youth participation and leadership that was prominent in The Fight jarred with more established ideas about the social position of young people (Chapter Five), providing an example of how practice did not always coincide with rhetoric, particularly where they sat at the confluence of competing value systems.

Volunteers

A similar story emerged with volunteers. Although volunteers were highly involved with HIV/AIDS programmes, the consensus among those at the initial KACOVA sessions was that they were rarely involved in making decisions that went beyond questions of which houses to visit or what to include in a drama. This was encapsulated during an interview with one respondent who, having volunteered on and off for six years, had become a paid member of staff for an NGO:

Patrick: In the office they put up borders where volunteers end and where the staff come in. Most of the time volunteers are not considered in decision making even if you have a good idea. I have seen it when we were invited to go for a workshop in Windhoek. We, the volunteers, were just sitting as observers.

Joel: You spoke about borders; can you say something else about that?

Patrick: You see when we look at office operation a volunteer does not operate in the office. When it comes to decision in the office it's the staff. They give us instructions to play a drama and a person who is writing the script sit and discuss...What I think is maybe the problem is in the word "staff meeting", that they think it can only be staff who are in the meeting.

(8/12/2007)

These sorts of comments were very much in keeping with the discussions among volunteers at the initial KACOVA meetings and seem to resonate with Cornwall's observation that in practice "rhetoric about involving people in decision-making

[often] boil[s] down to engaging them in marginal choices when the real decisions are clearly being made elsewhere” (Cornwall 2008, 279). This is not to say that volunteers appeared to harbour particular resentment towards the organisations with which they worked. On the contrary, volunteers at KACOVA were on the whole highly complimentary about their organisations. The point, however, is that the decision-making was largely left to the managers.

A partial conclusion

What these examples seem to illustrate is that control over decision-making in HIV/AIDS programmes was widely seen to be concentrated among the “big people”, who were in most cases the managers and paid staff of AIDS service organisations and government agencies. To relate back to the distinctions made in Chapter Four, the decision making was largely in the hands of that group of people who were so visibly thriving on “this modern day life”.

This contrasts with the rhetoric of local ownership that permeated the discourse of *The Fight*, and it is this contrast that sets up the question that dominates the remainder of this thesis:

Why, when the ideal of broad and deep participation pulses through the discourse of The Fight, does it appear that most actors beyond the core of The Fight have very little sense of ownership of decision making processes?

In the final part of this chapter I start to outline a first tentative response to this question. I do this by exploring two basic, overlapping conditionalities related to participation in decision making activities in the contexts of HIV/AIDS programmes. However, as I hope to demonstrate over the course of the remainder of this thesis, these conditionalities were often implicit rather than explicit and their application only partially intentional.

5. Conditionalities of participation in decision making processes

The first of the two overlapping structures of conditionality discussed here is an actor's ability to demonstrate ownership of the kinds of competencies deemed necessary in order to make "appropriate" and "correct" decisions; what might be called an actor's cultural capital. This could include familiarity with the lexicon of The Fight; eloquence; knowing who to speak to in order to get something done; having the bearing of a person confident enough to put forward their point; or having specific technical skills such as computer literacy, accountancy and so forth.

The second structure of conditionality is what I will refer to as an actor's cultural orientation. The term "cultural orientation" has been most widely used in the behavioural sciences where, among several other applications, it has been used to analyse the predictors of health related behaviours (Eide and Acuda 1996; 1997) and the multigenerational processes of acculturation among immigrant communities (Perez and Padilla 2000; Tsai and Chentsova-Dutton 2002; Ying, Lee, and Tsai 2000). The definition of cultural orientation that I use is "the degree to which individuals are influenced by and actively engage in the traditions, norms and practices of a specific culture" (Tsai and Chentsova-Dutton 2002, 95). Manifestations of cultural orientation can be observed across various domains of life, including participation in activities associated with that culture, the cultural orientation of an actor's social network, language use and feelings about the culture (Tsai and Chentsova-Dutton 2002, 96-7; Ying, Lee, and Tsai 2000).

My understanding of "cultural orientation" differs slightly from that used in analyses of acculturation, in which it is usually closer to a concept of ethnic identification (cf. Tajfel 1981). Instead, the way in which I use it is more akin to the idea of an organisational or a professional culture (DiMaggio and Powell 1983; Hallett 2003) which, as I have discussed in Chapters One and Five, is experienced as a local moral world. However, the fundamental principle is similar. To gain an idea of a person's cultural orientation towards the local moral world of The Fight

one would ask: does that person take part in activities that are linked with HIV/AIDS programmes, such as awareness raising events and rallies; to what extent is that person's social network comprised of other people who are actively involved in similar activities; how able are they and to what extent do they make use of the discourse of The Fight; and what do they feel (pride/shame) about their identification with HIV/AIDS programmes and AIDS service organisations? Based on this I would argue for example that Robert (the HIV/AIDS activist) had a very strong cultural orientation towards The Fight; Nathaniel also had a strong cultural orientation towards The Fight, although perhaps not quite so strong as Robert's; whilst Paulina, despite living with HIV/AIDS, was less culturally oriented towards the local moral world of The Fight.

As other studies that have used this concept have made quite clear, cultural orientation is dynamic and likely to change over time, particularly where life circumstances change, as I would argue they have done for many people in Kaisosi and Ndama during recent political transitions, the emergence of HIV/AIDS and so forth (Chapter Four). The more an actor is immersed within a different shared context of belief and behaviour, the more they are likely to form an orientation towards that context in the ways in which they behave, think and feel. There is a clear and intentional parallel here with the concept of normative isomorphism (DiMaggio and Powell 1983) discussed in Chapter Two.

The reason I describe these as overlapping structures of conditionality is that they are mediated by each other. The value an actor attributes to cultural capital is mediated by their cultural orientation (see discussion above under "Whose cultural capital"), which is also shaped by the store of cultural capital possessed by that actor, as this contributes to the avenues through life that they are most likely to pursue or to have open to them.

Competencies and cultural capital

Namibia is there, it is really trying [to respond to HIV/AIDS]. The only problem is going down to the grassroots there are not the human resources.
(Regional AIDS Coordinator, 13/6/2008)

Concerns about a lack of what were represented as the necessary competencies among “the community” and even among volunteers dominated discussions with respondents in management positions, who were able to cite a host of examples to support these concerns: a garden project for PLHA that had made their plots too small to be economically viable; an organisation that had spent its money on items that were not in its budget; or the financially fanciful plans of some of the CBOs that were proposing income generating activities.

There were three ways in which this imagined lack of appropriate competencies seemed to intersect with limited inclusion in decision making processes. The first was that where actors were not perceived to demonstrate the required competencies, the actors in positions of authority were reluctant to devolve decision making, and particularly budgetary control, to them. This was often linked to managers’ concerns about meeting the required standards of accountability set by line managers, donors, or coordinating bodies. For example, in discussing why it had been difficult to spend RACOC’s budget for supporting community based HIV/AIDS programmes, the Regional AIDS Coordinator explained

Even if you look at community projects, they get money from the ministries but after some years there is nothing there. There is no idea of how to run the project. They just want to get money...When those people come from Windhoek to the region and see what they [the community projects] did with the money, they come to my office and ask and I cannot answer that question.
(Regional AIDS Coordinator, 13/6/2008)

NGO managers and government officials in Rundu were accountable to their line managers in Windhoek and often to donors, and managers were at pains to point out that they considered themselves quite peripheral actors in many ways. For

example, civil servants working on HIV/AIDS programmes [105, 113, 116] pointed out how little interest the issue of HIV/AIDS provoked amongst most of their senior colleagues, unless there were photo opportunities involved. They stressed how important it was not to give these senior officials, whose major concern was to ensure that due process was followed and books were balanced, any reason to refuse to authorise future projects and programmes. Their professional reputations and the reputations of their organisations were at stake.

The empirical basis of these concerns (cf. LeBeau 2004) introduces a second way in which a lack of the appropriate competencies could limit opportunities to participate in decision making. The projects run by people who did not have the competencies required to deliver what was considered a well managed project were more likely to collapse. As I mentioned in Chapter Five, the Regional AIDS Coordinator identified only four CBOs in Kavango as success stories. In each case they were led or closely supported by people who, it might be said, could demonstrate the appropriate cultural capital: they had completed formal education or had prior experience of working in large organisations. This issue had been recognised by the RHACC members and was one of the reasons why RHACC, RACOC and the larger NGOs were putting considerable effort into capacity building programmes for smaller organisations. These efforts to build capacity, or human capital, are discussed at length in Chapter Seven.

The third way in which the lack of cultural capital intersected with limited inclusion in decision-making was through processes of self-exclusion; where, for a variety of reasons, actors did not take up opportunities that might, at least from the perspective of an external observer, appear to be available to them. These reasons can be seen to have been grounded in past experiences that resulted in low confidence or a common perception that they had nothing to contribute (Cornwall 2008; Dorsner 2004). For example, despite inviting members of the Kaisosi and Ndama LDCs to attend the extraordinary RHACC meeting where I presented initial findings from this research there were no representatives from either LDC at

the meeting. Two LDC leaders had informed me in advance that they would be unable to attend due to work related commitments, but I was surprised that there were no representatives, particularly from Kaisosi, where I knew most of the members quite well. When I raised this with LDC members [20, 25], they explained that one of the reasons for not attending had been a sense of intimidation at the prospect of attending a meeting with so many “big people”. Similarly, two CBO leaders [78, 85] who had concerns that they wanted to raise with the Regional AIDS Coordinator explained that it was difficult for a “poor person” to walk into the buildings of the Regional Government and knock on the door of the Regional AIDS Coordinator who would be sitting behind his desk.

The sense of having little to contribute was particularly evident among many of the volunteers. Even volunteers who had a wealth of experience were often very self-effacing. The coordinator of the regional youth programme and the other leaders all had more than five years’ experience of project management, and despite the various problems that they had encountered along the way had managed to impress UNAIDS and UNICEF sufficiently for UNICEF to recommend them as a partner for an MoHSS programme. However, when discussing plans for a new project, the coordinator asked:

Do you think it is really possible to do that project with this very little knowledge that we have?...Joel, I want you to take this very seriously, even the staff [who are all unpaid] at [organisation name] they’ve got a very very inadequate skill level and that is why really we need technical support even for the staff level and then they can disseminate to the club level. (Coordinator of the regional youth programme, 27/11/2007)

This kind of comment is discussed at greater length in Chapter Seven, in which I consider the social practices of knowledge. Here it is sufficient to say that several factors appear to have contributed to this apparently low confidence. On one level these can be seen as something relatively straightforward such as feeling shy about speaking English or feeling intimidated by “big people”. However, these feelings are rooted in deeper social structures, in historically embedded understandings of

what constitutes appropriate behaviour for leaders and followers, for young people and old people, or for men and women and so forth. These understandings were shaped not only by the traditions of the Kavango peoples, but also by the encounter with a rigid colonial regime.

Cultural orientation

Also what I think, because we as blacks, this whole administration of government ministers is all westernised. So we who are sort of innovative neighbours among the Africans we accept easily the things, the research that is more westernised, even if it was done by a European man or what, because our education is westernised, we don't think further. But the children that come from different communities, their grandmothers tell them, "your language diplomatically you can't say this to an adult", or "you can't say this to a stranger", "you can't say whatever, you won't get a good husband". You know Kavango women are not like that, they always think I am not a Kavango because I am very talkative [laughs]. So, you should always look down. This person now, she wants to help, to be a volunteer in Red Cross or RACOC or whatever, but the instinct, the information she was given when she was very young it will still be here [points to her head] subconsciously. If we want to succeed, sometimes we have to adapt these thoughts. (Senior health worker, 5/6/2008)

What this senior health worker encapsulates in her comments is the idea that there are different local moral worlds in and around Rundu and that a person's orientation towards one or other of these has a major bearing on the extent to which they are likely or able to be involved in HIV/AIDS programmes. It is the "innovative neighbours among the Africans", the educated⁶⁷ and often urban elites that are more easily able to embrace and enact the common-sense reasoning of The Fight and of Development and Modernity. They are the persons most able to embody that ideal of the assertive individual (male or female, young or old) laying claim to their rights (Chapter Five). For "the children that come from different communities" and particularly for the women who come from these communities, their incompatibility with this cultural orientation is ingrained in their behaviour

⁶⁷ I use "educated" here to refer to formal school education.

and even in the way that they carry their bodies, what Bourdieu calls *hexis* (1977; 1984). Their heads bowed, they do not speak out, because to do so jars with the value system within which they have been socialised. This resonates with Thomas' discussion of women in Caprivi (the region adjacent to Kavango) who do not report domestic violence to the police even though they know they can because: "They don't know how to be open and talkative" (Thomas 2007, 611).

However, it was not only the people from "these other communities" who were at times intimidated by the prospect of putting themselves or their ideas forward. For example, when I asked the coordinator of the regional youth programme why he had not taken some of his concerns about interagency coordination to the Regional AIDS Coordinator, he responded:

When Philamon [the former Regional AIDS Coordinator] was there we could talk. He would come and sit with the volunteers and small organisations and bring them to meetings. Now you have to go and knock very quietly on the door and then that gives us fear of going to that office. (13/11/2007)

The story of KACOVA's first six months in operation illustrates well the challenges that differing cultural orientations between actors posed to attempt to devolve ownership of HIV/AIDS related programmes. As explained in Chapter Three, the initiative to establish KACOVA came through an international volunteer. She was keen to see the local volunteer community have a greater voice and therefore aspired to see local volunteers in control of the kind of volunteer network that she had seen in operation in North Central Namibia. The first KACOVA meeting was set up as an opportunity for volunteers to start to share ideas about what kind of network they might like to have and to elect a committee that could coordinate the process of establishing the organisation. From there, the hope was that the volunteers, with a little logistical support, would take the organisation in the direction that they felt best suited the interests of Rundu's volunteer community. However, the development of KACOVA over the next six months did not go as expected.

There were noticeably conflicting ideas about *whose* programme it was. Even though the international volunteer tried to shrug off the mantle of “owner” or “leader” of the programme, the programme continued to be popularly referred to as *her* programme and volunteers on the committee continued to defer almost all major decisions to her. Furthermore, volunteers not elected onto the committee disengaged from the process of designing the programme of activities. After the initial meeting I was talking to two volunteers that I knew quite well and asked them whether they would be attending the next meeting. Both of them answered no. They had both put themselves forward for a post on the committee but had not been elected. They explained, “The organisation is not for us now, it is for those ones who were chosen”.

The difficulty in devolving leadership appears to have been intertwined with culturally embedded understandings of programme ownership and of what constituted the role of being a leader or a “subordinate”.⁶⁸ In common parlance organisations were often spoken about as being the groups *of* a prominent person within the group. For example, my research assistant and I initially struggled to find one home based care group that we had heard about because whilst we used the formal name of the organisation, people in Kaisosi referred to it by the name of the project leader. Whilst this may to some extent reflect a linguistic habit (in Rukwangali a prefix can be used to denote association, so Joel’s people could be *va-Joel*) this practice of identifying groups with individuals seems also to be symptomatic of the way in which programmes were perceived to operate (see comments on CBOs above). Even in the case of larger and better known organisations like CAA, the Red Cross or government agencies, respondents working with these agencies [106, 115, 119] commented that it was often a struggle to get people in settlements like Kaisosi and Ndama to speak in terms of “organisations” rather than in terms of individual and personalised benevolence. It

⁶⁸ I use the term here to reflect its common usage among respondents.

therefore seems unsurprising that KACOVA continued to be identified as the project of that particular international volunteer.

Furthermore, regardless of her protestations the international volunteer occupied a higher social position than any of the local volunteers, at least within the professional environment. She was highly educated, held a professional position and was non-African. For the local volunteers meanwhile, as I discussed in Chapter Five, being seen to “put yourself on top” was met with general disapproval and could be a sign of poor demeanour, particularly among people (the volunteers) considered as “subordinates”. As a result, a hiatus emerged in which all of the actors involved seemed to be striving to avoid being seen to be pushy or domineering.

An interesting upshot of the continuing efforts by the international volunteer not to take on the role of leader was that some people around the organisation started to complain about a lack of leadership within the organisation. One former volunteer who was keen to assist KACOVA explained,

If KACOVA call the meeting, then the people leading the organisation must be the ones to say what the organisation is about. That is what is expected of them. They cannot call people to come to a meeting and then ask [them] what do they think this organisation is about. (Respondent 106, 21/5/2008)

It seems that the attempts at devolving leadership were interpreted as a lack of leadership or poor leadership. A good leader was expected to be decisive. That is not to say that they were expected to be a tyrant, but that they should demonstrate strong leadership. This idea was often expressed in conversations with respondents about Namibian politics, where the strong leadership of Sam Nujoma was much celebrated and the confusion caused by other political parties was often lamented (cf. Keulder 2002; Keulder and Spilker 2002). As one respondent [32] put it: “In life you only have one father”.

While the example provided above relates mainly to ideas around leadership, similar discussions might also be had around the way that the commonsense reasoning implicit in HIV/AIDS programmes often required participants to challenge other historically embedded social norms, such as those regarding gender relations, age group relations or what constituted legitimate subjects for discussion. It is in this sense that participation was not only conditional on actors having certain measurable and trainable competencies and skills but also on a deeper sense of cultural orientation towards the local moral world of The Fight.

6. Conclusions

In the first part of this chapter I addressed three core questions: 1) who were the participants in HIV/AIDS programmes; 2) what did participants expect and hope to get out of being a participant; and, 3) who was seen to be in control of decision-making processes in relation to HIV/AIDS programmes?

The first of these questions was an extension of the brief discussion around this issue in Chapter Five, laying out a system of categorisation that drew on emic descriptions as well as the categorisation of actors deployed by Swidler and Watkins (2009). I then drew on this system of categorisation to discuss the differentiated expectations of actors with regards to the likely and legitimate benefits of involvement in HIV/AIDS programmes. While all respondents recognised the potential economic resources available through HIV/AIDS programmes, ideas about what constituted legitimate use of these resources varied between actors at the core and periphery of the organisational field. There were also some discrepancies between these actors in terms of the value that they attributed to cultural capital available through HIV/AIDS programmes and in terms of the kinds of social networks in which they invested through these programmes.

I went on to argue that despite the rhetoric and apparent intentions of HIV/AIDS programme managers most respondents situated beyond the core of the organisational field considered themselves to have fairly minimal control over decision-making processes. The contribution of organisations like NGOs was greatly appreciated by almost all respondents, but this did not mean that they were seen as vehicles through which people could have a voice.

In the second part of this chapter I laid out two basic structures of conditionality that appear to have undermined efforts to expand and deepen participation in HIV/AIDS programmes. The first of these is an actor's capacity to demonstrate that they have the competencies considered necessary to make appropriate and "correct" decisions; decisions that did not contradict the commonsense reasoning of The Fight. The second, which mediates the first, is an actor's cultural orientation and specifically the extent of their cultural orientation towards the local moral world of The Fight. In Chapters Seven and Eight I continue to explore the deeper structures that have sustained these overlapping conditionalities.

Chapter Seven:

Building competencies, “legitimate” knowledge, and asymmetrical deference

1. Introduction

In Chapter Six I described how concerns about the limited competencies of local actors have contributed to restricting the inclusion of a greater number of people in decision-making processes. I also commented in passing that this has motivated government agencies, multilateral agencies, and the larger NGOs to make a concerted effort to address this perceived lack of competencies. Indeed, these “capacity building” and “knowledge dissemination” programmes have been one of the central pillars of the fight against HIV/AIDS across Africa (Stillwaggon 2006). It is here that I start Chapter Seven. However, my interest is not so much in these programmes themselves or in the extent to which they might be said to have effectively built competencies. Instead, I am interested in their contribution to the commonsense reasoning and social dynamics of the fight against HIV/AIDS.

I begin by picking up the discussion in Chapter Five about the common procedures that have shaped the local moral world of The Fight. I focus in particular on the workshop culture and the institutionalisation of a series of symbols that represented the competencies deemed necessary for the effective delivery of HIV/AIDS programmes. In other words, I describe the institutionalisation of a system of cultural capital.

From there, I seek to probe deeper into the commonsense reasoning of The Fight by looking at social representations of legitimate knowledge that have become

embedded through the institutionalisation of this system of cultural capital. Here I describe how within the context of HIV/AIDS programmes what is often represented as “modern knowledge” is juxtaposed with local “traditional beliefs”, and how these traditional beliefs, and the culture that they are seen to represent, are often identified as one of the factors that have undermined the effectiveness of HIV/AIDS programmes.

In the final part of this chapter I argue that this has posed an obstacle to the expansion of a sense of ownership of HIV/AIDS programmes by contributing to the reproduction of norms of asymmetrical deference (cf. Goffman 1956) in the day-to-day social interactions that constitute these programmes. Drawing on Hallett’s (2007) synthesis of Goffman’s (1956; 1959; 1967) discussion of deference and Bourdieu’s theory of capital (1977; 1986; 1990), I interpret this asymmetrical deference to represent and embody a concentration of symbolic capital amongst a relatively small number of actors identified as being closest to the holders of the legitimised knowledge. This, I propose, has contributed to the tendency for decision making to remain limited to the fairly small group of actors who are portrayed as knowing best.

2. Building competencies and cultural capital

The imagined knowledge deficit

Addressing an imagined⁶⁹ deficit of skills and knowledge has been one of the major preoccupations of government, non-governmental and multilateral agencies delivering HIV/AIDS programmes across Africa (Stillwaggon 2006). Indeed, it may be argued that this is also true of the wider fields of development and public health, where knowledge transfer has been seen as a key element in the processes of – depending on the paradigm of the day – civilisation, development or

⁶⁹ This does not mean “imaginary”, but is intended to indicate that the knowledge deficit is socially constructed insofar as the deficit only exists if those skills and knowledge are deemed to be of value.

empowerment (Escobar 1995; Sachs 1992), with the Master Farmers' schemes of the British Empire providing an early example of efforts to impose "order and control" through programmes of knowledge transfer and dissemination (Kalinga 1993).

Although various areas of knowledge deficit have been identified and targeted within the fight against HIV/AIDS in Africa, the most prominent of these have been the efforts directed towards sexual behaviour change of one form or another (Stillwaggon 2006), with information about HIV/AIDS and how to reduce the risk of HIV infection disseminated through an array of pamphlets, posters, presentations, radio broadcasts, newspaper advertisements, television commercials and so forth. These programmes have, at least nominally, been grounded in biomedical understandings of health and disease, although they have also been couched in the moral and political arguments that have drawn in, among others, sexual rights movements; religious movements; feminist movements, and the international development, public health and pharmaceutical industries, all played out against the backdrop of the US' culture wars (Epstein 2008; Epstein 1996; Green 2003). The successes and failures of these programmes have then been measured through the ubiquitous KAP⁷⁰ studies (cf. UNICEF 2006).

However, whilst sexual behaviour has been one of the main focuses, these programmes can be seen as contributing to the more extensive project of producing "self-responsible and empowered actor[s]" (Dilger, 1), the assertive individuals discussed in Chapter Five. An example of this in Rundu would be the implementation of UNICEF's "My Future is My Choice" life skills programme through the Ministry of Education. In this programme, as well as encouraging young people to either delay sexual debut or engage in safer sex the programme also aims "to improve the decision making skills of young people; [and] to provide

⁷⁰ Knowledge, Attitude Practice studies

young people with the information and skills required to face peer pressure around the use of non-prescription drugs and alcohol”.⁷¹

Changing what could be called professional behaviours represents another area of knowledge dissemination that has been pursued through The Fight as government and non-governmental agencies have strived to achieve “good governance”, “accountability”, “effectiveness” and so forth. As I discussed in Chapter Six, a lack of competencies among staff and volunteers was seen by respondents at all levels of the organisational field to be contributing to the limited effectiveness of HIV/AIDS programmes, and related to this perceived lack of competencies were the numerous capacity building initiatives that were taking place. Capacity building was a recurrent theme during RHACC meetings, and the managers of larger NGOs [101, 106, 115] spoke in interviews about the efforts their organisations were making to build capacity among local partner organisations and community groups. In 2007–8 the RACOC community budget was also ringfenced entirely for capacity building. Areas in which capacity building was said by these actors to be most needed included human resource management, financial management, monitoring and evaluation, leadership, and the ever popular “training of trainers”.

As I discussed in Chapter Five, one of the most popular avenues through which to “build capacity”, “disseminate” information, or “sensitise”⁷² people to new ideas and practices was through workshops, which had become part of the institutional architecture of the organisational field of The Fight, as they have elsewhere in Africa (Swidler 2005).

⁷¹ Downloaded from Unicef website October 14th 2009: http://www.unicef.org/lifeskills/index_8798.html

⁷² All terms that were often used to describe the process that was supposed to take place through workshops.

“We are lacking a workshop”

At one RHACC meeting (26/3/2008) a presentation was made by a man who was leading a CBO but was not a member of RHACC. He had been asked to attend the meeting to talk about home based care programmes in the informal settlements. The man, a middle-aged preacher, had used his considerable public communication skills to generate a great deal of local support for his CBO, securing an office in a community hall in one of the informal settlements, and successfully recruiting a large team of volunteers. He explained that everything was in place for the programme to start, but that the volunteers had not commenced their activities because “we are lacking a workshop”. Although two volunteers from Catholic AIDS Action, who were already delivering an extensive home based programme, had given them some training, this was not deemed sufficient and he reported that his volunteers still did not have “the skills to work in the community”.

The inclusion of workshops in plans to set up or extend programmes had become more or less *de rigueur*. They were part of “the done thing”, one of the trappings of being a *real* project, and people who launched programmes without providing workshops were referred to by NGO and government managers and by professional volunteers as being “not serious”. During the fourteen months of fieldwork, respondents involved in HIV/AIDS programmes attended workshops on topics that included monitoring and evaluation, home based care, community counselling, PRA research tools, project management, accounting, community mobilisation, youth leadership, drama, garden cultivation and gender. In addition there was a steady stream of workshops for actors in adjacent and sometimes overlapping fields such as agricultural extension, education, business management, community research, and water resource management. It is indicative of the frequency of these workshops that some NGO staff [106, 115, 127] and CBO leaders [78, 120] complained that they struggled to arrange meetings with some senior NGO and government managers because those managers were always out of the region attending workshops or consultations.

As mentioned briefly in Chapter Five, in Jordan Smith’s (2003) discussion of the enthusiasm for workshops observed in Nigeria he argues that this enthusiasm is fuelled by the way in which workshops can serve multiple interests for a great

many stakeholders. A similar observation could also be made in Rundu. From the perspective of managers, workshops were well suited to being inserted into logframes, project plans and reports (cf. RHACC 2008c). They also provided a fairly easy way for managers to spend budgets within often quite limited time periods (cf. Jordan Smith 2003, 711). Having become one of the standard procedures, workshops represented a non-contentious way of spending relatively large amounts of money. In part this was because workshops could be quite expensive affairs, as it was expected that participants would at the very least receive tea, biscuits and lunch. If professional staff were asked to travel to workshops they would also expect their "S & T" (sustenance and travel) per diem. The budget for a one-day KACOVA workshop was, for example, the same as the annual budget of the youth football programme in 2007-8. However, given that, as the Regional AIDS Coordinator had explained, Kavango risked having to return approximately N\$100,000 of the region's \$250,000 community HIV/AIDS budget to Windhoek because it had not been able to disburse the funds, this was certainly not a problem. After all, it seemed important to ensure that Kavango's funds were not reduced for the following financial year.

Workshops also offered multiple fringe benefits for organisers and delegates. As well as the per diem rates, there were often sumptuous lunches and sometimes a stay in a hostel or lodge. They offered opportunities to extend professional and personal networks and to seek new patrons or new clients (cf. Jordan Smith 2003; Swidler 2005). Workshop organisers cultivated relations with senior political figures by inviting them to open or close proceedings and the allocation of catering contracts provided an excellent opportunity to share the spoils of donors' generosity.⁷³ Workshops could also be fun, or at least a change from the day-to-day routine. Many of the stories and jokes of one group of volunteers⁷⁴ with whom I

⁷³ Several of the "big people" in prominent government positions (headteachers, school inspectors, regional line managers and so forth) had close family members who ran catering businesses.

⁷⁴ Former Red Cross colleagues

often socialised revolved around what had happened at events they had attended in Windhoek or Oshakati. Workshops were places for building the solidarity that supported the sense of there being an AIDS community (Chapter Five).

However, whilst these factors may all have contributed to the enthusiasm for workshops, this does not detract from the value that was also often placed by managers and volunteers on the acquisition of the information and competencies that these events promised. As I discussed in Chapter Six, on one analytical level these events offered an opportunity to acquire what could be called “human capital”: information and skills that were often seen to be “legitimate” and “correct” (Swidler 2005, 5). But linked to this, and on another analytical level, they also offered an opportunity to gain demonstrable competencies that constituted cultural capital within the organisational field of The Fight; credentials that might open up opportunities to obtain paid employment and social prestige. This idea is summed up well by the coordinator of the regional youth programme.

I told them that the priority [at the training] really is to learn, but that this new knowledge might even help them be recruited by somebody, especially in this health sector. (27/11/2007)

Recognising the value attached to attending these events the project manager [112] of the first Ndama OVC centre would rotate the opportunities among the volunteers. As she explained, opportunities to attend workshops functioned as a sort of payment in kind. Workshops provided opportunities for participants to acquire educational credentials; a range of symbols that represented competencies attributed value within the commonsense reasoning of The Fight.

These symbols were validated as effective cultural capital through the much commented upon instances in which actors had managed convert them into economic and social capital in the form of contracts with agencies, grants from donors, tenders to deliver workshops, extended professional networks with actors from other regions or countries and so forth. With AIDS service organisations

described as the new NAMDEB (Chapter Six) there seemed to be reasonable grounds to invest in the acquisition of such credentials.

Symbols of acquired competencies/forms of cultural capital

For illustrative purposes, I describe three symbols of acquired competencies that were commonly deployed by actors in Rundu in relation to HIV/AIDS programmes and AIDS service organisations: certificates, the use of buzzwords, and familiarity with standard procedure and protocol.

Certificates

Most workshops, or in some cases series of workshops, would close with the presentation of certificates. These presentations usually took place amid much celebration and good humour. At the end of a project planning workshop with RHACC (20-22/11/2007), members danced up to receive their certificates or made exaggerated bows to the rest of the participants as they applauded and cheered.

However, the accumulation of certificates was also taken seriously by staff and volunteers. Acquired through workshops and similar events, they provided an alternative and durable means of demonstrating educational credentials and were used to support future job applications. They were particularly important to the large numbers of volunteers who had not completed school or had done so with insufficient grades to be able to secure employment or a scholarship (see Chapter Six). While these certificates were not accepted as a substitute for formal qualifications, they did provide an important competitive edge, particularly when applying for posts with other organisations working within fields related to HIV/AIDS or Development. Professional volunteers had folders full of certificates representing each of the courses that they had attended, and I would get to see these when some of the volunteers with whom I was friends would ask me to make

photocopies for them so that they could submit job applications.⁷⁵ Certificates were also often displayed in prominent positions in people's offices and houses, hung on the wall opposite the door or maybe next to a computer, radio or television. As such, these symbols seemed to retain their value beyond the boundaries of the formal workplace. They were tokens of prestige that could operate in multiple domains and were a cause for considerable pride.

The experiences of the coordinator of the first Ndama OVC project seem to illustrate the value attached to the acquisition of certificates. When I accompanied the RHACC coordinator on a follow up visit to the OVC centre (24/4/2008), the coordinator of the OVC project reported that all of the programmes were running according to plan except for the home based care programme. She had recruited the necessary volunteers, but after training was complete almost a third had left without ever visiting a house. She remarked, "They only came here for the certificate". The manager was angry because "We had worked hard for [the funds for] that". Other volunteer leaders [90, 102, 106, 120] assured me that this was quite a common occurrence and also criticised the people that did this.

Buzzwords and catchphrases

The ability to use buzzwords and catchphrases was another obvious form of cultural capital, part of what Bourdieu refers to as "linguistic capital" (1990). Their use was particularly common among staff and professional volunteers, and in formal meetings delegates would go to great lengths to ensure that they made reference to the latest additions to the lexicon of The Fight (Chapter Five). Especially popular at the time I started my fieldwork in February 2007 was the adage that "if you are not infected then you are affected" and similarly comments

⁷⁵ Similarly whilst working with the Namibian Red Cross Society one of the "perks" for volunteers was that they could have their various certificates copied for them, and again this was not an insignificant task given the number of certificates that some of the professional volunteers had accumulated.

about the need to “monitor and evaluate” projects, “build capacity”, or ensure that “there is sustainability” were almost obligatory during the first round of interviews with NGO managers.

Respondents who were particularly fluent in the discourses of The Fight would make jokes using the latest buzzwords. At one RHACC meeting (26/3/2008) there was great amusement when, during a discussion about home based care, one of the senior members [116] joked: “Now is this the social or the psychosocial support we are talking about? Can somebody explain which one is which now?”

Being familiar with procedure

As discussed in Chapter Five, there were several procedures that had become fairly standard, and actors who showed themselves to be familiar with these procedures were often able to command respect from their peers. For example, Nathaniel, one of the professional volunteers presented in Chapter Six, recalled how impressed he was when his friend, “a serious person”, suggested that they write a constitution for their organisation. The coordinator of the regional youth programme also drew admiration from his peers for his insistence on formalised accounting and for ensuring that all of the receipts were stuck into a notebook. During an informal conversation one of his colleagues commented in reference to this diligence, “He knows really, I’ve learned a lot from him” [21 (20/06/2008)].

In the context of meetings and workshops, being familiar with procedure was often demonstrated through overt displays of observing protocol, or comments about others who had failed to do so, and this seemed to provide a powerful means of changing the course of the discussion. For example, during a discussion about monitoring and evaluation at a RHACC meeting (12/6/2008) one delegate, pointing to his agenda, exclaimed “I’m a bit lost now. Are we at questions and answers? Who is expected to give questions and who is expected to answer? Where are we?” There was a ripple of laughter around the room and the discussion ended.

As with buzzwords, the show that was made of observing protocol was often also laced with humour. During meetings with NGOs and coordinating bodies there was a steady stream of jokes about how some people continued to work on “African time” when they arrived late for meetings. Yet in spite of the apparent light-heartedness of these jests, those who flaunted the rules risked being described as “not serious”.

3. “Legitimate” knowledge

As these forms of cultural capital have been validated, so too have the skills and knowledge that they represent. They have become part of the commonsense reasoning of *The Fight* (Chapter Five), part of “the prestigious, legitimate, ‘correct’ view which any right-thinking person would share” (Swidler 2005, 5). Here I look a little more closely at the social representations of “legitimate” knowledge in the contexts of HIV/AIDS programmes, drawing attention in particular to the way in which this knowledge was often juxtaposed with what were represented as the “traditional” forms of knowledge.

Social representations of knowledge

A common topic of conversation, particularly with managers and professional volunteers during interagency meetings, interviews, and informal discussions was which actors did or did not have the knowledge required to successfully deliver HIV/AIDS programmes. The transcript excerpt presented below provides an example of fairly typical comments. The transcript is from a formal interview with a community volunteer that I knew well. We had socialised together on a number of occasions and regularly played football together (Chapter Three). At this point in the interview we were discussing his experiences as a community counsellor.

Joel: Would you say that you understand why some people refuse to give their names [during HIV testing]?

Mateus: We do understand because we had a training from the USA consultants for a month. They know better than us. If you go back to the background, whites know. We only knew syphilis and gonorrhoea but HIV we did not know. We just know these things in 1982 that there is a disease called HIV. We got training on how to approach HIV positive people...You have to approach that person in private. You take notes and give her some tablets. After two days you take her to the office to get food. The tablets work well if you eat. First they check the CD4 whether it's up or down to get the right tablet. I remember one brother⁷⁶ wanted to pass away of AIDS. You know black, we believe in witchcraft. They [his family] only take him to the witchdoctor but he is positive. One day they came to the office and ask many questions and I answered them. After one o'clock I went to see him and I ask him a lot of question and I came to realize that he is positive. He told me his problems and because I did the training I already knew that it is HIV. He said like every time he was weak, having diarrhoea, not eating nicely. I already knew and you can see it in his eyes so I took him to VCT. He started the treatment after one month and now he is normal. Now he is working.

(4/3/2008)

Mateus' comments encapsulate the type of comparison often made between the kind of *knowledge* about HIV gained through a training event and local *beliefs* about witchcraft. It is interesting to note that he presents two types of evidence to validate the distinction that he makes. One type of evidence appears to be the client's return to being "normal", while the other, at the beginning of these comments, is the origin of this knowledge in an American-delivered workshop.

This provenance of information, materials, or of workshop facilitators in the U.S., Germany, Sweden, and the U.K. was often mentioned by respondents to support claims about their quality, and as Mateus' comments illustrate, the distinction between this imported and celebrated knowledge and traditional beliefs was sometimes also infused with racial discourse. Whilst the local witchcraft beliefs were represented as belonging to the "blacks", the information presented as "true"

⁷⁶ Male person, not his biological sibling

came from American “whites”⁷⁷ (cf. Comments about “us blacks” in Chapter Four, p. 118 footnote). Comments linking the knowledge required for “this modern day life” with (white) Europeans and North Americans also extended beyond matters relating to HIV/AIDS and appeared to be part of a broader tendency in fields related to the local moral worlds of Development and Modernity to represent information, material products, or knowledge originating in these regions as superior (cf. Escobar 1995; Swidler 2005). For example, the success of the American network marketing company Amway in the town seems to lie in part in the fact that network marketers were able to tell their customers that the products were “really top quality” because they were designed by “an *American* doctor” (Busher and Bremner 2009). This celebration of perceived European and North American expertise resonated through the comments about how the often international NGOs were “bringing development” (Chapter Six) and even to comments about the role of the missionaries in “teaching about love” [80], “bringing education” [59, 86] or “bringing God” [57, 80].

That said, efforts have certainly been made by government and non-governmental agencies to make information related to HIV/AIDS culturally sensitive, for example by consulting with traditional leaders and traditional healers (MoHSS 2008a, 16). However, this does not change the fact that the “legitimate” knowledge associated with HIV/AIDS programmes has been more or less exclusively exogenous, arriving with local managers, activists, and professional volunteers via a chain of workshops usually originating somewhere outside Namibia. This suggests an interesting comparison with Thornton’s (2008) account of the construction of knowledge about

⁷⁷ On one occasion there was however an interesting twist to this more typical narrative. On the day of a witchcraft hearing in Kaisosi, an event that had captivated the attention of most of the settlement for the morning, I was discussing witchcraft with a male cousin of one of my respondents [35] while I waited to conduct an interview with her. After observing that most of the strongest witches were from Caprivi or from Zambia he added that whites could also make very strong witches, but it was a different kind of witch. When I asked him to qualify this he explained only that “they know a lot of different things”.

HIV/AIDS in Uganda. Thornton describes how in Uganda, indigenous categories and terms merged with and often predated the imported categories and explanations of HIV/AIDS. He identifies how on 13th April 1985 *Munno*, a well-established Luganda language newspaper, published an article that stated that: “A new disease named SIRIIMU (slim) was rumoured to be present in Rakai and Masaka district last year (1984) and it has been confirmed by experts that it exists, but the mode of transmission and the cure is yet to be known” (Thornton 2008, 116 His translation of the original). He argues: “Because it was an indigenous category before it came to be identified by Western medical practitioners and scientists, Ugandans seem to have been much more willing than South Africans to accept the consequences of the emerging epidemic” (Thornton 2008, 114). While responding to this claim does not fall within the objectives of this thesis, the idea that a sense of local ownership of the knowledge relating to the new disease is likely to have promoted a greater sense of ownership of the problem resonates strongly with the discussion presented here.

Comparing “modern⁷⁸ knowledge” with “traditional beliefs”

By contrast with what Thornton describes in Uganda, within the discourse of The Fight in Rundu it was relatively easy to draw out a set of imagined binaries that were used, particularly among managers and professional volunteers, to add substance to the popular distinction made between exogenous modern knowledge and indigenous traditional beliefs (Figure 7.1). With regard to each of the issues in the left hand column in this figure, within the commonsense reasoning of The Fight, modern knowledge was represented as the legitimate response to HIV/AIDS, while comparable aspects of traditional beliefs were depicted as obstacles to an effective response. This kind of distinction is also prominent in a recent publication entitled *We must choose life: Writings by Namibian women on culture, violence and Aids*

⁷⁸ I use this to refer to the various expressions that seem to point towards a similar idea about how the kind of knowledge that was usually associated by respondents with Development.

(IKhaxas 2008, see especially Ch. 10 The impact of oppressive cultures), which echoes many of the comments made about “culture” by respondents in this research.

Figure 7.1
Representations of “modern knowledge” and “traditional beliefs” within the commonsense reasoning of The Fight

Issue	Modern knowledge	Traditional beliefs
Medicine	VCT, CD4 counts, ART	Witchcraft
Speaking about HIV/AIDS and sexual relations	Awareness raising, counselling	Not being open, shy
Sexual relations	Abstinence/faithfulness/condoms	Polygamy
The position of women	“Gender” as an issue	Accept different roles of men and women
Distribution of economic resources	Project proposals and needs assessments	Kinship ties

As with Mateus, in formal interviews and in the context of HIV/AIDS meetings respondents often contrasted Western science with what were described as traditional witchcraft beliefs. I do not want to suggest by this that people always drew a sharp distinction between the indigenous forms of medicine and biomedical practices, or that people did not make use of a variety of forms of traditional medicine – two respondents who were traditional healers [26, 68] appeared to constantly have their yards full of people awaiting their attention and also had good professional relations with staff at the clinic. My argument is that during conversations with respondents involved in The Fight, western biomedicine was presented as the ideal and appropriate way of addressing HIV/AIDS. This same ideal was also upheld by all of the respondents living with HIV in Kaisosi and Ndama that completed the support network exercise.⁷⁹

⁷⁹ Here there are questions that might be raised about impression management on the part of respondents when faced with a white researcher. However, discussions with research assistants, health professionals, and close friends seem to corroborate this observation.

With regard to promoting behaviour change, one of the differences most often identified by managers and professional volunteers between so-called modern views and traditional culture was that traditional culture taught people not to speak openly about HIV/AIDS and sex, as this would break historically embedded social rules [21, 85, 90, 102, 105, 108, 109, 111, 114, 115, 121, 123] (Chapter Five). The fact that people did not “know how to be open and talkative” (Thomas 2007, 611) was represented as a major obstacle to effective behaviour change. Another aspect of traditional beliefs that was often identified as a problem for HIV prevention was polygamy (cf. Elizabeth IKhaxas 2008). Whilst behaviour change programmes were being run to address this, there was said to be a problem of people choosing to ignore the information [102, 122, 128].

Often linked to the issue of polygamy, gender was another of the areas in which the juxtaposition of modern knowledge and traditional beliefs frequently occurred. Gender was one of the “cross-cutting issues” most frequently referred to by managers in the context of HIV/AIDS programmes, was a popular topic for workshops and training events (see Chapter Five), and was associated almost exclusively with the broader local moral of development and modernity. In discussions at RHACC meetings gender was represented as something about which “the community” ought to be “sensitised” or about which information must be “disseminated”. This approach to gender was summed up well by two American Peace Corps volunteers whom I met on their way to facilitate a gender workshop (18/6/2008). As they explained, the objective of the workshop was to “tell the youth that to be a man you do not have to take risks or that to be a woman you do not have to get pregnant when you are 14 or 15”. Whilst this example may be a little unfair on the volunteers – they were probably only using a turn of phrase – it sits well with the general usage of the term “gender” amongst respondents, which was represented as something for people to learn about or to be told about rather than as something to be negotiated, explored and treated as an inherent and contingent part of life (cf. Cornwall 1997). It is instructive that in informal conversations with

actors around or beyond the periphery of The Fight “gender” often became “this gender” or “this thing of gender”, and was usually invoked by men who were making comments about the difficulties of being a man in “this modern day life” [22, 57, 92].

Unfavourable comparisons between modern knowledge and traditional beliefs were also made regarding project management and professionalism, particularly among managers [108, 113, 115] and professional volunteers [109, 120]. These comments can be related back to the comments made in Chapter Four, in which I observed the tendency for respondents to fall back on negative racial stereotyping in which “blacks” were portrayed as being more inclined to nepotism. While modern knowledge was associated with and represented by a flurry of buzzwords that seemed to stand for doing things properly – participation, accountability, monitoring and evaluation – traditional beliefs were described by managers and professional volunteers as obstacles to their implementation.

The characteristics of knowledge

One of the other features of the social representation of knowledge was that it was underpinned by what could be described as a fairly strong form of positivism. Knowledge about HIV/AIDS prevention, project management, youth leadership, gender or any of the many other areas linked to The Fight was represented as being largely reducible to a series of facts or technical competencies which could be accessed through workshops and training events. During one RHACC meeting (27/2/2008) there was a lengthy discussion about the difficulty of “disseminating” knowledge. To illustrate the problem, one of the delegates lamented that during a training session that they had delivered only one out of twenty-six participants “could tell me say what H-I-V stands for”. This was met with similar stories from other delegates. This concern for learning the “necessary” facts resonates again with the comments of the regional youth programme coordinator discussed in

Chapter Six who, in spite of the wealth of experience shared by him and his team, still described them as having “a very very inadequate skill level”.

Another part of this emphasis on “facts” was that knowledge and skills were represented as essentially transferable commodities. As a town councillor succinctly explained during a discussion at an RHACC meeting about how to reduce HIV prevalence in the region: “The solution to that one is simple; we must just preach to them how it is” (Town Councillor⁸⁰, 12/6/2008).

In other words, if you want them to know something, tell them. In Mateus’ account, knowledge about HIV/AIDS had been successfully transferred to him through the workshop. However, RHACC workshops and interviews with managers [105, 107, 115, 116] abounded with expressions of concern that for some reason this knowledge transfer was in many instances not working. The explanations for these failures can be broadly categorised into two sets related to the competency of the trainer and the willingness of the recipients.

The first set of explanations again reiterates the theme of representations of limited skill and knowledge levels among staff and volunteers in the region. During the RHACC meeting referred to above, one of the delegates suggested that the problem was that:

Sometimes the information we the trainers give [to the participants] is not good...I was at a training in Windhoek and they said that the HIV prevention alphabet is now up to H; and then we have been misunderstanding abstinence. But we only heard this now.⁸¹

Similarly, the coordinator of the regional youth programme was concerned that the organisation’s facilitators lacked the knowledge they needed:

⁸⁰ As no interview was conducted with the Town Councillor, he has not been allocated a respondent number.

⁸¹ No respondent number for this delegate.

We as facilitators, we need to be trained in depth and we need really maybe to be trained so that we can give information to those ones who need it. These young people catch up things very fast, they do not want always the same information on HIV/AIDS. (27/11/2007)

Here again there is the issue that, as a result of the “legitimate” knowledge being exogenous, there was almost by definition a lack of it locally. Managers and volunteers in Kavango were always portrayed as being several steps behind those in Oshakati, Windhoek, or South Africa.

The second set of explanations situate the problem more squarely with the community. In some of these explanations, the problem was framed quite simply as a lack of commitment. At the RHACC meeting discussion described above, another delegate exclaimed:

Ignorance! This is the problem. People have information but after the workshop, maybe two weeks, then they do not care. [Respondent 122]

These comments about wilful ignorance were also common amongst respondents in Kaisosi and Ndama [21, 25, 42, 59, 61, 90] and professional volunteers [102, 109, 120], and were often linked to comments about alcohol abuse and “moving around”.⁸² In other explanations [105, 107], the problem was framed more as a general lack of education. Whilst it goes beyond the scope of this thesis, interesting parallels could be explored here with attitudes towards pupils’ academic performance in schools. In spite of reforms being introduced, in practice most classrooms operated on the basis that once a teacher had told the learner a piece of information it should be indelibly marked in that learner’s mind, and if it was not this was often considered the fault of the learner.⁸³

⁸² Having many sexual partners.

⁸³ Throughout my fieldwork I lived with and socialised with a number of teachers, and we often informally discussed issues around pupils’ performance. Whilst working with Red Cross I also had

To conclude this section then, social representations of “legitimate” knowledge within the commonsense reasoning of The Fight were linked to notions of exogenous knowledge that was gradually disseminated down towards local managers, volunteers and eventually “the community”. Furthermore, this knowledge was not represented as a viable alternative to local knowledge, but as *the* true knowledge. At least within the formal contexts of HIV/AIDS programmes, I never observed the local knowledge and exogenous knowledge presented as competing theories. This meant that in contexts where the institutionalised discourse of The Fight prevailed, there was relatively little scope for negotiation with actors staking claims to legitimate authority based upon other knowledge systems. Cultural capital from the other of life’s arenas that did not overlap with the local moral world of The Fight therefore did not transfer easily into these contexts. Whilst deference might have been shown to a traditional leader, community elder, or pastor on account of their social position, deference was not shown to their ideas when it came to issues relating to HIV/AIDS.

4. Experts and asymmetrical deference

On one level, the efforts to build capacity can be said to have been successful, producing a cohort of highly able personnel. Activists and professional volunteers like Robert, Nathaniel, Teresa, and Beatrice (Chapter Six) had all become competent project leaders and were well-versed in the language of The Fight, and they all displayed the kinds of competencies deemed necessary to the successful delivery of HIV/AIDS-related programmes.

cause to meet with teachers on a regular basis in order to speak with them about children who were being supported through the Red Cross programme.

However, in most of the situations within HIV/AIDS programmes observed during the course of this research and during my time working on similar programmes during 2004-5, the social intercourse seemed not to fit with the ideal of promoting a broader sense of ownership of decision making processes because it was marked by highly asymmetrical deference. Greater degrees of asymmetry in the performance of deference tend to reflect that the actors involved consider there to be a greater amount of difference between their relative social positions (Goffman 1956; Hanser 2007), and as the participatory development literature argues, steeply hierarchised social relations between actors involved in programmes do not favour a sense of common ownership of decision making (Chambers 1984). I want to draw attention to the linkages between this asymmetrical deference and the representations of knowledge and cultural capital in the contexts of HIV/AIDS programmes in Rundu.

Deference, demeanour, and cultural capital

Within any institutional context, social rules emerge concerning how actors should behave towards one another, the performance of which can provide an observer with insight into the social relations between actors within that specific institutional context. Goffman's observations about the performance of deference and demeanour (Goffman 1956; 1959; 1967) provide one example of this, and here I draw on his observations and on a subsequent extension of these observations by Hallett (2007).

Goffman describes deference as "the appreciation an individual shows of another to that other" (Goffman 1956, 489), often through the "little salutations, compliments, and apologies which punctuate social intercourse" (Goffman 1956, 478). Rules concerning who is expected to give and receive deference are grounded in the social norms that shape that specific institutional context, and as such these rules may proceed from a variety of different bases. For example, in some contexts expectations of deference may be predominantly based on lineage, in others on

possession of economic capital, age, caste, or technical ability, what Goffman calls “capacity-esteem” (Goffman 1956, 579).

Historically, and generally speaking in Rundu, there were several groups of people who could expect to be shown greater deference. These included elders, particularly elderly men, and other people associated with village or community leadership positions, such as headmen,⁸⁴ *masimbi*,⁸⁵ members of the LDC and a range of persons holding honorific positions in churches such as pastors, secretaries, choir leaders and so forth. Deference could also be based on professional position, so teachers, nurses, politicians or successful businesspersons might typically expect to receive considerable deference. However, deference norms also vary across different contexts within the broader social milieu (Goffman 1956; Hallett 2007; Hanser 2007). For example, whilst community leaders in Kaisosi and Ndama received a great deal of deference at meetings in their own settlements, they would often be marginal figures at meetings in town, while the volunteers, who were usually afforded little deference in the NGO office would find themselves treated as “big people” when they were doing their rounds in the poorer neighbourhoods of Kaisosi and Ndama (Chapter Six).

Deference could be shown in many ways. For example, in the course of everyday life younger people usually wait for an older person to initiate greetings. When shaking hands or exchanging items, it is also common to make a small inclination of the head (men or women), touch the right forearm with the left hand (men or women), or make a small bend of the knee (more often women and children than men). Meetings observed in the course of this research were also punctuated by deference and demeanour rituals. At community meetings,⁸⁶ residents (mainly women) would usually gather together at a distance of several metres from the

⁸⁴ As I indicated in Chapter Four, this was used as a gender neutral term.

⁸⁵ Advisors to the traditional leaders.

⁸⁶ Description based on observations of community meetings led by the LDC, and CBO meetings in Kaisosi and Ndama.

actual meeting place, often either standing or sitting on the ground. Actors in positions of prestige such as LDC members or pastors might sit if there were chairs. They would greet each other but would rarely sit with their chairs close enough to have a protracted personal conversation. Only when the leaders of the meeting were ready to address the meeting would everybody draw themselves closer, at which point the actors with higher status would be at the front, usually on plastic or wooden chairs, while most of those of lower status would sit either on the ground or on low stools. When addressing the meeting, all actors would thank the meeting for giving them the floor and would then thank the most eminent members of the meeting in person.

The performance of these acts of deference is described by Goffman as “like traditional plays in a game or traditional steps in a dance” (Goffman 1967, 13). They are part of the fabric of everyday life. The act of showing deference confirms the elevated position of the person to whom it is shown. However, these acts also enable the actor to demonstrate to others that they comport themselves with appropriate demeanour, that they too are part of that dance, such that:

Each individual is responsible for the demeanor image of himself and the deference image of others, so that for a complete man to be expressed, individuals must hold hands in a chain of ceremony, each giving deferentially with proper demeanor to the one on the right what will be received deferentially from the one on the left. (Goffman 1956, 493)

As such, there are obvious potential benefits to be gained from showing deference where it is deemed appropriate by referent others

In keeping with the theoretical understanding of practice deployed within this thesis (Chapter Two), the repetition of these “traditional steps in a dance” not only instantiates the norm but also reproduces it. As such, these acts of deference play a fundamental role in constituting intersubjective understandings of the social and moral order. It is via acts of giving or withholding deference from others that actors contribute to the social construction of that other (Hallett 2007, 166). For example,

the low stock of the traditional police in Kaisosi and Ndama (Chapter Four), whilst grounded in changes that have taken place in the broader political economy, was reproduced at a local level through the multiple small and often mundane acts of withholding deference: not inclining one's head when speaking to them, answering back to them or even ignoring them when they sought to issue a summons.

One of the possible limitations of Goffman's work is that he appears to say little about the transformative potential of the social interactions that he describes, and it is for this reason that I make use of Hallett's (2007) attempts to address this by drawing together Goffman's observations of deference and demeanour with Bourdieu's theory of capital (1977; 1986; 1990). Hallett draws attention to the macrosocial context within which this dance is performed, arguing that the acquisition of deference depends both on appropriate demeanour *and* on possession of appropriate cultural capital (2007, 148). So, for example, to receive deference in the context of a discussion about VCT at a RHACC meeting an actor would have both to demonstrate appropriate demeanour *and* be able to lay claim to appropriate cultural capital, making use of the appropriate lexicon, or being known to hold a professional qualification.

Deference and demeanour in the contexts of HIV/AIDS programmes

The social rules concerning deference and demeanour in the contexts of HIV/AIDS programmes were a fusion of the historically embedded norms of the broader social milieu, as well as those of the emergent local moral world of Development and Modernity. I take as an example a RHACC follow up meeting with the kindergarten in Kaisosi that had been supported through the small grants programme (Chapter Three). The three RHACC members in attendance were Robert (one of the AIDS activists introduced in Chapter Five and leader of a post-test club), the RHACC coordinator, and me. The meeting took place in the thatched shelter that acted as a classroom for the kindergarten.

We were all sat in a square. Robert (in his 20s) was seated on a plastic chair, wearing his smart shoes, trousers and a well-ironed shirt. Next to him sat the RHACC coordinator, a young woman with a university education. She was also well dressed, and carried a notepad and pen. I sat opposite them, a foreign researcher, also relatively well dressed and also carrying a notepad and pen. The volunteers from the kindergarten sat squeezed together on wooden benches, whilst the leaders of the kindergarten sat on plastic chairs. During the course of the meeting people came in and out, but at any one time there were at least ten representatives from the kindergarten, of whom just two were men. Robert, the coordinator, and I were all well-known to the representatives from the kindergarten. The coordinator had grown up less than a kilometre away, and I had already interviewed some of them some weeks earlier and had spoken with almost all of them informally.

The meeting was framed as a mentoring visit, a chance to identify challenges facing the kindergarten and discuss possible solutions. The meeting was opened with some words from one of the leaders of the kindergarten, a primary school teacher. However, once the meeting was underway the representatives of the kindergarten allowed the RHACC coordinator to direct the discussions. A series of issues relating to resource management were raised by the representatives of the kindergarten. Robert and the RHACC coordinator listened carefully, and then provided their recommendations. These were met with a respectful "Thank you". At the end of the meeting we were asked for some "words of encouragement". Surprised by this I garbled a few words about how I was very impressed with what they were doing. Robert however spoke slowly and at some length. He reminded the kindergarten representatives about the importance of good management, keeping accounts, and reporting. The meeting came to a close and we all left amidst profuse thanks from the kindergarten representatives.

(15/4/2008)

The demeanour of the actors in this meeting was very similar to that in other contexts observed in the course of this research, including village meetings. All of the actors were polite; they demonstrated patience, listened, did not dominate the discussion. To pick up the comments made by the outreach worker in Chapter Five (p. 154), all of the actors comported themselves as "good people", they did not "push push too much". Even when issues around corruption arose, everybody spoke in even tones; there was no shouting, nobody could have been accused of "making noise".⁸⁷ The usual signs of deference were also there: giving people the

⁸⁷An accusation that was sometimes levelled at people who were deemed to be saying more than they should say.

most comfortable chairs, giving them the floor, thanking them for their recommendations.

What was interesting in this meeting however was observing which actors received the greatest deference. Even though all of the actors, including the RHACC members, showed a similar demeanour, there was considerable asymmetry around whose opinions and recommendations counted, with the RHACC representatives clearly marked out as the highest ranked actors. Outside of this context Robert and the RHACC coordinator might have seemed like unlikely candidates to be net receivers of deference. One was a young woman, the other a young man who was known to be living with HIV, a condition that even at the time of this research continued to be stigmatised. By contrast, at least three of the representatives of the kindergarten were quite prominent and senior figures in the community. However, the position of Robert and the coordinator as RHACC representatives meant that the social dynamics were not what they otherwise might have been. On one level this could be attributed to their position as patrons, as representatives of the donor organisation. However, I would argue that on another level it also seems to stem from their position as relative experts. They were the people who were seen by the members of the kindergarten project to have the skills, the knowledge, and the contacts to succeed within the broader context of the organisational fields of HIV/AIDS and Development. Put rather crudely, unlike Paulus in Chapter Six, they were seen to know “who had the money” and “the way to get the money from them”. What was also interesting was that while deference was shown to the kindergarten leaders by the RHACC representatives when we were first arrived and when they led the opening prayer, when it came to the discussion around the project itself it was very much Robert and the RHACC coordinator to whom the other people in the meeting turned for ideas and recommendations.

Similarly asymmetric patterns of deference could be observed in meetings that were closer to the core of the organisational field of The Fight, including some in which there was not such an obviously direct patron-client relationship, such as the

KACOVA meetings described in Chapter Six. These meetings also provide an example of how ingrained these patterns of deference could be. Even though the international volunteer sought to discourage the local volunteers from deferring back to her, and in spite of the rumblings of discontent about the lack of leadership that her attempts to dismantle these deference norms were seen to represent, the pattern of asymmetrical deference persisted.

In inter-agency meetings too, despite all of the delegates at RHACC having a relatively strong formal educational background and being able to demonstrate a fairly high degree of understanding of The Fight, similar rules of deference and demeanour seemed to apply. A meeting in February 2008 to plan the next three year phase of the RHACC programme provides an example of this. The meeting was attended by the RHACC members, as well as by a few additional prominent persons from within local government. It was also attended and facilitated by a Dutch delegation from VNG and the Nieuwegein municipality. The Dutch man facilitating the sessions sought to bring as many people as possible into the discussion, but the only delegates from Rundu who contributed without being directly invited to speak were three persons who held quite senior government posts and an NGO manager who had considerable experience of working in an international context. Otherwise people listened and made no obvious sign of disagreement with what was said.

Within the contexts closer to the core of the organisational field, there were broadly speaking two groups of actors that were afforded greater deference. The first was actors such as local politicians and senior civil servants who were situated in one of the satellites in the diagram on page 135 (Chapter Five). The deference afforded to these actors can be seen to be linked to their formal position, and it was interesting to note that some of the NGO managers [128, 129] and professional volunteers [78, 92, 120] were heard to grumble in private about how certain of these actors were not suitably qualified for the posts that they held.

People can be here only as clerks, and then they are put into these high positions. They don't have experience in that field, like for HIV/AIDS, and so they don't really understand the topic. [Respondent 129, 27/2/2008]

The second group of actors however appeared to receive what could be called "capacity esteem" (Goffman 1956, 579), and these were the people who seemed to carry with them a great deal of cultural capital within these specific institutional contexts. I would argue for example that the international volunteer who supported KACOVA fell within this category with her professional qualifications, eloquence, obvious understanding and ease with the discourse of development and modernity. Other examples of this group of actors were people such as doctors; international consultants like those Americans who had given the training to Mateus; or some of the NGO and government managers who had acquired a particularly strong reputation amongst their peers.

In addition to these observations about the actors to whom deference appeared to be shown it may also be useful to make a brief remark about the demeanour that accompanied this deference, as this has major implications for the social dynamics of HIV/AIDS programmes in Rundu. Hallett describes deference as "symbolic power in potential form" (Hallett 2007, 149). When an actor receives deference from others it confers on them a legitimate authority within that specific institutional context. However, the extent to which this legitimate authority can be challenged or resisted without contravening social norms relates to situated understandings about what constitutes appropriate demeanour within that context. It is here that Rundu's broader social milieu appears to be so influential in shaping social interactions in the context of HIV/AIDS programmes. Within the ideology of the international fight against HIV/AIDS the rules of demeanour provide considerable scope, perhaps even encouraging actors to challenge authority, to raise questions, and suggest alternatives. For example, the AIDS activism of TAC in South Africa and of ACT-UP in North America has been greatly celebrated by activists, academics and public health workers across the world (Boesten 2007; Robins 2004; Robins and von Lieres 2004; Shilts 1987; Steinberg 2008; UNAIDS 2008a). However,

in Rundu the rules of demeanour were not the same. As I discussed in Chapters Five and Six, to be seen to be putting oneself on top or to openly challenge accepted authority was considered an infringement of these rules and an actor seen to do this could expect to incur social sanctions unless they had a sufficient stock of capitals with which to support their actions. As such, within the context of formal meetings it was very unusual to witness any departure from the accepted norms of demeanour.

Implications: Leaving, or leaving it to the people who know best

Whilst the discussions in RHACC meetings were sometimes stilted, one issue that never failed to animate the proceedings was what one delegate referred to as “the egg issue”. “The egg issue” referred to plans for RHACC to coordinate a poultry project in order to help support PLHA in Rundu, and to generate some additional funds for the small grants programme. The plan had been drawn up during a project planning workshop (20-22/11/2007). Based on the recommendations of an agricultural extension officer from the Ministry of Agriculture, it had been agreed that the project should not take place near the river and so land had been secured from the Town Council in Rundu’s industrial area. However, there were now a number of questions that prompted lively debate at RHACC meetings: did they want broiler hens or hens to produce eggs; where would they source the chicken feed; how many chickens should they buy at a time; should the project aim to generate income or nutritional support for PLHA; what size of plot was needed? Discussions of “the egg issue” were largely inconclusive; the only point around which unanimous agreement was reached was that the people involved in the project would need to receive further training in poultry farming, agricultural skills, accountancy, project management and so forth. However, what made these discussions interesting was that during the course of fourteen months of field observations, this was one of only two topics in which everybody weighed in with

their suggestions.⁸⁸ What seemed to make the debate around this issue so lively was that it was a topic about which everybody could say something. There were no experts in the group, and all of the delegates laid out their credentials when they put forward their suggestions: some had spoken with the agricultural extension officer, others knew about what had happened with other poultry projects in the area, and yet others had kept chickens themselves or had a family member who did.

The contrast between these discussions and the otherwise deferential atmosphere that usually enshrouded meetings relating to HIV/AIDS programmes was striking. Drawing on Hallett's (2007) discussion of deference, the argument that I make is that one of the factors that contributed to this dissimilarity was the different distributions of cultural capital. Where there were no recognised experts in debates around "the egg issue", RHACC delegates could challenge each other and put forward their own proposals without running any risk of infringing demeanour rules. However, in those contexts where the uneven distribution of cultural capital meant that there were easily identifiable experts the steps of the dance changed, and deference again became more asymmetrical.

This does not of course mean that actors were always satisfied or happy with what was said in those contexts. However, it was usually only after the "myth and ceremony" (Meyer and Rowan 1977) of formal proceedings had been observed that people could be heard grumbling. Comments about the competencies of implementing partners or the inefficiencies of line ministries only came out in informal conversations after meetings. Similarly it was only after the KACOVA meetings that volunteers complained that there was insufficiently strong leadership of the organisation (see Chapter Six), and around the youth sport programme (see Chapter Three) complaints about the format of the league or the cup were rarely

⁸⁸ The other was about the possibility of getting a concession to run a refreshment stall at the beach during the Christmas period – another project to raise funds for the small grants programme.

raised in meetings with the committee but remained half buried among tales of who had said what to who first.

The point, however, is that within the formal contexts of HIV/AIDS programmes there was rarely any overt challenge made to the legitimate authority of those actors to whom deference was due. Some respondents [12, 16, 17, 25, 31, 32, 73, 79, 92] had chosen to leave programmes with which they were particularly unhappy, whilst the often poor attendance at community AIDS meetings and awareness raising events (see the comments of the Regional AIDS Coordinator in Chapter Eight) could also be interpreted as one of the everyday forms of resistance, as the deployment of the “weapons of the weak” (Scott 1985). However, many other actors continued to perform the appropriate acts of deference, at least within the specific institutional contexts, regardless of the extent to which they were satisfied with the programmes in question.⁸⁹

5. Conclusions

In this chapter I set out to explore how the efforts to build the competencies deemed necessary for delivering effective HIV/AIDS programmes have contributed to shaping the commonsense reasoning and the social dynamics of The Fight.

I have argued that a system of cultural capital has been institutionalised through various channels of “knowledge dissemination”, and through the validation of this knowledge by linking it to the accumulation of material and symbolic resources. The most obvious manifestations of this were the symbols that acted as cultural capital, like the certificates, buzzwords, and performances of protocol, which could be associated not only with professional prowess but also with wider prestige.

⁸⁹ The issue that did more frequently appear to result in open confrontation was when one actor was seen to be cheating others out of money. I discuss some of these incidents in Chapter Eight.

I then described the social representations of legitimate knowledge that have been embedded through the institutionalisation of this system of cultural capital. Here I highlighted the juxtaposition often made by actors immersed in the commonsense reasoning of The Fight between what was represented as the legitimate exogenous “modern *knowledge*” and indigenous “traditional *beliefs*”. One of the implications of this has been to feed back into and reinforce the widespread notion of a lack of the necessary knowledge and skills at the local level, the consequence of which are that cultural capital in the context of HIV/AIDS programmes was concentrated among a relatively small pool of actors.

In the final part of the chapter I have sought to relate this to observations of asymmetrical deference patterns in the context of HIV/AIDS programmes. I have argued that the apparently asymmetrical rules concerning deference and demeanour in the contexts of HIV/AIDS programmes reflect both the historically embedded norms of the broader social milieu and the heavily skewed distribution of cultural capital towards this relatively small pool of actors represented as relative experts. Drawing on Hallett’s account of deference (2007), I understand the repetition and institutionalisation of these norms of deference and demeanour as producing and reproducing what can be seen as a form of socially legitimised authority.

The majority of actors who do not have the cultural capital with which to command deference simply leave most of the decision making up to those who are represented as knowing best. While on some occasions this may represent a strategic choice, in keeping with the broader theoretical framework of this thesis, I maintain that it is also in large part the reproduction of established social norms. Even where actors were deeply dissatisfied with programmes, they tended not to openly challenge the “legitimate” authority as to do so would entail an overt and potentially risky breach of the rules of demeanour. Instead, they simply left.

Chapter Eight:

Obstacles to the emergence of trust

1. Introduction

The purpose of this chapter is to explore some of what might be described as the obstacles to trust between actors in the contexts of community-based HIV/AIDS and development programmes, focusing in particular on relations between actors at the centre and on the periphery of the organisational field of the fight against HIV/AIDS (The Fight). Although in the institutional analysis exercise respondents expressed their confidence that government agencies and NGOs would deliver services (see diagram in Chapter Six, page 189), formal interviews and conversations in Kaisosi and Ndama included frequent references to people in local government positions, NGO staff and volunteers who were said to be “eating the money”. This was also one of the most frequently cited explanations given by respondents for leaving or for choosing not to be more involved in the organisations delivering HIV/AIDS programmes. Trust was a recurrent theme during meetings and interviews with managers and professional volunteers where, as I have discussed in Chapters Six and Seven, questions were often raised about whether the community could be trusted to run HIV/AIDS and development programmes, given what was perceived to be a pronounced lack of the required competencies.

As I discussed in Chapter Two, my understanding of trust draws primarily on Möllering’s neo-institutional theory of trust (Möllering 2001; 2005; 2006), which shares similar theoretical terrain with other concepts that have been prominent in this thesis such as institutional isomorphism (DiMaggio and Powell 1983). I take trust to be, fundamentally, a “leap of faith” taken by one actor through which they

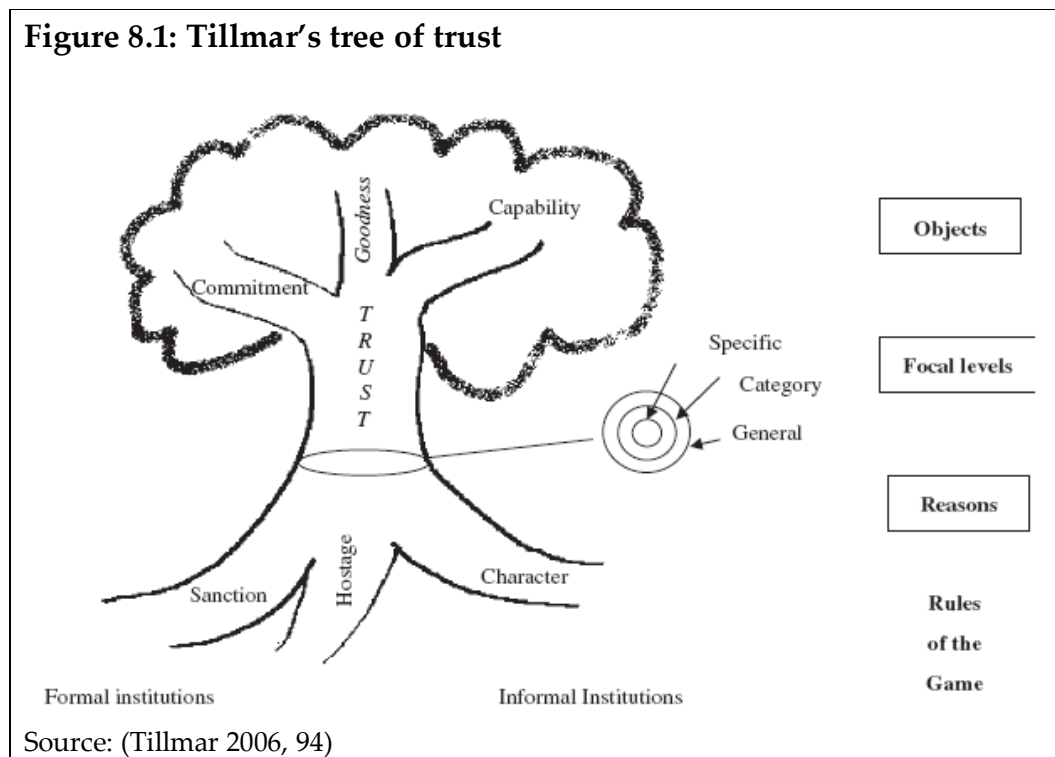
form a favourable expectation about another actor without being able to know for certain that the other actor will meet these expectations (Luhmann 1979; Möllering 2001).

In this chapter I focus in particular on instances of trust between persons because this is how the issues relating to trust were most often framed by respondents. Nobody ever said to me that Catholic AIDS Action, Red Cross, or the Ministry of Gender and Child Welfare was corrupt, but I often heard about persons working or volunteering with these organisations who were said to be “eating the money”. Of course, the relationships between actors did not take place in a social vacuum. Trust can seldom be distilled into a simple dyadic relationship between one trustor and one trustee (Granovetter 1985; Möllering 2006), and therefore an understanding of the bases of this interpersonal trust must also take into consideration the wider institutional context (Rousseau et al. 1998). In order to provide a conceptual framework with which to do this, I make use of Tillmar’s (2006) “tree of trust” (Figure 8.1), with some minor adaptations. This is presented in the first part of this chapter.

After presenting the conceptual framework, I then provide a thick description of the kinds of tales of untrustworthiness that were often told to my research assistant and I, making use of a series of case studies. This is followed in the final part of the chapter by a discussion of four obstacles to the emergence of trust between actors at the centre and on the periphery of the organisational field of The Fight, the explanations for which I seek to ground within the deeper social structures discussed so far in this thesis. The four obstacles are routinised disappointment; the positioning of actors within different sanction and reputation mechanisms; limited common ground with regard to understandings of programme and project aims and objectives; and a scarcity of opportunities for actors to actively build trust.

2. A conceptual framework for trust

The framework used for this discussion draws broadly on Tillmar's "tree of trust" (Figure 8.1); following his use of the concepts of "levels of trust" and "objects of trust", although I opt to follow Möllering (2006) and Nooteboom (2006) in talking about the "bases" of trust rather than the "reasons" for trust. This is because I treat reason as one of the bases of trust in order to put less emphasis on the calculative element of trust and greater emphasis on the process of trusting (Giddens 1984; Möllering 2006; Woolthuis, Hillebrand, and Nooteboom 2005).



Focal levels of trust

The focal level of trust relates to the question of who the trustee is. In Tillmar's diagram these appear as the tree rings. The favourable expectations held by the trustor may be specific to a particular relationship (Lewicki and Bunker 1995), or

they may be more generalised, part of a “culture of trust” (Sztompka 1999; see also Fukuyama 1996; Putnam 2000). Echoing Zucker’s idea of “characteristic-based trust” (1986), Tillmar makes use of the idea that trust can also sometimes be focused towards categories of actors as defined by the trustor (Tillmar 2005; 2006). Such category-based trust reflects the trustor’s own understanding of their social environment, which may be organised around a variety of different concepts including gender, ethnicity, profession, place of origin, length of hair and age, to name but a few. For example, in Tillmar’s study of business relations in Tanzania he identifies gender and ethnicity as two prominent systems of categorisation that contributed to the parameters of trust described by respondents.

As I discussed in Chapter Four, categorisation of actors by gender and ethnicity was often used by respondents in this research, as were categories defined with reference to “race”. However, the category distinction in which I am most interested is that between actors who were thriving in this modern day life and those that seemed to be struggling to survive; the kind of distinctions made by the senior health worker in Chapter Six contrasting the “innovative neighbours” with “the children that come from different communities”

The concept of focal levels of trust may equally be applied to trust in persons as to trust in other entities such as organisations (Nooteboom 2006). For example it is easy to conceive of an actor who holds favourable expectations towards a specific NGO or political party, but similarly a person might have favourable expectations of NGOs or political parties as a category of organisations.

Objects of trust

Talking about “objects of trust” enables a more finely grained description of the favourable expectations of the trustor, addressing a question about the aspects of the trustee towards which the trustor directs their expectations. These objects of

trust can be conceived of as capabilities, goodwill, and commitment (Nooteboom 2006; Sztompka 1999; Tillmar 2005).

An actor may trust in the capacity of another actor to fulfil an agreement: “the other party’s possibility of performing according to the agreement” (Tillmar 2005, 58). For example, if a CBO leader has completed a course in accounting, actors from other agencies might trust in her capability to produce accurate accounts; or if she had undertaken their monitoring and evaluation training the Regional AIDS Coordinator might be expected to trust in their capability to complete the forms appropriately. However, a second fundamental dimension of trust is the goodwill (or “goodness” in Tillmar’s diagram) of the trustee and whether they are expected to abstain from free-riding (Fukuyama 1996; Nooteboom 2006). Even if the CBO leader had completed the accountancy course it is still possible that other actors might have cause to doubt that they intend to produce accurate accounts.

A third object of trust suggested by Tillmar (2005) is commitment or dedication (Nooteboom 2006). This can be described as the expectation that the actors in question “commit themselves enough to joint interests and joint actions” to make the contribution that is required of them (Tillmar 2005, 58). Even if that actor has taken an accountancy course and intends to complete the account sheets, they might also have a position on a school board and be a member of the church committee, meaning that they might not prioritise completing those accounts sheets. In Rundu the recognised “big people” would often sit on multiple committees, meaning that, as happened with the regional youth programme (Chapter Three), some of the people appointed as board members and advisors struggle to meet their commitments.

Whilst this categorisation of focal levels and objects of trust provides a convenient heuristic device by which to describe trust between different actors, it is however important to retain the idea that relationships are multifaceted, as actors often engage with each other across a range of different institutional contexts and in

relation to a variety of different issues (Lewicki, McAllister, and Bies 1998, 442). The favourable expectations held by one actor towards another may be specific to distinct facets of a relationship. Respondents' accounts of their relations with neighbours included many examples of this. For example women in the butcher's association in Ndama [56, 70, 74, 84] described their positive expectations of other members of the group, such as that they would only sell in appropriate places at appropriate times, or that they would help each other out if one member was affected by ill-health in their household. However, this was not the case when it came to investing money together in business. Here they all stated that they would only go into business with somebody from their own family. This raises the point made by Lewicki et al. (1998): that it is quite plausible for one actor both to trust another actor in one domain and not to trust the same actor in another domain.

Bases of trust

The bases of trust correspond essentially to the question of *why* actors are able to form favourable expectations of others without being able to know with certainty how those actors will behave. On what grounds are actors willing to accept vulnerability and temporarily suspend their doubt about those other actors (Möllering 2001; 2006)? This is the question that primarily concerns me in this chapter.

The literature about the bases of trust is vast, and a full review of it goes beyond the scope of this thesis. Instead I limit myself to the literature that is more closely related to Möllering's account of trust, in which he discusses three bases: reason, routine, and reflexivity (2006). This, as I stated in Chapter Two, draws strongly on the traditions of trust research undertaken by Luhmann (1979) and Giddens (1994). It questions (but still engages with) more rationalist formulations that focus on trust as a product of an evaluation of potential costs, gains and losses (cf. Coleman 1988; Hollis 1998; Sztompka 1999), and places greater emphasis on trust as a process

grounded in social institutions and often protracted relationships (cf. Lewis and Weigert 1985; Nooteboom 2006; Woolthuis, Hillebrand, and Nooteboom 2005). The use of this approach is particularly apt in the context of a small town like Rundu with its dense social networks, where social intercourse is often steeped in personal and family history. Whilst identifying these different bases of trust is a useful analytical exercise, in daily life the favourable or unfavourable expectations that one actor may have of another are likely to be based on a mixture of all three. Furthermore, the salience of the different bases of trust within a relationship is likely to change over time as the actors move through the stages from starting to build trust to seeking to maintain trust (Lewicki and Bunker 1995; 1996; Rousseau et al. 1998).

Reason

Within the rationalist paradigm of trust research, explanations of trust have focused on the trustor's calculations, with actors conceived of as making a sort of "best bet" about whether or not the trustee will breach their trust (Sztompka 1999, 25). However, as Nooteboom argues, to think about trust in terms of calculable probabilities seems ill-advised when one takes into consideration "the openness and incalculability of potential future behaviour" (2006, 2). Drawing on Rousseau et al.'s (1998) description of calculus-based, relational, and institution-based trust, I have therefore sought to avoid overemphasising the role of calculation at the expense of other psychological, affective, and social factors.

Tillmar's tree (Figure 8.1) provides a useful model with which to do this, with the roots of the tree displaying three reasons for actors to trust which cut across calculation, affect, and social structures. The first is the trustor's perception of the character of the trustee. This is usually associated with the idea of "relational trust", "derive[d] from repeated interactions over time between a trustee and a trustor" (Rousseau et al. 1998, 399). However, it may also be associated with perceptions based on a broader focal level, as a kind of identity-based trust (Coleman 1988;

Rothstein 2005). In this case character-based trust or distrust may have no basis in a prior relationship between the trustor and the trustee, but rather in the trustor's expectations of the type of person that they take the trustee to be.

A second reason for trust relates to the presence of sanctioning mechanisms. A trustor may expect the threat of sanctions to limit the trustee's scope or reduce their inclination to abuse the trust invested in them and by bracketing distrust in this way sanctions can support the emergence of trust. This highlights what Möllering (2006) calls the trust-control duality. Sanctions (control) may help to create an environment favourable to trust, but trust is not reducible to sanction, as then it would simply be control (see Chapter Two).

Related to the possibility of sanction is a third reason for trust in connection with reputation mechanisms, what Tillmar calls "hostage". In contexts where trustees desire or perceive a need to maintain or improve their reputation within a particular reference group, they might be said to be hostage to the good word of the trustor, thus providing the trustor with a reason to expect that the trustee will keep to their part of an agreement (Lewicki and Bunker 1996).

For each of these three reasons, the presence of more or less formalised institutions "can ease the way to formulating...trust" (Rousseau et al. 1998, 400). Relations of interdependency between actors may minimise conflicts of interest between them (Rousseau et al. 1998), or the controlling effects of the institution may be able to enforce and legitimise the threat of sanction or hostage (Bijlsma-Frankema and Woolthuis 2005a, 5). However, for formal institutions to support the emergence of trust they must themselves be trusted, insofar as they should be seen to be capable and to conform to local ideas about justice and fairness (Möllering 2006; Rothstein 2005). For example, in Kaisosi, where the headman wielded little power and was seen by some actors to favour one ethnic group over another, this institution is unlikely to have been able to contribute much to the emergence of interpersonal trust.

Routine

At the bottom of Figure 8.1 are what Tillmar refers to as the “rules of the game”. These are the formal and informal institutions in which these reasons are grounded, echoing Rousseau et al.’s (1998) “institution-based trust”. Möllering takes this idea about the role of institutions a step further, arguing that expectations grounded in routine are not mediated by probabilistic calculations as they appear to be in Tillmar’s model, but proceed more directly from routine to favourable expectation.

When trust is a matter of routine, it can still be reasonable, but the main point is that the routine is performed without questioning its underlying assumptions, without assessing alternatives and without giving justifications every time. (Möllering 2006, 52)

The process of coming to trust in the course of daily life is rarely a matter over which actors ruminate extensively. Favourable or unfavourable expectations about the future behaviour of other actors, like the social rules concerning deference and demeanour (Chapter Seven) become a part of the flow of experience that is taken for granted. They become embedded as a part of the specific intersubjectively constructed institutional context. To pick up the example of the women from the butchers’ association again, the expectation that others will contribute something towards a funeral was taken for granted; it was just something that people did. Similar remarks were made by other respondents during the institutional analysis exercise in relation to neighbours, family, and members of the same church.

The process of coming to trust is therefore associated with the process of coming to share expectations with others about what constitutes acceptable and appropriate action (Zucker 1986), meaning that the possibility of trust increases where actors share “a world in common with others” (Möllering 2006, 55; see also Garfinkel 1963); what I call a local moral world. However, an implication of conceiving of

trust in this way is that that coming to trust is also recognised as being more difficult to achieve where actors do not share a “commonsense world” (Garfinkel 1963; Möllering 2006).

Reflexivity

One of the problems that trust researchers face is how to explain the emergence of trust in situations where neither reason nor routine appear to support it (Bijlsma-Frankema and Woolthuis 2005b; Möllering 2005; Tillmar 2005; 2006). In other words, how actors are able to establish the reasons and routines on which feelings of trust can be based. Here Möllering (Möllering 2005; 2006) follows Giddens (1994) in asserting that actors can also proactively build trust. However, this not only applies to the process of building trust in the first place because, as Giddens points out, trust must be continuously “worked on” (1994, 121) if it is to be maintained.

[T]his makes every move a first move, because the basis for the relationship and trust needs to be constantly reproduced in order to result in a stable and continuous relationship (Möllering 2006, 99).

Möllering refers to this as a “process view” of trust, in which trust is actually built through the very act of suspending doubt. Where the other actor meets the expectations placed upon them, this starts to establish a routine of trust.

This process view of trust raises some challenging questions about the linkages between trust and control mechanisms such as formal contracts, and these questions are of some relevance here given the prominence of monitoring and evaluation as a standard procedure in *The Fight*. As Woolthuis et al. (2005) demonstrate, the relation between contracts and the emergence of trust is highly complex and depends very much on the nature of the relationship prior to the introduction of formal contracts. While a full discussion of their conclusions goes beyond the scope of the discussion here, it is useful to note their observation that contracts can provide a basis for trust as they establish clear expectations and

describe sanction mechanisms which can be seen to create an environment that enables actors to behave as if they trust (cf. Rousseau et al. 1998). However, contracts only provide a basis for a type of shallow, calculative trust, and not for deeper trust in the benevolence of the other parties. I come back to this issue in the final discussion about the limited opportunities for active trust in the context of HIV/AIDS programmes

3. Tales of untrustworthiness

Tales about the untrustworthiness of other actors were plentiful. I limit my discussion here to a handful of cases, focusing in particular on a series of meetings related to the poultry project in Kaisosi (Chapter Three). After providing an account of this series of meetings I then link this back to the idea of the focal levels and objects of trust (see Figure 8.1). To provide greater depth to this discussion I introduce some more data, including two longer case studies, which are then drawn on in the final section of this chapter in which I discuss why the bases of trust in these cases appear to be quite fragile.

The poultry project

To briefly recap the introduction to this project in Chapter Three, at the time of this research the poultry project had recently acquired funding from the RHACC small grants fund for start-up costs. The project was run by the members of a post-test club which had been established with the encouragement and logistical support of an international NGO. The group consisted of eleven PLHA and was led by two middle-aged women in the group. A local field officer, a young man with some experience as a community volunteer and an international volunteer working with the NGO had been the main points of contact between the NGO and the project members. The group started to prepare its proposal in 2006 and made its

application for the small grants fund early in 2007. In mid-2007 they were notified that they would receive funds. However, due to various bureaucratic issues grants were not given out until January 2008. In April 2008 I was involved in a follow-up meeting to see how the project was progressing now that the funds had been made available.

Meeting with members of the poultry project (24/4/2008)

Since the grant had been approved there had been some changes to the project. First, the project site had moved about a kilometre from the community development centre near the middle of Kaisosi to the southern edge of Kaisosi, next to the house of one of the women leading the project. The project members explained that this was done to make it easier for them to prevent the theft of chickens, chicken feed and eggs during the night.

The second noticeable change was in the personnel. Only five of the eleven initial members remained, and while the field officer was still involved, the international volunteer had left the country. All of the male group members had left. We were told that they had all moved away from the area in search of employment.

The two women leading the project listed several grievances, almost all of which were targeted at the NGO. The main complaint was about how the funds were being managed. When they had made the application they had been told that it would be *their* and not the NGO's project. When the application was approved they expected to receive the funds and set up a bank account. However, the NGO manager told them that the account book had to be kept at the NGO office in case the house in Kaisosi where the book kept burnt down (a fairly frequent occurrence in the informal settlements). The women were furious and said that the NGO manager just wanted to be in charge of the money.

The NGO manager had also withheld some of the funds. The women showed us holes in the chicken mesh complaining that they had not been given enough money to finish the chicken run, let alone to buy chickens and chicken feed. They said that they could not be expected to stick exactly to the budget they had prepared early in 2007. The cost of materials had gone up since then, and in the proposal they had not included labour costs because the men in the group had said that they would build the chicken run. Now the women had had to pay some labourers to do it.

The women were also angered by the demeanour of the NGO managers, whom they described as “rude”. They said that they had received only one visit since January, when somebody from the NGO had come to collect receipts. They complained that they had walked for an hour into town in the heat to speak to somebody in the office although the NGO managers have a car.

When they met at the NGO office they were told that the funds had not all been released because they had to “monitor and evaluate”. This had done little to placate the women. The field officer’s summary of the situation was:

It is the waiting that is discouraging people. They started with eagerness. Now [the NGO manager] just wants monitoring.

At the end of the meeting one of the two women leading the project stated

Our life does not depend on the project. We were living a long time before this came and we did not call [organisation name] to look for us. We are not going to go there again. Next time we will not pass our proposal through [organisation name].

Meeting with the NGO (8/5/2008)

Shortly after the meeting at the poultry project, the RHACC members who had been at the meeting and I spoke with one of the NGO managers.

The manager explained that the international volunteer and the field officer had assisted in planning the project, but that the project had been hijacked by the two women. She gave as an example the decision to move the project which, she claimed, was not a group decision about security but an attempt by the two women to take control. She observed that when she had asked the two women to call a meeting about this, the other members did not show up.

The project had been planned for the compound of the community development centre on the recommendation of the agricultural extension officer "in order to make the project more professional", and to ensure access to storage facilities, water, and electricity. The manager argued that in moving the location of their project they had invalidated their feasibility report, and that she would not release all the funds until somebody from the Ministry of Agriculture had approved the new location.

She spoke about arguments she had had with the two women; how the women had marched into the office demanding money and she had responded by threatening to return the money to the RHACC. She noted that one of these two women had been involved with other income generating projects in the past and had a reputation for being very combative. When the coordinator sought a compromise by offering to make a series of small instalments this had been rejected.

She observed that the NGO's reputation was at stake and that she could not afford one of the projects that they supported becoming an example of financial irregularity if they wanted to secure future funding. "We have administered bigger funds than these and know what we are doing ... they [the two women] do not know how the budget works. It was written by one of the international volunteers and the budget was not even complete."

Discussion of the project at RHACC meeting (5/6/2008)

The projects funded through RHACC's small grants fund were discussed at the next monthly meeting of the committee. Although the poultry project was one of the more complicated cases, several other projects were encountering problems. For example, at one of the OVC centres a conflict between the project leaders and the volunteers had arisen after the volunteers were accused of taking food bought for the children. Another OVC centre had failed to present satisfactory receipts to RHACC, and some of the expenditures did not tally with their initial application. The group had loaned some of their funds to the volunteers to buy maize meal in town and then sell it in the settlement for a profit. Several RHACC members were concerned that this was not correct procedure and that it would look suspicious to the donors.

The delivery of the small grants fund had required a great deal of effort from some of the committee members and there was some consternation at the litany of problems and mishaps. Three of the main problems discussed were the lack of skills among the people managing the projects; a perceived lack of understanding about the purpose of the grants, and the opportunism of some applicants who were said to be treating the fund as a "cash cow".

One suggestion about how to improve the programme that met with universal approval was that more training should be provided to grant recipients, particularly in the area of bookkeeping. A suggestion that provoked greater debate was that payments should not be made through intermediaries, such as the NGO in the case of the poultry project, because this complicates the process and increases the number of potential points of conflict in the chain of payments. This met with some support but also aroused strong concerns. Foremost among these was the imperative for transparent accounting and the need for the small grants project to be able to report back on their expenditures. It was argued that more established NGOs, FBOs or CBOs were more able to deliver this and that it was therefore

preferable to make grants to the larger organisations rather than to groups like the poultry project. This line of argument found broad support among the members present.

Objects of trust

Capability: the imagined agency of others

There were a number of areas in which respondents involved at some level in community-based HIV/AIDS programmes expressed lack of trust in the capabilities of others to fulfil agreements. I have arranged these remarks around three themes; limited technical competencies, limited cultural competencies or understanding, and economic constraints

Picking up a theme discussed in Chapters Six and Seven, in the case of the poultry project the NGO manager and the RHACC members were sceptical of the technical competencies of the two women to manage the poultry project. They were represented by these actors at a higher level as lacking the ability to write a budget and knowledge about the kinds of materials that they would need to run the poultry project properly. As I have said elsewhere, this represents a fairly standard concern. As the Regional AIDS Coordinator observed in relation to all except a handful of CBOs registered with RACOC (see Chapter Five), “There is no idea of how to run the project”.

In addition to the perceived lack of more technical skills, comments were also made about a lack of “understanding”. For example, the two women leading the poultry project were described by the NGO manager as not understanding the way that projects work – that it is necessary to monitor and evaluate, that feasibility studies have to be carried out and so forth. This was also the case with the volunteers with the OVC project who had used some of the money to buy and sell maize. Such

examples provoked wry smiles and shakes of the head among RHACC members and NGO managers when discussed during meetings or interviews, but were also used as examples to illustrate the difficulties that they faced in delivering their programmes. This relates back to the discussion in Chapter Seven about the distribution of cultural capital and an apparent absence of “cultural competence” (Bourdieu 1986) among the majority of actors beyond the core of the organisational field. To use the distinction made by the senior health worker in Chapter Six, this type of understanding or cultural competence was part of what was used to differentiate the “innovative neighbours” from the people from the “other communities” who, despite their enthusiasm about participating in development and HIV/AIDS programmes were portrayed as unable to do so because they were categorised or labelled as trapped within Traditional Culture.

The lack of both the more technical competencies and cultural competencies tended to be represented by actors closer to the centre of The Fight as a characteristic of “the community”. For example, one NGO manager [115] rounded off an account of a series of CBOs that the NGO had tried to support but that had subsequently collapsed with the comment, “...and then you start to think that sometimes these people do not think of the future”. Such comments were made not only by managers but also by actors in fairly intermediate positions, such as professional volunteers and the leaders of some of the smaller CBOs [90, 106, 112, 120]. For example, one young respondent [82] in Ndama had tried to set up a clay pot making project in his village. He had found a benefactor to supply a machine to help with production, but unfortunately the donor had sent an electric machine and the village had no electricity. The only option was to install it at his house in town. However, he did not do this because he said that people in the village would not be able to understand why he was doing this.

That is the thing I was planning to do [to install it at home]. Unfortunately working with people who are uneducated is a problem. They cannot understand. They can only think maybe if we will do that plan, I will eat their

money. Then I decided to keep the machine. So the machine is there, still fresh.
(Samuel, 16/4/2008)

These social representations of an “uneducated” mass of actors beyond the “innovative neighbours”, who are unable to who at least struggle to understand HIV/AIDS and development programmes are reminiscent of other accounts in the broader Development Studies literature of how dominant actors project limited agency onto actors who have few opportunities to be heard (cf. Villarreal 1992). Similarly, such projections of agency have been identified in the AIDS literature, where stereotypes of African sexuality have permeated justifications for an array of behavioural interventions (Caldwell 2000; Stillwaggon 2006).

The issue of understanding was to some extent inverted when raised by respondents at or beyond the periphery of The Fight in Kaisosi and Ndama. While the types of lack of understanding described by managers and some of the professional volunteers could be rather crudely paraphrased as “they don’t understand the way development works”, the comments made by people at the periphery could be similarly crudely paraphrased as something like “they don’t understand our problems”. For example, as I have discussed in Chapter Six, some respondents [14, 16, 17, 31] made such comments in relation to the predilection of AIDS service organisations to offer training or counselling when the greater popular demand was for access to financial resources or food.

A third theme was related to the economic constraints under which actors were or were expected to be living (Chapter Four). The precarious economic situation of most of the residents of these two settlements was a recurrent theme in descriptions of the limited agency of others. The coordinator of the first Ndama OVC project explained for example that she had stopped allowing people to purchase meat from them on credit because you never knew when somebody might have to contribute to funerals or to support family members, so even well-intentioned customers could not be relied on to make payments on time. The women from the butchers’ association made similar comments, and one [74] remarked that the worst people to

give money to were people with good salaries like police officers and teachers, because they were the ones who always came to her with stories about how they had spent their money paying for a funeral or a relative's school fees (cf. Chapter Four, comments by Timothy p102).

Echoing Likuwa's (2005) comments about the breakdown of neighbourliness in Kaisosi after the forced relocation from Sarusungu (Chapter Four), during the institutional analysis exercise the problem of scarce resources was frequently linked to explanations of why the categories of "friends" and "neighbours" were given relatively low marks for providing help and for trustworthiness.

The problem is just the poverty. Some people are helping and some people are not helping. If you want to buy 2.5kg of maize meal, for example, and I have something like 5 children and my neighbour has 5 children, I cannot give that 2.5kg to my neighbour because how will my children eat. If I only have \$5 it will finish in one day, so I cannot buy fish for somebody else. It is just this poverty that is bringing that problem, not the attitude of the people. (Ndama Headman, 20/5/2008)

Here the will of the neighbours is not brought into question but rather the economic constraints with which they too were struggling. Such comments also resonate with observations about perceptions of limited social support networks in poor neighbourhoods elsewhere, including in the UK (Cattell 2001).

These representations of compromised agency also appeared in comments made by NGO and government managers and volunteers in relation to persistent rumours about some home based care volunteers taking resources for themselves instead of delivering them to their clients [92, 102, 105, 107, 110, 115, 116], with the remark that "volunteers also need to eat" often used to express the hardships faced by volunteers. This point was made for example by Patrick, a former volunteer now in a paid position with an NGO.

Joel: Which organisations would you describe as being transparent?
Patrick: I might say Catholic AIDS Action: they are responsible for orphans and vulnerable children and they really do a good job. The only problem is most of the things they buy don't reach the beneficiary and these things have been going for ages...like food, they have volunteers who are assigned. When the food is given to volunteers to give to those children it doesn't reach them because volunteers themselves they don't receive anything. I hear that a lot.

(8/12/2007)

In keeping with the discussion in Chapter Six about the perceptions of NGOs it seems that the intentions of Catholic AIDS Action were greatly appreciated. The problem however was presented as the life circumstances of the volunteers who "themselves do not receive anything". It is interesting to note that when Patrick made these comments he appeared to do so without making a moral judgement on the volunteers. Their actions were not spoken about in the same critical tone as was reserved for "corruption". As the Ndama headman observed, the problem was "not the attitude of the people" but was "just this poverty". There was an interesting echo of this in conversations with two respondents [3, 20] resident in Kaisosi during the 1980s. During the life history interviews the topic had turned to relations with neighbours who had been members of the South African Defence Force or the South African Police during the time of the struggle for Independence. One of them explained:

Everything is now quite cool. They [the people who were recruited] are already forgiven because it was only for money...People know he was doing it for his own economical purpose. That was just the situation. (Respondent 3, 2/3/2008)

Again there appeared to be little moral judgement directed towards the people who had fought on the side of the South Africans, with their actions described mainly in terms of outcomes of their struggle to get by.

As these examples have illustrated, representations of limited technical and cultural competencies and the presence of economic constraints featured prominently in accounts of the untrustworthiness of other actors. However, while these limitations made actors less trustworthy, they do not appear on the whole to have made them

targets of moral judgement or resentment. This was not the case however for questions relating to goodwill and opportunism.

Goodwill

Some of the comments about opportunism were made at the category level, such as the remarks made at the RHACC meeting about “the community” using the small grants fund as a “cash cow”. However, comments about opportunism were more often personal. The two women at the poultry project directed their comments specifically at the NGO manager, who reciprocated with her accusations about the two women trying to seize power for themselves, reserving particular suspicion for the woman who had been involved in other income generating projects.

To provide an idea of the accounts of opportunistic behaviour with which I was presented in the field I include two excerpts here from interviews with respondents who had withdrawn from community based HIV/AIDS and development programmes.

The first is a conversation with a respondent in Kaisosi who I will call Andreas (4/3/2008). Andreas was in his early 30s, had completed school and had a reputation as a highly “active”⁹⁰ and “serious” person. He had volunteered with several CBOs including two HIV/AIDS programmes, was in his church choir and had also volunteered with a political party. He would fit very much within the categories of the “interstitial elite” (Swidler and Watkins 2009) or “professional volunteers” (Chapter Six). He was enthusiastic and articulate when speaking about development and HIV/AIDS projects, but had withdrawn from two such projects,

⁹⁰ People who were involved with many groups and organisations were often described as being “active”

citing corruption as the reason for leaving in both cases. The excerpt presented below concerns only one of these two projects.⁹¹

Joel: What happened to that place?

Andreas: It's having a problem with Mrs. Haingura.⁹² The place could be finished long time ago. The money is there but the problem is Mrs. Haingura and Henry, the one driving the [name of organisation] car, he is the family to Mrs. Haingura, they are cousins. They are having two cars. They started eating the money for the project

Joel: How do you mean?

Andreas: When the support of the project came they said the LDC and the headman and them should work together but then those two started cheating; that they are the only people to control the money.

Joel: And what makes you say that they are eating the money?

Andreas: We saw it when there was a campaign to clean that area maybe last year. Each person working there the salary went to one thousand a person because the work was heavy. After they finished everyone got three hundreds but they signed the agreement with the LDC that it was one thousand.

Joel: How many people were they?

Andreas: Twelve people, we asked them how did this happened if we signed one thousand. They said there is not enough money. They said the mama on top of this project said the form is not right, we have to make another form. We ask "Why didn't you inform us before the time of paying?" We phoned Mrs. X in Windhoek to ask her if she is the one who change the form and she said she did not change anything. Then we give the phone to Mrs. Haingura then they started arguing. Then we realised that they are eating the money.

Joel: What happened to the project after that?

Andreas: Myself I quit because later the people here will say we eat the money together.

⁹¹ The project discussed here was not explicitly an HIV/AIDS programme. The other project was, but the transcript from that discussion is not presented here as it would not be possible to satisfactorily anonymise some of the more sensitive comments. As I discussed in Chapter Three, amongst the residents of Kaisosi and Ndama there was usually little or no distinction drawn between community development programmes and community based HIV/AIDS programmes. There was usually considerable overlap in terms of the governmental and non-governmental agencies involved in these programmes. In both research sites for example Catholic AIDS Action was most often mentioned in relation to the involvement of their volunteers in the distribution of food aid as part of a World Food Programme intervention.

⁹² This is a pseudonym. Haingura has been chosen only because it is a common name in Rundu. The use of Mrs. Haingura is preferred to the use of a first-name pseudonym to reflect the usage by the respondent.

- Joel: Do you think people will believe if you continue and you said you did not touch the money?
- Andreas: There is evidence because when we gave that money was a meeting. First we introduce ourselves. When coming to giving the money some money was missing. We asked even in Windhoek. Then they started lying, lying: "We pay them in full"...I pick my phone again give it to one worker who speak English and Mrs. X said I did not change anything. Then Mrs. Haingura then said I will pay you later after two days. Until today the seven hundred is not paid.
- Joel: When was it?
- Andreas: September 2007. It's now the second time she also ate the money again.
- Joel: When was that [first time]?
- Andreas: 2001. It was before I came here. They got 30,000 US dollar. It was a lot of money and the money got lost. We took this issue to the Regional Councillor and the Governor when they did not bring the money. We explained to them and they said Mrs. Haingura is doing that, it's not the first time. The money comes to her office and she hides the money. They know that she is a problem. They write the letters to change her but nothing is happening. We are talking about the ruling party. She is a member of ruling party. The problem is Kavango people we have mercy, so she stays there.
- Joel: Do you think it will be easy to get people to clean the area now?
- Andreas: No, they will think that we will lie to them again. We called the meeting and tell Mrs. Haingura to stop lying to people. Maybe only in the future because Mr. Kantema [Chief Executive Officer of Kavango Regional Council] will change the structure. Only the problem is the leaders, they lie to us, to us and the community.

Even though Andreas concludes with a more general reference to "the leaders", the main focus of his comments is the specific case of Mrs. Haingura and Henry. Unlike in the comments about limited capabilities, here blame is situated squarely with the parties seen to be taking advantage of the situation. The problem was seen to be with their character, not with the circumstances in which they found themselves.

In contrast to Andreas, Paulina (28/2/2008) would fit somewhere within the category of "the community" (Chapter Six), although she had briefly been part of a post-test club. She was exceptionally poor, and she and her husband were pointed out by their neighbours during the first round of interviews as examples of "the poorest of the poor". She lived with her husband, brother-in-law and baby son. The household had only occasional income through small scale fishing or casual labour. She and her husband were both living with HIV. They had both joined a post-test

club, were on ART and said that they felt “strong” now. Her husband had dropped out of the post-test club first, saying that his time was better spent fishing. Paulina remained in the club but also eventually left, complaining about corruption.

Paulina: They had a galadinner⁹³ and we were given information by the Ministers, people from the ARV hospital and doctors. They ask us if we want to go public that we are living with this thing. At that event everyone had to donate money, a lot of money, but then we don’t know what happened to that money; but they said the money is for [name of post-test club].

Joel: So who was donating the money?

Paulina: The people themselves, at the galadinner

Joel: Can you tell me a bit more about this galadinner, what it was about?

Paulina: I don’t know. I threw my book away, but it just indicated hands held together and it showed the whole world together because it showed a lot of colours, like black and Damara⁹⁴ and what what.

Joel: And who was there?

Paulina: Just lots of people, even from Windhoek: Petrina Haingura Minister of Health was there. Doctor Yuri⁹⁵ was also there.

Joel: And how many of you were there from your group?

Paulina: Seventeen. Some refused to go.

Joel: What did you understand when they asked if you want to go public?

Paulina: They mean to be shown in TV, to show these are the people who have come out in Kavango. We were there the whole day, just enjoying, dancing to music...Then people saw us in TV. When I came [home] people were saying “We saw you in TV”, but we were not given anything to bring home....

Joel: Who told you that the money was for [name of post-test club]?

Paulina: It was the coordinator of [name of post-test club].

Joel: Did you expect the money was for the group or for each person?

Paulina: This money is for the people who went public and the rest is kept. If there is a problem it can help people in the group. One thing that make me to leave is one of the group member died but they did not contribute even a coffin. That is why I decided to leave.

The conversation moved on to other issues, and then, unprompted, Paulina spoke about an incident in 2006. She claimed that the post-test club had been allocated money for fifteen people to travel to Uganda to take part in some workshops there.

⁹³ This transcript has been translated from Thimbukushu into English. However, “galadinner” was used as one word.

⁹⁴ Another ethnic group in Namibia who tend to have lighter skin than people from Kavango

⁹⁵ Senior Doctor at Rundu State Hospital

Paulina: Then they had a trip to Uganda and they were supposed to be 15 people going there, but the management team only send one and divide the rest of the money for themselves. The money for the trip from here to Uganda they kept it for themselves.

I asked what she and the other group members had done about this and she explained that they had taken their complaints to the Regional Council and had even spoken to Mrs. Pohamba, the First Lady of Namibia, but nothing had come of this.

Paulina: We went to speak to Simon⁹⁶ without talking to the management team. Then, when Simon started asking the management team we started to be afraid.

When I asked Paulina if she had considered joining other post-test clubs or community groups she responded:

Paulina: There was one nurse from the clinic who came here to tell us about a project but I am not interested because of this cheating.

In both accounts the descriptions of untrustworthiness revolved around money, and as in Andreas' account, specific project leaders were identified as having kept the money for themselves. This was typical of these kinds of explanations of limited trustworthiness focused on opportunism, as also in the comments made about the NGO coordinator by the two women leading the poultry project. Similarly, four respondents [25, 42, 73, 109] who either were or would previously have been in the category of professional volunteers all withdrew from a programme after they did not receive the per diem payments that they had expected for workshops in which they had been involved. All four cited the "cheating" of the manager as their reason for leaving. As I discussed in Chapter Four, similar comments were also made about LDCs when discussing with respondents the reasons for not attending village

⁹⁶ The use of this fictional name instead of "Regional AIDS Coordinator" is used to replicate the tone of the comments made by Paulina.

meetings or for awarding LDCs low marks for trustworthiness during the institutional analysis exercise.

Within the relatively small HIV/AIDS community in Rundu a handful of actors were permanently under suspicion, not only from actors who could be described as being in more peripheral positions but also from their peers. Even in formal interviews and interagency meetings the same actors, some of whom were in quite high positions such as Mrs. Haingura in Andreas' comments, were repeatedly identified as being untrustworthy. However, even though some of these actors had achieved a certain notoriety as opportunists they had still managed to have successful careers within the HIV/AIDS and Development sector. I return to this point in Section Four.

Commitment

The third object of trust discussed by Tillmar (2005; 2006) is commitment. As he observes, lack of commitment is not the same as the kind of strong opportunism entailed by a lack of goodwill, but is closer to something like free-riding (Nooteboom 2006). In some instances respondents framed lack of commitment as "laziness" [13, 18, 52, 112]. A brief excerpt from a discussion with a member of the Kaisosi LDC provides an example.

Joel: What has been your experience, are the departments [of the LDC] doing their jobs?

Respondent: Some try, but others, there is laziness.

Joel: So which departments are not really being effective?

Respondent: So like health, you can see our environment is so dirty.

Joel: So health are responsible for cleanliness?

Respondent: Yes. And what else, and academic department and we told them they must go to school and identify how many children are learning and in the community how many children are not learning and why they are not at school.

Joel: Why did they say they have not done it?

Respondent: They say, "it's laziness". They gave the reason as laziness.
[laughs]

(Respondent 20, 24/6/2008)

In other instances, commitment was framed more as an issue related to how other actors prioritised their various commitments [109, 130]. For example, the coordinator of the regional youth programme complained that most of the board members were not committed to the organisation as they all had many other commitments. He gave as an example a teacher who also ran a funeral business and occupied a senior position in the local branch of her political party. As he said, “When can I meet her now?”

While these two examples are focused at a specific level, comments about lack of commitment were also made at the category level. For example, as I mentioned in Chapter Six remarks were made at RHACC meetings about the limited commitment of politicians and more senior civil servants to HIV/AIDS programmes, in spite of often lofty rhetoric from these influential figures at public events. For example, during a project planning meeting in February 2008 some RHACC members joked that a large budget was required to get political leaders to the planned meetings and workshops on HIV/AIDS because they would only come if there were good photo opportunities and a good lunch.

However, comments by managers and professional volunteers about limited commitment were most often directed at “the community” and its apparently limited enthusiasm for attending meetings and rallies about HIV/AIDS. At one RHACC meeting (26/3/2008) a delegate told a story about his recent visit to a village just outside Rundu. He and the headman had sat at the meeting place but nobody came because they were apparently all drinking in the shebeen. He asked the headman to close the shebeen so that the people would come to the meeting, but when he did that the people just went back to their houses to sleep off the beer. Another delegate quipped that if you wanted people to attend the meeting you must tell them that the World Food programme will be there.

What seemed to compromise the trustworthiness of these actors was that instead of being represented as having a *genuine* commitment to fighting against HIV/AIDS they were represented as being motivated by the accumulation of material and symbolic resources. It was therefore assumed that they would only contribute as long as they were receiving something. For example, the coordinator of the regional youth programme complained that most of the board members remained on the board even though they made no effort to contribute to the organisation's activities because:

...they are expecting something from being on the board. They are expecting a direct benefit [rubbing the thumb of his right hand against the fingers of his right hand – a standard “money” sign]. They expect that payment will come from someone, somewhere. They want to know “Will somebody recognise what we have contributed to this organisation, for what we have initiated?”
(21/2/2008)

I return to these expectations in Section Four. What is interesting from the point of view of the broader understanding of the local moral world of The Fight is how these representations of who was and who was not committed formed part of the narrative through which respondents involved in HIV/AIDS programmes constructed the parameters of the AIDS community.

In this section I have sought to provide a picture of the kinds of tales of untrustworthiness encountered during the course of this research, making use of Tillmar (2005; 2006) and Nooteboom's (2006) distinction between the different objects of trust. My intention in doing this has not been to insinuate that all actors were represented as being untrustworthy, and has certainly not been to suggest that a great many actors should be considered untrustworthy. However, I do intend to maintain that the context in which these community based HIV/AIDS and development programmes have taken place has not been particularly conducive to the emergence of trusting relations, and that this is why these representations of limited capabilities, opportunism and limited commitment often encroached on the capacity of actors to form and maintain favourable expectations of other actors.

4. Obstacles to building trust

In this final section I come to the bases of trust (the “reasons” and the “rules of the game” in Figure 8.1) and offer a partial explanation of why such tales of untrustworthiness were relatively commonplace in the contexts in which these community-based HIV/AIDS and development programmes took place. My objective is to describe some of the factors that appear to have inhibited actors from making the “leap of faith” to trust. I focus in particular on relations between actors positioned at different levels within the organisational field of The Fight. The four obstacles to trust that I discuss here are the routinisation of disappointment; the positioning of actors within different reputation and sanction mechanisms; the pressures of “accountability” experienced by actors in management positions; and a lack of shared understandings around programme and project aims and objectives. I situate the discussion of these obstacles in relation to the broader social context described in the previous chapters.

Routinised disappointment and a legacy of distrust

The historic backdrop against which community based HIV/AIDS programmes have taken place itself presents one of the most obvious obstacles to the emergence of more favourable expectations about the future actions of other actors and the outcomes of interventions. LeBeau suggests that “Namibia's history of colonial rule through the use of violence and covert activities has...created within some a general distrust of others” (2004, 139). Furthermore, it seems likely that the litany of disappointments expressed about the period since 1990 has also problematised the emergence of more favourable expectations. As the NPC report argues, “people promised free education, transportation, water, houses and medical assistance, but these expectations were never met by the politicians” (NPC 2007, 21). The women

at the poultry project did not receive the funds that they had expected; the coffin for Paulina's friend was not provided by the post-test club as she had anticipated; Andreas and his colleagues were paid only a third of what they had been promised; volunteers in Kaisosi who had undergone home based care training grew tired of waiting for their home based care kits to arrive [35, 38, 43]; the long awaited community development centre in Kaisosi had still not been completed [25, 37, 38]; the land survey that had been spoken about for years had still not happened [especially 20, 51, 53, 68, 80]; and in Ndama, explanations of CBOs' untrustworthiness during the institutional analysis exercise almost all related back to the arguments and allegations of corruption that had surrounded the efforts of a community group to assist with the purchase and development of plots for residents (Chapter Four).

In discussions with managers as well, disappointment was presented as something of a routine. As the Regional AIDS Coordinator observed, "If you go back to projects after one year you will find most of them closed down" (13/6/2008). Stories of failure could be intensely demoralising for managers and volunteers who had invested their time and energy. For example, when I happened to meet the outreach volunteer who had been working with the poultry project shortly after the meeting described above, he described his disappointment that his efforts appeared to have come to very little and said that he had decided to quit the organisation. As another example, an NGO manager [115] who had been supporting a CBO for PLHA explained how disappointed she was that all of the income generating projects with which she had assisted them over the past two years had collapsed. First the group had said that they wanted to make AIDS ribbons. The NGO manager bought the materials for them with her own money, but the group did not manage to sell the ribbons for a profit. Next she arranged for the group to have a two month catering contract for a series of workshops because they said they wanted to set up a catering business. At the end of the two months the group still had no capital to invest because they had spent all of the profits. At which point the manager concluded, "...and then of course I gave up".

These personal experiences of what seemed like broken promises and unfulfilled expectations provided a reservoir of stories that was drawn on by actors to explain why they remained dubious about whether other actors involved in community based HIV/AIDS programmes had the capabilities, commitment or intent required to uphold their part of agreements. This routinisation of disappointment cuts across the other three obstacles to trust discussed here.

The positioning of actors within different sanction and reputation mechanisms

The second obstacle relates to issues around control and the difficulty of bracketing distrust. As Bijlsma-Frankema and Woolthuis (2005a:5) have argued, the emergence of trust can be facilitated if actors perceive themselves as operating within shared systems of sanction and shared “reputation mechanisms”, as these can provide safeguards that may support at least a fairly shallow form of trust. However, in the cases described above it seems that particularly actors who could be said to be closer to the periphery of the organisational field of The Fight, such as Paulina, Andreas, and the two women at the poultry project, did not represent themselves as part of the same sanction and reputation mechanisms as some of the actors closer to the centre of the organisational field.

In the contexts described in Section Three there was great asymmetry in the sanctions at the disposal of different actors. While the NGO coordinator or RHACC members were in a position to withhold funds from the poultry project or from other organisations that did not conform to the requirements laid out for them, scope for actors like Andreas and Paulina to enforce sanctions was extremely limited. In Swidler’s (2005) discussion of patronage in community HIV/AIDS programmes she observes that what clients are able to give to their patrons is quite simply their presence at events when donors or other powerful guests are visiting. In a way Paulina’s appearance at the gala dinner provides an excellent example of

this sort of contribution. The sanction available to Paulina in this case would therefore be not turning up. However, apart from this there seemed little she could do when she wished to make a protest. When she sought to impose what was in effect a greater sanction by lodging a complaint through RACOC this appears only to have served to provoke the ire of the people about whom she and her colleagues had complained. Similarly, Andreas' complaints also fell on ears that may not have been deaf but were not attached to a body willing or able to intervene on his behalf. The only remaining sanction available in these cases was to withdraw, which is what Paulina and Andreas did.

Also in terms of reputation mechanisms, Andreas and Paulina both describe how little impact their negative comments appear to have had on the position of the people about whom they complained. An interesting contrast can be drawn between Andreas and Samuel on the one hand and Mrs. Haingura (the person about whom Andreas complained) and the NGO manager on the other. In Andreas' explanation of why he withdrew from the project he referred to his desire that people should not associate him with a project in which any malpractice is taking place: "I quit because later the people here will say we eat the money together." Samuel expressed a similar concern when he explained that he would not install the clay pot making machine in his house because the people in the village "can only think maybe if we will do that plan, I will eat their money." For both Andreas and Samuel what was at stake was their reputations among the people with whom they live and on whom they are often likely to have to rely. This relates back again to the discussion in Chapter Six about the importance often placed by volunteers on becoming a well-known, "active" or "serious" person in the community through their voluntary work. Acquiring this prestige was dependent on their reputation among their fellow residents.

Yet the same type of hostage mechanism was not perceived by actors at the periphery of The Fight to be in place for actors like Mrs. Haingura and the NGO manager in the poultry project. Andreas argued that Mrs. Haingura was not

affected by his and his colleagues' complaints as a result of her political position, which allowed her to act without worrying too much about what was said about her by people like Andreas, or indeed by people in less senior government positions. As I have said earlier in this chapter, such comments were not atypical and were also often related to the remarks about nepotism discussed in Chapter Four. In the case of the poultry project the NGO manager was quite clear that her primary concern was maintaining her organisation's reputation with the donors and other influential actors in the organisational field, as this was the only way to ensure that her organisation would continue to be able to effectively support local CBOs.

At least in relation to their actions in the context of these community based HIV/AIDS and development programmes, then, the sanction and reputation mechanisms within which Mrs. Haingura and the NGO manager were situated were aligned more with the chains of accountability and reporting and funding mechanisms of the organisational field of The Fight than with the gossip networks of the informal settlements. The positions of actors like Mrs. Haingura and the NGO manager depended on their ability to maintain the "image of the effective broker" (Nuijten 2003, 3), of being able to present themselves to beneficiaries and communities and to donors and other higher level actors at the regional and national level as essential and effective links in these chains. Of course in theory, and according to project plans and diagrams of monitoring and evaluation mechanisms (see Chapter Five, p125), actors like Mrs. Haingura and the NGO manager are depicted as more or less equally accountable to people at the local level as they are to those at higher levels. However, as discussed in Chapters Five and Six this was not seen to be the case by most respondents in Kaisosi and Ndama, who saw the chains of accountability extending away from the informal settlements towards Windhoek and beyond. In terms of enabling actors at the periphery of The Fight to form favourable expectations of actors situated closer to the centre, what matters is not so much whether government and NGO documents say that there is top-down accountability but whether the actors at the periphery of The Fight

themselves represent actors like Mrs. Haingura and the NGO manager in the local brokerage positions as being accountable to them, and therefore vulnerable to local hostage and reputation mechanisms (cf. Bijlsma-Frankema and Woolthuis 2005a). I would argue that in the cases presented above this was not the case.

These representations of actors as being positioned within different reputation mechanisms can be related back to the representations of social and economic transformation described in Chapter Four (in particular representations of economic inequality and a decline in social orderliness). First, as I argued in Chapter Four, access to the forms of capital required to exert influence was represented as being increasingly differentiated and as being mediated by political and kinship networks, therefore undermining the possibility of recourse to independent arbitration. Second, the locus of institutionalised authority with the power to act as an arbiter was seen to have shifted away from the local community towards the town council, national government and the magistrate's court. Whilst disputes like those involving Paulina and the leaders of the post-test group might previously have been taken to family elders and then perhaps the headman or even the *hompá*, the legitimate right to enforce sanction in "this modern day life" (Chapter Four) resides with more remote actors. The possibility of trust has been undermined as sanction and reputation mechanisms have effectively been taken out of the hands of actors without linkages to these more remote actors, or as Bijlsma-Frankema and Woolthuis phrase it, as the "forms of retaliation [have been] narrowed...as a result of de-localization of exchange relationships" (2005a, 3).

To conclude this subsection I return briefly to the comment made on page 264 about the actors who, although consistently under suspicion somehow continued to play an often leading role in organisations delivering state or NGO HIV/AIDS programmes. I suggest that this idea that actors positioned at different points within the organisational field may be situated within different reputation and hostage mechanisms offers one explanation (cf. Swidler 2005). Actors like Mrs. Haingura may have had a poor reputation among certain groups of actors, but

these were not the actors in positions to impose sanctions or to damage her reputation among other groups of actors that could impose sanctions. This argument also resonates with Bayart's (1993) thesis about "extraversion" among African political elites, where structural inequalities entail that the material and symbolic resources through which they maintain their legitimacy are drawn not from the national populations that they officially represent, but from their international patrons.

The pressures of accountability

While actors at the periphery of the organisational field appear to have perceived actors closer to the centre as operating within different sanction and reputation mechanisms, this of course is not to say that those actors at the centre were free from threats of sanction and hostage. As the NGO manager in the poultry project made clear, she viewed her actions as being very much constrained by the interests and requirements of donors and the local coordinating bodies. I suggest that the intersection of these sanction and reputation mechanisms with the representations of limited capabilities discussed in Chapter Seven, and the routinised disappointments discussed above, made it more difficult for actors in central positions within The Fight to make a "leap of faith" to form favourable expectations about the capabilities, commitment and goodwill of actors at the periphery, particularly in relation to issues surrounding project management and finance. I argue in effect that the pressures of accountability provided a strong disincentive for actors in management positions to suspend doubt or to have the kind of blind trust that Möllering (2005; 2006) argues can be so important in starting to build trusting relations.

Given the economic and geographic scale of the response to HIV/AIDS (see Chapter One), and given the fears that funds may be misspent and that this may have repercussions for actors and organisations further up the management chain (e.g.

the poultry project), it seems entirely understandable that investment has been made in developing extensive control mechanisms, such as ensuring that all AIDS service organisations operating in Kavango register through and report to RACOC. However, this bureaucratisation of relations between actors involved in HIV/AIDS programmes affects the dynamics of these relationships. Comments made in an interview with the Regional AIDS Coordinator are instructive:

Joel: You mentioned that you have to recommend organisations for funding. How does that work?

RAC:⁹⁷ In the past they do it on their own but these small groups when they get money they use it for something else. When those people come from Windhoek to the region and see what they [the community projects] did with the money, they come to my office and ask and I cannot answer that question. That is why if I recommend a letter⁹⁸ I have to monitor that project. The person can come with the proposal and talk to the donor and submit the proposal. I visit the site and if am satisfied then I will write the recommendation letter...The government is the overall chairperson for all the activities happening in the region. That is the decision taken from the cabinet. Our Ministry is the leading ministry, so whatever is coming to this region must go through regional council.

Joel: Even if it's an NGO?

RAC: The approval of HIV projects is by the Ministry of Health, but the activities must come through the Town Council. You know, sometimes people when they get money from the donor they give only some small part to the centre and put rest in their pockets. If it comes through our office we can protect that person, the donors.

(13/6/2008)

There are two related points to make about these comments. The first is to note how the idea of implementing this system in order to “protect the donors” connects with the discussion in Chapter Five about the extent to which the social representation of monitoring and evaluation and the rights of the donor to monitor the activities of the recipient is embedded within the commonsense reasoning of *The Fight* (cf. Swidler 2005). The second point is about how the onus to police the actions of the recipient organisations has fallen upon the shoulders of actors like the Regional

⁹⁷ Regional AIDS Coordinator

⁹⁸ A letter of recommendation on behalf of the organisation seeking support

AIDS Coordinator. Actors in organisations that operate as intermediaries or brokers between local and external agencies, like RACOC, RHACC, or the NGO in the case of the poultry project, were under considerable pressure from above to ensure that due process was followed. The Regional AIDS Coordinator and the NGO manager in the poultry project both claimed to feel a sense of considerable personal responsibility for the projects with which they were associated. For these actors the implementation of control mechanisms such as monitoring and evaluation systems or budgetary controls on recipient organisations can give them greater confidence that local projects will be run as stipulated. This is not the same, however, as making a leap of faith. As Woolthuis et al (2005) argue, while contracts might bracket distrust, they do not usually precede the emergence of deep trust. Furthermore, by not making the leap of faith it seems that opportunities to actively build trust might in fact be missed (Möllering 2005; 2006).

For example, it seems that from the outset the NGO manager was reticent about acting “as if” she trusted in the capabilities and goodwill of the leaders of the poultry project, preferring to rely on formal accountability mechanisms rather than making a leap of faith. However, this was interpreted by the leaders of the poultry project as an attempt by the NGO manager to retain power. A similar series of events was described by members of the regional youth programme.⁹⁹ Having entered into an agreement with MoHSS to deliver adolescent reproductive health training, they reported that they found that they were not consulted on any issues relating to project planning. While the person leading this project locally within MoHSS [107] explained that control of the programme was retained by the MoHSS office in order to safeguard the funds and the reputation of the office, this was interpreted by some members of the regional youth organisation¹⁰⁰ as an attempt by senior figures in the MoHSS to wield power over them. While some members of the

⁹⁹ Respondent numbers withheld to protect anonymity

¹⁰⁰ Respondent numbers withheld by the author to protect the identity of the respondents who made these comments as the relationship between these organisations is ongoing.

youth programme remained enthusiastic about the partnership, others described it as “wasting of time”. In both instances reliance on formal control mechanisms was represented by actors closer to the periphery of The Fight as opportunism on the part of managers.

As an interesting comparison, the first OVC project in Ndama was a CBO in which many of the actors involved appeared to act with a great deal of trust towards one another. During a visit to the project (24/4/2008) it emerged that the manager enforced very few formal controls on the people involved in the income generating activities (butchery, sewing, bread making, bicycle repairs). They were all asked to contribute a fixed percentage of their profits to the project and could share the remaining profits among those involved in the activities. All the people running the activities were either direct beneficiaries of the project or had family members who were beneficiaries of the project. There had been a handful of instances in which trust had been abused, so to speak. For example, the project coordinator reported that one person had disappeared with some dresses, and some others had helped themselves to more materials than they should have done, but on the whole it seemed that there were few instances that anybody involved in the organisation described as “cheating”.

My intention here is not to suggest that there ought not to be local budgetary control but a more nuanced approach to control mechanisms might enable their implementation to contribute more than an increase in confidence on the part of the actors in management positions. The question of how control mechanisms might be designed and implemented to enable actors operating within quite different local moral worlds and with very different access to sanction mechanisms to make the “leap of faith” merits further attention. A useful starting point would be research concerning the linkages between contracts and the emergence of trust between commercial enterprises (Woolthuis, Hillebrand, and Nootboom 2005).

Misalignment of goals and expectations

Much in line with the bases for formal control, trust also needs alignment of goals and expectations. This alignment can be based in explicit interaction between transacting partners, but can also more implicitly find its roots in a common ground. (Bijlsma-Frankema and Woolthuis 2005a, 4)

The fourth of the obstacles that I discuss here relates to one of the themes that has dominated much of this thesis: the extent to which actors in the context of HIV/AIDS programmes could be said to share common ground or a local moral world.

What could be described as a misalignment of goals and expectations between managers and “the community” was a perennial challenge. In the case of the poultry project, the project leaders expected that once the funds were awarded they would have full control over these funds, but this was not how the NGO coordinator saw it. What Paulina and her husband expected or perhaps hoped for from the post-test club was a chance to generate some income, not just to be counselled and take part in awareness raising events. The same could be said for the out-of-school youths described in Chapter Seven who withdrew from the regional youth programme when the organisation reverted to a focus on youth groups and health programmes rather than income generating activities.

At one level these misunderstandings are symptomatic of a generalised confusion about who was supposed to be doing what for whom, borne of the ongoing procession of new government initiatives, NGOs, or CBOs and the proliferation of new governance institutions (see Chapter Four). A senior administrator¹⁰¹ on the Town Council summed this up during a discussion about the challenges of intersectoral collaboration:

¹⁰¹ No number is allocated as no formal interview was conducted with this person.

We confuse all of these things [institutions]. That is really the problem. Because all of this development we want to come to the community, but in the community we have a lot of structures of almost the same purposes, and now it is confusing us...Do people really understand their roles? Do people in the community understand their roles? (Senior administrator, Rundu Town Council, 12/6/2008)

As these comments suggest, this confusion around the role of government agencies, NGOs, and CBOs must be seen in its historic context. Picking up on one of the classic problems in the field of Development, LeBeau observes that “at Independence most external actors concentrated on ‘righting the wrongs of apartheid’ without considering the long-term implications for their exuberance; and thereby creating a ‘dependency syndrome’ within some segments of the population” (2004, 139). These organisations were expected by many residents of Kaisosi and Ndama to provide almost unconditional assistance, but this perspective was of course not shared by project managers.

These conflicting expectations placed on organisations also shaped the differing expectations placed on actors associated with those organisations, as the case of the home based care volunteers illustrates (Chapter Six). On the one hand clients often expected them to act as nurses or to bring them things like soap, painkillers, and bread. On the other hand, supervisors expected home based care volunteers to make it clear that they were not nurses, and not to start distributing soap, painkillers and bread to their clients because it would build unrealistic and unsustainable expectations. Inevitably the volunteers could not please everybody. This lack of shared understanding around the roles of organisations and the actors associated with them translated easily into misgivings about actors’ intentions, as happened in the case of the poultry project. From the perspective of the poultry project members the role of NGO was to help them to secure funds, while from the NGO coordinator’s perspective its role was to assist in establishing the project and ensure that the project was sustainably managed and able to fulfil its reporting responsibilities to RHACC. When neither of these sets of expectations was met, accusations of corruption and malicious intent soon arose.

This misalignment of expectations can to some extent be interpreted as a matter of linguistics, with language differences impeding communication (cf. Child, Faulkner, and Tallman 2005, 56), and perhaps this could be addressed with more appropriate and careful communication and translation. With AIDS NGOs and government agencies often working across two or more languages it is unsurprising that there is some misunderstanding. An example of this is the word “support”, and “support groups”. As the NGO coordinator involved with the poultry project observed:

When we mobilise people to go for testing, they ask, “What happens if I’m positive?” Then we tell them, “No, you will be supported.” Then you have kind of used this as a strategy to push people for testing. Then they go for a test and find they are positive and then they come back, “You said you would help me.”...To us support means a lot of things, it can mean a paper or a pen, but to them it means something totally else, a support, if somebody comes and says they will support me I’m thinking will they give me money, or food? Then us, we have not really opened our minds to the idea that we should not be saying it like this...We are creating these things, if you look at it from another angle we are telling them these things, and then of course they will wait, “Since they said they can help us we are going to wait.” You tell them, “You need to put your own money together”, but they will not do it because you said you would support them. (27/5/2008)

Certainly this account suggests that there is a need to make greater efforts to work towards a shared language. However, drawing on the discussions presented in the previous chapters, I argue that the roots of these misunderstandings run deeper, into the differences between the local moral worlds inhabited by the different actors (cf. Bijlsma-Frankema and Woolthuis 2005a, 4). For example, the different understandings and interpretations of what constitutes appropriate “support” are also intertwined with understandings of what kind of relationship government agencies or NGOs ought to have with their clients, and with understandings of the appropriate role of a “patron” and the type of conditionalities that a “good patron” ought to attach to the support that they give to their clients.

5. Conclusions

In this chapter I have explored why the emergence of trust between actors at the centre and the periphery of The Fight has often (although not always) faltered, particularly in relation to issues around financial management. To do this, I have drawn on a neo-institutional theory of trust, considering not only the more immediate reasons why actors might not make the leap of faith to trust, but also situating these actors within the broader social context.

I argue that in the cases described in this chapter, the emergence of trust falters because the “relationships are not embedded in a shared institutional structure, common culture, or networks; and transactions are not backed up by contracts, monitoring and/or sanctioning systems” (Bijlsma-Frankema and Woolthuis 2005a, 2). This assertion requires some elaboration, particularly as it might be pointed out that there were institutional structures, as discussed in Chapter Five, and that there most certainly were monitoring and/or sanction mechanisms in place. However, there are three key points to be made.

First, the contract, monitoring and sanction mechanisms in place were represented by actors at the periphery of The Fight as having a very limited degree of reciprocity, and as such offered little reason for these actors to bracket their distrust about the intentions or commitment of actors in higher positions.

Second, whilst there is an institutional structure it is a relatively new one and was poorly understood by actors operating at its periphery. The logic according to which actors closer to the centre were operating therefore made little sense from the perspective of these more peripheral figures. Furthermore, to return to the discussion in Chapter Seven, there was little scope for peripheral actors to negotiate with those actors closer to the centre about the nature of this institutionalised logic, as they lacked the appropriate economic or symbolic capital to do so.

This leads to a third point which has been a central argument throughout this thesis. Although many of the actors could be said to have had a largely shared “culture”, if described in terms of imagined ethnic identities, the actors at the centre and periphery of the organisational field of The Fight were in effect operating largely within different cultural parameters. While many of the residents of Kaisosi and Ndama could be said to have operated largely within the local moral world of traditional culture, the practices and commonsense reasoning deployed by managers and professional volunteers were far more aligned with the more cosmopolitan local moral world of development and modernity. I address the implications of this in the final chapter of this thesis.

Chapter Nine:

Conclusions

This chapter summarises and draws together the main points that have emerged from this thesis. In it I also touch briefly upon some areas in which research might be taken forward in the future.

1. The contribution of this thesis to understanding and knowledge

The main aim in this thesis has been to build understanding of how micro-social processes have hindered efforts by government agencies and civil society organisations to engender a broader and deeper sense of public ownership of HIV/AIDS programmes. As outlined in Chapter One, to meet this aim I have had two primary objectives. The first was to generate and sustain an account of the fight against HIV/AIDS as something that is not reducible to a series of policies and programmes or even to a more or less formalised network of persons and organisations, but that can also be described in terms of the wider institutions generated through social interaction: the affective and ideological structures; the system of common sense reasoning; cultural orientations; and the processes of identification.

In working towards this objective I have presented the expansion of the institutional architecture of the international fight against HIV/AIDS in towns like Rundu – the various civil society organisations, government coordinating committees, monitoring and evaluation frameworks and so forth – not only as a technical response to a defined problem but also as a “transmission-belt” for the diffusion of particular organisational models (Swidler 2005), and, by extension, of

the systems of thought that these organisational models imply (Altman 1998; Seckinelgin 2002a; Swidler 2006; see also Garland 1999). It is through human experience of the practices associated with HIV/AIDS programmes – including meetings, workshops, training events, proposal writing, counselling, monitoring and evaluation, awareness raising or capacity building – that the common consciousness (Barnett and Whiteside 2006) or imagined global morality (Baylies 1999) of the international fight against HIV/AIDS has been diffused and refracted to become what I have called the local moral world of The Fight in Rundu.

This introduces the second main objective, which has been to provide a thick description of social interactions in the contexts of HIV/AIDS programmes in Rundu; how different actors have engaged with, interpreted, and experienced the expansion of these programmes. What I have sought to achieve by deploying the concept of local moral worlds (Kleinman 1992; Meinert 2004) has been to bring together this thick description of human experience with the account of the expansion and diffusion of the social institutions associated with the HIV/AIDS programmes. This endeavour has been supported by the theoretical position that I have constructed which draws on a series of perspectives on the generative role of practice at the macro- and micro-social levels (especially Bourdieu 1990; DiMaggio and Powell 1983; Giddens 1984; Goffman 1967; Hallett 2003; Swidler 2005). This has enabled me to transpose broader concepts from the literature around the international and national level response to HIV/AIDS, like that of an “AIDS community”, into this analysis of the local milieu. In doing this, however, I have gone further than either Kleinman or Meinert in terms of presenting an extended and detailed description of the multiple aspects of the local moral world and the mechanisms through which local moral worlds are shaped by social interaction in the context of wider national and international processes.

A first account of the multiple aspects of the local moral world of The Fight was presented in Chapter Five. I described the institutional framework: the formal organisational structures and the social institutions associated with those

organisations that have been integral to maintaining the relative homogeneity of “structure, culture and output” (DiMaggio and Powell 1983) across the organisational field. I then described the affective structures, the sense of community, and in particular how actors involved in HIV/AIDS programmes in Rundu often situate themselves within an imagined global community that coheres around a series of shared objectives. After that I described the commonsense reasoning, the underlying assumptions and values embedded within the practices and organisational structures associated with HIV/AIDS programmes: the value attributed to the assertive individual; the definitions of who ought to participate; the notions of what constitutes legitimate structures of accountability; and the prioritisation of health interventions. Here I also started to draw out how this commonsense reasoning and associated practices are often juxtaposed, particularly by managers and professional volunteers, with practices and modes of thought ascribed to “traditional culture”. The social embeddedness of this juxtaposition has come to be a central element of this thesis and of my understanding of why it has often been difficult to engender a broader and deeper sense of ownership of HIV/AIDS programmes.

What comes out of the discussion in Chapter Six is the extent to which actors situated around the periphery of the organisational field of The Fight have quite different experiences and understandings of HIV/AIDS programmes from those largely shared by actors closer to the core regarding who these programmes should benefit; how they should benefit them; how they should be organised and managed; and the relative value of different components of these programmes. Put another way, I started to describe how the diffusion of the local moral world of The Fight in Rundu is an uneven process mediated by (and also contributing to) social and economic differentiation within the wider milieu. In particular, I described two interlinking structures of conditionality that appear to shape the bounds of who does and who does not have opportunities to take part in decision-making around HIV/AIDS programmes in the research sites.

The first of these conditionalities relates to whether an actor is able to demonstrate that they have the technical competencies deemed, within the commonsense reasoning of *The Fight*, necessary for making appropriate decisions. Is an actor literate; do they have a school-leaving certificate; have they received other forms of relevant training and so forth? The second relates to what I refer to as cultural orientation, the extent to which an actor forms or does not form a cultural alignment towards the local moral world of *The Fight*, and by extension often towards the local moral world of Development and Modernity. This idea is encapsulated by the senior health worker who compares “innovative neighbours” with “people from other communities” who seemed less willing or able to accept, implement, or adapt to the western ideas associated with HIV/AIDS programmes.

In this thesis I have argued that, roughly speaking, the “innovative neighbours” in Rundu are the managers, professional volunteers and AIDS activists. These were the actors who travelled to workshops and meetings across Namibia and beyond, who became increasingly adept at using the discourse of the international fight against HIV/AIDS, who seemed at least in the context of HIV/AIDS programmes to be largely immersed in the commonsense reasoning of *The Fight*, and who often aspired to securing paid employment within the HIV/AIDS sector. They were increasingly aligned with global structures – organisations, professional networks, friendship networks, imagined moral communities and so forth – and were increasingly part of what Altman calls a “new cosmopolitanism” (2008). The innovative neighbours comprise what can be described as a local “interstitial elite” (Swidler and Watkins 2009); a set of actors who often operate as local mediators or brokers between international or government agencies and the residents of settlements like Kaisosi and Ndama. How different actors engage with HIV/AIDS programmes is therefore intimately related to emergent sociostructural divisions and the way in which these are being shaped through the processes of globalisation.

In Chapter Seven I added a further layer of description by exploring how the micro-social processes of knowledge construction within the organisational field of The Fight have shaped the distribution of symbolic power in the contexts of HIV/AIDS programmes. I argue that the often quite effective efforts to build the technical competencies demanded by actors leading HIV/AIDS programmes have also had the effect of embedding a particular system of thought that sets parameters around what constitutes legitimate or valuable knowledge in the contexts associated with these programmes. As this valued and legitimised knowledge tends to be exogenous and technical, cultural capital relevant to the organisational field of The Fight has become concentrated among a relatively small group of actors who come to be identified as local experts, or at least as potentially influential patrons.

Drawing on Goffman's (1956; 1959) and Hallett's (2007) writings on deference, I then argued that in Rundu and its informal settlements this concentration of cultural capital has translated into a similar concentration of symbolic power which is embodied in and maintained through highly asymmetric deference norms in the context of HIV/AIDS programmes. However, it is important to make clear that in the account that I present here the actors who acquire deference are not in most instances power hungry Machiavellian figures seeking to exercise control over others. Indeed, I have given examples of how some of these actors have explicitly sought to transfer decision making to other actors. Instead the asymmetric power relations seem to be better understood as an outcome of the reification of western knowledge within the local moral world of The Fight, superimposed upon historically embedded norms of deference and demeanour that discourage public dissent to legitimised authority or expertise.

In Chapter Eight I then drew on the discussion in the previous chapters to offer an explanation of some of the obstacles to the emergence of trust between actors at the centre and the periphery of the organisational field of The Fight that appear to have hindered the expansion of a sense of popular ownership of HIV/AIDS programmes. At one level an explanation for the difficulty in building trust may lie in the

multiple tales of cheating, corruption or nepotism discussed at length in the yards, fields, bars, churches and streets of Kaisosi and Ndama. However, using Möllering's (2001; 2006) neo-institutional theory of trust I have gone beyond these tales of untrustworthiness to explore the underlying social institutions that appear to make it difficult for actors to make the "leap of faith" to trust.

Three obstacles, all of which are mediated by what I describe as the routinisation of disappointment, appear to be of particular importance. The first is the positioning of actors at the centre and periphery of the organisational field within quite different sanction and reputation mechanisms. The apparent lack of local accountability of actors in more central positions undermined the willingness of respondents in Kaisosi and Ndama to trust. This absence of local accountability was often associated with the declining influence of locally owned arbitration mechanisms such as the traditional courts. The second obstacle relates to the pressure experienced by managers, and in some cases professional volunteers, to be accountable to line managers and donors. In the context of a pervasive view of limited competency at the local level these actors were often cautious about making the leap of faith to put their trust in the competency or goodwill of actors who had not undergone appropriate training and were often expected, particularly by managers, to lack understanding of what the programmes were really about. This introduces the third obstacle, which was the misalignment of goals and expectations that I started to describe in Chapter Six and the way the misunderstandings that this breeds between actors situated closer to and further from the core of the organisational field of The Fight could translate into disappointment and distrust.

This brings me to the main argument of this thesis. Through the uneven diffusion of the commonsense reasoning and affective structures of The Fight, actors situated at the centre and those around the periphery of the organisational field often appear to operate within quite different local moral worlds. Therefore building the kind of shared understanding that facilitates joint action and deep trust becomes

problematic, and this has undermined the expansion of a sense of ownership of HIV/AIDS programmes beyond a relatively small cadre of managers, professional volunteers and AIDS activists.

What I have sought to demonstrate in this thesis is that this apparent disjuncture between the local moral worlds of The Fight and of Traditional Culture cannot be understood simply as the result of efforts by international agencies to impose various forms of behaviour change on a local population, but as something that has become socially embedded and is reproduced through social interactions in the contexts of HIV/AIDS programmes stretching back over a period of more than a decade.

2. Areas for further research

While there are several possible avenues along which this research may be taken forward in the future, I wish to briefly touch upon just three of these.

The first concerns thinking more creatively around the way civil society is incorporated within efforts to address the challenges posed by HIV/AIDS in towns like Rundu. In the context of the response to HIV/AIDS in Rundu, what is described as the response of civil society has largely meant that of NGOs, or of CBOs that tend to mimic the organisational models of the NGOs.¹⁰² However, given how recently this sort of organisational model has been introduced to the area, these types of organisation seem unlikely vehicles for a dynamic and socially embedded response to the epidemic. They have generated opportunities for community participation in HIV/AIDS programmes, but this tends to be what Cornwall (2000) describes as “invited” rather than “organic” participation; it is participation on the terms laid out by the bureaucratised organisations higher up the chain. A topic for

¹⁰² As I stated earlier in this thesis, I include FBOs in this.

future research, then, might be the kind of organisational mechanisms through which more organic forms of participation might be promoted in towns like Rundu.

One approach to this is suggested by LeBeau (2004). In her research into philanthropy in Namibia she explores the historic construction of the pervasive notion that I have described in this thesis of the limited competency and agency of actors in poor black communities in Namibia: the legacy of apartheid, the large scale and top down aid programmes of SWAPO and the UN agencies in the immediate aftermath of Namibian independence; and the later “commercialisation of the helping process” (2004, 143) through the expansion of the NGO sector. LeBeau calls for a move towards exploring the possibility of building on historically embedded forms of social support such as the *ndjambi* system (see Chapter Four, p. 116). This is an interesting proposal, although questions must be asked about how such systems might function in an environment that is increasingly shaped by the local moral world of Development and Modernity. The growing literature around treatment activism in Africa (Boesten 2007, vol. 5, ; Nguyen et al. 2007; Robins 2004; 2006) might also offer insight into how spontaneous and socially embedded movements can emerge and engage with the challenges posed by HIV/AIDS. However, as I have observed in this thesis, the culture of overt activism, particularly in parts of South Africa, has little resonance in Rundu, and this may also be the case elsewhere.

A second, related area for future research concerns the question of how to facilitate the emergence of greater trust between actors at the core and those at the periphery of the organisational field. As Bijlsma-Frankema and Woolthuis (2005b) observe, where conditions are not conducive to the emergence of trust, trust may have to be built at a cost. The questions then of course are “at what cost?” and “to whom?” Building on the discussion in Chapter Eight, there are three areas that may warrant particular attention. The first relates to the issue of sanction and reputation mechanisms and is to consider how to build credible local institutions to represent the interests of residents of settlements like Kaisosi and Ndama and hold the

managers of government agencies and AIDS service organisations to account from below. For example, the LDCs appear to be one possible option, but at the moment they have no resources at their disposal. They are tokenistic symbols of decentralisation, are regarded by most residents to be highly ineffective and as such do not serve to build confidence among residents of these settlements. This introduces the second area, which is about how to ensure that the pressure of accountability experienced by actors such as managers and professional volunteers is more balanced so that as well as coming from line managers and donors it also comes from below (cf. Swidler 2005). A third area would then consider how to institutionalise the move towards building shared understanding between actors at the core and those at the periphery of the organisational field. As Thomas (2008) argues, part of this is likely to entail finding ways of encouraging actors at all levels of the international fight against HIV/AIDS, including the local interstitial elite, to move away from framing non-western beliefs and practices as an obstacle to successful interventions.

While this research has focused almost exclusively on social interactions in the context of HIV/AIDS programmes, another potentially interesting area for future research would be the exploration of how aspects of the local moral world of The Fight and the local moral worlds of Development and Modernity are being transposed into other institutional contexts or into other domains of life. This would be a much larger project, but might start to engage with understanding the long term impacts of HIV/AIDS and the fight against HIV/AIDS on local institutional cultures. It would be interesting for example to explore the career paths of managers, AIDS activists and volunteers, particularly those who move out of the specific HIV/AIDS sector. How has their engagement with or inhabitation of the local moral world of The Fight influenced the way in which they approach other jobs or business opportunities? For example, many of the actors who founded CBOs in Rundu had previously worked or volunteered with HIV/AIDS programmes: to what extent did they transfer the practices with which they had been accustomed into their own organisations. Similarly, another related area

which has not been explored in this research but that merits further enquiry is the extent to which female volunteers - and here again there may be interesting comparisons to draw out between the experiences of women who are “innovative neighbours” and those “from other communities” - make use of the opportunities presented by CBOs and NGOs to shape and negotiate personal relationships within their neighbourhoods and kinship networks. To what extent and to what effect are the technical and cultural competencies gained through engagement with HIV/AIDS programmes then deployed in other domains of life?

3. A concluding remark

As I said in the introduction, the broader aim in writing this thesis has been to contribute towards a more textured understanding of the way in which the international fight against HIV/AIDS is transposed from the high rhetoric of the global arena into everyday practice in towns like Rundu that have found themselves the focus of attention for a global industry worth well in excess of US\$10bn per year (cf. Pisani 2008). To that end, I have described how the expansion of the institutional and ideological architecture of the international fight against HIV/AIDS has been mediated by and socially embedded through social interaction couched in personal histories, expectations, fears and aspirations. What this approach has highlighted is the extent to which the diffusion of a common consciousness or of a sense of alignment with an imagined global morality of the international fight against HIV/AIDS is an uneven process at the local level, and one that is tightly intertwined with emergent socioeconomic disjunctures in contemporary Namibian society. By deepening understanding of how these socioeconomic disjunctures, the expansion of the fight against HIV/AIDS and the struggles of people like the residents of Kaisosi and Ndama to adapt to “this life of today” are intertwined, we might also better understand why residents of poor settlements in much of Southern Africa often do not take greater ownership of HIV/AIDS programmes.

Bibliography

- Akintola, O. 2008. "Defying all odds: coping with the challenges of volunteer caregiving for patients with AIDS in South Africa." *Journal of Advanced Nursing* 63:357-365.
- Allen, T., and S. Heald. 2004. "HIV/AIDS policy in Africa: what has worked in Uganda and what has failed in Botswana?." *Journal of International Development* 16:1141-1154.
- Altman, D. 1997. "The emergence of a non-government response to AIDS." *Mots Pluriels* 1.
- Altman, D. 1998. "Globalization and the 'AIDS industry'." *Contemporary Politics* 4:233-245.
- Altman, D. 1999. "Globalization, political economy, and HIV/AIDS." *Theory and Society* 28:559-584.
- Altman, D. 2008. "AIDS and the globalization of sexuality." *Social Identities* 14:145-160.
- Ambilho, N.M. n.d. "We, the Nyemba people who are now citizens of Namibia."
- Anderson, B. 1991. *Imagined communities: Reflections on the origin and spread of nationalism*. London: Verso.
- Arnstein, S.R. 1969. A ladder of citizen participation. *Journal of the American Institute of Planners* 35, no. 4: 216-224.
- Audi, R. 1998. *Epistemology: A contemporary introduction to the theory of knowledge*. London: Routledge.
- Barnett, T., and P. Blaikie. 1992. *AIDS in Africa: Its present and future impact*. New York: Guilford Press.
- Barnett, T., and A. Whiteside. 2006. *AIDS in the twenty-first century: Disease and globalization*. Second Edition. Basingstoke: Palgrave Macmillan.
- Barrett, D. 1968. *Schism and renewal in Africa: An analysis of six thousand contemporary religious movements*. Nairobi: Oxford University Press.
- Bauer, M.W, and G. Gaskell. 1999. Towards a paradigm for research on social representations. *Journal for the Theory of Social Behaviour* 29, no. 2: 163-186.
- Baumgarten, R., and E. Ikhaxas. 2007. Roswitha Mushova-Ndumba: Building Bridges of Hope. *Sister Namibia*. http://findarticles.com/p/articles/mi_hb281/is_2_19/ai_n29370865/?tag=content;coll.
- Bayart, J-F. 1993. *The state in Africa: The politics of the belly*. London: Longman.
- Baylies, C. 1999. International partnership in the fight against AIDS: Addressing need and redressing injustice? *Review of African Political Economy* 26, no. 81: 387-414.
- Berger, P., and T. Luckmann. 1966. *The social construction of reality: A treatise in the sociology of knowledge*. New York: Doubleday.
- Berman, B.J. 1998. Ethnicity, patronage and the African State: The politics of uncivil nationalism. *African Affairs* 97, no. 388: 305-341.
- Berridge, V. 1992. "The early years of AIDS in the United Kingdom 1981-6: A historical perspective." Pp. 303-328 in *Epidemics and ideas: Essays on the*

- historical perception of pestilence*, edited by T. Ranger and P. Slacks. Cambridge: Cambridge University Press.
- Bijlsma-Frankema, K., and R.K. Woolthuis. 2005a. Trust under pressure. In *Trust under pressure: Empirical investigations of trust and trust building in uncertain circumstances*, 1-16. Cheltenham: Edward Elgar.
- . 2005b. *Trust under pressure: empirical investigations of trust and trust building in uncertain circumstances*. Cheltenham: Edward Elgar.
- Boesten, J. 2007. *AIDS activism, stigma and violence: A literature review*. Vol. 5. ICPS Working Papers. Bradford: International Centre for Participation Studies.
- Bond, V. 2009. Limited disclosure and implicit understanding about people living with HIV and on ART. In . University of East Anglia, May 7.
- Bourdieu, P. 1977. *Outline of a theory of practice*. Cambridge: Cambridge University Press.
- . 1979. Symbolic Power. *Critique of Anthropology* 4, no. 13-14: 77-85.
- . 1984. *Distinction: A social critique of the judgement of taste*. Cambridge: Harvard University Press.
- . 1986. The forms of capital. In *Handbook of theory and research for the sociology of education*, ed. J.G. Richardson, 241–258. New York: Greenwood Press.
- . 1990. *The logic of practice*. Stanford: Stanford University Press.
- . 1998. On Television. Trans. C. Sunstein. *New York Times Book Review* (August 2). <http://www.nytimes.com/books/first/b/bourdieu-television.html>.
- Bourdieu, P., and L. Wacquant. 1992. *An invitation to reflexive sociology*. Chicago: University of Chicago Press.
- Brandt, A. 1985. *No magic bullet: A social history of venereal disease in the United States since 1880*. New York: Oxford University Press.
- Brinkman, I. 1999. Violence, exile and ethnicity: Nyemba refugees in Kaisosi and Kehemu (Rundu, Namibia). *Journal of Southern African Studies*: 417-439.
- . 2008. Landscape and Nostalgia: Angolan Refugees in Namibia Remembering Home and Forced Removals. In *African Landscapes: Interdisciplinary Approaches*, ed. O. Bubbenzer and M. Bollig, 275-294. New York: Springer.
- British Sociological Organisation. 2002. Statement of ethical practice for the British Sociological Association. <http://www.britisoc.co.uk/equality/Statement+Ethical+Practice.htm>.
- Brown, S. 1993. The contribution of local and international agencies. In *The integration of returned exiles, former combatants and other war-affected Namibians*, ed. R.A. Preston and S. Brown. Windhoek, Namibia: Namibian Institute for Social and Economic Research.
- Brubaker, R., and F. Cooper. 2000. Beyond “identity”. *Theory and society* 29, no. 1: 1–47.
- Busher, J. 2009a. Being an identity prop: some ethical implications. *Anthropology Matters* 11, no. 1. [http://www.anthropologymatters.com/index.php?journal=anth_matters&page=article&op=view&path\[\]=21&path\[\]=33](http://www.anthropologymatters.com/index.php?journal=anth_matters&page=article&op=view&path[]=21&path[]=33).
- . 2009b. When peddling pills is preferable to pushing the ABC: Implications

- for AIDS activism in Kavango, Namibia. In . University of East Anglia.
- Busher, J., and S. Bremner. 2009. "Network Marketing: Transforming local economic spaces in Namibia and Uganda." Lepizig.
- CAA. The Official Catholic Aids Action Website. <http://www.caa.org.na/>.
- Caldwell, J.C. 2000. Rethinking the African AIDS epidemic. *Population and Development Review* 26, no. 1: 117–135.
- Campbell, C. 2003. *Letting them die: Why HIV AIDS intervention programmes fail*. Oxford: International African Institute.
- Campbell, C., C.A. Foulis, S. Maimane, and Z. Sibiyi. 2005. "I have an evil child at my house": Stigma and HIV/AIDS management in a South African community. *American Journal of Public Health* 95, no. 5: 808-815.
- Canel, E. 1997. New social movement theory and resource mobilization theory: The need for integration. In *Community power and grassroots democracy: The transformation of social life*, ed. M. Kaufman and H.D. Alfonso, 189–221. London: Zed Books.
- Cattell, V. 2001. Poor people, poor places, and poor health: The mediating role of social networks and social capital. *Social Science & Medicine* 52, no. 10: 1501-1516.
- Caulfield, M.D. 1979. Participant observation or partisan participation? In *The politics of anthropology: From colonialism and sexism toward a view from below*, ed. G. Huizer and Manheim. The Hague: Mouton.
- Central Bureau of Statistics. 2006. *Namibia household income and expenditure survey (NHIES) 2003/2004*. Windhoek, Namibia: National Planning Commission.
- Chabal, P., and J-P. Daloz. 1999. *Africa works: Disorder as political instrument*. Bloomington: Indiana University Press.
- Chambers, R. 1984. *Rural development: Putting the last first*. London: Longman.
- Child, John, D. Faulkner, and S.B. Tallman. 2005. *Cooperative strategy*. Oxford: Oxford University Press.
- Cinnirella, M. 1998. Exploring temporal aspects of social identity: The concept of possible social identities. *European Journal of Social Psychology* 28, no. 2: 227–248.
- Clarence-Smith, W. 1979. *Slaves, peasants, and capitalists in Southern Angola, 1840-1926*. Cambridge: Cambridge University Press.
- Clayton, M. 2007. *The politics of HIV/AIDS policies in Namibia*. UNRISD.
- Coffey, A., and P. Atkinson. 1996. *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks: Sage Publications.
- Coleman, J. S. 1988. Social capital in the creation of human capital. *American Journal of Sociology* 94, no. S1: S95-S120.
- Comaroff, J. L., and J. Comaroff. 1999. Introduction. In *Civil society and the political imagination in Africa: Critical perspectives*, 1-43. Chicago: University of Chicago Press.
- Cooke, B., and U. Kothari, eds. 2001. *Participation: The new tyranny?* London: Zed Books.
- Cornell, S., and J.P. Kalt. 2000. Where's the glue? Institutional and cultural foundations of American Indian economic development. *Journal of Socio-Economics* 29, no. 5: 443–470.

- Cornwall, A. 1997. Men, masculinity and 'gender in development'. *Gender and development* 5, no. 2: 8–13.
- . 2002. Locating citizen participation. *IDS bulletin* 33, no. 2: i-x.
- . 2003. Whose voices? Whose choices? Reflections on gender and participatory development. *World Development* 31, no. 8: 1325-1342.
- . 2008. Unpacking 'Participation': Models, meanings and practices. *Community Development Journal* 43, no. 3: 269-283.
- Cornwall, A., and A. Welbourne. 2000. From reproduction to rights: Participatory approaches to sexual and reproductive health. In *Sexual and reproductive health*, 37: Vol. 37. Participatory learning and action notes. London: International Institute for Environment and Development.
- Coutinho, A., R. Ochai, A. Mugume, L. Kavuma, and J.M. Collins. 2006. The AIDS Support Organisation (TASO): Issue and potential for developing countries. In *Overcoming AIDS: Lessons learned from Uganda*, ed. D.E. Morisky, W. James Jacob, Y.K. Nsubuga, and S.J. Hite, 125-150. Greenwich: Information Age Publishing.
- Davis, D. 1986. Changing self-image in Newfoundland. In *Self, sex, and gender in cross-cultural fieldwork*, ed. T.L. Whitehead and M.E. Conaway, 240-262. Chicago: University of Illinois Press.
- Diescho, J. 1993. *Troubled waters*. Windhoek: Gamsberg Macmillan, December 31.
- Diescho, J., and C. Wallin. 1988. *Born of the sun: A Namibian novel*. New York: Friendship Press, June.
- Dilger, H. Targeting the empowered individual: Population politics and HIV/AIDS in the Neoliberal Age. http://www.irmgard-coninx-stiftung.de/fileadmin/user_upload/pdf/roundtable07/Dilger.pdf.
- DiMaggio, P. J., and W. W. Powell. 1983. The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review* 48: 147-160.
- Dorsner, C. 2004. Social exclusion and participation in community development projects: Evidence from Senegal. *Social Policy and Administration* 38, no. 4: 366–382.
- Du Pisani, A. 2003. Liberation and tolerance. In *Re-examining liberation in Namibia: Political culture since Independence*, ed. H. Melber, 129-136. Uppsala: The Nordic Africa Institute.
- Dudwick, N., K. Kuehnast, V.N. Jones, and M. Woolcock. 2006. *Analyzing social capital in context: A guide to using qualitative methods and data*. Washington: World Bank.
- Durkheim, É. 1982. *The rules of sociological method*. New York: Free Press.
- Düsing, S. 2002. *Traditional leadership and democratisation in Southern Africa: A comparative study of Botswana, Namibia, and Southern Africa*. Münster: Lit.
- Edelman, M. 2001. Social movements: changing paradigms and forms of politics. *Annual Review of Anthropology* 30: 285–317.
- Eide, A.H., and S.W. Acuda. 1996. Cultural orientation and adolescents' alcohol use in Zimbabwe. *Addiction* 91, no. 6: 807–814.
- . 1997. Cultural orientation and use of cannabis and inhalants among secondary school children in Zimbabwe. *Social Science & Medicine* 45, no. 8

(October): 1241-1249. doi:doi: DOI: 10.1016/S0277-9536(97)00052-X.

- Eirola, M. 1990. *The way of life of the Mupapama river terrace community: Kavango, the Sambiyu tribe*. Rundu: Finn Batt-Untag.
- El Obeid, S., J. Mendelsohn, M. Lejars, N. Forster, and G. Brulé. 2001. *Health in Namibia: Progress and challenges*. Windhoek: Raison.
- Englund, H. 2006. *Prisoners of freedom: Human rights and the African poor*. Berkeley: University of California Press.
- Epstein, H. 2008. *The invisible cure: Africa, the West and the Fight Against AIDS*. London: Penguin, July 31.
- Epstein, S. 1996. *Impure science: AIDS, activism, and the politics of knowledge*. Medicine and Society. Berkeley: University of California Press.
- Escobar, A. 1995. *Encountering development: The making and unmaking of the Third World*. Princeton: Princeton University Press.
- Fairclough, N. 1993. *Discourse and social change*. Cambridge: Polity Press.
- Farmer, P. 1992. *AIDS and accusation: Haiti and the geography of blame*. Berkeley: University of California Press.
- Farrington, J., and A. Bebbington. 1993. *Reluctant partners: Non-governmental organizations, the state and sustainable agricultural development*. London: Routledge.
- Fassin, D. 2007. *When bodies remember: Experiences and politics of AIDS in South Africa*. Los Angeles: University of California Press.
- Fine, B. 2001. *Social capital versus social theory: Political economy and social science at the turn of the millennium*. London: Routledge.
- Fleisch, A., and J.G. Möhlig. 2002. *The Kavango peoples in the past: Local historiographies from northern Namibia*. Cologne: Köppe.
- Foley, M. W., and B. Edwards. 1999. Is it time to disinvest in social capital? *Journal of Public Policy* 19, no. 2: 141–173.
- Foucault, M. 1978. *The history of sexuality*. London: Lane.
- — —. 1980. *Power/knowledge: Selected interviews and other writings: 1972-1977*. New York: Pantheon.
- — —. 1994. *The birth of the clinic: An archaeology of medical perception*. New York: Vintage Books.
- Fukuyama, F. 1996. *Trust: Social virtues and the creation of prosperity*. London: Penguin.
- Fumanti, M. 2002. Small town elites in northern Namibia: The complexity of class formation in practice. In *Namibia, society, sociology*, ed. V. Winterfeldt, T. Fox, and P. Mufune, 169-177. Windhoek: University of Namibia Press.
- Gambetta, D. 1988. Can we trust? In *Trust: Making and breaking co-operative relations*, ed. D. Gambetta, 213-237. Oxford: Basil Blackwell.
- Garfinkel, H. 1963. A conception of, and experiments with, 'trust' as a condition of stable concerted actions. In *Motivation and social interaction*, ed. O.J. Harvey, 187-238. New York: The Ronald Press Company.
- Garland, E. 1999. Developing Bushmen: Building civil(ized) society in the Kalahari and beyond. In *Civil society and the political imagination in Africa: Critical perspectives*, ed. J. L. Comaroff and J. Comaroff, 72-103. Chicago: University Of Chicago Press.

- Geertz, C. 1973. *The interpretation of cultures: Selected essays*. New York: Basic Books.
- Giddens, A. 1979. *Central problems in social theory: Action, structure, and contradiction in social analysis*. Berkeley: University of California Press.
- . 1984. *The constitution of society: Outline of the theory of structuration*. Berkeley: University of California Press.
- . 1990. *The consequences of modernity*. Stanford: Stanford University Press.
- . 1991. *Modernity and self-identity: Self and society in the late modern age*. Stanford: Stanford University Press.
- . 1994. Risk, trust, reflexivity. In *Reflexive modernization*, ed. U. Beck, A. Giddens, and S. Lash, 184-197. Cambridge: Polity Press.
- Glaser, B., and A.L. Strauss. 1967. *The discovery of grounded theory strategies for qualitative research*. London: Weidenfeld and Nicolson.
- Goffman, E. 1956. The nature of deference and demeanor. *American Anthropologist* 58, no. 3: 473-502.
- . 1959. *The presentation of self in everyday life*. New York: Doubleday.
- . 1967. *Interaction ritual: Essays on face-to-face behavior*. Garden City: Doubleday.
- Gough, K. 1971. The origin of the family. *Journal of Marriage and Family* 33, no. 4 (November): 760-771.
- Granovetter, M. 1985. Economic action and social structure: The problem of embeddedness. *American Journal of Sociology* 91, no. 3: 481-510.
- Green, E. 2003. *Rethinking AIDS prevention: Learning from successes in developing countries*. Westport: Praeger.
- Gysels, M., R. Pool, and B. Nnalusiba. 2002. Women who sell sex in a Ugandan trading town: Life histories, survival strategies and risk. *Social Science & Medicine* 54, no. 2: 179-192.
- Habermas, J. 1981. New social movements. *Telos* 49: 33-7.
- . 1984. *The theory of communicative action*. Boston: Beacon Press.
- Hallett, T. 2003. Symbolic power and organizational culture. *Sociological Theory* 21, no. 2: 128-149.
- . 2007. Between deference and distinction: Interaction ritual through symbolic power in an educational institution. *Social Psychology Quarterly* 70, no. 2: 148-171.
- Hamata, S., L. Hangula, and W.C. Pendleton. 1996. *A socio-economic assessment of the enclosure of communal land within the townland boundaries of Oshakati and Ongwediva, and the relocation of Ndama Settlement in Rundu*. Windhoek: Social Sciences Division, Multi-Disciplinary Research Centre, University of Namibia.
- Hammersley, M. 1992. *What's wrong with ethnography? Methodological explorations*. London: Routledge.
- Hanefeld, J. 2009. "Impact beyond intent: The role of Global Health Initiatives in the implementation of anti-retroviral treatment (ART) roll-out in Zambia and South Africa." University of East Anglia.
- Hanser, A. 2007. Is the customer always right? Class, service and the production of distinction in Chinese department stores. *Theory and Society* 36, no. 5: 415-435.

- Hardiman, M. 1986. People's involvement in health and medical care. In *Community participation, social participation and the state*, ed. J. Midgley, A. Hall, and D. Narine, 45-69. London: Methuen & Co.
- Haugaard, M. 2002. *Power: A reader*. Manchester: Manchester University Press.
- — —. 2003. Reflections on seven ways of creating power. *European Journal of Social Theory* 6, no. 1: 87-113.
- Hawe, P., and A. Shiell. 2000. Social capital and health promotion: A review. *Social Science & Medicine* 51, no. 6: 871-885.
- Heald, S. 2005. Abstain or die: The development of HIV/AIDS policy in Botswana. *Journal of Biosocial Science* 38, no. 1: 29-41.
- Hollis, M. 1998. *Trust within reason*. Cambridge: Cambridge University Press.
- Horton, S., and L. Lamphere. 2006. A Call to an anthropology of health policy. *Anthropology News* 47, no. 1: 33-36.
- Iipinge, E.M., and D. LeBeau. 2005. *Beyond inequalities 2005: Women in Namibia*. Windhoek: Multi-Disciplinary Research Centre, University of Namibia.
- Iipinge, E.M., and J. Shitundeni. 1999. *Initiation rites in Kavango*. Windhoek: Social Sciences Division, Multi-Disciplinary Research Centre, University of Namibia.
- IKhaxas, Elizabeth. 2008. *We must choose life: Writings by Namibian women on culture, violence, HIV and Aids*. Windhoek: Women's Leadership Centre.
- Jasanoff, S. 2005. *Designs on nature: Science and democracy in Europe and the United States*. Princeton: Princeton University Press.
- Jochelson, K. 2001. *The colour of disease: Syphilis and racism in South Africa, 1880-1950*. Basingstoke: Palgrave in association with St. Anthony's College Oxford.
- Jodelet, D. 1984. The representation of the body and its transformations. In *Social representations*, ed. R. Farr and S. Moscovici, 211-238. Cambridge: Cambridge University Press.
- Joffe, H. 1996. AIDS research and prevention: A social representational approach. *The British Journal of Medical Psychology* 69: 169-190.
- — —. 1999. *Risk and 'the other'*. Cambridge: Cambridge University Press.
- — —. 2003. Risk: From perception to social representation. *British Journal of Social Psychology* 42, no. 1: 55-73.
- Jordan Smith, D. 2003. Patronage, per diems and the "workshop mentality": The practice of family planning programs in Southeastern Nigeria. *World Development* 31, no. 4: 703-715.
- Kaler, A., and S.C. Watkins. 2001. Disobedient distributors: Street-level bureaucrats and would-be patrons in community-based family planning programs in rural Kenya. *Studies in Family Planning* 32, no. 3: 254-269.
- Kalinga, O. J. M. 1993. The Master Farmers' scheme in Nyasaland, 1950-1962: A study of a failed attempt to create a 'yeoman' class. *African Affairs* 92, no. 368: 367-388.
- Kates, S. M. 2002. AIDS and community-based organizations: The marketing of therapeutic discourse. *European Journal of Marketing* 36, no. 5/6: 621-641.
- Keck, M., and K. Sikkink. 1998. *Activists beyond borders: Advocacy networks in international politics*. Ithaca: Cornell University Press.
- Kenway, J., and J. McLeod. 2004. Bourdieu's reflexive sociology and 'spaces of

- points of view': Whose reflexivity, which perspective? *British Journal of Sociology of Education* 25, no. 4: 525-544.
- Keulder, C. 2002. *Public opinion and the consolidation of democracy in Namibia*. Afrobarometer 15. Windhoek: Institute for Public Policy Research.
- Keulder, C., and D. Spilker. 2002. In search of democrats in Namibia: Attitudes among the youth. In *Measuring democracy and human rights in Southern Africa*, ed. H. Melber, 18:19-29. Vol. 18. Discussion Paper. Nordiska Afrikainstitutet.
- Kleinman, A. 1992. Pain and resistance: The delegitimation and relegitimation of local worlds. In *Pain as human experience: An anthropological perspective*, ed. M.-J. Delvecchio Good, P. Brodwin, B. Good, and A. Kleinman, 169-197. Berkeley: University of California Press.
- Kleinman, A., and J. Kleinman. 1991. Suffering and its professional transformation: Toward an ethnography of interpersonal experience. *Culture, Medicine and Psychiatry* 15, no. 3: 275-275.
- Kothari, U. 2001. Power, knowledge and social control in participatory development. In *Participation: The new tyranny?*, ed. B. Cooke and U. Kothari, 139-152. London: Zed Books.
- Kristeva, J. 1980. *Desire in language: A semiotic approach to literature and art*. Oxford: Blackwell.
- Laclau, E., and C. Mouffe. 1985. *Hegemony and socialist strategy: Towards a radical democratic politics*. London: Verso.
- Lareau, A., and E. B. Weininger. 2003. Cultural capital in educational research: A critical assessment. *Theory and Society* 32, no. 5: 567-606.
- Leach, M., and I. Scoones. 2007. *Mobilising citizens: Social movements and the politics of knowledge*. Working Paper 276. Brighton: Institute of Development Studies.
- LeBeau, D. 2004. *Community philanthropy in Namibia*. Windhoek: Institute for Public Policy Research.
- LeBeau, D., T. Fox, H. Becker, and P. Mufune. 2001. Agencies and structures facilitating the transmission of HIV/AIDS in Northern Namibia. *South African Sociological Association* 32: 56-68.
- Lewicki, R., and B.B. Bunker. 1995. *Trust in relationships: A model of development and decline*. Columbus, Ohio: Max M. Fisher College of Business, Ohio State University.
- . 1996. *Developing and maintaining trust in work relationships*. Columbus: Max M. Fisher College of Business, Ohio State University.
- Lewicki, R. J., D. J. McAllister, and R. J. Bies. 1998. Trust and distrust: New relationships and realities. *Academy of Management Review* 23, no. 3: 438-458.
- Lewis, J. D., and A. Weigert. 1985. Trust as a Social Reality. *Social Forces* 63, no. 4: 967-985.
- Likuwa, K. 2005. Rundu, Kavango: A case study of forced relocation in Namibia, 1954 to 1972. MA thesis, University of the Western Cape.
- Long, N. 2001. *Development sociology: Actor perspectives*. London: Routledge.
- Low-Beer, D., and R.L. Stoneburner. 2003. Behaviour and communication change in reducing HIV: Is Uganda unique? *African journal of AIDS research* 2, no. 1: 9-21.
- Luhmann, N. 1979. *Trust and power: Two works*. New York: Wiley.

- Lukes, S. 1974. *Power: A radical view*. London: Macmillan.
- Lupton, D. 1997. Foucault and the medicalisation critique. In *Foucault, health and medicine*, ed. A. Petersen and R. Bunton, 94-112. London: Routledge.
- Lusakalalu, P. 2003. What is Rukavango? *Nordic Journal of African Studies* 12, no. 1: 92-104.
- Lux Development. 1999. *Long-range physical structure plan for Rundu*. Rundu: Ministry of Regional and Local Government and Housing/ Rundu Town Council.
- Lyttleton, C., A. Beesey, and M. Sitthikriengkrai. 2007. Expanding community through ARV provision in Thailand. *AIDS Care* 19, no. Supplement 1: 44-53.
- Malinowski, B. 1964. *Argonauts of the western Pacific*. London: G. Routledge & Sons.
- Markova, I. 1996. Towards an epistemology of social representations. *Journal for the Theory of Social Behaviour* 26, no. 2: 177-196.
- Martin, G. 2001. Social movements, welfare and social policy: A critical analysis. *Critical Social Policy* 21, no. 3: 361-383.
- Martin, P.Y., and B.A. Turner. 1986. Grounded theory and organizational research. *The Journal of Applied Behavioral Science* 22, no. 2: 141-157.
- Mason, J. 1996. *Qualitative researching*. London: Sage.
- Meijer, N., and E. Sprangers. 2007. *Municipal partnerships in combating HIV and AIDS: Municipal cooperation between Namibia, South Africa and the Netherlands*. The Hague: VNG International.
- Meinert, L. 2004. Resources for health in Uganda: Bourdieu's concepts of capital and habitus. *Anthropology & Medicine* 11, no. 1: 11-26.
- Melber, H. 2003. Limits to liberation: An introduction to Namibia's postcolonial political culture. In *Re-examining liberation in Namibia. Political culture since Independence*, ed. H. Melber, 9-24. Uppsala: The Nordic Africa Institute.
- Melucci, Alberto. 1989. *Nomads of the present: Social movements and individual needs in contemporary society*. Philadelphia: Temple University Press.
- Mertens, A. 1974. *Kavango: South West Africa*. Cape Town: Purnell.
- Meyer, J. W., and B. Rowan. 1977. Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology* 83, no. 2: 340-363.
- Midgley, J. 1986a. Introduction: Social development, the state and participation. In *Community participation, social participation and the state*, ed. J. Midgley, A. Hall, M. Hardiman, and D. Narine, 1-12. London: Methuen & Co.
- — —. 1986b. Community participation: history, concepts, and controversies. In *Community participation, social participation and the state*, ed. J. Midgley, A. Hall, M. Hardiman, and D. Narine, 13-44. London: Methuen & Co.
- Milofsky, C. 1981. *Structure and process in community self-help organizations*. Working Paper 17. New Haven: Yale Program on Non-Profit Organizations.
- MoHSS. 1999. *The national strategic plan on HIV/AIDS (Medium term plan II)*. Windhoek: Namib Graphic. http://data.unaids.org/Topics/NSP-Library/NSP-Africa/NSP_namibia_1999-2004_en.pdf.
- — —. 2004. *The national strategic plan on HIV/AIDS: Third medium term plan (MTP III), 2004-2009*. Windhoek: Capital Press.
- — —. 2006a. *Plan for national multisectoral monitoring and evaluation of HIV/AIDS*. Windhoek: Ministry of Health and Social Services.

- — —. 2006b. *Community-based health care*. Windhoek: Ministry of Health and Social Services.
- — —. 2007a. *Report of the 2006 national HIV sentinel survey*. Windhoek: Ministry of Health and Social Services.
- — —. 2007b. *Community-base health care policy (draft)*. Windhoek: Ministry of Health and Social Services.
- — —. 2008a. *Report of the 1st national consultation on HIV prevention in Namibia*. Windhoek: Ministry of Health and Social Services.
- — —. 2008b. *United Nations General Assembly special session country report*. Windhoek: Ministry of Health and Social Services.
- Möllering, G. 2001. The nature of trust: From Georg Simmel to a theory of expectation, interpretation and suspension. *Sociology* 35, no. 02: 403-420.
- — —. 2005. Rational, institutional and active trust: Just do it!? In *Trust under pressure: Empirical investigations of the functioning of trust and trust building in uncertain circumstances*, ed. K. Bijlsma-Frankema and R.K. Woolthuis, 17-36. Cheltenham: Edward Elgar.
- — —. 2006. *Trust: reason, routine, reflexivity*. London: Elsevier.
- Moscovici, S. 1984. The phenomenon of social representations. In *Social representations*, ed. R. Farr and S. Moscovici, 3-70. Cambridge: Cambridge University Press.
- Mosse, D. 2001. 'People's knowledge', participation and patronage: Operations and representations in rural development. In *Participation: The new tyranny?*, ed. B. Cooke and U. Kothari, 16-35. London: Zed Books.
- MRLG, and MoHSS. 2007. *Strengthening local responses to HIV/AIDS in Namibia*. Windhoek: Ministry of Regional and Local Government, Housing, and Rural Development.
- Mufune, P. 2003. Changing patterns of sexuality in northern Namibia: Implications for the transmission of HIV/AIDS. *Culture, Health & Sexuality* 5, no. 5: 425–438.
- — —. 2005. Myths about condoms and HIV/AIDS in rural northern Namibia. *International Social Science Journal* 57, no. 186: 675-686.
- Mufune, P., T. Fox, and D. LeBeau. 2000. Poverty, alcohol, migrancy and AIDS: Social factors that facilitate HIV/AIDS transmission in rural northern Namibia. In *International Conference on AIDS*.
- Muyeu, M.N. Notes on the history of Ndama. Rundu.
- Nabaitu, J., C. Bachengana, and J. Seeley. 1994. Marital instability in a rural population in south-west Uganda: Implications for the spread of HIV-1 infection. *Africa: Journal of the International African Institute* 64, no. 2: 243–251.
- NANASO. 2008. *Monitoring and evaluation of the civil society contribution to tackling HIV/AIDS in Namibia, 2006*. Windhoek: Namibia Network of AIDS Service Organisations. <http://openlibrary.org/b/OL22562218M/Monitoring-and-evaluation-of-the-civil-society-contribution-to-tackling-HIV/AIDS-in-Namibia%2C-2006>.
- Narayan, D. 1999. *Bonds and bridges: Social capital and poverty*. Policy Research Working Papers. Washington: World Bank.
- Nelson, N., and S. Wright. 1995. *Power and participatory development: Theory and*

- practice*. London: ITDG.
- Nguyen, V., C.Y. Ako, P. Niamba, A. Sylla, and I. Tiendrébéogo. 2007. Adherence as therapeutic citizenship: Impact of the history of access to antiretroviral drugs on adherence to treatment. *AIDS* 21: S31-S35.
- Nooteboom, B. 2003. *Learning to trust*. CentER Discussion Paper 2005-47. Tilburg: Tilburg University Press.
- . 2006. *Forms, sources and processes of trust*. Discussion Paper Series 2006-40. Tilburg: Tilburg University, Center and Faculty of Economics and Business Administration.
- Nortje, P. 2004. *32 Battalion: The inside story of South Africa's elite fighting unit*. Cape Town: Zebra Press.
- NPC. 2004. *Vision 2030*. Windhoek: National Planning Commission.
- . 2007. *Regional poverty profile: Based on village-level participatory poverty assessment in Kavango, Namibia*. Windhoek: National Planning Commission.
- . 2008. Third national development plan (NDP3) 2007/2008 - 2011/12: Executive summary. National Planning Commission. www.npc.gov.na/docs/NDP3_Executive_Summary.pdf.
- NRCS. 2005. Programme update, 18 July 2005. Namibia Red Cross Society. http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA01301.pdf.
- Nuijten, M. 2003. *Power, community and the state: The political anthropology of organisation in Mexico*. London: Pluto Press.
- Omvedt, G. 1979. On the participant study of women's movements: Methodological, definitional, and action considerations. In *The politics of anthropology: From colonialism and sexism toward a view from below*, ed. G. Huizer and B. Manheim. The Hague: Mouton.
- O'Reilly, K. 2005. *Ethnographic methods*. London: Routledge.
- Perez, W., and Amado M Padilla. 2000. Cultural orientation across three generations of Hispanic adolescents. *Hispanic Journal of Behavioral Sciences* 22, no. 3: 390-398.
- Pisani, E. 2008. *The wisdom of whores: Bureaucrats, brothels and the business of AIDS*. London: Granta Books, June 26.
- Portes, A. 1998. Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology* 24, no. 1: 1-24.
- Pretty, J. N. 1995. Participatory learning for sustainable agriculture. *World development* 23, no. 8: 1247-1263.
- Purvis, T., and A. Hunt. 1993. Discourse, ideology, discourse, ideology, discourse, ideology... *The British Journal of Sociology* 44, no. 3: 473-499.
- Putnam, R. D. 1993. *Making democracy work: Civic traditions in modern Italy*. Princeton: Princeton University Press.
- . 1995. Bowling alone: America's declining social capital. *Journal of Democracy* 6: 65-78.
- . 2000. *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.
- Rahnema, M. 1992. Participation. In *The development dictionary*, ed. W. Sachs, 116-131. London: Zed Books.

- RHACC. 2008a. *Annual report 2007: HIV and AIDS project*. Rundu: Rundu HIV and AIDS Coordinating Committee.
- . 2008b. Monitoring visits report. Unpublished.
- . 2008c. Project Activities 2008-2010. Unpublished programme plan.
- Rifkin, S.B. 1986. Lessons from community participation in health programmes. *Health Policy and Planning* 1, no. 3: 240-249.
- . 1996. Paradigms Lost: Toward a new understanding of community participation in health programmes. *Acta Tropica* 61, no. 2: 79-92.
- Robins, S. 2004. 'Long live Zackie, long live': AIDS activism, science and citizenship after apartheid. *Journal of Southern African Studies* 30, no. 3: 651 - 672.
- . 2005a. *From "medical miracles" to normal(ised) medicine: AIDS treatment, activism and citizenship in the UK and South Africa*. IDS working paper 252. Brighton: Institute of Development Studies.
- . 2005b. *Rights passages from "Near Death" to "New Life": AIDS activism and treatment testimonies in South Africa*. IDS Working Paper 251. Brighton: Institute of Development Studies.
- . 2006. From "rights" to "ritual": AIDS activism in South Africa. *American Anthropologist* 108, no. 2: 312-323.
- Robins, S., and B. von Lieres. 2004. Remaking citizenship, unmaking marginalization: The Treatment Action Campaign in post-apartheid South Africa. *Canadian Journal of African Studies / Revue Canadienne des Études Africaines* 38, no. 3: 575-586.
- Rödlach, A. 2006. *Witches, Westerners, and HIV: AIDS & cultures of blame in Africa*. Walnut Creek: Left Coast Press.
- Rosenau, P. 1992. *Post-modernism and the social sciences*. Princeton: Princeton University Press.
- Roszak, T. 1969. *The making of a counter culture: Reflections on the technocratic society and its youthful opposition*. Garden City: Doubleday.
- Rothstein, B. 2005. *Social traps and the problem of trust*. Cambridge: Cambridge University Press.
- Rouse, J. 2005. *Power/Knowledge*. Middleton, Connecticut: Wesleyan University. <http://wescholar.wesleyan.edu/cgi/viewcontent.cgi?article=1037&context=div1facpubs>.
- Rousseau, D. M., S. B. Sitkin, R. S. Burt, and C. Camerer. 1998. Introduction to special topic forum. Not so different after all: A cross-discipline view of trust. *Academy of Management Review* 23, no. 3: 393-404.
- Roy, C. M., and R. Cain. 2001. The involvement of people living with HIV/AIDS in community-based organizations: Contributions and constraints. *AIDS Care* 13, no. 4: 421-432.
- Rukambe, J.K. 1999. Narrative as 'communication' in the campaign against HIV/AIDS in Namibia: A case study of Emma's story documentary. MA thesis, University of Natal.
- Rundu Town Clerk Letter. 1996. Notice to all the residents of Ndama and surrounding. July 5.
- Rundu Town Council. Rundu - on the banks of The River of Dreams: Marketing and investment brochure of the Rundu Town Council. Rundu Town

Council.

- Sachs, W. 1992. *The Development dictionary: A guide to knowledge as power*. London: Zed Books.
- Schneider, H. 2002. On the fault-line: The politics of AIDS policy in contemporary South Africa. *African Studies* 61, no. 1: 145-167.
- Schou, A. 2009. Who benefits from demand-driven distribution of HIV/AIDS services? An analysis of the emerging CBO sector in Malawi. *Public Administration and Development* 29, no. 2: 155-166.
- Scott, G. 2000. Political will, political economy & the AIDS industry in Zambia. *Review of African Political Economy* 27, no. 86: 577-582.
- Scott, J.C. 1985. *Weapons of the weak: Everyday forms of peasant resistance*. New Haven: Yale University Press.
- Sebag Montefiore, S. 2003. *Stalin: The court of the Red Tsar*. London: Weidenfeld & Nicolson.
- Seckinelgin, H. 2002a. Civil society as a metaphor for western liberalism. *Global Society* 16, no. 4: 357-376.
- . 2002b. Time to Stop and Think: HIV/AIDS, Global Civil Society, and People's Politics. In *HIV/AIDS, global civil society and people's politics*, ed. H. Seckinelgin, 109-136. London: LSE.
- . 2004. Who can help people with HIV/AIDS in Africa? Governance of HIV/AIDS and civil society. *Voluntas: International Journal of Voluntary and Nonprofit Organizations* 15, no. 3: 287-304.
- . 2005. A Global disease and its governance: HIV/AIDS in Sub-Saharan Africa and the agency of NGOs. *Global Governance: A Review of Multilateralism and International Organizations* 11, no. 3: 351-368.
- . 2006a. 'Civil society' and HIV/AIDS in Africa: The use of language as a transformative mechanism. *Journal of International Relations and Development* 9, no. 1: 1-26.
- . 2006b. The multiple worlds of NGOs and HIV/AIDS: Rethinking NGOs and their agency. *Journal of International Development* 18, no. 5: 715-727.
- Seeley, J. A., J. F. Kengeya-Kayondo, and D. W. Mulder. 1992. Community-based HIV/AIDS research: Whither community participation? Unsolved problems in a research programme in rural Uganda. *Social Science and Medicine* 34, no. 10: 1089-1095.
- Setel, P. 1999. *A plague of paradoxes: AIDS, culture, and demography in Northern Tanzania*. Chicago: University of Chicago Press.
- Shilts, Randy. 1987. *And the band played on: Politics, people, and the AIDS epidemic*. New York: St. Martin's Press.
- Simmel, G. 1950. *The sociology of Georg Simmel*. Trans. K.H. Wolff. Glencoe: Free Press.
- Sontag, S. 1991. *Illness as metaphor; and AIDS and its metaphors*. London: Penguin.
- Steinberg, J. 2008. *Three-letter plague: A young man's journey through a great epidemic*. Johannesburg: Jonathan Ball Publishers.
- Stillwaggon, E. 2006. *AIDS and the ecology of poverty*. Oxford: Oxford University Press.
- Stones, R. 2005. *Structuration theory*. Basingstoke: Palgrave Macmillan.

- Swidler, A. 2005. Dialectics of patronage: Logics of accountability at the African AIDS-NGO interface. In *Philanthropic Projections of Power: Sending Institutional Logics Abroad*. Florence.
- — —. 2006. Syncretism and subversion in AIDS governance: How locals cope with global demands. *International Affairs* 82, no. 2: 269-284.
- Swidler, A., and S. C. Watkins. 2009. "Teach a man to fish": The sustainability doctrine and its social consequences. *World Development* 37, no. 7: 1182-1196.
- Sztompka, P. 1999. *Trust: A sociological theory*. Cambridge: Cambridge University Press.
- Tajfel, H. 1981. *Human groups and social categories*. Cambridge: Cambridge University Press.
- Taylor, J. J. 2007. Assisting or compromising intervention? The concept of 'culture' in biomedical and social research on HIV/AIDS. *Social Science & Medicine* 64, no. 4: 965-975.
- The Guardian. 2009. Vote on gay bishops threatens archbishop with another schism, July 13. <http://www.guardian.co.uk/world/2009/jul/13/vote-on-gay-bishops>.
- The Namibian. 2004. "Nangof expresses concern about 'predatory' NGOs." October 25
[http://www.namibian.com.na/index.php?id=28&tx_ttnews\[tt_news\]=10353&no_cache=1](http://www.namibian.com.na/index.php?id=28&tx_ttnews[tt_news]=10353&no_cache=1).
- The residents of the informal settlements surrounding RunduLetter. 2002. Petition. May 17.
- Theart, O. 2001. The Nyemba - Namibia's only unrecognized tribe. *Namibia Economist*, August 3.
http://www.economist.com.na/index.php?option=com_content&view=article&catid=558:archives&id=16743:the-nyemba--namibias-only-unrecognized-tribe.
- Thomas, C., J. N. Newell, S. C. Baral, and L. Byanjankar. 2007. The contribution of volunteers to a successful community-orientated tuberculosis treatment centre in an urban setting in Nepal. *Journal of Health Organization and Management* 21, no. 6: 554-572.
- Thomas, F. 2007. Global rights, local realities: Negotiating gender equality and sexual rights in the Caprivi Region, Namibia. *Culture, Health & Sexuality* 9, no. 6: 599-614.
- — —. 2008. Indigenous narratives of HIV/AIDS: Morality and blame in a time of change. *Medical Anthropology* 27, no. 3: 227-256.
- Thornton, R. 2008. *Unimagined community: Sex, networks, and AIDS in Uganda and South Africa*. Los Angeles: University of California Press.
- Tillmar, M. 2005. Breaking out of distrust: Preconditions for trust and cooperation between small businesses in Tanzania. In *Trust under pressure: Empirical investigations of trust and trust building in uncertain circumstances*, ed. K. Bijlsma-Frankema and R.K. Woolthuis, 54-77. Cheltenham: Edward Elgar.
- — —. 2006. Swedish tribalism and Tanzanian entrepreneurship: Preconditions for trust formation. *Entrepreneurship & Regional Development* 18, no. 2: 91-107.
- de la Torre, C., S. Khan, E. Eckert, and J. Luna. 2009. *HIV/AIDS in Namibia:*

- Behavioural and contextual factors driving the epidemic.* Windhoek: MoHSS & MEASURE Evaluation, Macro international.
- Touraine, A. 1981. *The voice and the eye: an analysis of social movements.* Cambridge: Cambridge University Press.
- Tsai, J.L., and Y. Chentsova-Dutton. 2002. Models of cultural orientation: Differences between American-born and overseas-born Asians. In *Asian American mental health*, ed. K.S. Kurasaki, S. Okazaki, and S. Sue, 95-106. New York: Kluwer Academic.
- Tumushabe, J. 2006. *The politics of HIV/AIDS in Uganda.* Social Policy and Development Programme Paper 28. UNRISD.
- Tvedten, I., and M. Mupotola. 1995. *Urbanization and urban policies in Namibia.* SSD Discussion Paper 10. Windhoek: Namibian Economic Policy Research Unit.
- UNAIDS. 2004. "Three ones" key principles. UNAIDS. http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf.
- . 2008a. *2008 Report on the global AIDS epidemic.* Geneva: Joint United Nations Programme on HIV/AIDS.
- . 2008b. *Namibia: Country situation.* http://data.unaids.org/pub/FactSheet/2008/sa08_nam_en.pdf.
- UNAIDS/WHO. 2008. *Epidemiological fact sheets on HIV/AIDS 2008: Namibia.* UNAIDS/WHO. http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_NA.pdf.
- UNDP. 2009. *Human development report.* New York: United Nations Development Programme.
- UNICEF. 2006. *HIV and AIDS knowledge, attitudes, practices and behaviour (KAPB) study in Namibia.* UNICEF. http://www.nied.edu.na/publications/aids/UNICEF%20Nam_2006_HIV%20AIDS%20KAPB%20study_Keyfindings_corrected%2027%20nov.pdf.
- Villarreal, M. 1992. The poverty of practice: Power, gender and intervention from an actor-oriented perspective. In *Battlefields of knowledge: The interlocking of theory and practice in social research and development*, ed. N. Long and A. Long, 247-267. London: Routledge.
- Vines, A. 1999. *Angola unravels: The rise and fall of the Lusaka peace process.* New York: Human Rights Watch.
- Wacquant, L. 1989. Towards a reflexive sociology: A workshop with Pierre Bourdieu. *Sociological Theory* 7, no. 1: 26-63.
- Wagner, W., G. Duveen, R. Farr, S. Jovchelovitch, F. Lorenzi-Cioldi, I. Markova, and D. Rose. 1999. Theory and method of social representations. *Asian Journal of Social Psychology* 2, no. 1: 95-125.
- Weber, Max. 1997. *The Theory Of Social And Economic Organization.* New York: The Free Press, July 1.
- White, S. C. 1996. Depoliticising development: The uses and abuses of participation. *Development in Practice* 6, no. 1: 6-15.
- WHO. 2008. *Towards universal access: Scaling up priority HIV/AIDS intervention in the health sector.* Geneva: World Health Organization. http://www.who.int/hiv/pub/towards_universal_access_report_2008.pdf.

- Wood, G. 2003. Staying secure, staying poor: The "Faustian Bargain". *World Development* 31, no. 3: 455-471.
- Woolthuis, R.K., B. Hillebrand, and B. Nootboom. 2005. Trust, contract and relationship development. *Organization Studies* 26, no. 6: 813-840.
- Yaron, G., G. Janssen, U. Maamberua, and D. Hubbard. 1992. *Rural development in the Okavango Region of Namibia: An assessment of needs, opportunities, and constraints*. Windhoek: Gamsberg Macmillan.
- Ying, Y.W., P.A. Lee, and J.L. Tsai. 2000. Cultural orientation and racial discrimination: Predictors of coherence in Chinese American young adults. *Journal of Community Psychology* 28, no. 4: 427-441.
- Zucker, L. G. 1986. Production of trust: Institutional sources of economic structure, 1840-1920. *Research in organizational behavior* 8, no. 1: 53-111.