Encounters of development knowledge, identities and practices: Participation of faith based organisations in multi-stakeholder partnerships for HIV/AIDS mitigation in Botswana in 2003-2005

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Abstract

The magnitude of the HIV/AIDS epidemic, the severity of its impact and the inadequacy of a purely medical-based response has prompted the development of multi-stakeholder partnerships (MSPs) for HIV/AIDS mitigation. MSPs utilise an appropriate mix of health and non-health based interventions and involve a broad array of stakeholders in their design and implementation, including faith based organisations (FBOs). MSP discourse commonly has goals related to local organisations' empowerment and capacity building, yet attainment of these goals is often difficult and analysis of these MSPs shows that the complex micro-politics of development interventions is often neglected. This thesis investigates the local-level encounter and contestation of FBOs participation in MSPs based on research undertaken in the rural district of Ngamiland, Botswana.

The theoretical framework is taken from a post-development perspective that sees discourses of development as pervasive forces that shape identities, knowledge and relations of power in much of the Global South. The focus of this thesis is on FBOs as specific 'objects' of development discourse. It argues that MSPs facilitate uniformity, impose a very specific language and envision highly prescriptive outcomes. In doing so, it suggests that MSPs frame the actions that produce and deploy a highly prescribed and increasingly globalised format for partnerships, and specifically here, for FBO participation within them. Yet, following the work of Foucault, it also argues these discourses of development are not monolithic or fixed, but rather remain critical sites of encounter where FBOs struggle and manoeuvre for political, social and economic advantage.

The thesis emphasises the productive features of development discourse, their framing attributes, fragility and transformative potential, and achieves this by drawing on the activities and intentions of FBOs and their participation in MSPs. Attention is also drawn to the way 'identities' form and shape FBO participation. It is argued that FBOs are required to deliberately accommodate, resist, and/or construct their own particular 'faith identities'

in different MSP contexts. Understanding FBOs participation in MSPs in terms of discursive struggles leads to more insightful and appropriate understandings of the dynamics of local MSPs.

Table of Contents

List of Tables

List of figures

Glossary

ACHAP	African Comprehensive HIV/AIDS Partnership
ART	Anti-Retroviral Therapy
AIDS	Acquired Immune Deficiency Syndrome
BBCA	Botswana Business Coalition on AIDS
BOCAIP	Botswana Christian AIDS Intervention Programme
BOCONGO	Botswana Council of Non-governmental Organisations
BONASO	Botswana Network of AIDS Service Organisations
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
BONEPWA	Botswana Network of People living With HIV/AIDS
BOTUSA	Botswana/USA Partnership
CEYOHO	Centre for Youth of Hope
CDC	Centre for Disease Control
CHBC	Community Home Based Care
COCEPWA	Coping Centre for People with AIDS
DAC	District AIDS Co-ordinator
DMSAC	District Multi-Sectoral AIDS Committee
FBO/s	Faith-based organisation/s
HIV	Human Immunodeficiency Virus
MSP/s	Multi-stakeholder partnership/s
MoH	Ministry of Health
MoLG	Ministry of Local Government
NAC	National AIDS Council
NACA	National AIDS Co-ordinating Agency
NGO	Non-Governmental Organisation
NSF	National Strategic Framework
OAIC	Organisation of African Independent Churches
OVC	Orphans and Vulnerable Children
PEPFAR	Presidents Emergency Plan for AIDS Relief

PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
UN	United Nations
UNAIDS	Joint United Nations Programme on Acquired Immune Deficiency Syndrome
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

Dedication

This thesis is lovingly dedicated to the memory of my father, Andrew Morrin.

Acknowledgements

I would like to express my heartfelt thanks to Janet Seeley, for all her encouragement and personal support on what has been a long road. I would also like to thank Steve Russell for his input.

I would like to thank my mother Rose, your support, encouragement and constant love has sustained me throughout my life as has the love of and for my sons Andrew and Oliver.

My greatest thanks of all go to my dear loving and patient husband Eliot who makes everything possible.

Lastly I would like to thank all of the people in Botswana who participated in this study.

Maps
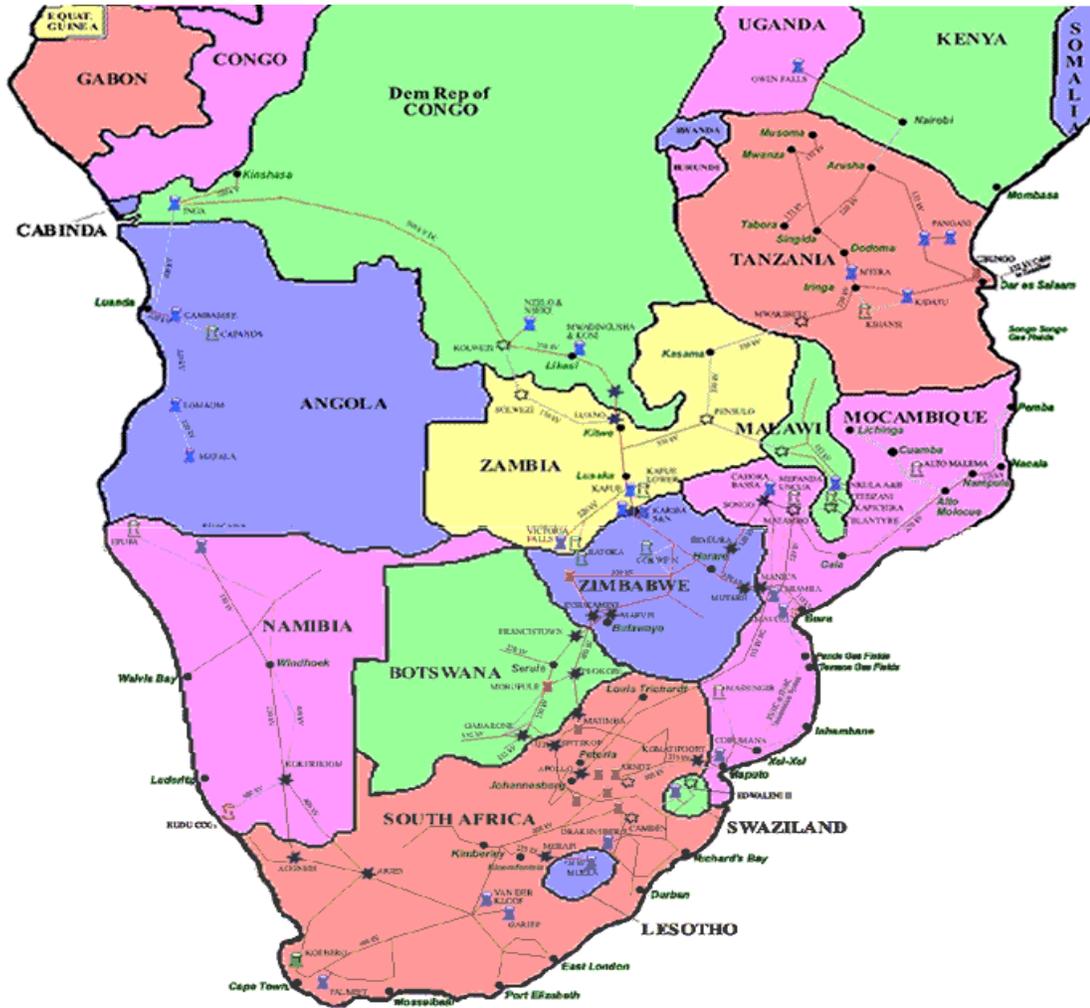
Figure 1   **Botswana's location within southern Africa (World Fact book, 2011)**

Figure 2   **Map of Botswana showing Ngamiland (Perry-Castañeda Library Map Collection, 2011)**
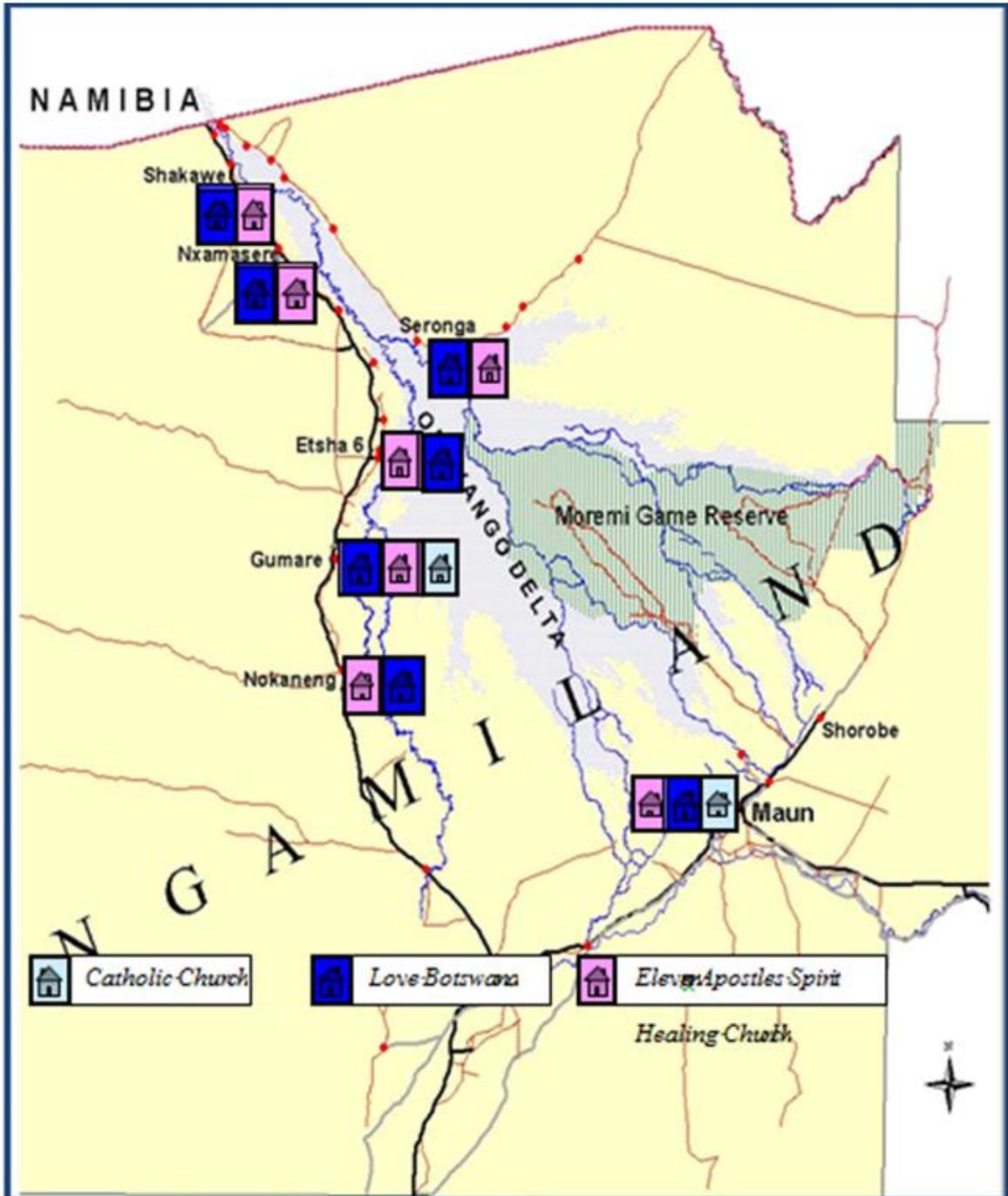
Figure 3   **Location of branches and sub-branches of the main FBO case studies in Ngamiland**

1 Introduction

> It's no longer a question of 'if' partnership, it's about 'how' to expand partnership (UN Interviewee; UNAIDS, 2002:2).

> MAP [Multi Country HIV/AIDS Programme] has introduced requirements whereby future funding is conditional on coordinating a multi-stakeholder national response to HIV/AIDS (World Bank, 2000a:12).

> Botswana's openness to the international community, and the readiness to experiment with ground-breaking multi-sector partnerships, has produced a wealth of new, productive mechanisms for channelling funds, experience, and expertise where they are needed most. The novel relationships formed among global business, governmental aid agencies, the UN, the Government of Botswana and civil society organisations, offer models of practical, coordinated, and multi-sector assistance that will have benefits far beyond Botswana and, perhaps, beyond the HIV/AIDS issue as well (CSIS, 2004: 8).

> FBOs have enormous potential to assist with the fight against HIV and AIDS and need to be enabled to address the growing needs of the National Response. With their increasingly important and active role in the fight against HIV/AIDS, experience must be harnessed, capacities built and systems strengthened (Botswana National HIV AIDS Strategic Framework for HIV/AIDS, 2003-2009: 56).

This thesis contests the evidence assumed in these statements[1] and presents a post-development critique of development discourse in the context of HIV/AIDS[2] mitigation.

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[1] The field research for this study was carried out between the years 2003-2005. In order for the findings to be analysed with the context of the field research, much of the literature and quotes are also from in and around this time period. Updates to the current era 2008-2012 are generally provided in footnotes.

Focusing on Ngamiland, a rural district of Botswana[3], it challenges the apparent inevitabilities underpinning an increasingly narrow, parochial and donor-driven 'multi-stakeholder partnership[4]' (MSP) approach to the mitigation of HIV/AIDS.

Taking a case study of the participation of faith based organisations (FBOs)[5] within such MSPs, this thesis examines the manner in which the language and practices of HIV/AIDS development discourse are produced and deployed. What produces such unerring beliefs and prescriptive claims? How are international HIV/AIDS agency[6] officials accorded the status to speak with such confidence and conviction? And what enabled such certainty and paternalism? Following decades of HIV/AIDS development aid, and despite the changing language of development, the structures and institutions that sustain the HIV/AIDS

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[2] AIDS is the acquired immune deficiency syndrome, the umbrella term that indicates illness with one or more of the opportunistic infections associated with infection with HIV, the human immunodeficiency virus. The term HIV/AIDS conflates two distinct phenomena, a virus and the illness from which a person might suffer as a result of being infected with the HIV virus (Stillwaggon, 2006:1).

[3] Botswana is divided into ten different regions, and the regions usually comprise of people who speak the same or similar dialects. These regions are the Central, Chobe, Ghanzi, Kgalagadi, Kgatleng, Kweneng, Ngamiland, North-East, South-East and Southern Districts (World Factbook, 2011).

[4] The term MSP will be used throughout this research as it is used in the literature; that is as a generic term that covers a multitude of forms of organisational collaboration for HIV/AIDS mitigation in the Ngamiland District of Botswana. This definition is further discussed in section 1.4.2 and chapter five.

[5] The term FBO (faith-based organisations) in this thesis refers to a broad category of religious institutions including churches, dioceses, parishes or congregations that are involved in the fight against HIV/AIDS and faith-based organizations focusing specifically on HIV/AIDS. This study takes both a spiritual and organisational typological approach to defining faith based organisations recognising that both formal FBOs and informal groups within congregations may be active as organisations, although the degree of religious influence may vary between formal FBOs and informal congregation-based groups. This definition is further discussed in section 1.4.1 and chapter 3.4.

[6] Agencies are defined in this thesis as any organisation dedicated to distributing HIV/AIDS funds and includes those within governments, such as USAID, between governments such as UNDP, and with private or voluntary organisation.

industry[7] carried on relatively unchanged, and indeed, are demonstrably subsumed within the economic and political rigors of an increasingly globalised world.

This thesis seeks to examine how FBOs interpreted MSP discourses and how these discourses were juxtaposed with the everyday practices of FBOs participation in partnerships at the local level in rural Botswana. The theoretical framework was taken from a broadly post-development perspective that sees discourses of development (in particular MSPs) as pervasive forces that shape identities, knowledge and relations of power in much of the Global South (Escobar, 1991; 1992 and 1995; Ferguson, 1990; Slater, 1997; Watts, 1995 and Peet and Watts, 1996[8]). Yet, according to Foucault (1978; 1980), these discourses were not monolithic or fixed but rather remained critical sites of encounter where various social actors struggled and manoeuvred for political, social and economic advantage. This thesis argues that the construction of MSPs, and especially FBOs' participation within them, can only be understood in terms of complex local level processes in which different social actors interpret, negotiate and contest knowledge and identity issues.

The thesis draws on research conducted in Botswana between July 2003 and June 2005, a time of huge expansion of funds for HIV/AIDS programs with the creation of the (international) Global Fund for HIV/AIDS, TB, and Malaria and the (U.S.) Presidential Emergency Fund for AIDS Relief (PEPFAR)[9]. The research questions in this thesis arose

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[7] The development industry is often explained using a machine-analogy (Ferguson, 1990; see also Crewe and Harrison, 1998:176): the development industry is the association of organisations and bureaus that spread the process of development internationally.

[8] Most of the texts I use in analysing this debate were published in the 1990s. While post development theory has also been a topic of discussion during the 2000's (see for example Brigg, 2002; Nanda, 2002; Rapley, 2004; Simon, 2006; Ziai, 2004; Ziai, 2007), I think it correct to say that the debate has now died down somewhat. As I indicate in Chapter two, some of the key post-development theorists are now working on related issues (known as the second wave of post development theory) rather than continuing to focus particularly on rejecting development. It is to this second wave that this thesis is aligned with.

[9] From the year 2008, there has been a significant decrease in donor funding to Botswana, discussed further in chapter three, section 3.3.3.

from the paucity of evidence about how MSPs worked and from an underdeveloped understanding of their dynamics, potentials and limitations at that time. It is hoped that analysis of these discursive struggles will lead to more insightful and appropriate understandings of the production of HIV/AIDS development discourse. It is the normalising effects of international HIV/AIDS development discourse, its language and the institutional sites from which these languages and concepts were generated, that is the target in this study.

The data presented in this thesis was drawn from two years of fieldwork (2003-2005), investigating seven MSPs and FBOs participation within them (taking a special interest in three particular FBOs). Botswana was a particularly useful country in examining the HIV/AIDS pandemic threat, as well as the national and global responses to it, since it was considered a sub-Saharan leader in establishing a national infrastructure of HIV/AIDS governance; one closely coordinated with global society's infrastructure and culture of HIV/AIDS governance (UNAIDS, 2005).

1.1 The context of the study: International HIV/AIDS discourse and multi-stakeholder partnerships

Given the primary target of this thesis is the MSPs agenda and FBOs participation within them, it is necessary to briefly highlight the progression of thinking behind this version of HIV/AIDS development discourse[10]. The need to consider HIV/AIDS as a global problem has led to the emergence of yet another globalising process: an international policy framework for HIV/AIDS. During the time of fieldwork, FBOs were contributing to the fight against the disease within an incipient framework of international governance of the disease (WHO, 2004; UNICEF, 2004 and USAID, 2004). Within this governance regime, the importance of civil society was emphasised and FBOs were assigned central roles

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[10] More detail will be provided in chapter five.

within multi-stakeholder interventions to address the disease (UNAIDS, 2002; UNAIDS, 2004 and USAID, 2008).

By the late 1990's international HIV/AIDS agencies, especially the World Bank and UNAIDS, became concerned that international donors and African governments were not responding fast enough, not getting resources to the communities and families living and experiencing the epidemic, not working with non-governmental and private sector organisations, and that the purely medical based response was inadequate. The message was clear: "HIV/AIDS was not only a health crisis, but also a development crisis" (World Bank, 1999b:2; UNAIDS, 2002). The World Bank transposed the concept of MSPs (already established in other areas such as the poverty and environment) to HIV/AIDS mitigation. They labelled this transposition the 'Africa Multi-Sector[11] HIV/AIDS program'. This approach was based largely on examples of best practice, mainly referring to the experiences of Uganda and Senegal (See chapter five and World Bank, 1999b; 2000).

The strategy involved mobilising strong political commitment from the highest level of government to launch a multi-stakeholder response involving "sectoral ministries, religious and cultural leaders, civil society, people living with HIV/AIDS [PLWHA], women's groups, youth groups, NGOs, CBOs, [and] the private sector" (World Bank, 1999b:46). The overall objective was to dramatically increase access to HIV/AIDS prevention, care and treatment programmes by ensuring a prominent role for civil society organisations (CSOs), especially PLWHA, incorporating the discourses of human rights and gender, thus approaching HIV/AIDS as a development issue (World Bank, 1999b; Putzel, 2004). One of the fundamental elements of MSPs was the extraction of the leadership of the response from health ministries and the establishment of standalone semi-autonomous national AIDS

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[11] Multi-sectoral and multi-stakeholder partnerships will be used interchangeably in this thesis-see section 1.6

councils/commissions[12], district multi-sectoral AIDS committees (DMSAC) and village multi-sectoral AIDS committees (VMSAC) at local level. These were tasked with leading and coordinating all aspects of strategic planning, decision making, and resource allocation around HIV/AIDS. This understanding formed the basis of the "organisational template" (Putzel, 2003:5) that was to come to dominate the international discourse on HIV/AIDS mitigation in the developing world.

On one level, MSPs appeared to have achieved considerable success, rapidly emerging as the *modus operandi* throughout the international donor community either explicitly or by endorsing a wide array of multi stakeholder interventions (CIDA, 2002; DFID, 2004 and USAID, 2005; GIZ, 2010). The World Bank and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) embraced multi-stakeholder funding to the point of making it a funding conditionality[13]. MSPs came to be acknowledged as a crucial, indeed the only, manner in which to achieve the UN's global goals. UNAIDS described itself as driving "a unique, multi stakeholder response" (UNAIDS, 2005: 4).

The mainstreaming of MSPs that has characterised HIV/AIDS mitigation has, however, caused concern and attracted criticism. The complexities of the relationships that are the substance of MSPs were generally poorly understood (Putzel, 2003; 2004; 2005; Heald, 2002; 2006; Dickinson, 2006 and Roberton, 2007). In Putzel's assessment:

> the organisational template being imposed by UNAIDS, the World Bank, and the Global Fund is not necessarily conducive to developing an effective battle

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[12] In general, NACs are responsible for (1) guiding the elaboration, approval, and revision of national HIV/AIDS strategy and action plan, (2) defining policies, (3) approving large projects with a national scope, (4) reviewing and approving annual work plans and global budgets, (5) reviewing progress in the implementation of the program, and (6) serving as the lead advocate for attention to the HIV/AIDS epidemic (Brown, Ayvalikli, and Mohammad, 2004: 21). See chapter four of thesis.

[13] All countries receiving funds through the World Bank Multi Country AIDS Program MAP 1and 2 or from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria are required to have a high level HIV/AIDS co-ordinated body with broad representation of key stakeholders from all sectors.

against the epidemic. The national commissions called for by the Bank and the Global Fund have tended to weaken government and overly marginalise the health sector and medical profession […] the organisational template to respond to the most devastating epidemic of our times is deeply problematic (Putzel, 2003: iv)

FBOs are increasingly acknowledged as making a substantial contribution to HIV/AIDS mitigation and as such have become integral to MSP discourse of international organisations, such as the United Nations Programme on AIDS (UNAIDS, 2002; 2005; 2008a), the United States President's Emergency Plan for AIDS Relief (PEPFAR, 2004; 2006), the World Bank (2005; 2009), bilateral donors such as United States Agency for International development (USAID, 2005) and the Department for International Development of the United Kingdom Government (DFID, 2008). Religion and faith have, however, long been marginalised in development discourse and their role in the lives of the people in the Global South disregarded[14]. A similar situation applied to many religious/faith organisations, who viewed the work and thinking of development institutions with scepticism (Clark, 2007; Marshall and Marsh, 2003). The connections between the worlds of faith and development became, as Marshall and Keough (2004:1) argued "fragile and intermittent at best, critical and confrontational at worst".

In little over a decade there was, however, a gradual movement from "estrangement to engagement" (Clark and Jennings, 2007:2)[15]. A number of authors have noted that fundamental changes in the conduct of international relations have subjected

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[14] Among the doxa of development theory was the assumption that religion and spirituality were irrelevant or obstacles to the process of social transformation at play in the modern world; other than perhaps, as a private refuge for individuals. The classic secularisation hypothesis that religion would disappear or diminish in the modern world became so deeply embedded in the term "development" that for many decades even asking whether spiritual cultivation or experiences may be a part of the process needed for effective modern social progress seemed absurd and unscientific at face value (Norris and Inglehart, 2004).

[15] See also Marshall, 2001; Bornstein, 2005; Clarke, 2006; Ter Haar and Ellis, 2006, Tyndale, 2006, Goldewijk, 2007, Haynes, 2007, Clarke and Jennings 2008, Lunn, 2009; McDuie-Ra and Rees, 2010.

secularisation[16] to significant strain (Clark, 2003; Marshall and Keough, 2004 and Belshaw *et al*., 2001) Beginning in the 1980s, but accelerating in the mid-1990s, the changing development scene worked to challenge the schism of the worlds of religion and development[17].

Clark (2006) attributed the evolving role of FBOs to the rise of the Christian right in the US, to political Islam and to identity politics[18] and suggested that the concomitant fall of socialism, communism and secular nationalism have eroded the orthodoxy of secular[19] development discourse (see also Clark, 2007 and Belshaw et al, 2001). It was also the September 11[th20] attacks in 2001 that brought a new focus on FBOs and propelled them to prominence in development discourse and policy. It is for these reasons that donors have increasingly acknowledged FBOs as an important constituency in civil society, who provide services such as health and education to the poor and often have an advocacy role of making governments more accountable. As a World Bank working paper acknowledged, "religion is a central part of the international system[...]even if it wished to do so, the Bank could not entirely sidestep the faith engagement" (World Bank, 2006:3). As a result, the World Bank as well as many other donors began to engage and collaborate with faith groups and faith leaders to build on these potential synergies[21] (DFID, 2006; USAID, 2005b

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[16] Secularisation theory seeks to establish a causal relationship between the modernisation of society and the role of religion in it; arguing that the modernisation of society (associated with industrialisation and urbanisation and mass political participation) leads to diminishing role and authority of religion (Taylor, 1998:1). This theory has its proponents and opponents.

[17] See also Barro and McCleary, 2003; Giri, 2004; Haynes, 2007; Noland, 2005; and Rakodi, 2007.

[18] Discussed further in chapter four.

[19] Secular can be defined as "of or pertaining to worldly things or to things that are not regarded as religious, spiritual, or sacred" (Taylor, 1998:6).

[20] The date of the massive terrorist attack on the United States, resulting in the collapse of the World Trade Center's twin towers and surrounding buildings, and part of the Pentagon building. The attack, carried out by members of Osama bin Laden's al-Qaeda terrorist organisation, occurred on September 11 (9/11), 2001.

[21] For example DFID launched a five year £3.5 million research programme on religion and development in 2005 and the 2009 white paper promised to double funding to faith based groups (DFID, 2010).

and SIDA, 2004). Church groups (e.g. World Council of Churches, 2005; Pact, 2005 and Tearfund, 2007) have also identified:

> a great need for collaborations and partnerships between FBOs and other organisations […] this would ensure that groups operating at local level receive resources, maximise the impact of these resources to effectively support their response (Tearfund, 2007:2).

The increased importance of FBOs in development discourse and policy over the last decade has had significant implications for MSPs for HIV/AIDS mitigation. Leading health organisations, such as the World Health Organisation and the United Nations Children Fund (UNICEF) as well as donor organisations such as USAID, all called for increased integration of FBOs within the international health community in fighting HIV/AIDS (WHO, 2007; UNICEF, 2004 and USAID, 2004). DFID launched a five year £35 million research programme on religion and development in 2005, while the 2009 White paper promised to double funding to faith based groups (DFID, 2005; 2010). WHO reported that one in five organisations involved in HIV/AIDS programming were faith based (WHO, 2009). The PEPFAR, launched in 2002, also gave a high profile to the role of FBOs even to the extent of reserving a significant level of funding for FBO activities in the 15 countries receiving PEPFAR aid (PEPFAR, 2004a)[22]. Increasing resources were also devoted to supporting FBOs by global campaigns such as the Global Fund and the U.S. Presidential Initiative on HIV/AIDS.

In 2006, it was estimated that 30-70 percent of all health care provision and education in Africa was provided by FBOs (Olivier *et al*., 2006). Over the last decade an array of research has attempted to understand better the exact role of FBOs in health and health service provision and attempted to record and map such provision (ARHAP, 2011; Olivier, *et al*., 2006). According to Olivier *et al*., (2006), since 2000 the faith based response to

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[22] As UNAIDS (2010) notes the global economic crisis appears to have put an end to a decade of funding increases by donors - after flattening out in 2008 for the first time, international AIDS assistance fell by 10 percent in 2010. PEPFAR funding has been suspended from 2012 onwards.

HIV/AIDS has proliferated at an astounding rate, making FBOs significant players in the response to HIV/AIDS. In response to this, there have been calls for further research in order to understand better the response of FBOs to HIV/AIDS (ARHAP, 2006; Liebowitz, 2002; Olivier *et al*., 2006; Tiendrebeogo and Buyckx, 2004a).

Yet remarkably little guidance is available to policy makers on exactly what the strengths of FBOs are[23], and assessing the impact of FBOs in relation to other 'mainstream' civil society entities. Perhaps the most significant challenge has, however, been the level of understanding and awareness of participation by FBOs in key processes and at policy and decision making levels. MSPs discourse commonly has goals related to local organisations' empowerment and capacity building, yet attainment of these goals is often difficult and analysis of these MSPs shows that the complex micro-politics of development interventions is often neglected. For FBOs, the interplay of faith identities as a set of particular theological, institutional, political, and culture-based characteristics directly influences the way development plays out in HIV/AIDS discourse in Botswana. It also has the potential both to limit participation by some FBOs while empowering that of others in the name of doing development. It is this background that provides the starting point for the research questions in this thesis.

1.2   Research Question and Aims

The over-arching research questions addressed in the thesis are as follows:

1. What generated the evidence that underpinned HIV/AIDS development discourse, in particular the use of MSPs, and;

2. How were MSPs, and FBO participation within them, manifested in the local context of Botswana?

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[23] Authors such as ARHAP, 2006; Liebowitz, 2002; Olivier *et al*., 2006; Tiendrebeogo and Buyckx, 2004 have called for further research in order to better understand the response of FBOs to HIV/AIDS.

In order to address the research questions, the thesis has three main aims.

The first aim is to emphasise the historical and productive features of HIV/AIDS development discourse in Botswana and elsewhere. The position is developed that while the actions and enunciations of individuals and collective groups, such as FBOs, are framed and constrained by dominant HIV/AIDS discourses (MSPs in this instance), they also resist, appropriate and transform discourses and, in doing so, expose the latter's fragility, contradictions and possibilities. For instance, resistance and appropriation can come from within the primary movers of these discourses and do not just develop from oppositional sources. Within Botswana's HIV/AIDS development industry for example, resistance[24] is expressed within donor agencies as well as from the actions of critical FBOs. Importantly too, appropriations of dominant discourses do not necessarily involve 'empowerment' goals or some consensual notion of FBO 'capacity building'. For example, a donor's exclusive support of FBOs that support a western bio-medical approach to HIV/AIDS resulted in the legitimisation of some actors, such as mainline FBOs, to the detriment of others, namely African Independent FBOs (African Independent Churches).

The second aim of the thesis is to draw attention to cultural[25] factors or issues of faith identity and to emphasise their constitutive bearing on FBO's HIV/AIDS development relations and interventions. To date, these issues have remained marginal in HIV/AIDS development discourse, despite a renewed level of clarity on their importance in the last decade or so (Parker, 2004; Campbell, 2003a; Mah and Halperin, 2010). Again, utilising examples from FBOs, this thesis foregrounds the centrality of traditions and faith identity

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[24] The definition of resistance here draws on the understanding provided by Routledge (1996). The term resistance refers to "any action, imbued with intent, that attempts to challenge, change, or retain particular circumstances relating to social relations, processes, and/ or institutions…[resistance] may be open and confrontational or hidden, and range from the individual to the collective" (1996: 415).

[25] Let it be noted that the terms 'culture,' 'tradition' and 'local' tend to be used very similarly in development discourse. Indeed, they all denote significant parts of the anti-thesis to modernity. Since defining each of these precisely is out of the scope of this thesis, they will be used interchangeably. Hence, for example, I make no clear distinction between 'local knowledge' and 'traditional knowledge'.

for HIV/AIDS mitigation and critiqued their virtual silence in donor policies and programmes in the region. Clearly, these cultural factors informed and shaped the understandings and practices of individuals and organisations involved in HIV/AIDS mitigation in the country. Highlighting these explicit and implicit references to questions of faith identity, this thesis argues for the need to continue the on-going conversation between 'culture' and 'HIV/AIDS development discourse'.

The third aim is to examine how HIV/AIDS participatory development generally, and MSPs specifically, were highly political processes. Post development scholars have made compelling argument that language and information carry power and politics with them (Escobar, 1990; Ferguson, 1990, 2005; Ashcroft *et al*., 1995; Foucault, 1980; Said, 1978). Language itself constrains the imagination and limits the types of decisions that can be made, often in intensely political ways. There are many examples of language and information used in political ways in discussion about HIV/AIDS and people that set them. To use the example of HIV/AIDS development discourse, the act of naming or 'delimitation of objects' (Foucault, 1972) involves defining what can be talked about (FBOs in this case) and what 'problem' requires intervention. The act of naming (production of knowledge) is a highly political activity that is mediated through the functioning of institutional sites and the practices of their authorities (deployment of knowledge). Consequently, HIV/AIDS mitigation will involve reorienting development relations and embarking on a far-reaching mission to subvert development's self-evidence while proposing and supporting collaborative efforts that explore negotiated and newly emerging cultural forms.

At the outset it is important to make a few disclaimers. It should be stated that the main aim in this study is not to evaluate FBOs' participation in MSPs (or FBOs HIV/AIDS development approach and programmes in general), in terms of how well they achieved their goals, or against some measure of effectiveness or efficiency. Similarly, it does not focus on the outcomes of the encounter of outside development agencies with FBOs in order to attempt to declare 'who wins' and 'who loses'. I adopt an open critical perspective

on FBO participation in MSPs, analysing the different forms this participation takes, whether positive, negative, and/or ambiguous. The goal is to better understand the problems of planned intervention and social change and to analyse what happens in HIV/AIDS development practice, particularly as experienced in rural Botswana. Such understanding can hopefully lead to improved practices by FBOs and other development assistance agencies in the future, by encouraging them to abandon simplistic models of intervention in favour of more nuanced and theorised approaches to local social realities.

1.3   Research Approach: Introducing post-development theory

Having suggested the possibilities enabled by a post-development approach, identified debates in HIV/AIDS development discourse, and set out the central question and aims above, I now briefly introduce some of the key aspects of post development theory used in this thesis; further elaboration is provided in chapter two.

Here I indicate what this thesis will add to the literature in terms of thinking differently about HIV/AIDS development discourse; particularly in that, at the time of this research, there was very few extensive studies undertaken on the participation of FBOs in MSPs in terms of a distinct post-development approach[26]. Briggs (2002:421) noted that no single group can be "expected to offer both sophisticated critical insights and to solve the problems of world poverty". Recognising this, the intention in this thesis is to build on the critical insights of post-development, and use it to explore ways forward in the HIV/AIDS development arena. Importantly, I hope this thesis will offer an additional inclusive, nuanced and flexible understanding of what has become an increasingly complex and subtle set of processes.

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[26] A review of the literature shows that this is still very much the case as of 2012. Notable exceptions include Hunsmann, 2012; Sawers, and Stillwaggon,. 2010.

I argue that Foucault (1970; 1972; 1983) offers a suitable research toolkit in his analytical methodologies and that this can be used to examine how MSPs within HIV/AIDS discursive practices were historically constituted, gained legitimacy, were reproduced, disseminated and transformed. I draw on Foucault's early theorisation on discourse, i.e. his questions of "what can be said?", "what can be thought?" and "how does discourse limit who we can be?" I establish the historical and productive features of HIV/AIDS development discourse by drawing systematically on Foucault's "rules of formation of a discourse" utilising his early work on discourse, his work on power and knowledge (1980, 1983) and in particular "The Archaeology of Knowledge: the discourse on language" (1972). I identify the 'objects' (FBOs), 'statements' (by HIV/AIDS development experts and development institutions) and the 'concepts' (MSPs) that made up HIV/AIDS development discourse and highlight their dense and productive characteristics. Through a Foucauldian analysis I aim to gain a better understanding of why it was so hard to think other than in terms of 'multi-stakeholder partnerships', 'capacity building' and 'strengthening civil society (FBOs)' when it comes to the HIV/AIDS development industry. For instance, even with all its contradictions, what permitted MSP discourse to retain its ascendancy, and give it, its ability to mute or consume alternative ways of thinking and acting? This emphasis also directs the thesis' analysis chapters as I focus on specific MSPs at the local level in Botswana.

Importantly though, while I stress the way HIV/AIDS development discourses frames and constrains thinking and acting (therefore producing its own self-evidence), I also focus on the transformative potential that emerged from the gaps and contradictions to be found within HIV/AIDS development discourse. Foucault stated that "discourse is not just a relationship between reality and language (linguistics or semiotics), it performs a different task; discourse reveals practice" (Foucault, 1972:54). With the discourses under study, I refer to what was written and said by influential proponents and initiators of MSPs, representatives of donors, government, private sector and the CSOs involved in the seven MSPs covered in this study. In other words, I refer to multiple discourses on different

levels. Specifically I analyse how FBOs frame[27] and interpret these discourses and how they negotiate space for participation. At first glimpse, it is true that MSP discourse 'belonged' to giant institutions, such as the World Bank, the United Nations, governments of the developed countries, international NGOs, a few powerful and influential developing countries, and large national NGOs. It is, however, actors, individuals or institutional representatives, who use it, manipulate it and transform it. I consider that it was the encounters between, or confrontation of, actors and their ideas and values that perpetuated or transformed dominant discourses of MSPs.

My aim here is not to offer an alternative to development strategies for MSPs for HIV/AIDS alleviation; rather it is to provide a description of the discourses of FBOs participation in MSPs in one particular location in Botswana. When using the word discourse in this thesis, I refer not only to the ways of language but also to social actions. I refer to those structures of power, that people, communities and organisations have to deal with, and which influence whatever becomes accepted as an approach to HIV/AIDS alleviation at a certain time. The interrelationship between discourses and practices makes it hard to distinguish between the two at times. Practices inform discourses, but get their meaning from certain discourses as well. Yet, treating the participation of FBOs in MSPs for HIV/AIDS alleviation only as a discourse might mean losing sight of the distinction between discourses and practices. Moreover, one runs the risk of looking at the fight against HIV/AIDS only "as a monolithic enterprise heavily controlled from the top" (Grillo

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[27] Framing is about interpretation and giving meaning (Craig and Porter, 1997). Frames determine what counts as a fact and what arguments are taken as relevant and compelling. Craig and Porter (1997) referred to framing as the process of filtering and re-interpreting of literature on participatory development, of donor policies, and of project proposals. They showed, for example, how development professionals have the tendency to impose categories, homogenise and standardise practices and put the project activities into timeframes and log frames. Local situations are presented in a certain way so as they fit into rationalities and priorities of the development organisation. This can also be said of multi-stakeholder partnerships where agendas are already set, and processes determined by donors and dominant development organisations. In this thesis, therefore, framing will refer to the conscious or unconscious practice by actors of changing meaning; selection, re-interpreting or filtering of text and talk which often happens in interactions between people.

and Stirrat, 1997:20). I, therefore, focus on discourse, knowledge, identity, culture and power perspectives and in doing so hope to provide a context in which the processes, and responses to it, can be better explained and understood.

1.4　　　Study site and definition of terms.

The research focus is Botswana and specifically the northerly, largely rural district of Ngamiland. Botswana, 582,000 square kilometres in size, is a Republic lying at the centre of the southern African plateau. It is bordered by the Republic of South Africa, Namibia, Zambia and Zimbabwe. Approximately 75 percent of Botswana lies to the north of the Tropic of Capricorn (Ministry of Finance and Development Planning, 2003). Map 1 shows Botswana's location within southern Africa.

1.4.1　Definition of term: FBO

The terms MSP and FBO are thus defined for the purposes of this thesis.

Definition of FBOs normally encompass a connection to a faith community and a commitment to some form of social involvement but there the similarities end, the statement represents a spectrum of entities: a church, a coalition of churches, a local non profit, and a worldwide organisation. They also represent different ways and degrees of incorporating religion; from helping families experience the fullness of their lives to fully fledged development programmes. The catch all term faith based organisation confuses and divides with people holding conflicting conceptions of what it means to be faith based (Jeavons, 1997). Typologies of FBOs have primarily been used in reference to large NGOs with religious affiliations especially in North America (see Berger 2003; Sider and Unruh 2004; Clarke and Jennings 2008 James 2009). These sets of definitions relate to how faith-based organisations are structured and the relationship between structure, mission, governance and programs. The value of definitions however, is relative to the specific research objective. For example, any conclusions regarding the participation of FBOs in

multi-stakeholder partnerships in Ngamiland was dependent, to a large extent, on how FBOs were defined. In 2003-2005, the FBO sector in Ngamiland was predominately made up of three 'formal' FBOs (Maun Counselling Centre,[28] Christian Aid and the Lutheran Rehabilitation Centre known as THUSO), a small number of mission churches, a growing number of Pentecostal churches and a great number of AICs. These small FBOs were those that were formed around and under a particular religion but mostly had no coherent agenda or practical arm for implementing socially relevant projects, but who did assist communities and people living with HIV/AIDS. Because of a lack of more formal FBOs in the region, representatives from these small FBOs were also invited to attend the regions MSPs and for this reason are deemed important for this study. Consequently, this study takes both a spiritual and organisational typological approach to defining faith based organisations recognising that both formal FBOs and informal groups within congregations may be active as organisations, although the degree of religious influence may vary between formal FBOs and informal congregation-based groups (See chapter 3.4 for further discussion and justification).

As Botswana is predominately a Christian country, this thesis focus is on Christian FBOs. Although the thesis does not aim to represent the Christian churches in general in Botswana, the selection principle was to choose denominations that reflect some of the diversity of Christianity in Botswana. Therefore three denominations were purposely selected to capture the participation of faith based organisations in MSPs in Ngamiland: the Roman Catholic Church, Love Botswana Outreach Mission (Love Botswana) and Eleven Apostle Healing Spirit Church (EAHSC). These were selected within the major categories that can be distinguished in Botswana Christianity: mainline, Pentecostal and African independent churches. It is important to state that although this study focuses on three FBOs, other FBOs in the region are also included.

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[28] Maun Counselling Centre fits both categories of an FBO organisation and an MSP. MCC operated an orphan day care programme which was often referred to as an FBO programme, however MCC was also an MSP that came together to discuss and plan programmes in the region related to HIV/AIDS.

1.4.2   Definition of term: MSP

There is a mass of related terminology used to describe MSPs which are the same or similar. There are multiple interpretations of the term 'partnership' itself. A number of terms used synonymously with partnership include collaboration, strategic alliances, networks, co-ordination, and inter-organisation relations. The term multi-stakeholder is very often synonymously used with multi-sector especially in the HIV/AIDS literature.

A review of the literature on MSPs raised critical questions regarding what, if anything at all, the concepts have in common. Furthermore, there is a conceptual weakness in the use of a single continuum for understanding collaboration as this provides no real agreement on how to define MSPs. For this reason, 'multi-stakeholder partnerships (MSPs)' will be used throughout this research as it is used in the literature; that is as a generic term that covers a multitude of forms of organisational collaboration for HIV/AIDS mitigation in the Ngamiland District of Botswana.

The MSPs presented here ranged from those within and between FBOs, through those between FBOs and other civil society organisations and between FBOs and government, to those between FBOs and donors[29]. These are detailed in Table 1.

Multi-Stakeholder Partnership	Participants	Initiated by
District multi-sector AIDS committee (DMSAC)	Govt staff , NGOs, FBOs, private sector, CBOs, key experts	Government (Govt.)
African Comprehensive HIV/AIDS Partnership (ACHAP)	Govt staff, NGOs, FBOs, private sector, CBOs, key experts	ACHAP (Private Sector)
Ngamiland CSO partnership	NGOs, FBOs, private sector, CBOs, key experts	Love Botswana Outreach Mission (FBO)
Ngamiland NGO Coalition	NGOs, FBOs, private sector, CBOs, key experts	Wilderness Safari's (Private Sector)
Maun Counselling Centre (MCC)	Govt staff, NGOs, FBOs, private sector, CBOs	BOCAIP (FBO/Govt)
Kabiso Pelo	FBOs, Govt staff, private sector,	Catholic Church (FBO)

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[29] Detailed discussion in chapter four.

	NGO	
Ngamiland Community Instrument Partnership	Govt staff, NGOs, FBOs, CBOs, key experts	Bana ba letsatsi (NGO)

Table 1   **Multi-stakeholder partnerships in Ngamiland Botswana 2003-2005**

1.5   Chapter outline

The thesis is organised into ten chapters.

Chapter one was the introductory chapter that introduced the topic, set the context for the study, described its aims and set out the research framework.

Chapter two sets out the conceptual framework, drawing on post-development concepts of discourse, knowledge and power, culture and identity. It aims to develop the theoretical foundations referred to and used, as well as identifying the central research themes. For the former, I suggest the use of an approach referred to as a post-development theoretical approach. The application of this to multi-stakeholder partnerships, and to the participation of FBOs within them, allows examination of the operation of knowledges, identities, meaning and discourse. It also allows assessment of how these 'cultural' aspects of society are both constituted by, and contested, relations of power for HIV/AIDS mitigation.

Chapter three provides a concise introduction to the historical and contextual background of FBOs and MSPs in Botswana; this is important in comprehending the participation of FBOs in MSPs in Ngamiland for HIV/AIDS mitigation. Over the course of this chapter it will become increasingly clear that the fundamental changes that have taken place in Botswana society have had a major impact on the formation and development of the FBOs and their participation in the MSPs being discussed.

Chapter four explores the methodological issues and explains the choice of approach and methods used in this study. The chapter consists of information on my research sites,

provides an account of the methods of data generation and analysis utilised and comments on my ethical approach. The chapter concludes with an introduction to the FBO case studies.

Chapter five establishes the historical and productive features of HIV/AIDS development discourse, drawing systematically on Foucault's (1972) "Rules of formation of a discourse". It identifies the 'objects' (FBOs in this context), 'statements' (from interviews) and 'concepts' (MSPs) that make up HIV/AIDS development discourse in order to highlight its dense and productive characteristics.

Chapters six examines the institutional framework for the delivery of HIV/AIDS programmes in Botswana and examines the extent to which they are transposed into international HIV/AIDS discourses. It describes the dominant discourses within the institutional framework for HIV/AIDS mitigation and explores the tensions within this discourse. It also explores the organisational HIV/AIDS field at the local level of Ngamiland and the role of FBOs within it.

Chapter seven begins the analysis of the seven MSPs that featured throughout the rest of the thesis. It starts by examining the way FBOs in Ngamiland interpret and translate the discourse at local level in order to reveal the multiple power relations established through HIV/AIDS development discourse. From there the chapter categorises the participants of the MSPs and set out their hopes and expectations from participation in such. This chapter contains a discussion on the decision-making processes of MSPs and concludes that there are discrepancies between international HIV/AIDS development discourses and the practices of FBO participation at the local level.

Chapter eight concentrates on one specific MSP, that of the Ngamiland CSO partnership, to show how it both frames and constrains the actions and enunciations of the individuals and groups involved in it. The chapter focuses on FBOs as a specific 'object' of HIV/AIDS development discourse and argues that MSPs facilitate standardisation, impose a very

specific language and create highly prescriptive outcomes. The chapter also suggests that MSPs frame the actions that produce and deploy a highly prescribed and increasingly globalised format for 'capacity building'. The chapter then demonstrates how the uniformity in these institutional sites was also contested. Examples are presented of FBO dissent that occurred within the MSP, thus identifying their prescriptive and depoliticising function. It is argued that the vastly regulated managerial techniques used to 'strengthen' civil society actually depoliticised capacity building processes, reducing them to technical problems and ones to which no one could object.

Chapter nine draws on a Foucauldian-inspired post-development sensibility to consider the way discourses are contested and appropriated in the specific context of Botswana's HIV/AIDS industry. It begins by revealing the ways in which individuals within the industry subverted and transformed HIV/AIDS development discourse. Focusing on three multi-stakeholder partnerships, the chapter highlights the diverse ways in which people contest the uniformities generated by the discourse.

Chapter ten focuses specifically on the complex interplay of cultural identities; traditions and religion, in Botswana and in HIV/AIDS development discourse. It highlights the contested and fluid nature of cultural identities. It emphasises the issues of faith identity and how it saturated the way FBOs were understood and their participation in MSPs. It is argued that FBOs are required to deliberately accommodate, resist and/or construct their own particular 'faith identities' in different development contexts. This chapter concludes by showing that 'culture', while often a source of positive innovation and empowerment, can also be appropriated and misused. In Botswana, the appropriation of mainline Christian and to a lesser extent Pentecostal, beliefs into HIV/AIDS discourses by those in powerful positions has led to the disempowerment and marginalisation of sections of the faith community; most notably African independent churches and their congregations.

Chapter eleven is the concluding chapter. It highlights how a vocal mass of individuals and organisations (FBOs) view more than ever the critical need to incorporate cultural

considerations into development planning and programmes. The chapter addresses the fundamental question of whether or not the examples of critical voices, and calls for local ownership of HIV/AIDS development processes in Botswana, actually embodied a substantive deviation from the writings of partnership, or whether they simply represent an "ordering of dissent" (Kothari, 2005) bound within the auspices of the modernist development agenda. Chapter eleven concludes by considering future implications of this research for post-development, and perhaps more critically given its emphasis, on the relevance of this thesis to the HIV/AIDS industry itself and the participation of FBOs within it.

2 The analysis of HIV/AIDS development discourse; a post-development approach

> Each society has its regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true (Foucault, 1980:131).

2.1   Introduction

The previous chapter explained the background of my study, set out my research aims and summarised the theoretical framework I intended to use. This chapter aims to develop the theoretical foundations I refer to and use, as well as identifying my central research themes. For the former, I suggest the use of an approach referred to as a post-development theoretical approach. The application of this to multi-stakeholder partnerships, and to the participation of FBOs within them, allows examination of the operation of knowledges, identities, meaning and discourse. It also allows assessment of how these 'cultural' aspects of society are both constituted by, and contested, relations of power for HIV/AIDS mitigation.

This post-development approach focuses on the local micro-politics of development, and on the relationship between the everyday actions of FBOs and larger scale HIV/AIDS development processes, as well as the resulting complexity and diversity of development practice. By exposing the operation of diverse social forces (power) through the practice of development, I propose to use post-development theory to make new possibilities for alternative action and self-determination for the mitigation of HIV/AIDS. While not arguing against mainstream development *per se*, or to use it as a tool to evaluate or dismiss the efforts globally to mitigate HIV/AIDS, I argue that HIV/AIDS development discourse needs re-orienting to subvert the self-evidence of the approach especially at international

level. I propose collaborative efforts between mainstream development and post-development theories that explore, negotiate and support cultural forms and that emphasise the importance of representing people and places across cultures, traditions and contexts. This research does not purport to "stand on the shoulders of giants" (Newton, 1675) but to use the work of modern thinkers such as Foucault in order to better understand the circumstances through which modes of thinking have emerged and developed, as well as how concepts have evolved in relation to HIV/AIDS development discourse. This thesis also seeks to maintain a focus on post-development theory and to critically engage with this in order to explore its potentials and shortcomings for development.

I suggest that Foucauldian discourse offers an approach that enables analysis of the operation and effects of HIV/AIDS development interventions, revealing the complex encounter of multiple external and local 'development' and 'post-development' discourses. I use Foucault's Archaeology[30] works (1970; 1972), as well as his work on power and knowledge (1980; 1983), to explore these issues. Foucault's "*The Archaeology of Knowledge: the Discourse on Language*[31]" described certain characteristics of discourse that may be considered "rules of formation" (Foucault, 1972:40). In this text, Foucault laid out artefacts and cultural objects that became visible as a result of a particular discourse being interrogated. It described the processes of discursive formation and development. The levels at which discursive formations can be analysed are the formation of objects of discourse, the formation of enunciative modalities, the formation of theoretical strategies and lastly the formation of concepts. I use this toolkit to identify the objects (FBOs), statements (by HIV/AIDS development institutions and experts) and concepts (MSP) that make up HIV/AIDS development discourse and highlight its dense and productive characteristics. Foucault's power and knowledge works came later and were built on the descriptive nature of Archaeology. "*Power/Knowledge: Selected Interviews and Other*

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[30] Archaeology is about examining the discursive traces and orders left by the past in order to write a 'history of the present'. In other words archaeology is about looking at history as a way of understanding the processes that have led to what we are today (Foucault, 1972).

[31] Hereafter referred to as Archaeology

Writings, 1972-1977"[32] described processes of how certain statements come to be made about objects (but not others), of how some objects of discourse gain particular meanings (but not others), and of how and why discourses transform, which is part of the descriptive mode of archaeology, but also whose interests are served by intact reproduction of discourses or their transformation. These are power effects and, in this thesis, his work is used to examine such effects in MSPs in Ngamiland and how FBOs participate within them.

A synthesis of Foucault's "Archaeology" and "Power/Knowledge" toolkits addresses both the 'big picture' questions explored in an archaeological method while also addressing detailed processes through a localised analysis of power relations. The analytical toolkit used here facilitates exploration of how concepts, ideas and texts are inextricably linked and become constituted as a discourse, or paraphrasing Foucault a way of speaking things into being that is not only recognisable as doing so but that also succeeded in its project (Foucault, 1972; Clegg, 1997). This method will provide a means by which to elucidate how HIV/AIDS discourses emerge, develop, become embedded and institutionalised and also to illuminate the power relationships implicit in them. The ideas presented here should not be considered a complete overview of Foucault's' Archaeology and Power/Knowledge works because they are confined entirely to the concepts used as tools to aid analysis in these chapters.

The main proposition argued in this chapter, and developed further in subsequent chapters, is that by considering both the conditions under which discourses emerge and the functioning of these discourses it is possible to explain why so many individuals and institutions within the HIV/AIDS development aid industry can declare with such conviction certain goals and objectives, but not others. Importantly too, Foucauldian discourse forces us "to see the strangeness of our current state of knowledge and to question the way that we think, and the conceptual tools which we use to think with" Mills

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[32] Hereafter referred to as Power/Knowledge

(2003:64). Figure 4 graphically summarises the post-development approach to HIV/AIDS mitigation, specifically MSPs and FBOs within them, elaborated in this chapter.
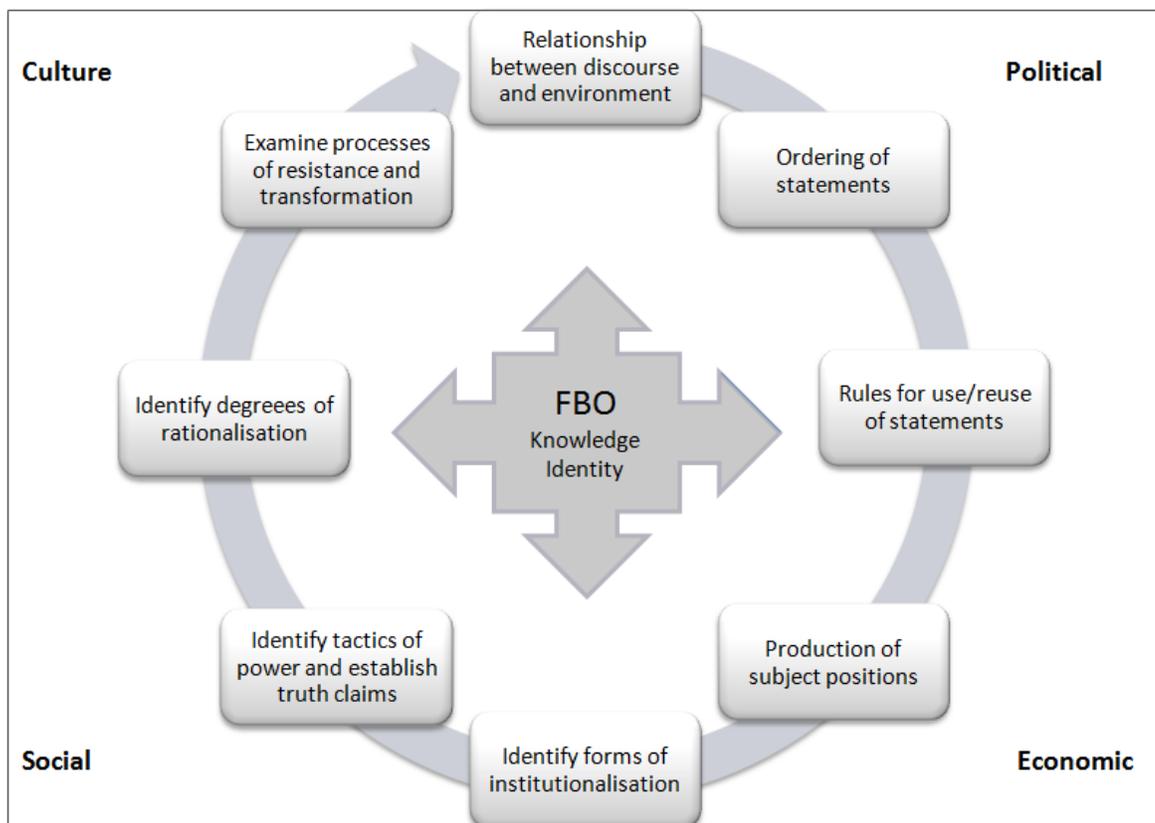
Figure 4   **A post-development approach to the analysis of HIV/AIDS development discourse, specifically MSPs and FBOs participation within them**

2.2   Discursive approaches to HIV/AIDS development discourse.

Despite the large amount of financial and human resources devoted to HIV/AIDS development assistance, HIV/AIDS mitigation has proved to be complex and difficult. The knowledge that underpins the policy approaches to AIDS, far from being objective and value-free, constructs the epidemic in certain ways. The understanding of HIVAIDS has been produced in the social world, and the use and the results of that knowledge are political. Some questions are asked, while others are ignored. Knowledge is partial and often reflects the vested interests of the actors involved.

Mainstream western development theory (which has dominated the HIV/AIDS development industry) has implemented, and then abandoned, a steady succession of discourses and models in an attempt to produce 'results'. Regardless of the terminologies, approaches, or theories invoked in new models, attempts to manage HIV/AIDS development interventions have generally remain rooted in western ideals of biomedicine, cultural difference, and neoliberalism.

An examination of these reveals the perception that shapes the current thinking on international HIV/AIDS discourse and encourages a look outside of development to post-development approaches. Discourses on HIV/AIDS have been constructed based on "African cultural systems" of sexuality and reproduction and defined in relation to "western cultural systems" in order to explain differentiations in the pandemic. Caldwell (1987:188)[33] characterised African systems through weak marriage bonds, a lack of importance placed on chastity, the accepted sexual freedom of young men and women, and the seemingly high emphasis placed on human fertility. This construction of African society as 'other' has created an environment in which cultural and social practices are questionable and therefore implicated in the spread of HIV/AIDS. These differences are often, conceived through a racially and culturally unjust lens for example Farmer (1996:8-9) concluded:

> when we were faced with sexual practice or AIDS outcomes that were
> manifestly linked to poverty and inequality, we wrote about exotic reflections

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[33] Caldwell's and Caldwell's early studies on fertility and sexuality in various parts of Sub-Saharan Africa served to influence contemporary institutional HIV/AIDS policy documents. Their research stated "The African system tends to increase the number of sexual partners and is vulnerable to attack by al coital related disorders" (Caldwell, 1987:187). The words of Caldwell and Caldwell stood as influential works that informed the development of Northern based AIDS knowledge in the context of Sub-Saharan Africa. Ultimately Caldwell's "African" fertility discourse influenced one of the most influential policy documents of the 1990's, the World Bank "Confronting AIDS: Public Priorities in a Global Epidemic" 1997. Despite recognition that many sources discounted the relevance of behavioural explanations for prevalence rates; the document's overall plan was greatly focused on the behavioural approach (Stillwaggon, 2006:155).

of cultural difference [...] cultural difference has marred much commentary on AIDS, especially when that commentary focuses on the chief victims of the disease: the poor. A related trend is the exaggeration of the agency of those most likely to become infected. Often such exaggeration is tantamount to blaming the victim. Explorations of AIDS have involved intense scrutiny of local factors and local actors, including the 'natives' conceptions and stated motives.

Of importance is Farmer's acknowledgement of the manner in which 'cultural difference' has greatly influenced the international community's conception of the pandemic and, in turn, the technical responses the international community has developed to HIVAIDS mitigation.

Tied to this western 'medical science', the field of bio-medicine has dominated the response to HIV/AIDS policy, practice, and research focus. Bio-medical enquiry launched individual behaviour change intervention to the forefront of the fight as 'best practice'; it has a great deal to do with the power of professional institutions, and medically based expertise as western forms of knowledge production. O'Manique (2004:17) stated that "very few disciplines rival medical science in their ability to assemble a body of knowledge established through text, journal articles, and clinical studies" with biomedical[34] interpretations of HIV/AIDS becoming the lens through which the pandemic was viewed. Billboards, t-shirts, and banners with the letters ABC (Abstinence. Be Faithful. Condomise), stood as an overt simplification of a much more complex issue.

By the late 1990's HIV/AIDS development policy makers (World Bank, WHO and UNAIDS) began to recognise some of the drawbacks of these approaches and decided to converge them with popular participation, global civil society and the defence of human rights within the NGO community, referred to as the 'post Washington Consensus' (Putzel, 2004). This became the "organisational template" for international HIV/AIDS discourse.

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[34] Mainstream biomedical practitioners hold that the HI-virus is the etiological agent and that treatment entails treating the infections that result from lowered immunity and prescribing antiretroviral medication to inhibit the growth of the virus itself (Downing, 2005: 24).

This discourse holds deep scepticism for the state with a devotion to individualism. It advocates civil society (FBOs included) as partners with private entrepreneurs and corporations also involved in the development process. This is best understood "as a consensus around a multi-lateralist agenda shared widely within the international development community" (Putzel, 2004:8). The WHO, Bill and Melinda Gates Foundation and the Global Fund (most especially in Botswana), among others, are demonstrating how transnational actors, non-state actors and private sector are occupying territory that was previously controlled by the state or simply did not exist (Ricci, 2009) and are the driving force behind international HIV/AIDS discourse.

Although these 'new' approaches to HIV/AIDS mitigation (such as participation, partnership, a focus on women and PLWHA) are framed as alternatives to the neoliberalist driven policies of the 1990's, they do not in reality depart from the dominant frames that guide HIV/AIDS development discourse. As such, the new approaches demonstrate "the Sisyphean task of trying to impose a value-oriented rationality" onto "recalcitrant realities" (Wolfe, 1996:7). Many of these attempts to propose and implement new models only bolstered the dominant discourse by widening the scope of HIV/AIDS problems and solutions that can be solved by essentially the same strategies (Waters and Wilkins, 2002). Participatory approaches, for example, focused on ways to empower local populations in HIV/AIDS development projects, but seldom devised strategies to effect structural change. Similarly, efforts to focus on women have also fallen significantly short of altering women's situations or even engaging them as much more than targets for projects (Merten and Haller, 2007; Mategeko, 2011). According to Campbell (2003: 9) this:

> move towards more community-oriented intervention techniques has not been matched with the development of understandings of the community and social changes that are often necessary preconditions for health enhancing behaviour change.

Documents that represent development in general and HIV/AIDS development in particular, such as reports, project summaries, proposals, funding agreements and so on,

"have always been avowedly strategic and tactical promoting, licensing, and justifying certain interventions and practices, delegitimising and excluding others" (Crush, 1995: 5). Indeed, beyond being the reproducible, inscribed artefacts of development processes, project documents also mythologise and conceal the essential beliefs written into the relationship between the various actors and the tactics that they enact in the development setting (Porter, 1995 and Roe, 1995). The "imagined worlds" of development are, in fact, viewed by some as performance, continually playing out and regenerating a fixed set of practices, vocabularies, and scenes that correspond to the prevailing interpretive fields determined by agencies and institutions (Watts, 2000 and Wolfe, 1996).

The matter of why HIV/AIDS development interventions so seldom achieve successful change is not evaded, rather it is simply not acknowledged, as there is no room for such questions within the interpretive structures that guide and describe HIV/AIDS development discourse. Images of crisis and anomaly continue to be perpetuated within HIV/AIDS development practice, policy, and the texts that reproduce these beliefs. More troubling still, HIV/AIDS development projects, policies, and institutions are bound to conditions that continue to obscure and marginalise questions about power. These processes emphasise the power differential between those who design and impose models of development interventions and those who do not.

Having exposed various definitional rigidities produced by theses discourses, I emphasise alternative ways of envisioning HIV/AIDS mitigation, enabled by post-development sensibilities. Theorists such as Escobar (1995; 2004 and 2005) project a decidedly more recuperative view into analyses of the language, texts, and institutions of HIV/AIDS development discourse. They suggest that, while diverse views of development exist, few have successfully challenged the dominant view of development conceived and carried out by northern world agencies and institutions. They contend that official HIV/AIDS discourse, proposed and perpetuated by these dominant groups, has tended to silence others or relegate them to the margins. By revealing the ideological work at play in the official apparatus of development, however, and by broadening the frames of reference under

which development is conceptualised, it is possible to identify those groups and actors who effect HIV/AIDS development change independent of the "development rationality" attached to aid agencies and institutions (Escobar, 1995:34). HIV/AIDS development discourse, like other social phenomena, represents a construct rather than an objective and observable state.

It is with these concerns in mind that this study seeks to identify and explain the discourse of the HIV/AIDS development industry in which various state and non-governmental entities design and implement multi-stakeholder partnerships for HIV/AIDS mitigation in Botswana.

2.3   Introducing Post-development Theory

Post-development theory is inspired by Foucault and sees development as a discourse that actually orders and creates the very objects that it pertains to address. Post-development theorists are concerned both by the processes and the end goal of development, charging that neither is universally desired or accepted as a path to an ideal future. Rather, they see development as a western imposition emanating from the West's belief in its own superiority and its characterisation of all that is non-western as poor, backward and miserable. Development proponents are, therefore, portrayed as ignoring local cultures or circumstances, except in order to devise ways to change them to become more developed. In the extent to which development does this, post-development views it as a violent process, irreparably destroying traditional cultures and life-sustaining practices, causing further hardship and "creating" the Southern world[35]. Post-development theorists claim to report and represent a broad southern movement of rejection of development, concluding that development is beyond redemption because it is so firmly rooted in its dominant

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[35] "Southern world" is used here to describe countries or areas of the world that are recipients of Aid from northern countries. Though the label itself draws on a binary, it is useful in that it avoids the hierarchy that define other references (i.e., First World/Third World or developed/developing world).

northern/western heritage (Crush, 1995; Escobar, 1995; Ferguson, 1999; Sachs, 1992; Esteva, 1992; Parpart 1995 and Rahnema and Bawtree, 1997).

Several authors have applied a post-development approach to development work (Ferguson, 1990; Sachs, 1992; Escobar, 1995 and Grillo and Stirrat, 1997). In the view of these authors, the development discourse is an outcome of an institutionalised production of certain ideas of modernisation, often in the interests of the North. This discourse stipulates what is desirable or acceptable as it shapes the thoughts and actions of development bureaucrats and practitioners. Escobar (1995:15) suggests that since the beginning of the development era after World War II, "a threshold of internalisation" has been crossed and people in the South who were once simply the objects of development "have come to see and define themselves in its terms". They began "to fight not against development, but about it" (Crush, 1995:11). Development discourse forms or shapes individual and group subjectivities "which in turn shapes the context for more visible forms of political participation" (Mohan, 1997:313).

While much of this criticism is accepted by other development theorists, there is widespread rejection of the way post-development theorists presents their criticisms and the conclusions they draw. (Pieterse, 2000:188). Post-development has also been charged with relying on "rhetoric and posturing" (Pieterse, 2000:188), basing its arguments on "glib assumptions" (Parpart, 2002), taking an approach that is "facile and oppositional" (Brigg, 2002:422), and supporting "overstated" conclusions with "weak examples" (Van Ausdal, 2001:580; Pieterse, 2000: 180). Parfitt (2002) adds that post-development's failure to address participatory development approaches, as distinct from other development approaches, results in a "characterisation of development that takes the form of an unconvincing straw man that is easily knocked down" (2002: 34).

Consistent criticism of post-development has centred on its celebration of 'tradition' and new social movements (Kiely, 1999; Watts, 2000). By romanticising "soil cultures" (Corbridge, 1998), post-development prioritises indigenous knowledge representing it as

somehow more "organic" than scientific knowledge (Hobart, 1993; see also Briggs and Sharpe, 2004). In presenting idyllic notions of "community" or indigenous knowledge, the local level is presented as an incorruptible and harmonious site of social relations (see Mohan, 1997). Another set of criticisms fix on the "linguistic turn" in development studies and the apparent over use of discourse analysis in post-development accounts.

These criticisms may have tempered post-development ferocity and contributed to a more constructive approach, intent on exploring the practical applications of this body of theory and widening its scope and meaning by making the theory more reflexive and nuanced in its analysis of development and of its relation to people of the south (Mathews, 2004; Nustad, 2001; Cupples *et al,* 2007; Curry, 2003; Gibson-Graham, 2005; McGregor, 2007; McKinnon, 2006; 2007 and Simon, 2007). It is to this second wave of post-development theory, albeit in its infancy, that this thesis aligns itself and, following Grillo and Stirrat (1997:3), points to the importance of recognising "the multiplicity of voices present in the development process". I turn to post-development theory to help guide FBOs participation within HIV/AIDS development discourse. Collaborative efforts are needed to explore, negotiate and support cultural forms, emphasising the importance of representing people and places across cultures, traditions and contexts.

2.4   Post-development theory: A multifarious reading of HIV/AIDS development discourse

Having hinted at the possibilities enabled by a post-development approach and briefly identified current debates in development studies; I now introduce some of the key post-development concepts and terms used in this thesis, namely: discourse, knowledge and power, culture and identity.

2.4.1 <u>Discourse</u>

The key term 'discourse' as it is used in this thesis should be understood not only to refer to linguistic texts but also to social structures and practices. In his work "Archaeology of Knowledge" (1972), Foucault provided guidelines by which discourses, such as MSPs (and FBO participation within them), may be analysed and understood. In this work, he stated that "discourse is not just a relationship between reality and language, it performs a different task: discourse reveals practices" (1972:54). Within the discourse concept, he also provided a tool for historical analysis and, as I began to describe in chapter one, an analogy with "Archaeology" is apt, in that the method describes certain characteristics of discourse that may be considered to be rules of formation (Foucault, 1972). In the same book, Foucault describes the processes of discursive formation and development. "Archaeology" spreads before us the objects as a particular discourse, statements about those objects, who has made statements and with what authority, and how statements and objects of discourse permeate other discourses, thereby influencing these other discourses and in turn being influenced by them. "Discursive nexus" is how Foucault describes the linkage between and among discourses at a particular point in time (Foucault, 1972).

He applied the concept to show how ideas on madness, punishment, and sexuality changed over time. He described what is "sayable" or "thinkable" about these phenomena at a particular historical moment. Thus for example, when statements about HIV/AIDS are made within a particular development discourse, the discourse makes it possible to construct HIV/AIDS in a certain way and in doing so limit the other ways in which HIV/AIDS can be represented (Hall, 1996:201; Foucault, 1981). Foucault (1978) posited that what influences discourse and its representations are relationships between and among discursive practices (what is said) and what he describes as non-discursive practices (what is done). Moreover, as non-discursive practices vary both within and across contexts, so too do the types of discourses that emerge and develop.

Over time, discourses will be "transformed as they are influenced by, and in turn influence, non-discursive conditions. If these statements are opened up, their social arrangements can

be discerned" (Kendall and Wickam, 1999:25). Foucault's "Archaeology" presents a way of understanding how a discourse, in this case MSPs, may have emerged and developed at a particular historical juncture. It also sheds light on how particular interpretations have been supported and by whom, how certain meanings have gained dominance over other meanings, and how these understandings can be disseminated. Foucault's "Archaeology of Knowledge" therefore provides this thesis's framework of analysis by which to explore the influence that historically constituted practices have on contemporary practices and how they legitimise or constrain such practice. Multi-stakeholder partnerships, and FBOs participation within them, have become discursive formations. They are a particular mode of thinking, professionalised, with a range of concepts, categories and techniques through which the generation and diffusion of particular forms of knowledge are "organised, managed and controlled" (Escobar, 1995:15).

2.4.2   Knowledge and Power

> The exercise of power perpetually creates knowledge and, conversely, knowledge induces effects of power. Knowledge and power are integrated with one another, and there is no point in dreaming of a time when knowledge will cease to depend on power; this is just a way of reviving humanism in a utopian guise. It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power (Foucault, 1981: 52).

Discourse is not simply the construction of knowledge and meaning, it is also the contestation and negotiation over knowledge and meaning. It is through this contestation, the ability to construct and claim meaning, that relations of power are established. Power and knowledge become interrelated, for "the criteria of what constitutes knowledge, what is to be excluded and who is designated as qualified to know, involve acts of power" (Foucault, 1981 cited in Hobart, 1993:9). Therefore, "not only is discourse always implicated in power; discourse is one of the 'systems' through which power circulates" (Hall, 1996:204). The nature of this frame means that certain types of knowledge are privileged, while others are excluded, thus purveying power to some and not to others.

Knowledge in multi-stakeholder partnerships is made up of multiple spaces in which a wide range of actors shape the process and outcomes. This research seeks to examine the way that knowledge is framed in MSP processes (and FBO participation within them) and how the frame changes if the process is constructed differently, for example, the more chaotic course of action that arises when multiple actors become involved. The other essence of knowledge definition is related to the ways that knowledge about multi-stakeholder partnerships processes have come to be articulated within HIV/AIDS development discourse.

This concept of HIV/AIDS development discourse and its relation to knowledge and practices brings the notion of truth into consideration, yet statements about the social, human worlds "are rarely ever simply true or false" (Hall, 1996:202). The 'facts' themselves "do not enable us to decide definitively about their truth or falsehood" in part because "the very language we use to describe the so-called facts interfered in this process" (Hall, 1999: 202-203). Discourse, however is not about truth, rather it seeks to understand how we arrive at believing something to be true.

Again, this thesis follows Foucault and aims to uncover and expose "subjugated knowledge" and gives attention to these:

> local, discontinuous, disqualified, illegitimate knowledges against the claims of a unitary body of theory which would filter, hierarchise and order them in the name of some true knowledge and some arbitrary idea of what constitutes a science and its object (Foucault, 1980:81, 83).

These counterclaims can uncover multiple subject positions and multiple knowledges (truths), and affirm particularities and difference:

> We must go beyond the important questions of which actors act on particular policy issues, to ask which actors do not engage in potentially relevant policy processes, and indeed why certain potentially important policies are defined as out of bounds in certain aspects as well (Foucault, 1982:15).

Highlighted here, but further analysed in the following chapters, this is especially the case for FBOs who often rely on 'tradition' rather than 'western biomedical' knowledge, while others rely on their theological based knowledge to guide their HIV/AIDS mitigation.

The difficulty of determining truth (i.e. distinguishing truth and falsehood) can only be resolved by first examining questions of power and discourse. Thus a key innovation of Foucault's concept of discourse is that it 'prioritises' the issue of power, placing it before questions of truth and falsehood, since it is power rather than the facts about reality that makes things 'true' (Hall, 1996:203). As Foucault stated:

> We should admit that power produces knowledge [...] That power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute [...] power relations. (Foucault, 1980:27)

This thesis tackles issues of knowledge and power with a two pronged approach; firstly, through a discourse analysis at the macro-level and secondly through a micro-oriented methodological approach. The first approach describes the procedures, practices, apparatuses and institutions involved in the production of HIV/AIDS development discourse (MSPs in particular), its knowledge and the power effects at the international and national levels. The purpose of writing a 'history of the present', a tracing of knowledge and power effects, is not about generating a 'truer' version of the truth (as this would indeed be a counterintuitive power-effect in itself) but rather to generate critique (Hook, 2005:541). Such a critique looks beyond the text itself by taking into account the role of history, focusing on discourse as knowledge and making reference to materiality. In other words, the analysis of the discursive is driven not by textual semantics but "through the extra discursive [...] both in and out of the text" (Hook, 2001:543).

Recently the issue of power has moved more to the fore in multi-stakeholder partnerships, in part because of the growth of collaborative planning and consensus building at the local level. These sets of practices involve a variety of stakeholders in long-term, face-to-face

discussions to produce plans and policies on HIV/AIDS. According to Gaventa (2006: 278):

> as power can be viewed with more multi dimensions, then, inclusive participation is not only the right to participate effectively in a given policy space, but the right to define and to shape that space in the first place.

Power is culturally and historically specific. To understand power relations in a given society (Foucault, 1983), one must move beyond a focus on the state and institutions, to an analysis of how power is acquired and transmitted in society as a whole (Glendhill, 1994). It is to understand the concept of power relations in MSPs that requires the second level of analysis, namely the micro-oriented methodological approach. This approach helps this thesis to focus on how power circulates in the day-to-day interactions around MSPs, rather than solely on the formalised channels of authority. Using Foucault's analysis of how power relations are created, resisted and transformed, investigations focus on the local-level discursive struggles over the production and utilisation of knowledge. Foucault calls for an "ascending analysis of power, starting, that is, from its infinitesimal mechanisms". Power exists only when it is put into action; it influences the actions of others, and power relations are routed deep in the social nexus (Foucault, 1980:99).

From the perspective of Foucauldian theory, viewing power as negative is not fruitful. Power is not necessarily something that is imposed upon people from the outside. "Discourse transmits and produces power. It reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it" (Foucault, 1978: 101). Furthermore, there is no value in searching for a set definition of what power comprises, "Power is a relational concept, not a thing or a substance which has been acquired by some or many, and which later can be used as a tool (for dominance, repression and so on)" (Hultqvist and Petersson, 1995: 22).

Nevertheless in practice, power, or the lack thereof, can have strong implications on everyday life since it enables, or puts obstacles in the way of action (Hultqvist and

Petersson, 1995: 22). It is this analytical focus on power that is the interesting one for this thesis. What different forms does power take and what are the consequences of having or lacking power within certain discursive orders? Or put differently: who gets access to different discursive arenas? Some discourses are only open to those with the qualifications stipulated within that discursive order:

> More exactly, not all areas of discourse are equally open and penetrable; some are forbidden territory (differentiated and differentiating) while others are virtually open to the winds and stand, without any prior restrictions, open to all. (Foucault, 1972; 1982: 225)

This thesis will examine FBOs access to MSPs and, in particular, it will examine which FBOs gain access and which do not and why.

This research also examines the way in which the procedures of power are "displaced, extended and altered" at the local level. This research seeks to explore those local points of resistance where counter-claims and discourses are expressed. Power and resistance are always connected, "Where there is power there is resistance, and yet or rather consequently, this resistance is never in a position of exteriority in relation to power" (Foucault, 1978:95,96). Foucault stated that points of resistance can be used as a "catalyst so as to bring to light power relations, locate their position, find out their point of application and the methods used" (1982:211).

The multiplicity of discourses in HIV/AIDS means that there are always opposing and resisting discourses and power relations. There are always people who hold alternate knowledge and identities. Thus, MSP practices based on the mainstream HIV/AIDS development discourses may fail because its "monolithic assumptions" do not allow for the complexities of local social, cultural and political realities (Mohan, 1997:315). However following Ferguson (1990:276) the failure of an MSP does not mean that the MSP achieved nothing at all, it may simply mean that the MSP did something else, not quite intended by development planners.

Ferguson (1991) notion of unacknowledged structures and unintended outcomes are important to keep in mind, as the research examine the participation of FBOs in MSPs. Ferguson in 'The Anti-Politics Machine: Development, Depoliticization, and Bureaucratic Power in Lesotho' (1994) described development as an apparatus; a strange machine and explored how it worked and why. He took the case of Lesotho where innumerable aid agencies were present and showed how the discourses represented Lesotho. He took the case of how a World Bank Country Report discourses represented Lesotho as a traditional subsistence peasant society which was virtually untouched by modern economic development and portrays the picture that labour migration and the cash economy was something new in Lesotho's history. These representations were not the reality because Lesotho entered the 20th century as a producer of cash crop for the South African market and it was a labour reserve economy. Ferguson (1991) argued that development institutions generated their own form of discourse, which constructed an object (in this case, Lesotho) and created a structure of knowledge around the object.

As these discourses are constructed exterior to the subject, these do not reflect reality but aid agencies based upon these assumptions design organisations, form institutions and implement programs. He wrote that there are two different worlds; that of the bureaucrats and the social world of the people. The bureaucrats attempt to 'develop' Lesotho failed, as these did not reflect the reality. Though it failed to develop it produced certain unintended consequences such as depoliticizing political issues, expanding bureaucracy and the bureaucratic state power. Hence, Ferguson labelled development as a strange machine. Grassroots movements, which are movements for empowerment according to Ferguson, operate outside the development paradigm and these should be regarded as alternatives to development. Pigg's (1995) analysis of the discourse associated with UN sponsored training programs for "traditional" healers in the Nepalese context explores similar issues (1995). Like Ferguson, Pigg is interested in highlighting both the intended and unintended consequences of development interventions, and like Ferguson she grounds her analysis in Foucault's work on the relations between discourses, knowledge and power (Foucault 1979, 1980). Pigg (1995) noted for example, that the language used by development

agencies was not neutral. This "moral discourse of saving lives" as she referred to it, presented particular versions of reality as truth and fact and in the process "re-asserts the inevitability of institutional practices" (Pigg 1995:48). Following Foucault, Pigg suggested that studies of interventions implemented in the name of development pay attention to how particular definitions of problems "enable particular techniques for managing, organising and discipling people" (Pigg 1995:ibid). Similarly, this thesis questions how, FBOs in Ngamiland were constructed, what techniques were used for managing and organising MSPs and what results were produced and whether they were intended or unintended.

2.4.3   Culture and Identity

Post-development theorists have built a strong argument about the destructive elements of development, particularly the cultural impact on southern cultures, and the desire of southern people to resist development (Escobar, 1996). The concept of culture is of central importance in consideration of HIV/AIDS mitigation, since post-development theory shares a view that local cultures should be protected from the 'deliberate destruction' wrought by development of southern cultures (Escobar, 1995).

Throughout years of prevention efforts, it became increasingly clear that conventional public health awareness campaigns were largely unsuccessful at eliciting behaviour change where sexuality is concerned (Heald, 2006; Somma and Bodaing, 2003). In part, this was because behavioural patterns were not only influenced by individual decisions but also deeply embedded within collective cultural norms that were inherited and shared through generations in the form of socially accepted behaviour, traditional practices and culturally mandated taboos. Even in cases where cultural norms were considered within the formation of behaviour change campaigns, they were often only considered as obstacles to overcome rather than fundamental determinants of behaviour that could be resourced for not only local programs, but in the formation of larger health policies as well.

This thesis examines the extent to which culture, specifically people's religious beliefs, has indeed been eroded by western practices in the international HIV/AIDS field. Following

Foucault, culture is defined as "a hierarchical organisation of values, accessible to everybody, but at the same time, the occasion of a mechanism of selection and exclusion shared meaning system" (1977:173). Following Myrdal (1970: 92), this thesis suggests that cultural influences especially in relation to HIV/AIDS "pose the questions we ask; influence the facts we seek; and determine the interpretation we give the facts".

Culture in the HIV/AIDS literature is explored in two ways. Firstly from behaviour change approaches ranging from 'the health belief model' to the 'AIDS risk reduction model' and 'stages of change theory'. What these theories have in common is that they explored HIV/AIDS from an individual perspective and approach indigenous cultural beliefs and practices as a cause of disease and illness or as a hindrance to public health initiatives (Rosenstock *et al.*, 1994; Nichter and Nichter ,1989). Secondly, is the 'culturalist approach' that sees the problems with health systems as not giving enough validity to indigenous cultural health beliefs (Casbarro and Jäger, 2007; Levers, 2004).

What both approaches have in common is the centrality of culture to health and an emphasis on the process of cross-cultural communication whether as a barrier to accept traditional health beliefs and practices on the part of institutional health systems and health initiatives, or as a barrier to the acceptance of health beliefs and practices based on western medicine by the recipient population (Daaleman *et al*, 2001; Levers, Magweva and Mpofu, 2007). This thesis follows the "culturalist approach". It examines the possibility of mutual interaction and cooperation between western and indigenous medicine (especially faith healing[36]), thereby attempting to bridge the cultural gap in communication and understanding and placing emphasis on dialogue and cultural sensitivity (Levers, 2004; Daaleman *et al.*, 2001; Heald, 2006 and Comaroff, 2000).

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[36] Explained further in chapter four.

2.4.4   Faith Identity

Closely linked to culture is the concept of 'identity'. Multi-stakeholder partnerships, as the cornerstone of the current global model of HIV/AIDS mitigation, have brought the process of constructing identity and its political, social and economic implications to the fore, most especially for FBOs. As Comaroff and Comaroff (2002:4) noted, the current development process "obligates people to draw on peculiar individualism to participate as actors on the local, national and international stage". According to some authors, what makes FBOs distinct from secular organizations and other FBOs is their particular faith identity – the role and influence of faith in their mission, organizational structure, services, programmes, policies, relationships, leadership, and culture (ARHAP, 2006; James, 2009). The importance of understanding the influence and role of faith within FBOs has been increasingly recognized (ARHAP, 2006; Clarke, 2008; Sider and Unruh, 2004). Clarke stated, for example, that there was a "clear need for more careful efforts to distinguish between the ways in which FBOs are constituted and through which they deploy faith constructs in their organizational philosophies and their activities on the ground" (Clarke, 2008: 35). As a result, there has been some interest in describing and researching FBOs in terms of how faith is utilized within organizations and by actors. What is of interest in this research is the way in which FBOs use their identity, especially their faith identity, to form and shape FBO participation. It is questioned whether FBOs are required to deliberately accommodate, resist, and/or construct their own particular "faith identities" in different MSP contexts so as to 'sell' their FBOs and communities as a 'good risk' for development. In this section I define what I mean by faith identity and what I see as the two types at work in the process of participating in MSPs: required faith identities and FBO forged faith identities.

This thesis defines faith identities as a set of particular theological, institutional, political, and culture-based characteristics articulated by international institutions, governments and FBOs themselves in order to participate in MSPs, either in the way of funds, legitimacy or policy influence. This definition is adapted from the literature on development identities used by Simon-Kumar (2003) and Ferguson (1991). In the former, Simon-Kumar (2003)

discussed how state imposed identities of women in Indian health policy, firstly as "socialised mother" (the one in the family who teaches children proper Indian tradition and customs) and secondly as "abstract worker" (an identity that promotes women's productive role in society as labourers in order to increase national efficiency), had limited their political power and their possibilities for empowerment (Simon-Kumar, 2003:86). In the latter, Ferguson (1991) demonstrated how people of Lesotho were portrayed as isolated, insular and backward agriculturalists with little contact with the outside world so as to create a specific development identity of Lesotho and its people thereby engendering a need for outside resources. Ferguson's work points out that in the eyes of development agencies, such as the World Bank, and in order for development work to take place, the beneficiaries of programs had to meet specific prerequisites of identity in order to justify all of the financial, technical and organisational investment involved.

Simon-Kumar (2003) and Ferguson's (1991) use of development identity is useful in the elaboration of faith identity, as they point to the ways in which historical and contemporary relations of power affect the way that identities are constructed and defined. They also point to the political dimension of identities. To understand identity construction fully, one must analyze more than just the "beliefs" of a group because identity construction is not simply "a way of seeing or a way of thinking, but it is a multidimensional network of strategies for negotiating person and place in a world of discourse, practice and association" (Chidester 1989:16). Furthermore, the importance of understanding the cultural context and interactions with other collective identities is also critical. Rummens (2001:18) argued that "particular attention is given to the social construction of difference through language, symbolic identity markers and opposition". Therefore, to study faith identity, it is necessary to examine discourses, practices and associations, for all help to establish personal and group identity.

From this discussion I understand faith identities to be closely tied to development identities, between the particular context specific formulations of development and the negotiation in everyday social interactions. In this way FBOs become 'objects' of

international HIV/AIDS discourse and a specific faith identity of FBOs is used in order to acquiesce to the globalisation of HIV/AIDS mitigation. While Simon- Kumar (2003) and Ferguson (1991) stressed the power of the state and international donors in developing identities, they did not elaborate on the idea that other actors (in this thesis FBOs) also have the power to articulate and forge identities to manage their participation in the process of development. The accommodating and resisting of required faith identities to HIV/AIDS development processes is what this thesis terms FBO forged identities; this is discussed further in the analysis chapters.

2.5   Conclusion

In this research, I adopt post-development approaches to HIV/AIDS discourse to break open a more critical and penetrating analysis of how multi-stakeholder partnerships produce their effects. This development approach argues for an investigation of the interrelation of discourse knowledge, culture, identity and power. Using a Foucauldian framework, I attempt to explore the "micro-politics" of development, the local-level development sites, resources and practices where meaning, knowledge and identity (and therefore power) are contested. In so doing, I attempt to emphasise the complexity, variability and multiplicity of multi-stakeholder partnerships and how local actors (specifically FBOs) are both shaped by and contribute to the shaping of such development practice.

3 The Botswana Context: change and continuity

3.1   Introduction

The purpose of this chapter is to provide a concise introduction to the historical and contextual background of FBOs and MSPs in Botswana; this is important to developing an understanding of the participation of FBOs in MSPs in Ngamiland for HIV/AIDS alleviation. Over the course of this section it will become increasingly clear that the fundamental changes that took place in Botswana society had a major impact on the formation and development of FBOs and their participation in the case study MSPs. For this reason, I am providing a brief overview of the Botswana political and socio-economic context in order to understand some of the factors behind the ways FBOs participated in MSPs.

Firstly, I discuss how Batswana interacted with the considerable forces of change introduced by western missionaries, the British colonial government and worldwide economic realities prior to national independence. One of the consequences of this clash of cultures for the Batswana was a growing self-awareness of their beliefs and customs that eventually led to the identification of their Setswana traditions and culture as opposed to western ones. This section does not trace all aspects of this encounter but rather focuses on those areas that this study believes influenced the formation and development of the FBOs in Ngamiland. From this focus, the significant changes initiated at the time of independence, and subsequently, are explored in an effort to demonstrate how the life experiences of FBOs existed within a socio-economic and political culture that favoured western ideals and values. I also demonstrate how this created a climate of unprecedented change with a desire for continued progress on the part of many Batswana.

The chapter then elaborates on the term 'faith-based organisation (FBO)' and presents a definition for use in this thesis. Using the typology outlined, the next section elaborates on the origin and nature of the three case study FBOs. A review of the literature on the contribution FBOs made to HIV/AIDS mitigation is also presented and this is designed to

provide context to the discussion in later chapters on the participation of FBOs in MSPs for HIV/AIDS alleviation. Finally the chapter introduces the MSPs that are the subject of analysis in chapters six to ten.

3.2 The religious landscape of Botswana

The 2004 BIAS II study reported that 83 percent of Batswana were Christian, 4 percent belonged to 'badimo' religious traditions, 12 percent claimed to have 'no religion', and that all other religious categories – Islam, Hinduism, and other constituted less than 2 percent of the population (Haron *et al.*, 2008:23). The Pew Forum (2010)[37] revealed that 87 percent of Batswana surveyed defined themselves as Christian, 2 percent as Muslim, 1 percent as traditional religion and 9 percent as unaffiliated. Christianity was, therefore the dominant religion in Botswana at the time of the field research and indeed remains so today. In view of this, and for the purpose of this study, FBOs will imply the study of Christian FBOs in their diverse forms. In very broad terms there are three sub-categories of Christian churches[38] in Botswana; mainline, Pentecostal and African independent churches. Figures for 2004, state there were 460 officially registered FBOs in Botswana, however it was estimated that there were over 1000 operating (Amanze *et al.,* 2007[39]). For example, 94 faith based organisations registered between July 2005 to May 2006 and none deregistered during that period. In this time frame, 114 faith based organisations started the process of registration, but their applications were terminated after they failed to submit the required

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[37] The report published by the Pew Forum on Religion and Public Life was a survey of religious attitudes in 19 countries in sub Saharan Africa and compared this with previous published data.

[38] I use the term churches here as this section specifically details sub-categories of Christian churches, the subsequent section further categories other types of organisations included in the study that leads to a definition of the term FBOs used for this study.

[39] Amanze defines FBOs in the broadest of terms to include churches registered and unregistered in Botswana. His statistics are the result of travelling through Botswana between the years 1994-2008 and researching congregations ranging from as little as ten members to large congregations such as ZCC. His typology is defined bythe self classification of these churches (See Amanze 1994, 2008 and 2010)

documentation. Amanze *et al.* (2007:14), however, believed that in all likelihood these organisations would have continued with their church activities regardless. Of the 460 registered churches in Botswana, 108 had addresses for Ngamiland. These included branches of national churches as well as independent churches in the region.[40] During my two years of field research, and in addition to the three case study churches, I located and interviewed a total of 88 church types (62 registered) in the region. Of these, 14 were mainline (all registered), 18 Pentecostal (all registered) and 56 AICs (30 registered). While undoubtedly there were many more[41], very often these FBOs had branches[42] spread throughout the country.

The Botswana constitution provides for freedom of religion, although all faith based organisations must register with the government. To register, a group must submit its constitution to the Registrar of Societies within the Ministry of Labour and Home Affairs. After a generally simple, but often slow, bureaucratic process, the organisation is registered. There are no legal benefits for registered organisations, although an organisation must be registered before it can conduct business, sign contracts, or open an account at a local bank (International Religious Freedom Report, 2006[43]). All churches, with the exception of mainline churches, are also required to submit quarterly financial reports. The issue of exemption was one of the issues affecting the relationship of African independent churches and Pentecostals with the Government of Botswana. Their frustration stemmed

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[40] There was no registry of churches at district level. All churches were required to register at the head office of the Ministry of Labour and Home Affairs in Gaborone. For the research period, this register did not differentiate according to region. The figures above were ascertained by examining the addresses of each registered church and cannot claim absolute accuracy.

[41] It was extremely difficult to locate AIC churches as most were not registered and often had only a handful of participants. This issue is discussed more in the methodology chapter.

[42] When talking of the branches of FBOs, it is appropriate to define what is meant by this term. A branch is a self-contained worshipping community that may, or may not have a resident pastor. To all intents and purposes, branches are clusters of congregations that carry out virtually all the functions of the main congregation.

[43] US State Department, 2006.

from the fact that while they were expected to account for their expenditure, their comparatively wealthy counterparts did not have to. This has cast suspicion on the government's attitude towards different churches operating in the same country (Interviews with Kaelowtse and Amanze in May 2004 and a recurrent theme in interviews with AIC and Pentecostal pastors, discussed further in chapter ten).

3.3   Botswana: the context

3.3.1   Early missionaries to Botswana: a dialogue between two cultures.

Botswana didn't receive European visitors until early in the nineteenth century, relatively late in comparison with most of southern Africa. Both British and German missionaries came to Botswana, but it was the British who eventually took control of the territory in 1885 declaring it the Bechuanaland Protectorate (Sillery, 1974; Chirenje, 1977).

Traditional structures of authority eroded in influence as the missionaries claimed the spiritual power of the chiefs while the colonial authorities threatened their temporal power. Over time, there arose an educated (by the missionaries) elite, most often closely related to the chiefs who became wealthy and highly influential. At the same time, colonial policies led to a situation where large numbers of men were compelled to serve long periods of time working in South Africa in order to provide for the material needs of their families. Family dynamics were also seriously impacted by the abolition of initiation rites and polygamy, education for girls, and the introduction of modern technologies (Schapera, 1947:43 in Comaroff, 1985). In what the missionaries referred to as the spiritual realm, serious efforts were made to root out or demonise the ancestors, but they continued to live on, although in a more hidden role. Much of the same could be said of the beliefs surrounding disease and witchcraft. Although the roles of traditional doctors were diminished substantially, they still served an important purpose for those seeking a way to understand the world around them. Over time, these beliefs and others become objectified as Setswana, an identifiable system and ideology as opposed to that of western culture (Comaroff, 1985).

Within Christian circles, the tension between western and Setswana culture was most often dealt with in one of two ways. In the mission churches, some adherents accepted western theology in public while continuing to practice Setswana customs in private. In the AICs, an attempt was made to connect the two by appropriating many of the symbols of Christianity and then infusing them with new meaning and power from both the spirit of God and the ancestors.

3.3.2 Post-independence

As a protectorate, Botswana was neglected for a long time, simply because the British government thought it was expensive to run a colony that was counted amongst the world's poorest countries, a county with scant resources and no infrastructure at all (Maylam, 1980:23). This situation changed when Botswana attained independence, adopted a capitalist[44] mode of predication and consciously adopted values commonly practiced in northern Europe and by their former colonising powers. Since independence in 1966, Botswana has been a stable multi-party constitutional democracy[45], with universal adult (18 years old) suffrage. Botswana has been governed continuously by the Botswana Democratic Party (BDP). The party's strong rural support base, along with rising economic prosperity and the relative weakness of the opposition, has ensured its continued success. Much of Botswana's post-colonial economic and political success has been attributed to the

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[44] Capitalism refers to the economic and social system in which the means of production or capital are privately controlled and labour, goods and capital are traded in a market; profits are distributed to owners or invested in new technologies and industries and wages are paid to labourers. Botswana has many features of a liberal democratic system, such as allowing any citizen to run for office, freedom of the press, elected representatives, secret ballot and equality of franchise, and a free market economy (Somolekae, 1988:75).

[45] Particularly since 2008, after the direct nomination by former President Festus Mogae of the current President, Lieutenant-General Ian Seretse Khama, a consolidating shift towards "liberal authoritarianism" (Molomo et al., 2007) has been occurring through the introduction of senior military staff in the civil service. Apart from that, extra-judicial killings and increasing levels of corruption among the elite have been reported by the media (Mmegi, 2010; Direng, 2010).

discovery of diamonds in 1967 as these have provided the government with the majority of its financial security (Mortan *et al.*, 1989). Independence had multiple repercussions for traditional tribal systems[46] and their chiefs who had become used to relatively little British interference of their local authority. In fact, by 1956 the British had issued the African Administration Proclamation that formally recognised tribal councils as chiefly advisory bodies and established within each chiefdom subordinate councils under local headmen (Comaroff, 1984: 69). Under the post-colonial government, however, local control was swiftly transferred from traditional authorities to newly formed democratic systems through a series of laws including the Chieftainship Law, the Local Government Law, and the Tribal Land Act (Comaroff, 1984: 69-70). Comaroff argued that the government had no confidence in the ability of tribal chiefs to implement and fulfil the obligations of policies which were ultimately not of their and their people's own making (1984: 70). The process that began with the loss of spiritual authority to missionaries, and a portion of political authority to colonial officials, sped up following Independence. With the establishment of new administrative institutions by the newly elected Botswana Democratic Party, the chiefs became government employees, thus diminishing their status considerably (see Tlou and Campbell, 1997:248-56).

Botswana's decentralisation process has been justified in terms of democracy and development. Below the central administration, there are four local government structures: the district administration, the district councils, the land board and the tribal administration. The administration is further decentralised down to the village level, through the village development committees and the village extension. Lack of local capacity, however, has slowed down the process. The decentralisation process has been criticised for being incomplete, especially in relation to local government revenue generation, financial management and personnel administration. Significant centralising tendencies prevailed. In addition, the lack of an enabling legislation to guide the decentralisation implementation process and the privatisation process has been criticised (European Commission 2007:17).

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[46] Botswana is one of Africa's most ethnically homogenous with 79 percent belonging to the Ba Tswan tribe. Other tribes include Herero, San, Hambukushu, Bayei and Kalang.

3.3.2.1   Urbanisation

Botswana has experienced major increase in the rate of urbanisation, faster than any other African nation (UNFPA, 2011:17). Only 4percent of Batswana lived in towns in 1966, whereas in 2010 urban population had increased to 61percent (UNFPA, 2011:18). Growth has been most pronounced in Gaborone (the capital city) which has grown from an estimated 12,000 at independence (Republic of Botswana, 1966:1) to over 231,000 by 2010 (UNFPA, 2011:18). With the country experiencing a prolonged period of economic growth, fewer people left the country to find employment, opting instead to migrate to the populated areas of Botswana. Reflecting the shift towards diamond mining and urbanisation, the economic importance of agriculture has drastically declined over this period as reflected by its drop from 40percent of the country's GDP in 1966 to just 3percent by 2005 (Dorrington *et al.,* for UNDP, 2006:15).

One other factor in the rapid rate of urbanisation has been Botswana's quickly expanding population. Although the population is still extremely small (two million) in comparison to its landmass, it is significant that from independence to 1991, the population was growing at close to 4 percent a year, one of the fastest rates in the world. Even though that rate had slowed down to 1.7 percent by 2010 it still poses challenges to government resources as well as to the ability of families to provide adequate care for children. At this point it would be as well to note that Botswana's economic development has not helped all members of society equally. There is abundant evidence that the cattle-owning elite of the colonial era, and their descendents, have used their political power for their own economic benefit (Direng, 2010:2). The proportion of people living below the national poverty line, is close to 24 percent (UNICEF, 2011:10), poverty remaining consistently high for a country of

middle income status[47]. Poverty levels in the rural areas are higher than those of the urban centres but large pockets of impoverished people live in Gaborone and other towns as well.

3.3.2.2   Government's relationship to civil society

National planning in Botswana is carried out in a bottom-up approach (NACA, 2003). Community Development Committees identify their needs; local governments are collecting, streamlining and transferring the needs to the central level, where they are integrated into the planning process. This should, at least in theory, contribute to ensuring that national planning on HIV/AIDS is based on the felt needs of the final beneficiaries. Findings from an EC evaluation (European Commission, 2009) suggested that public authorities are reluctant to involve NGOs in the implementation of government policies or donor-supported programmes, citing liability concerns arising from the NGOs' weak capacity for financial management. The weakness of NGOs and of "civil society" in general has also been taken as an argument for training them to become more efficient. But the expected impact of training measures has been weakened by a constant staff turnover in NGOs who do not have the financial capacity to maintain their staff, with staff leaving whenever there are other opportunities (European Commission, 2009). Kiley and Hovorka's (2006:176) study of civil society organisations in the HIV/AIDS response in Botswana underlined their marginalisation by the state-led response for different reasons: "geographical disparities, lack of financial and human resources and socio-cultural elements associated with HIV intervention strategies". At the same time, the government recognised the need for a national multi-sectoral response to HIV/AIDS and the importance of involving all actors in response efforts. The role of FBOs in helping to meet these challenges has been controversial, particularly with regards to stigma and discrimination,

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[47] The World Bank classifies the country as an upper-middle-income economy ($6260 GNI per capita, according to the World Bank in 2010; GDP per head in PPP of $13,874 according to Economist Intelligence Unit estimates for 2010), one of only five such economies in sub-Saharan Africa (Bertelsmann Stiftung, BTI ,2012:11).

access (or the prevention of) to condoms, and lack of continuity of HIV/AIDS prevention messages (Dilger, et al., 2010; Liebowitz, 2002; Tiendrebeogo and Buyckx, 2004a). As discussed in chapter one, depending on how FBOs respond to the epidemic, their participation and influence within MSPs can be affected.

3.3.2.3 Economic

Like many middle income countries, Botswana has occupied a somewhat paradoxical position within the development universe. There has been a steady exodus of bilateral donors from Botswana in recent years and overall capital development assistance has declined from about 61 percent to less than 2 percent in 2006/2007 budget (Maipose, 2009). Yet at the time of this research (2003-2005), and while bilateral development assistance as a whole was diminishing, financial support for HIV/AIDS was growing strongly. Botswana was the second most heavily HIV/AIDS affected and infected country in the world, a situation with serious long term development implications. Most funding for HIV/AIDS programmes in Botswana was supplied by its own government (75 percent of total HIV/AIDS costs in 2004[48]). The most significant initiatives supported by foreign donors at the time were the African comprehensive HIV/AIDS partnership (ACHAP) and the BOTUSA project. ACHAP was a collaborative effort between the Government of Botswana, the Bill and Melinda Gates Foundation and the Merck Company Foundation. ACHAP was established in July 2000 and was dedicated to supporting Botswana's HIV/AIDS response until 2009. The Bill and Melinda Gates Foundation and the Merck Company Foundation each committed $50 million towards the project, and Merck donated two antiretroviral drugs. As of June 2005, ACHAP's total programme spending was just over $41 million. In 1995, the US Centre for Disease Control and Prevention (CDC) and the Government of Botswana entered into another collaboration called BOTUSA, to work

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[48] This has increased to 80 percent in 2011 due to the significant decrease in donor funding. However, there are worries about the Government of Botswana's ability to continue this rate of funding as Botswana was hit hard by the global crisis, experiencing a decline in real GDP of 6 percent in 2009 and a depreciation against the U.S. dollar, so that GDP in U.S. dollar terms contracted by 14 percent. This was predominately due to the decline in mineral revenues (UNICEF 2012).

on public health research and programmes, to combat TB and to work on HIV/AIDS. BOTUSA grew substantially since its inception in 2000 and became part of the US President's Emergency Plan for AIDS Relief (PEPFAR) that contributed $55 million to HIV/AIDS programmes in Botswana in the fiscal year 2006 alone[49].

While civil society networks became the partner of choice for many international development agencies seeking to maximise their reach, scale and impact, it was starkly apparent from the FBO interviews held, case studies undertaken for this research, and indeed from CSOs in general, that they had very little access to needed funds. Lack of adequate government funding, combined with a lack of international support, was the greatest challenge that CSOs faced in Botswana. This was exacerbated by the above mentioned dependency on the state, resulting in the lack of a culture for people to donate to charities (Strain 2008). A survey in Botswana by Mark (2007) found that 45.4percent of CSOs working in the HIV/AIDS field had an annual budget of less than U$12,500 and only 22.6percent of the CSOs had budgets of U$30,000 and over. It is evident from this that the majority of CSOs in Botswana had small budgets to spend on HIV/AIDS activities, which could in part be attributed to lack of funding from donors (because of the middle income status of the country) but also to the recent suspension of funding from the global fund[50] that was one of the largest donors to these organisations (Mark 2007:45).

While organisations in the professional sectors managed to mobilise funds from their members, charitable organisations were still heavily dependent on external sources. Some CSOs (for example BOCAIP), received funds from the state, but this depended on the

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[49] In the intervening years 2006-2012, Botswana has seen a decline in donor funding predominately due to the global economic crisis, for example the Global Fund has cut their funding, PEPFAR funding to Botswana which peaked in 2008 at U$98 million has decreased to U$84 million in 2011. However it is important to note that during the research period when Ngamiland saw a proliferation of MSPs in the region, donor funding was increasing at a rapid rate, for example PEPFAR funding to Botswana increased from U$ 23 million in 2004 to U$51 million in 2005.

[50] This was due to a combination of Botswana's 'middle income' status as well as a decline in donor funding to the Global Fund.

specific activities undertaken and also largely on their relationship with the ruling party. Government funding was not coordinated, with some ministries providing support from within their budget lines for specific CSOs and others not. A strong sense of discontent prevailed about what was perceived as the government's and donors' inability to devise appropriate mechanisms and processes for distributing funds (BOCONGO Interview April, 2005). The lack of funds for CSOs at the organisational level made multi-stakeholder partnerships very difficult to develop because as organisations competed for the same resources, relations between them became strained.

Multi-sector HIV/AIDS mandates and directives by government and donors had more recently, however, led to a proliferation of CSO organisations and collaborations[51]. These tried to form further collaborations with government and international donors to secure funds and support for their members. Between 1997 and 2002 seven[52] new CSO collaborations were formed nationally, despite variable membership. The largest group was the Botswana Network of AIDS Service Organisations (BONASO) with 67 member organisations and the lowest being the Pan African Christian AIDS Network (PACNET) with only four member organisations in 2005. This is discussed in more detail later in chapter five but it often led to isolated solutions and limited co-ordination.

In this discussion of the Botswana context, I have sought to highlight the impacts that missionaries (Western and African), colonial policies, political independence, economic

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[51] This was not unique to Botswana. Since the mid-1990s the number of CSOs working on HIV/AIDS has proliferated, coinciding with the large inflows of international HIV/AIDS funding which was seen after 2000 (Hartwig, 2001; Kelly and Birdsall, 2010; Web, 2004). As a result of these inflows, not only were hundreds of new CSOs, including FBOs, NGOs, and CBOs, formed, but existing organisations shifted their focus to HIV/AIDS-related work (Kelly and Birdsall, 2010).

[52] BOCAIP: Christian movement against AIDS in Botswana, operating in the form of a network, BOCOBONE: Network of community based organisations for HIV/AIDS elimination, PACNET: Pan African Christian AIDS network, BONELA: Botswana network of Ethics and Law HIV/AIDS, BONASO: Botswana network of AIDS service organisations, COCEPWA: Network of coping centres for PLWHA, BONEPWA: Botswana network of people living with HIV and AIDS.

development, urbanisation and government-civil society relationships have had on Botswana life, and by extension, FBOs. What has become evident is that the Batswana have seen their worldview challenged, and it has been forced to change, but they have also reacted in creative ways to retain what they perceived as essential from their cultural tradition. Some of this creativity will become evident in the chapters to follow as FBOs subvert and transform 'official' HIV/AIDS discourse in Botswana and specifically in Ngamiland but it will also become clear that the identity and ethos of these churches have been profoundly shaped by the various dynamics occurring within the Botswana context.

3.4   Understanding FBOs; defining terms and typologies

This section discusses the importance of a careful consideration of nomenclature and how the term 'faith-based organisation' must be delineated in order to clarify its meaning. The introductory chapter briefly highlighted how defining and categorising faith-based organisations as distinct both from secular organisations and from organisations of different faith traditions, presents a host of special challenges.

A review of the literature showed that most scholarly work to date (Berger 2003; Sider and Unruh 2004; Ebaugh, Chaftez, and Pipes 2006; Hula, Jackson-Elmoore; Reese 2007; Clarke and Jennings 2008 and James 2009) has focused on the faith-based/secular division, with some branching off to study the variations present within the Christian tradition.

Definitions of the term 'faith-based organisation' range from the all-inclusive UNFPA definition of FBOs:

1. Faith-based and/or faith-inspired development organisations, (e.g. Islamic Relief, Christian Aid, Catholic Relief Services, and their national, regional, and international chapters);
2. Inter- or multi-faith-based organisations: organisations that come together for a common cause guided by common values derived from different religious traditions, and which provide services that are beyond the scope of a single congregation;

3. Local congregations: people who worship together and reach out socially (e.g. organising food pantries, clothing donations, in-home visits and assistance to the elderly);
4. Ministries of religious affairs (particularly, but not only, in countries where non-governmental organisations may, for whatever reason, find it difficult to register or function) (2008:14).

To more narrow definitions such as Berger who defines FBOs as:

> formal organisations whose identity and mission are self-consciously derived from the teachings of one or more religious or spiritual traditions[...] which operate on a non-profit basis to promote and realise collectively articulated ideas about the public good (2003:16).

Those who have attempted to move beyond a brief dictionary-style definition have frequently turned to a typology format to accommodate the diversity of organisations. Such an approach recognises the relevance of the concept of religious integration and how organisations incorporate religion "in a variety of ways and intensities" (Sider and Unruh 2004:2). Typologies of FBOs have primarily been used in reference to large NGOs with religious affiliations (see Berger 2003; Sider and Unruh 2004; Clarke and Jennings 2008 James 2009). The first set of typologies, developed by Sider and Unruh (2004), related to how faith-based organisations were structured and the relationship between structure, mission, governance and programs. The second set of typologies, developed by Clarke (2009), addressed the values that drove FBOs. These behavioural manifestations were more difficult to ascertain as they related to the spiritual dimension of humanitarian work by an organisation's leaders, members and volunteers.

The value of typologies as stated in chapter one, however, is relative to the specific research objective. Any conclusions regarding the participation of FBOs in multi-stakeholder partnerships in Ngamiland was dependent, to a large extent, on how FBOs were defined. Shortly after arriving in Ngamiland, I quickly located the largest and most easily identified FBOs (such as Christian Aid and the Catholic Church). The challenge for me had, however, just begun in trying to decide what other religious organisations could or

should be included in the study in addition to these FBOs. There was also the dilemma of what characteristics needed to be included and how the study should define faith-based or religious organisations.

As stated in chapter one,. in 2003-2005, the FBO sector in Ngamiland was predominately made up of three 'formal' FBOs (Maun Counselling Centre,[53] Christian Aid and the Lutheran Rehabilitation Centre known as THUSO)[54], a small number of mission churches, a growing number of Pentecostal churches and a great number of AICs. These small FBOs were those that were formed around and under a particular religion but mostly had no coherent agenda or practical arm for implementing socially relevant projects, but who did assist communities and people living with HIV/AIDS. Because of a lack of more formal FBOs in the region, representatives from these small FBOs were also invited to attend the regions MSPs and for this reason are deemed important for this study. Consequently, like Anderson (2011:3) in this thesis, I use the term faith-based organisation broadly, to mean both an institution and a community of individual believers. Institutionally church congregations and denominations have rules, formal and informal norms, officials, material resources and histories. The process of church institutionalisation occurs over time, with newer churches often lacking the formal bodies, rules, well-defined liturgy, and specialised leadership training of churches established by the colonial missionaries. While I examine church leaders as instigators of AIDS programs and participants on MSPs, my focus is on FBOs as institutions, not on individual Christian believers.

To deepen the analysis and to give greater meaning to my case study organisations, I make use of Berger's (2003) FBO typology. Berger (2003:23), in an exploratory analysis of FBOs, proposed a

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[53] Maun Counselling Centre fits both categories of an FBO organisation and an MSP. MCC operated an orphan day care programme which was often referred to as an FBO programme, however MCC was also an MSP that came together to discuss and plan programmes in the region related to HIV/AIDS.

[54] Although Christian Aid programmes in the region were disbanded in 2003.

multidimensional framework by means of which to identify and analyze the characteristics of FBOs. It integrates both religious and organisational dimensions thereby overcoming reductionist tendencies to view FBOs as purely religious or bureaucratic structures (Berger, 2003:23).

Berger (2003) identified four dimensions, namely: religious, organisational, strategic, and service. The first two examined religious identity and organisational structure, while the other two consisted of the processes and characteristics of FBOs. In this thesis religions identity and organisational structure are examined by focusing on FBOs orientation (mainline/Pentecostal/AIC), faith identify and geographical range (Ngamiland/country wide). The processes and characteristics are examined by focusing on HIV/AIDS mission and services provided, the beneficiaries of programmes (church members/community) and the financing (religion/non-religions donations) of FBOs.

This study, therefore, takes both a spiritual and organisational typological approach to defining faith-based organisations, recognising that both formal FBOs and informal groups within congregations may have been active as organisations, although the degree of religious influence may have varied between formal FBOs and informal congregation-based groups. Throughout the thesis I will, therefore, use the term FBO to refer to religious organisations, churches and religious groups, realising that the term is not exactly synonymous in each case[55]. Such definitions become problematic in certain areas of African spirituality, where diviners, spirit mediums and other healers use spirituality in their healing, yet these individuals often do not resemble 'institutions' or 'organisations'. Bearing these distinctions in mind, a discussion follows on the three case study FBOs in the thesis. The analysis chapters do not focus exclusively on these three case study FBOs but also draw on other FBOs in the region.

As this thesis focus is on Christian based FBOs, firstly, an examination is needed of what is meant by the term Christian FBOs. In the introduction, I simply noted my preference for the terms, mainline, Pentecostal and African Independent churches. Before going any

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[55] At times I also use the term FBO interchangeably with church, depending on the context.

further it is necessary to discuss these designations more fully as well as expand on the definitions[56].

3.4.1 Mainline

The term 'mainline' is not a well-defined word with a universally accepted meaning. In Africa, these mainline churches emerged as the direct or indirect result of missionary endeavours from overseas and mainline communities which consisted of Protestants (for example: Lutherans, Anglicans, Moravians, Baptists, Mennonites, Methodists, and Presbyterians), and Roman Catholics (Garland *et al.,* 2006). These churches often introduced schools and hospitals (Haron *et al.*, 2008). Most mainline churches range from strict to more liberal, thus reflecting the variety of religious preferences held by their diverse participants. Congregations of mainline FBOs are known to usually occupy more privileged social classes (Garland *et al.*, 2006), be more highly-educated (Tamney *et al.*, 1998), and often hold liberal positions on a range of social and political issues (Gay and Ellison, 1993).

By 1880 every major village or tribe in Botswana had a resident missionary and their influence had become a permanent feature of life. The missionaries worked through the chief, recognising that the chief's conversion was the key to the rest of the tribe. During the last part of the 19th century, Christianity was established as the official religion of the five major Tswana States (Comaroff, 1992).

Attendance in mission churches however, has rapidly declined since the 1950s. This became particularly evident with the coming of the more vibrant and contextual African independent and Pentecostal churches (Nkomazana, 2007). The mainline churches still

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[56] It is important to remember that there are many more "types" of churches than those proposed by researchers. The churches themselves often do not recognise the categories given to them by outsiders. Furthermore, within every type there are exceptions to the general characteristic, so terms such as "usually" and "generally" are needed to qualify definitions.

account for 30-35 percent of people with a religious affiliation in Botswana partly because of these low barriers to entry, but also because of their long historical presence. Many FBOs in Botswana are represented by umbrella FBOs, whose main role is advocacy, coordination, and capacity-building of and for their member organisations. Within Botswana mainline FBOs are coordinated and represented by The Botswana Christian Council (BCC) which is an ecumenical movement designed to bring about church unity and cooperation among different churches in Botswana. All mainline churches in Botswana are represented in the Council. The BCC represents the churches of Botswana on NACA as well as the National Poverty Alleviation Programme. Although all churches are meant to be represented in the BCC, at the time of this research, it's predominate membership were mainline churches. They had offices in Gaborone, Francistown and Maun in Ngamiland and a staff of over 20.

In this thesis, the case study[57] for mainline FBOs is the Roman Catholic Church. The Catholic Church is used to represent the established or mission churches. The Catholic Church was chosen as it is the largest single denomination in Botswana; the head of the Catholic Church in Ngamiland was active in the field of HIV/AIDS and was active in a number of the MSPs. He also was resident in Ngamiland since 1985, the longest of any mainline pastor in the region, which allowed for historical and contextual data collection of research topics.

3.4.2   African Independent Churches

There is a plethora of denominations within the AIC movement, many of which consist of a single congregation. The places of worship range from gatherings in the open to shacks, homes and more formalised churches. With regard to the term AIC, Venter (2004:15-28) noted that while there was a consensus regarding the usage of AIC as a description, there has been considerable debate on whether the 'I' should refer to independent, indigenous, initiated or instituted. He attempts to synthesize all four descriptors into a definition:

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[57] See section 4.1 for more detail on reasons for choosing case study churches

An African Independent Church (AIC) is a grouping established for religious purposes associated with Christianity in Africa by Africans for Africans, which remains independent of groupings outside Africa for funding, leadership or control—even should it affiliate to bodies that include non-Africans (Vender 2004:17)

In this thesis, I have chosen to use the self-chosen moniker of these churches in Ngamiland; AICs. During the years of my research, that is how the majority identified themselves in the Ngamiland region, and it is how I will refer to them in this dissertation.

The spectacular growth of AICs from a handful of churches at the turn of the century to over 300 registered in Botswana (Amanze (2007) and Kealotswe (2001) estimate the figure to be closer to 7/800 when unregistered churches are taken into account[58]). Scholars have attributed the existence of the AICs and their rise to many factors. Harold Turner (1979) observed the value of the bible to the AICs as offering immediate results in time of need. One of the needs is that of healing. AICs are also regarded as churches of the poor and uneducated and their popularity is in no small part due to their contextual preaching and flamboyant singing and dancing (Amanze, 1998). There is also a very positive assessment in some of the literature of the potential of AICs, portraying them as a new form of civil society on the basis of their support networks and voluntary associations (Oosthuizen, 1986, Oosthuizen, 2002). This FBO type offers their adherents a specifically African articulation of Christian doctrine and symbol and thereby accounts for nearly 60 percent of people with a religious affiliation in Botswana. Some commentators such as Anderson (2002) treat this type of church as a manifestation of African Pentecostalism as these churches embody a dynamic religious experience similar to that of Pentecostalism. Although AICs are often treated as homogeneous in the literature, they are in fact a spectrum from formal, hierarchical and large, strong on indoctrination on many issues,

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[58] Amanze defines AICs in Botswana as Christian faith groups which range from variations of Western denominations to local tribal groups which combine elements of Christianity with existing local traditions (See Amanze 1994: 119)

present high barriers to entry (such as adult baptism, tithing, and almost daily meetings) or can be very informal gatherings of some few members in a community. Almost all AICs proclaim a message of returning to God, of repentance in faith; [59]AICs differ from Pentecostal churches in their retention of aspects of African traditional beliefs, or in this instance Botswana culture, such as the veneration of ancestors.

AICs are represented by the Organisation of African Independent Churches (OAIC) The OAIC worked through seven regions, with its headquarters in Nairobi Kenya. The OAIC had four programmes: theological education by extension, development and HIV/AIDS programmes, women's issues, and research and communication services. The OAIC was an associate member of the All Africa Conference of Churches and has a working relationship with the World Council of Churches. Due to a lack of funding, the OAIC of southern Africa did not have an office (at the time of field research), and although a secretary and treasurer were elected, the work of the organisation had predominately fallen to the *Head of EAHSC*. The positions were voluntary with no salary but with expenses paid.

In this research, the AIC case study is *Eleven Apostle Healing Spirit Church (EAHSC)*. This church was chosen as it was one of the largest AICs in Ngamiland and the pastor (*Head of EAHSC*) was actively involved in HIV/AIDS activities. He was also the chairman of the OAIC in southern Africa for 20 years and had extensive knowledge of AICs in the region and in Botswana.

3.4.3   Pentecostal

The previous discussion in relation to AICs could be reproduced when discussing Pentecostal FBOs. Although this movement is considerably younger, here too, a variety of names have been used to describe these churches: charismatic, born-agains, neo-

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[59] This is no accident. The sermons of their leaders are based on their own life-experiences. There is a perpetual call and invitation to a change of heart metanoia. This can be traced largely to the personal lives of the leaders who were themselves touched and turned around to believe.

Pentecostal, or even gospel of prosperity churchesPentecostalism among Batswana is a less researched phenomenon for a number of reasons. Pentecostals account for less than ten percent of the population. Amanze (2007) and Kealotswe (2001) suggests, however, that Pentecostalism is growing in Botswana, the fact that Batswana are converting from mainline Christianity to Pentecostalism suggests strongly that such people find something in the 'born again' religion which they do not in the mainline churches. At the same time the dominance of some Pentecostal FBOs by wealthy foreign (mainly USA) pastors helps to confirm the association between religion and personal prosperity. They offer a vision of western consumerist success, which serves as a powerful inducement for less materially successful people over and above the spiritual benefits many people gain.

Membership of Pentecostal churches is by profession of faith and adult baptism. Meetings are frequent and lay participation high. Pentecostal churches in Botswana are represented by the Evangelical Fellowship of Botswana (EFB) which is a body comprised of all Evangelical/Pentecostal Churches, as well as individuals and para-church organisations which subscribe to the mission and goals of the organisation. At the time of field research EFB had an office in Gaborone and Francistown but none in Ngamiland. There was no paid staff with the fellowship being run as a voluntary association.

In this thesis, Pentecostal FBOs are represented by Love Botswana Outreach Mission. This American FBO was chosen as they were the largest Pentecostal FBO in the region, were active in the field of HIV/AIDS, in sourcing funds from international donors, and in setting up an MSP.

3.5   Origin and expansion of three case study FBOs using above typology

All three FBOs were based in Maun but with congregations spread throughout Ngamiland. Church meetings were held both in the village of Maun[60] and in villages where their congregations were concentrated. Figure 3 (page xv) highlights the three churches and their satellite churches in the villages which were studied[61]. The HIV/AIDS activities of the three FBOs are discussed in chapter six.

3.5.1   The Catholic Church: Institutional strength and universal conformity

The Catholic Church in Botswana was still very young[62], especially in the northern parts of the country with only five percent of the entire population, about 80,000, Catholic but this still made the Catholics the largest single denomination in Botswana. Most congregations lived in the south near Gaborone and around Francistown. The mission in Ngamiland was started in Maun in 1981 and in Gumare in 2002. The country has two dioceses: Gaborone and Francistown. Many areas were not yet touched by the Catholic Church (2003-2005), including the Basarwa population in the Kalahari Desert. The Catholic Church is the world's largest Christian denomination, and the most hierarchal denomination in this study. At the national level, the bishops at the Bishops' Conference set the priorities for social work within the church. At regional level, parishes are grouped into dioceses. At a local level, the ordained priests head one or more congregations, defined as a parish. The Pope in Rome has the ultimate authority on matters of theology, and bishops are responsible to the Pope for their actions. The geographical reach of the Catholic Church is universal and political influence is very high (Obadare, 2012; Haynes, 2011; Huntington, 1991) although Maundeni (2005:97) maintain that in Botswana the Catholic Church has not actively sought

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[60] Maun had still the official status of 'village' although it had reached the size of a small town of 40,000 in 2003 and 55,000 in 2010 (North West District Council, 2011).

[61] Details in chapter four.

[62] The Protestants were the first ones to enter Botswana as missionaries and for many years they convinced the tribal chiefs not to allow the Catholic Church to enter the country. The Catholic Church was allowed to mission only in 1928.

to influence government or engage in Politics[63]. What the Catholic Church gained in geographical extension, they have lost in religious intensity. The institutionalisation of the Catholic Church, and the huge numbers of adherents they actively crusaded for, has led to preoccupation with ritualism and legality. The church meetings of the Catholic Church are generally characterised by formal, liturgical ceremony.

The *Head of the Catholic Church* in Ngamiland is a Botswana citizen but was born in Poland in 1960 and had lived in Botswana since being ordained a Divine Word Missionary[64] (SVD) at the age of 30. His training to be an SVD missionary took eight years, on top of which he did a three year research masters in Missiology[65]. The church, St. Augustine's, was situated in 'Old Herero Ward', a very poor part of Maun, and most of the 300 strong congregation came from other parts of Botswana (but were working in Maun at the time) and a great number were also Zimbabwean[66] and most were female. The congregation in Gumare numbered approximately 160 parishioners. Membership of the Catholic Church in Maun was not usually very demanding, attendance was not frequent, and participation in services rare for lay members.

As well as his daily obligations as a priest to the parish, the *Head of the Catholic Church* was involved in a number of other activities. These have included running a pre-school, a theatre company, a rural development project (vegetable gardens for the sick, and the

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[63] He cites open letters from the catholic bishops in Botswana and Francistown in support of this theory.

[64] Divine Word Missionaries: dedicated to helping the poor and needy around the world was founded in 875 by Arnold Jansseb. A missionary training centre was established in Germany and within four years missionaries were been sent all over the world. In 2005, SVD had over 6000 priests and brothers serving in more than 70 countries. As well as missionary work they are involved in agriculture, health care and education.

[65] The theological study of the mission of the church, especially the character and purpose of missionary work.

[66] A large number of migrants from Zimbabwe lived in Botswana, many of them residing illegally. Very few were accepted by the Botswana government as eligible for refugee status. Since 2005, over 175,000 Zimbabweans have been repatriated.

growing of the Hoodia plant[67]), a street children and language training programme (he was a fluent Setswana speaker), running a safari company, building huts, a 'legacy project[68]', being a web designer and an award-winning documentary filmmaker on HIV/AIDS and the plight of the Basarwa, as well as attempting to set up a spiritual centre. The beneficiaries of these projects were not just church members but the community in general[69]. The *Head of the Catholic Church* was a member of the Botswana Christian Council in Ngamiland. The Catholic Church in Maun struggled with finances for its activities as there was a dramatic decrease in financial support coming from the Catholic Churches abroad due to the decline in western church membership.

3.5.2   Love Botswana Outreach Mission: Modern, globally connected and prosperous

In this thesis, Pentecostal churches are represented by the Love Botswana Outreach Mission. It was established in 1987 in the US under Lakeland Ministries Texas. The *Heads of Love Botswana* both held degrees in Theology and were ordained by Lakeland Ministries[70]. They have served in southern Africa since 1988, locating their ministry in the village of Maun in 1990. They grew as an organisation from a one couple mission to its then (2005) capacity of 19 permanent missionaries, 400 short-term missionaries and 56 paid national and ex-patriot staff with an estimated 8000 members[71] throughout the region, predominately female.

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[67] Hoodia is a plant that suppresses appetite originally used by the Basarwa tribe.

[68] The Legacy project was for PLWHAs to leave a box behind should they die with memories including a video.

[69] For example, the legacy project was open to the community in general, and by 2005 had attracted over 500 participants, far beyond the membership of the church.

[70] Lakeland Ministries is the one of the largest and fastest growing single denomination churches in America and is run by televangelist Joel Osteen and his wife Victoria. It was a charismatic church that focused strongly on self-help psychology. Osteen is a leading proponent of 'prosperity gospel'; this teaches that God wants people to prosper in all areas of their lives, including material success.

[71] From Love Botswana literature, 2005.

Love Botswana is a church that is outward looking in their willingness to embrace modern technology, foreign influence and material prosperity. For the first seven years, their mission focused exclusively on church activities, with their aim to plant as many Love Botswana churches as possible in Ngamiland. Love Botswana's vision was to build a 23,000m^2 multi-purpose training, communication and launch centre[72]. By June 2005, Love Botswana was well on the road to achieving their aims. Six departments had been established including the Maun Village Church, the Okavango International School, the Love Botswana Bible Institute (training ministers from all over southern Africa) and a number of rural church 'plants' (by June 2005, Love Botswana had established new churches in the villages of Nxamaseri, Gumare, Etsha 6, Ikoga, Sehitwa and Shakawe). They had also started a Christian radio station serving northern Botswana and the 'Mercy ministries' that ran the HIV/AIDS prevention and care programme.

The interior of the church displayed numerous signs of modern influence including a stage with the worship band equipped with all western instruments, microphones and modern sound system. Their identity as a church in tune with modernity and the wider world was enhanced by the use of English in all services. Their orientation towards the global context was further enhanced by their willingness to draw on foreign sources and to connect with Pentecostals and charismatics from other countries. Over the years 2003-2005, there were at least 15 speakers that had come to preach from the Bible belt[73] churches in the US. A final element in this image was that of 'prosperity' as evidenced by the accumulation of modern goods such as cars, computers and other conveniences. They saw themselves as

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[72] The launch centre was to include a regional radio broadcast station, a 24 hour intercessory prayer command centre, administration/media department offices, resource centre and gift shop, classrooms for 750 students, library and chapel, cross-cultural intern training centre, hospice/medical centre, housing/facilities for vulnerable children, boarding dorm for 100 school students, missionary housing, environmental resource centre, 400 seat auditorium and a youth sports centre.

[73] The Bible Belt is an informal term for the south eastern and south central United States in which socially conservative Evangelical Protestantism is a significant part of the culture and Christian church attendance across denominations are generally higher than the nation's average.

part of a global movement of churches, upwardly mobile, self-consciously modernising and international in orientation.

At the same time, Love Bots were highly concerned with the inner spiritual lives of church members. The *Heads of Love Botswana* stressed their commitment to personal religion (including new birth or personal conversion experience), reliance on the Holy Scripture as the only basis for faith and Christian living, emphasis on preaching and evangelism and conservatism in theology. They believed in salvation for everyone through faith in Jesus Christ and the Holy Spirit. They also saw their mission as Pentecostal with their emphasis on the 'gift of the spirit' including speaking in tongues and healing. Love Botswana as a whole emphasised a holistic approach to healing, and a belief that God heals through faith in Jesus Christ. There was also belief in divine healing and many examples of their healing work were often quoted.

The Head of Love Botswana was treasurer of the Evangelical Fellowship of Botswana. While the mainstay of church funding came from Lakeland Ministries in the US as well as direct church fundraising in the US, during 2003-2005, Love Botswana also received funding from UNICEF, DMSAC and a number of private individuals in Botswana.

3.5.3   The Eleven Apostles Spiritual Healing Church (EASHC): A community for Batswana

The EASHC was founded in 1963 by Prophet Joseph Lesomo Mosela, who was born in Potchestroom, South Africa and is registered and classified as an AIC. The traditional Setswana way of life is strongly projected by the headquarters of the EAHSC in Maun through the use of church architecture, language, and worship style to foster a distinctly welcoming atmosphere for Batswana. The rondavel church structure, built from mud bricks and corrugated iron are of materials used before the arrival of western influences[74].

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[74] See Daneel, (1987) for similar analysis of AICs as reflecting African traditional cultures.

In 2004 EASHC estimated[75] that it had more than 6000 members and 35 churches in Botswana with over 90 percent of the congregation female. As well as the headquarters in Maun there were also branches elsewhere in Ngamiland in Nokaneng, Gumare, Etsha 6, Seronga, Nxamasere and Shakawe. The *Head of EAHSC* who died in 2008 was the head of the church in Maun during the research period, having moved from Francistown in 2003. He was a member of the church for 41 years. He was also chairman of the Organisation of African independent churches (OAIC) for southern Africa from 1984-2004. Unusually for the head of an AIC[76], he was very well trained theologically, with a degree and masters in Theology from the University of Botswana and University of Birmingham respectively. In his role as chairman of OAIC, he had travelled internationally to conferences, round table discussions and meetings.

The *Head of EAHSC* shared his leadership with the *Prophet/Healer of EAHSC*, the Moprofiti (prophet/healer) of the church who was considered by church members to be especially gifted when it came to faith healing. *The Healer of EAHSC*, like most prophets, had a history of visions and fainting spells[77] stretching back to childhood that were not curable by western medicine. For a long time, she consulted various prophets who were helpful to some degree. She found that as she approached adulthood she was able to heal people, to divine causes of illness and able to make predictions on people's lives and world events. She visited the prophet Baatlhodi Monyatsi, in EAHSC and he assisted her greatly in training, and brought her to her then position as prophet/faith healer for the Maun Church. In common with other prophets, she had relatives who were themselves healers. At the time of study she was 42 years old, was married and had seven children. She had never attended school and used her thumb print for signature. In view of this, it was not clear

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[75] No official records are kept.

[76] Most AIC pastors had little or no formal education.

[77] Pastors in AIC FBOs are almost always "people of the Spirit", namely people of visions and dreams, which has had a marked effect on these churches. Their congregations are all very Spirit-orientated, and are directed by dreams and visions in their own personal lives. This is evidenced by the colourful garments worn by church members, the colour being usually given in a vision or dream.

whether or not, or even how, she had read the bible. She did piecemeal cleaning jobs for a living, had no cattle or other property, apart from a one room brick building with a corrugated iron-roof.

The church funds came completely from within the church with no external funding either from branch churches or donor funding. The *Head of EAHSC* stated that the women of the church were particularly good at fundraising, for example by holding singing sessions, inter-church concerts and other activities that brought in funds to the church. They also held Sunday collections but did not insist on people giving money. EAHSC pastors were neither fulltime nor were they paid. Consequently most pastors had work positions outside of the church. The staff of the EAHSC, and other AICs, saw their work as a vocation and they often remained in post and active service to the church until they died; retiring was uncommon. As well as being chairman of the OAIC, the *Head of EAHSC* was a member the Botswana Christian Council and the Evangelical Fellowship of Botswana.

3.5.4 Summary

In light of the material presented in the discussion of the Botswana context, it is not surprising to see certain themes emerging in the stories of these FBOs and their pastors. In Botswana, particularly rural areas like Ngamiland, all church membership regardless of type were highly differentiated by gender. Men saw the church to be the place of women and children. Women therefore comprised 90 percent of adults in congregations in some locations, with the few men taking positions of leadership, yet all three pastors were male. Amanze (2007) and Kaelowtse (2004) were in agreement that the reason for this gender disparity was that people turn to the church during life events, and in times of crisis. This was especially important for women as for many, especially in rural areas, church membership may be the only form of non-kin association, and increasingly the only reliable source of spiritual, psychological, social, and even material support. While this research does not address the issue of gender[78] either in the FBOs or how it manifested in the MSPs,

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[78] See for example Tadroz (2011)

it is still important to note that in a society where individuals' decisions reflect their understanding of the expectations of their community, church leaders may influence critical choices around sexual practice through what they say, or model, or through silence taken to mean agreement with the wider values of society. In turn it was these choices and moral teaching that the pastors were representing in the MSPs at the local level.

Secondly it is interesting to note, while the theological origins of the three churches were very different the backgrounds of the three pastors were remarkably similar, all with a high level of education training and international experience. This international experience and networks was especially true for the *Heads of Love Botswana* who as Americans had extensive networks not just in Botswana but in the states as evidenced in chapter nine and ten. It was however, also somewhat true for *Head of EASHC* who had networked with international donors and community. The *Head of the Catholic Church* had an extensive network through the Catholic Church. Another interesting feature, was, that although the Catholic Church had the smallest membership of all three FBOs and indeed of most FBOs in the region, they were invited to be members of all MSPs in Ngamiland showing the legacy of the missionary period and their continued influence within society and the government. The following chapters explores the way in which these divergences and unique identities have become more prominent when it comes to each type of FBOs participation in MSPs for HIV/AIDS mitigation.

3.6 Faith-based organisations response to the HIV/AIDS crisis; evidence from the literature

As this research aims to explore the participation of FBOs in MSPs for HIV/AIDS alleviation, it is necessary to first examine the literature on the response of FBOs to the crisis in order to situate FBOs within the efforts for HIV/AIDS mitigation.

The literature on FBOs has been highly polarised. One the one hand FBOs' response to HIV/AIDS has been criticised for undermining overall response efforts (Casale, *et al.*,

2010; Dilger, 2009; Dilger *et al*., 2010; Marshall and Taylor, 2006; Fenio, 2005; Tiendrebeogo and Buyckx, 2004). Parker and Birdsall (2005) claim for example, that FBOs have been faulted for their delayed response, their "failure to acknowledge the scope and implications of rising HIV infection rates, and their moralistic, judgemental and socially conservative stances towards HIV/AIDS which have contributed to silence and secrecy" (2005:12). FBOs have been criticized, in particular, for: their resistance to condom use; their reduction of HIV infection to issues of individual morality and sin, resulting in HIV-related stigma, particularly gender-related stigma; their failure to engage openly with topics fundamental to HIV/AIDS prevention, including human sexuality, women's empowerment and gender relations (Dilger *et al*., 2010; Marshall and Taylor, 2006; Fenio 2005).

On the other hand, however, the literature states many convincing examples of religious initiatives in which the involvement of religious leaders and FBOs in HIV/AIDS prevention have had major impacts (USAID, 2008; Parry, 2003; Green and Ruark, 2008; Global Health Council, 2005; and Burchardt *et al.,* 2009). Countries such as Senegal, Uganda and Thailand that involved religious leaders early on in the planning and implementation of their national AIDS strategies, saw dramatic changes in the course of their epidemics. Religious communities in Uganda, for example, worked hand-in-hand with AIDS service organisations and the government and championed peer education, counselling and home care programmes. In Uganda, Zambia and Tanzania, prevention efforts resulted in changed sexual behaviour, including delayed sexual activity among adolescents and a reduction in the number of sexual partners (USAID, 2003; Greene and Witte, 2006). Such modifications of behaviour were part of the message promulgated by many FBOs. Findings from Uganda, Senegal and Jamaica illustrated the positive impact of FBOs, for example through their promotion of behavioural changes that emerged with the prevention strategies they favoured. This was supported by data showing stabilisation and reduction in national HIV infection rates (Greene and Witte, 2006).

Tiendrebeogo and Buyckx, (2004:53) documented a review of the literature that examined the activities of Christian and Islamic FBOs in the mitigation of HIV/AIDS in sub-Saharan

Africa. The authors found few evaluative studies of the "actual and potential role of FBOs". The report concluded that the faith based response to HIV/AIDS had been "uneven, with care and support for persons living with HIV/AIDS being particularly strong, while positions on condom use and mandatory testing before marriage were controversial". The report emphasised that "more research was needed to document the influence of religion on behaviour change and to assess the effects and processes of FBO work" (Tiendrebego and Buyckx quoted in Christensen and Jenaway 2005:15).

In reviewing the work of FBOs in 53 African countries, Parry (2003) recognised that faith based organisations had frequently been the objects of criticism, but emphasised that in many communities they had also been key providers of services ranging from intervention strategies designed to prevent the spread of HIV, to palliative care for those in advanced stages of the disease. Hearn (2002) referred to Evangelical missions in Kenya as 'invisible NGOs,' since research on both the growing NGO stakeholder sector and on the evolution of African Christianity had overlooked their role in civil society. She argued that while the missions were largely silent during the early spread of HIV in Kenya, they began to see AIDS as an opportunity to promote their teachings on sexual behaviour and to respond to unmet needs, a technique that Hearn and others (Trinitapoli, 2006; 2009) referred to as "disaster Evangelism."

Fenio (2005) cautioned against an uncritical involvement of FBOs as welfare providers on behalf of governments. He argued that the cost to the church may be too high, in terms of a growing dependency on government funding, loss of autonomy through government regulations and loss of an independent voice due to a contractual relationship with government. He saw the independence of FBOs as critical for maintaining both their doctrinal integrity and their solidarity with the neediest in the community.

A similar argument was put forward by Turner *et al*. (2006:361) in a report on the work of Christian relief and development agencies. The authors suggested that with the increasing interest in religious development agencies, governments had a tendency to see all religions

and religious agencies alike. They argued that government aid, in a desire to be tolerant and even handed, often required the participation of all religions together:

> The world trend therefore is toward pluralism. Any spirituality is acceptable from whatever religion. The world sees nothing special about Christianity [...] since the world does not accept exclusivity; we will be encouraged to downplay our faith or else be excluded from funding or involvement in various projects (Turner *et al.,* 2006:361).

While this concern regarding a pluralistic society was not shared by all agencies, the point that all religions were seen as the same meant that those attributes that made religious agencies effective in their sphere (whether Christian, Islam or Buddhist) was diminished in favour of administrative competence. On the other hand, Thomas (2001) suggested that a growing global civil society would open internal avenues for discourse within religious traditions (particularly evangelistic ones such as Protestant Christianity and Islam) in which norms of individual versus collective decision-making would be negotiated and challenged.

Despite over a decade of debate on the role of FBOs in HIV/AIDS alleviation, discussions continue with reports from Casale *et al*., 2010; Dilger, 2009; Dilger *et al*., 2010; UNICEF, 2011; and Tanga *et al.,* 2007. These authors all highlighted issues that continued to arise from FBOs' work in HIV/AIDS alleviation in relation to accountability, administration, strategy and approach and particularly in relation to prevention. FBOs have been involved with international development long before the advent of official development aid. Any attempt to understand contemporary involvement of FBOs in international development should, therefore, be aware of the best and worst of the historic engagement of the church with indigenous communities and cultures. From the above it is clear that support for the involvement of FBOs involvement in relation to HIV/AIDS is varied.

As evidenced above, that the current popularity of FBOs does not constitute evidence that they have contributed, are contributing, or will contribute significantly in the future to multi-stakeholder partnerships. Although there was considerable anecdotal evidence of the effectiveness of FBOs, there was also relatively little literature exploring either the extent

of faith based participation in international development or its impacts and effectiveness (Berger *et al*., 2008; Ellis and ter Haar, 2004; Plattner and Meiring, 2006 and Tearfund, 2004). While FBOs may have worked closely with government and donor agencies, their mandate was based upon their religious motivation and affiliation, such that they often found themselves functioning within two parallel, and sometimes conflicting, paradigms. As Kurti et al (2004:73) stated;

> "one of these was the government and industry led work of international development, with its measurable standards, criteria and accepted processes, and the other was the community led world of the church, mosque or synagogues with their less tangible, value-based approach founded on perceived fundamental truths".

Operating within and across these two paradigms influenced the ways in which FBOs conceptualised and articulated their identity and their achievements. The process of maintaining an organisation's integrity, for example in relation to its notions of transformation and development, became a challenge to its effective participation in multi-stakeholder HIV/AIDS partnerships.

3.7 An introduction to MSPs within which case-study FBOs were observed

During the years 2003-2005, seven HIV/AIDS related MSPs existed in Ngamiland. In order to understand all seven, it is necessary to understand the complexity of the different types of MSPs and the variety of interactions that took place between large numbers of stakeholders each with their own expectations, requirements and agendas. Table 4.1 below provides a summary of these seven MSPs. It details their aims, their initiators and their funders. It also provides a breakdown of their participants, with a special focus on the FBOs within them. This section is limited to a brief description of each MSP as chapters six to eleven examines in detail each of the MSPs. The MSPs ranged from government initiated MSPs, through those initiated by the private sector, through to those initiated by civil society organisations such as FBOs or NGOs. After analysis, and similar to the international stage, three main stakeholders were identified in the Ngamiland MSPs.

Firstly, there were government officials. These primarily included those from the district multi sector AIDS team, the Ministry of Health and social workers from the Ministry of Social Welfare, although they sometimes also included officials from the Ministry of Environment, Ministry of Local Housing and the Local Tribal Authority, among others. Secondly, there were private sector actors. These included international private donors, private pharmaceutical companies, members of the safari industry, the media sector and independent consultants (key experts). Finally, there were the civil society stakeholders. These were perceived as representing local grassroots level and included staff and members of NGOs, FBOs, CBOs, PLWHAS, volunteers and interested individuals or community representatives (such as headmen). Table 2 explains the MSPs within which the case-study FBOs were observed. Appendix 2 gives details of the stakeholders in each of the MSPs. It also outlines the overlap of stakeholders between the MSPs.

Multi-Stakeholder Partnership	Aims	Stakeholders	Initiated by	Funders	Total no. of organisations involved	Participation by stakeholder (number)	Types /Totals of FBOs
DMSAC	Developed, facilitated and monitored district-level responses to HIV/AIDS.	Govt staff , NGOs, FBOs, private sector, CBOs, key experts	Govt	Govt	38	Govt (15), CSOs (12), FBO (6), Private (5), Key expert (0)	Mainline-4 Pent/E-1 AIC FBO-1
ACHAP	Provided comprehensive support, including HIV/AIDS prevention, treatment and care-in recognition of the many links between these areas	Govt staff, NGOs, FBOs, private sector, CBOs, key experts	Donor	Donor	8	Worked through DMSAC but reps, Govt (2), CSOs (2), FBO (2), Private (2), Key expert (0)	Mainline-1 Pent/E-1 AIC FBO-0
Ngamiland CSO Partnership	Built linkages to share information and resources. Enhance collaboration to achieve greater total effect in order to, for example, prevent organisations from re-inventing the wheel. Helped move programmes from pilot level to larger scale to achieve greater impact	NGOs, FBOs, private sector, CBOs, key experts	FBO	FBO	26	Govt (0), CSOs (12), FBO (9), Private (2), Key expert (3)	Mainline-5 Pent/E-2 AIC FBO-2
Ngamiland NGO Coalition	Empowered NGOs (including CSOs and FBOs) together with the private sector to collaborate on HIV/AIDS information and resource sharing and worked with government in co-ordinating HIV/AIDS activities in Ngamiland,	NGOs, FBOs, private sector, CBOs, key experts	Private sector/	Private Sector	12	Govt (1), CSOs (4), FBO (4), Private (3), Key expert (0)	Mainline-2 Pent/E-1 AIC FBO-1

Multi-Stakeholder Partnership	Aims	Stakeholders	Initiated by	Funders	Total no. of organisations involved	Participation by stakeholder (number)	Types /Totals of FBOs
MCC	Mobilised local churches and faith-based organisations in the fight against AIDS and supported orphans and their extended families in the Ngamiland district'	Govt staff, NGOs, FBOs, private sector, CBOs	Govt / FBOs	Donors	15	Govt (2), CSOs (0), FBO (12), Private (1), Key expert (0)	Mainline-6 Pent/E-5 AIC FBO-1
Kabiso Pelo	Explored the possibility of establishing a multi-organisation highly specialised professional and holistic consultation and treatment centre which was to include testing, counselling, family support, home based care as well as holistic medicine (herbal and homeopathic)	FBOs, Govt staff, private sector, NGO	FBO	FBO / Donors	8	Govt (2), CSOs (1), FBO (4), Private (0), Key expert (1)	Mainline-4 Pent/E-0 AIC FBO-0
Ngamiland Community Instrument Group	Mobilised local organisations to work together, to share information, co-ordinate their activities and improve networking in the district.	Govt staff, NGOs, FBOs, CBOs, key experts	NGO	NGO	11	Govt (1), CSOs (6), FBO (3), Private (0), Key expert (1)	Mainline-1 Pent/E-2 AIC FBO-0

Table 2   MSPs within which the case-study FBOs were observed

3.7.1   The African Comprehensive HIV/AIDS Partnership (ACHAP)

As previously noted, MSPs bring together actors from various sectors. In order to fight HIV and AIDS in Botswana, the Government of Botswana, the Bill and Melinda Gates Foundation as well as Merck and Co. Inc/Merck Company Foundation came together to establish the ACHAP (African Comprehensive HIV/AIDS Partnership). This joint effort by actors from the public, private, and civil society sector aimed at working together in order to raise Botswana's institutional capacity and to fight HIV/AIDS in the country.

The ACHAP model had five key elements, (1) Both Merck and the Gates Foundation decided to focus substantial resources in one country and on HIV/AIDS. The objective was to make a meaningful difference in a single country. (2) ACHAP aimed to provide comprehensive support, including HIV/AIDS prevention, treatment, and care; most especially ART. (3) ACHAP was designed to include the Government of Botswana as both partner and grantee. (4) ACHAP sponsors were extensively involved in designing and implementing the projects that they supported. Both Gates and Merck believed that the private sector had much to contribute in ensuring that the funds were used effectively. This reflected some of the new trends in corporate philanthropy that emphasised the active engagement of private-sector partners.

In 2004, ACHAP revised their strategy to adopt a focused, two pronged approach. ACHAP stated that in order to ensure that ACHAP supported programmes were locally owned and driven as well as sustainable, ACHAP would support programme development with the involvement of Botswana based stakeholders. They believed that such collaboration would not only benefit the people of Botswana but would provide a model of public private partnership for other countries wanting to tackle their own HIV/AIDS challenges (ACHAP, 2005).

In an effort to "to bring Botswana's HIV/AIDS response closer to the people of Botswana" (ACHAP, 2005:2), ACHAP decided in late 2004 to support the HIV/AIDS responses of

seven districts (out of a total 15) in Botswana after consultation with Ministry of Local Government, several districts, Central Government officials and relevant non-governmental organisations. One of those districts was Ngamiland and the analysis in chapter eight and nine draws heavily from this process. ACHAP's aim was to strengthen the HIV/AIDS plans of these districts and provides both financial and technical support for aspects of the district plans. At district level, the ACHAP used the DMSAC and its members to facilitate the process. At regional and national meetings, six members from DMSAC represented the region, three of which were CSOs.

All three case study FBOs participated in the ACHAP process at Ngamiland district level, however, only EAHSC and Love Botswana submitted proposals for funding. The *Head of the Catholic Church* left the process in the early stages as he had negative feelings towards any form of American Aid. Love Botswana, Maun Counselling Centre and the Ngami Times (private sector newspaper) were elected the district's representative to represent the Ngamiland's CSOs at regional and national level.

3.7.2   The Ngamiland Civil Society Organisations Partnership

This was a partnership initiated by Love Botswana and facilitated by the researcher[79]. It stemmed from the disbanding of another MSP in the region, the Ngamiland CSO coalition. The objectives of the group were:

- To provide better coordination, feedback and sharing of experiences to enable a more proactive role in the fight against aids;
- To establish new links or strengthen existing links with other organisations and administration;
- To provide a forum for regular presentations of pertinent and up to date information about HIV/AIDS in the district;
- To build capacity of members and their organisational development skills such as planning techniques, project funding, and;

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[79] See chapter four.

- To have a more effective contribution to the district office and to the communities.

In total there were twenty four organisations who were members of the partnership with thirty two participants. These were drawn from NGOs, some CBOs, independent, mainline and Pentecostal churches, private sector safari companies and interested individuals.
All three case study FBOs were members of this group with Love Botswana having initiated and managed the group. Chapter eight to ten provides a detailed analysis of this MSP.

3.7.3 The district multi-sector AIDS committee (DMSAC)

The first inter-organisational collaboration for HIV/AIDS prevention and care in Ngamiland was initiated by the government in 1998. In Ngamiland, the DMSAC consisted of approximately 40 members including FBOs, CBOs and AIDS service organisations, the private sector, government ministries, and research and health institutions. The Ministry of Local Government, through the *District AIDS Co-ordinators* (DACs), provided the secretariat for the local DMSAC and played a key role in developing, facilitating, and monitoring district-level responses. The day-to-day operations were managed by the *DMSAC coordinator* and the technical committee, made up of nine members and chaired by the *Senior District Medical Officer* (SDMO) from the District Health Team. DMSAC held quarterly meetings, while the technical committee held monthly meetings. The functions of the Ngamiland DMSAC were adapted from the National HIV/AIDS Strategic Framework to be responsive to the district needs. The general activities of the DMSAC (Ngamiland District Plan, 2004) were again coined in terms of 'empowerment', 'capacity building and strengthening' and included:

> to improve the capacity of stakeholders to meet the projected national goals [...]institutional capacity building at district level[...]participatory strategies which empower local organisations to design their own interventions[...]development of lasting partnerships and coalitions among government, CSOs, FBOs, traditional authority, PLWHA and the private sector for results (Ngamiland District Plan, 2004:3).

All of the above was, however, to be accomplished with only two people, the *District HIV/AIDS Coordinator (DAC)* and one *DMSAC Coordinator* for the Ngamiland District. These two staff were responsible for coordinating all HIV/AIDS activities in the district, one of the largest in the country. This led to a situation where there was a good deal of confusion in terms of DMSAC's responsibilities, authority and accountability, not only for CSOs but also for government offices and for the private sector as well.

Through a written invitation from the *District Commissioner*, the Catholic Church was the only one of the case study FBOs officially invited to be a member of DMSAC. Although the *Head of the Catholic Church* attended for almost a year, he ceased to attend because, in his opinion, the meetings were a waste of his time. In contrast, the *Head of EAHSC* although not invited, attended meetings regularly and in 2004, Love Botswana also requested membership on the grounds of being the lead organisation in the Ngamiland CSO Partnership. The informal response to their request, from the *DMSAC co-ordinator* the committee's convenor, was that they could attend. They also attended meetings of the committee's technical group.

3.7.4   Botswana Christian AIDS Intervention Programme (BOCAIP) known in Maun as Maun Counselling Centre (MCC)

The first HIV/AIDS collaboration of CSOs in Maun was a faith based initiative. In 1996, the then Botswana president called on the Christian community to respond to the mounting HIV/AIDS situation and, soon after, a network called 'Pastors against Aids' was established. It was from this network that an organisation called BOCAIP was established. It was defined as an umbrella network comprised of local Christian initiatives from across the country and other Christian AIDS organisations and institutions concerned with the HIV/AIDS pandemic in Botswana.

Due to a struggle to gain funding, the collaboration was not registered until 1999. Once established, as part of the national collaboration, a 'Pastors against Aids' collaboration was

initialised in Maun by the Evangelical Lutheran Church. This group established Maun Counselling Centre (MCC) with funding from Bristol Myers Squibbs. Their aim was to support orphans and their extended families in the Ngamiland district through a day care centre. In addition to caring for orphans, they also had a programme for assisting and counselling PLHWAs, as well as an outreach programme to train pastors in HIV/AIDS counselling. Some of the MCC's activities include pre- and post-test counselling at the hospitals, HIV testing, home visit follow up counselling and family counselling. Support groups for people living with HIV/AIDS were established and the first person in Botswana to publicly declare her HIV positive status, in April 2001, was a young woman who had been attending this Centre.

With regard to the case study FBOs, the *Head of the Catholic Church* was involved as an advisor to the street children's programme that ran at the centre and although he did not formally sit on the board during the research time of this thesis, he had done so from 2000 to 2001. The *Head of EAHSC* was a member of the board between 2004 and 2005 but was not active in the day to day running of the centre. Love Botswana became active in MCC and was invited to be a board member in May 2005.

3.7.5   Ngamiland NGO coalition

This MSP was established in October 2002 by Okavango Wilderness Safari's (OWS), a private tour operator in the region. Its aim was to bring NGOs together with the private sector to collaborate on HIV/AIDS information and resource sharing. It was an open discussion group where CSOs could come to discuss their problems and seek support and knowledge from other like-minded CSOs and the private sector. Meetings were organised and held at the offices of OWS and were chaired by an OWS director. The MSP disbanded in late 2003 due to disagreements among the members. The Catholic Church and Love Botswana were both involved in the group but no African independent church was invited and none of the AICs interviewed knew of the existence of this group.

3.7.6   Ngamiland Community Instrument Group.

After the breakup of the NGO coalition, a small number of CSOs decided to carry on with meetings by themselves. These meetings were held at a hotel in the village of Maun but as feeling were still raw at the disbanding of the Ngamiland NGO coalition and burdened by the complexity of the group's name, there was very poor attendance and the group disbanded after only three meetings. Of the three case study churches, only LBOM attended any of the meetings.

3.7.7   Kabiso Pelo Group

In 2002, the *Head of the Catholic Church* became disillusioned by both the work of DMSAC and the Maun Counselling Centre and decided the time was right to upscale the Catholic Church's HIV/AIDS work in Maun. He set about establishing a highly specialised professional and holistic consultation and treatment centre called 'Kabiso Pelo'. The centre's aim was to provide testing, counselling, family support, home-based care, using forms of holistic medicine (herbal and homeopathic) that had previously been used successfully in Peru. The centre's organising body was chaired by the *Head of the Catholic Church.* As chairman, he proposed that although NACA would fund the organisation, the centre would remain under the auspices of the Catholic Church. The MSP disbanded in 2003 due to a lack of funding. No donor was willing to fund a centre that was based on herbal and homeopathic medicine. Neither EAHSC nor LBOM were involved.

3.7.8   Overlap of participants in MSPs

As discussed in chapter three, the number of CSOs in Ngamiland was very small. There was a lot of overlap between organisations participating in the different MSPs. While this made the 'settling in period' straightforward, there were also issues that needed to be resolved. As described in the following chapters, the history of MSPs disbanding (Kabiso Pelo, Ngamiland NGO coalition and Community instrument group) created barriers to

engendering trusting relationships between partners in MSPs such as ACHAP and the Ngamiland CSO partnership. Organisations came to the table with a history of pre-existing relationships including possible misconceptions, suspicion and a lack of trust. Even in previously successful MSPs such as MCC, the 'but we have always done it like this syndrome' often impeded new approaches in other MSPs.

As described in chapter three and five, the proliferation of MSPs also led to a certain amount of 'partnership fatigue' as organisations were involved in a number of MSPs but saw little results for their organisations and the communities they represented. Attending the numerous MSPs in the region also led to time constraints on the organisations that already had issue of staffing and funding.

3.8 Conclusion

This chapter has described the way in which FBO participation in MSPs were shaped by the dominant political economic, social and cultural discourses in Botswana. It has sought to find a useful definition of FBOs for this research, and placed it within the context of life for FBOs in Botswana. In this discussion of the Botswana context, I have sought to point out the impact missionaries (Western and African), colonial policies, political independence, economic development, urbanisation have had on Botswana life. Batswana have seen their worldview challenged and have been forced to change, but have also reacted in creative ways to retain what they perceived as essential from their cultural tradition. What is clear from this discussion is that the identity and ethos of the FBOs under study have been profoundly shaped by the various dynamics occurring within the Botswana context, but what will also become evident in the analysis chapters to follow, is that the FBOs also challenged and resisted these dominant discourses of MSP. In addition, it has shown that assessing the impact of faith based organisations depends greatly on what type of religion is being considered. The discussion of faith based organisations work in HIV/AIDS, which focused on a review of literature, highlighted that despite the number of studies and research on the topic, a definitive answer to the impact FBOs have had on

HIV/AIDS mitigation has remained elusive. Finally the chapter introduced the MSPs which are the subject of the analysis chapter's six to eleven.

4   Research Approach, Methodology and Sites

I like to open up a space of research, try it out and then if it does not work, try again somewhere else (Foucault, 1978:223).

4.1   Introduction

This chapter starts with a brief description of the research approach. It then introduces the methodology used, which can broadly be classified as ethnographic. This latter section consists of information on my research sites, provides an account of the methods of data generation and analysis utilised and comments on my ethical approach.

4.2   Research Approach

The focus of this research is around terms which are often seen as emotive and contested; concepts such as, 'stakeholder', 'partnership' 'capacity' and 'development'. These concepts are highly nuanced and are defined as different things by different people in different contexts which meant the research process for this research had to be iterative. To ensure that the full nuanced picture of these concepts was gained, this study used qualitative research methods in order to provide analysis that was "more explicitly interpretive, creative and personal" (Walker, 1985:3). Qualitative data collection methods, such as interviews and direct observation, were better able to catch the nuances of the data required than quantitative methods, such as questionnaires, without detracting from the validity of the information gained. The greater the depth of the data expressed, the greater the validity given to the data by the outside observer (Schofield, 1993).

The use of qualitative research allowed for these relations to be fully explored, "reaching parts other techniques don't" according to Walker (1985:6218), by allowing the researcher to "see through the eyes of" others (Bryman, 1988:76). This research therefore took the

form of investigating seven MSPs and FBOs participation within them using interviews, participant observation and document acquisition as data collection methods. My use of qualitative research techniques allowed me to move beyond traditional quantitative analysis to capture the "fuzziness and complexities of the partnership phenomenon" (Perks, 2004: 42) within MSPs. As well as using regular qualitative methods this research was undertaken within an ethnographic rationale. Although qualitative methods ensured clearer and more in-depth vision of events, ethnographic methods of anthropology were deemed to provide not only an in-depth vision of events but also the 'fragrance' of the events, to use Eisner's (2004) analogy. Although traditional ethnographic research and its methods have been subject to criticism, I argue that it was only through rich ethnographic data that I could begin to understand the complexities of human relations and cultural constructions in Ngamiland.

According to Glesne (1999), ethnography came from the anthropological tradition of illuminating patterns of culture through long-term immersion in the field. It involved collecting data primarily by participant observation and interviewing. In ethnographies, researchers try to paint a picture of what people say and how they act in their everyday lives (Taylor and Bogdan, 1998). The researcher becomes a major instrument of the research as direct observation requires immersion in the field. Analysis of data collected in this way focuses on description and interpretation on what people said and did. Unlike grounded theory, ethnography does not represent a coherent and clearly prescribed methodology; rather it indicates a general research orientation, which can then assume a variety of forms (Alvesson and Sköldberg, 2000).

My fieldwork and data analysis, following the arguments of Hirsch and Gellner (2001), placed emphasis on gaining in-depth understanding of the workings of the multi-stakeholder partnerships and the participation of the faith based organisations within them. This was achieved through the use of in-depth and repeated interviews and long periods of direct participant observation and document acquisition. My emphasis during data collection and its analysis was therefore to mould the critical analysis that is fundamental to

ethnography (the ethnographic rationale) with more general qualitative data. Thus, in a similar vain to much ethnography of recent years that has turned its 'gaze to the West' (Rainbow, 1966 in Fox, 1998), in this thesis I examined the everyday practices of individuals within institutions in order to understand how and why people behaved as they did (Moeran, 2005).

Direct observation at many different levels was an important part of my research. I lived in the village of Maun for two years spending time with and among the staff and members of the three FBOs both in Maun and in the more rural villages of Nokaneng, Gumare, Etsha 6, Seronga, Nxamasere and Shakawe. This gave me the opportunity to observe the FBOs within the communities they served and allowed me the time to talk to both congregation members and pastors on their own ground as they went about their daily lives. Emerson *et al.* (2001) stressed the importance of producing field notes as part of an ethnographic study and consequently for the research period, I recorded my observations daily in a field diary.

In the Botswana context, there were many actors involved in participatory partnership processes. These included both central and local government, civil society organisations, the private sector and businesses, experts (academics) and donors, to name but a few. Each of these actors came into the MSP processes I studied with their own distinct organisational culture and background (see chapter six). Each participated in the partnership processes for a variety of reasons, some of which were obvious to all whilst others were not shared with the other actors involved. It was apparent, however, that those who participated in the partnership processes were not neutral. Each had their own agenda, and each came with and expected to defend and promote their interests. It was the combination of these interests and agendas, and the power relationships between them and among those promoting or defending them that created the dynamic of the partnership processes themselves, as well as the results they derived.

This research did not and could not, however, cover the full and very extensive range of actors involved in the various MSPs studied. Rather, it focused on one key actor at the local

level, i.e. FBOs as one of the key civil society organisations within Botswana. FBO actors were, however, not working alone in this arena, nor were they in total charge of the MSPs decision-making. This research has shed more light on the dynamics of power relations between FBOs on one hand and the state, donors, private organisations and other civil society actors on the other. It has, therefore, acted as a mechanism to explore the complex micro-politics of a small cross-section of the very broad and complex HIV/AIDS development discourse.

4.3   Researcher Reflexivity and the Role of the Researcher

In reference to the role of the researcher within qualitative research, Maxwell states that:

> as observers and interpreters of the world, we are inextricably part of it; we cannot step outside our own experience to obtain some observer-independent account of what we experience. Thus, it is always possible for there to be different, equally valid accounts from different perspectives (1992: 283).

It is therefore important for researchers to reflect on their position as a researcher throughout the research process (Creswell and Miller, 2000). According to Johnson and Christensen (2000:33) "reflection is an essential part of qualitative research". Through reflection researchers report on their own beliefs, values, assumptions, and biases that may shape and influence the research process (Creswell and Miller, 2000). Doing so allows the reader to understand the researcher's position, as well as allowing the researcher to "bracket or suspend their biases as the study proceeds" (ibid: 127). Throughout the research process I have attempted to recognize my own positions and how they might impact on the data collection and analysis process, which are discussed more in detail below.

After a three-year assignment in Namibia working for the Ministry of Education, followed by a further four years working for Ireland Aid that included a number of short term assignments in southern Africa and central America, I became very interested in the work of FBOs. In particular, I became interested in the participation of such organisations in

decision and policy making processes. Once the opportunity arose for me to live in Botswana for two years, I decided to take it and to further my interests in these areas by enrolling for this PhD. Previous experiences of working with FBOs in other countries had taught me the necessity of learning the local language and it was for this reason that upon arrival in Maun I arranged for a local primary school teacher to give me language training in Setswana[80] four days a week. While I can never claim to have been fluent, I did master the basics during my two year stay. This proved to be invaluable at MSP meetings which often switched to Setswana (see chapter ten). However as English was one of the official languages and is widely spoken fluently, the only interviews that were not conducted in English were some of those with the African Independent Churches' pastors. On these occasions, I was accompanied by *St. Peter Healing Church's Pastor* (an AIC FBO), who assisted with any language areas that I did not understand. Being able to understand Setswana was also invaluable when it came to understanding the full dynamics of the MSP meetings as Batswana participants regularly switched to Setswana particularly when things were not going as they wished.

An important point to mention on this researcher's journey was the role I took on as partnership convenor in the case of the Ngamiland CSO partnership. After a year in the field, and having completed a considerable number of interviews and after long periods of direct observation, I still felt I was very much an 'outsider' trying to gain access to the MSPs through pre-organised and planned interviews and attendance at meetings. It was often particularly difficult to even know when and where meeting were scheduled to take place, as I was not an NGO member. It was for this reason that I made the conscious decision to try and find a role that would allow me to gain a greater insight into the inside workings of the MSPs in the district.

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[80] The national language is Setswana or Tswana, (78.2 percent) and the official language is English (2.1percent). Other widely spoken languages include Kalanga (7.9 percent) and Sekgalagadi (2.8 percent). Other and unspecified languages make up 8.6 percent and 0.4 percent of the population (CSO 2011:6). The only language with over one million speakers is Tswana (Cumorah, 2010)

It was in November 2004 a year into my field research that the opportunity for such a role arose. One of my study FBOs, Love Botswana, decided to initiate a partnership of NGOs/CSOs and private sector organisations in the region as a result of their experience with PEPFAR, and based upon their extensive network[81]. Setting up the Ngamiland CSO partnership posed a number of problems for Love Botswana despite having been in the region for sixteen years. One key obstacle was that they had not built relations with most of the other CSOs in the region as they were not involved in wider community work. They also knew that they were not liked by many as they were white Americans espousing prosperity teachings and having a growing church that was seen by some as a threat. They also discovered that setting up a partnership was very time consuming and this was not helped by the fact that Love Botswana was short staffed for their HIV/AIDS activities.

They needed a broker, someone who was not directly associated with Love Botswana but someone the organisations knew and had a level of trust in. As I was already working at Love Botswana doing office work in return for being able to research the organisation, they approached me to set up this CSO partnership. They saw me as an ideal broker for several reasons. Firstly, I already had sought out and interviewed most of the CSOs in the region and had built good relations with them; secondly I was perceived as neutral by the other CSOs and; thirdly I was willing to work for free. The disadvantages were that I was white, foreign and not part of their church[82].

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[81] They realised that both governments and donors, internationally and in within Botswana itself, were encouraging NGO/CSO collaboration as a means to cut costs, reduce duplication of efforts and integrate services. It had become apparent to Love Botswana staff on a visit to the US and in meetings with major donors there, that they were taken more seriously when they claimed to be representing all of northern Botswana's civil society organisations, rather than just their own. They also learned that as they were not an established organisation receiving funding, breaking into funding networks was going to be difficult. They had discovered that donors liked to play safe and work with the same NGOs/CSOs that they have been funding for years over and over. This made it very difficult for new NGOs/CSOs to gain access to funding.

[82] One of the conditions of working for *Love Botswana* was that the person employed was a member of their church.

At my first meeting with Love Botswana to discuss this possible role, a number of agreements were reached as follows: I would merely act as a facilitator between Love Botswana and the CSO community in setting up this MSP; my role was to be an administrative one, emailing details of meetings and writing minutes. The role was not to involve any active participation in the meetings themselves; the MSP itself was to be managed, chaired and funded by Love Botswana, meetings were to be held at their premises and I was to make this clear to all organisations interested in joining the group; my input was only to be for nine months as I was leaving Botswana in July 2005.

I was to find that, while this role allowed me to have constant contact with this MSPs processes, and with Love Botswana (one of my case studies), it also had its drawbacks. For instance, in the beginning I had to constantly remind participants that my role was purely an administrative one and I was not able to engage in any dialogue other than that related solely to the running of the MSP. As time went by, and troubles began to emerge between the various CSOs within the MSP, I found I had to distance myself even further. It was at this stage (late May, 2004), that I left the running of the MSP in the hands of Love Botswana stating to them that as my time was coming to an end in Botswana, I was too busy with other areas of the research and that I felt it was best if they took over or found someone else in this administrative role.

It is known that in the role of 'active participant,' a researcher's own socially-constructed values can become entwined in qualitative research processes, particularly in field interactions with study subjects (Schoenberg and Rowles, 2002). At the start of the research process I attempted to recognize how my own identity and beliefs could influence the data collection and analysis process, particularly my beliefs about religion. I recognized, for example, that my identity is as a Christian, like most Irish people, I was born Catholic but I do not practice. As an individual I hold no strong views on other types of religion and I recognise the importance of an individual's right to freedom of religion.

My role as active participant and my own beliefs and experiences will have shaped and influenced my role as an 'active participant' and consequently the data collection and analysis process. In addition, my account and interpretation of the phenomena in question, based on my own worldview and experience, is one of several possible interpretations.

It is often the case that anthropologists gain access to development institutions by working for them as expert consultants, as part of a secondary career to the academic one (Moore, 2001; Goldman, 2005; Li, 2007 and Green, 2009), or in order to "pay their way into the policy world with knowledge products" (Moss and Lewis, 2006: 3). In this case, they turn, even if momentarily and ambivalently, from development anthropologists to anthropologists of development. Mosse (2005) has reflected extensively on his decade-long experience as a participant-insider in a long term rural development project in tribal western India funded by the British Department for International Development (DFID). His analytical emphasis was on the political effort expended by development agents of all functions and ranks to close the gap between policy and practice that inevitably arises during the execution of projects. Mosse (2005) sees development, as the always provisional outcome of a process of 'purification' of messy realities; hence, the stability of particular development policies and discourses would only last as long as the network that supports it.

Simply acknowledging the possibility of investigator subjectivity does not, however, prevent it or, therefore, satisfy the basic scientific tenet for objectivity (Schoenberg and Rowles, 2002). In view of this, every attempt was made to prevent the imposition my biases had on the collection of information and interpretation of the findings. In addition, and when applicable, as stated above, I also explicitly noted my own personal value preferences in my field notes (Schoenberg and Rowles, 2002). Misinterpretation of verbal and non-verbal communications has been found to be a significant obstacle for research that involves persons of differing cultures and ethnic traditions (Strauss and Corbin, 1990). I hope that, through the learning of the local language, having had previous experience of

travelling in Botswana and working in other southern African countries and also through the triangulation of data, these risks were minimised.

4.4   Study Area

The location of the study was the district of Ngamiland in the north-western region of Botswana. The Ngamiland District is an arid to semi-arid (ASAL) area in north-western Botswana (Figure 1) that contains one of the world's largest inland delta, the Okavango Delta (North West District Council (NWDC), 2003:12). The district is mainly rural, and most people are settled along the water routes as the sources upon which they depend for water for their livestock, the collection of veld (wild) products, fishing and using as a medium of transport. The predominant ethnic groups in the district are Batawana, Bayei, Baherero and Bambukushu but others include Bakgalagadi, Basubiya, Baxhereku and Basarwa (the San). According to the 2008 population and housing census, the population was 124,712 and had an annual growth rate of 2.8 percent, which was higher than the national average of 2.3 percent (NWDC, 2010).

NWDC (2010) stated that in addition to the high rate of unemployment in the district, there was also an inadequacy of education infrastructure and a high prevalence of disease that included HIV/AIDS, Tuberculosis and Malaria. Along with other factors, such as the outbreak of the cattle lung disease in 1996 that resulted in the destruction of all cattle in the district and the loss of the traditional way of life for many, these constraints contributed to the widespread poverty present in much of Ngamiland.

This study focused specifically on seven physical locations within the Ngamiland District. The primary research site was Maun, the administrative centre of Ngamiland with a population of 39,000. Maun, while still officially categorised as a village (NWDC 2011), had in fact already reached the size and structure of a small town. Maun was both a hub for road communication and had an international airport (the latter of which, because of tourism to the Okavango delta, was the third most busy in southern Africa). The airport linked Maun, not only to the Botswana and other regional capitals and cities, but also to

many small airstrips in remote areas. It was used for transport, tourism, health team visits and for evacuation of medical emergencies (NACA, 2003). I also accompanied the pastors from the three FBOs to their branch churches in the villages of Nxamasere, Shakawe, Etsha 6, Nokaneng, Gumare and Seronga. Figure 3 (page xvi) details the branches for each FBO. All of the MSPs took place in the village of Maun. All interviews for the research took place in Maun. The purpose of the visits to the branch churches was to investigate the reach of the FBOs and the issues surrounding branch churches. As the focus of the research was on the FBOs as organisations rather than on the specific church members, no formal interviewing was done. Data collection methods for the villages included participant observation and informal chats as outlined below.

4.5 Data collection methods

The data collection methods employed in this study were primarily qualitative and participatory in nature. They were also given further context using information regarding broader socio-historical processes and content analysis of reports and documents. The data collection methods adopted could broadly be classified into four categories; participant observation, discourse analysis, interviewing and focus groups.

4.5.1 Participant observation

> The concept of participant observation [...] signifies the relation which the human observer of human beings cannot escape - having to participate in some fashion in the experience and action of those he (sic) observes (Blumer, 1969:39).

Participant observation represents a delicate balance between subjectivity and objectivity, between being a participating observer and an observing participant. The ethnographer's personal experiences, especially those of participation and empathy, are recognised as central to the research process, but they are firmly restrained by the impersonal standards of observation and 'objective' distance (Clifford and Marcus, 1986). As stated above, in this

98

research, I was an active participant, either as administrator, representative or participant/researcher in the three major multi-stakeholder partnerships case studies (Ngamiland CSO partnership, DMSAC and ACHAP). This meant that, simply through my involvement in some of the everyday practices of the partnerships, I undertook participant observation. The roles I held gave me a unique opportunity to examine and observe donors, CSO organisations and government officers in the MSPs. Clifford and Marcus (1986) warned that participant observation can be the least objective of all methods, and that it therefore relied most heavily on the integrity and intellectual honesty of the researcher, whose experiences cannot be replicated, by the very nature of the research. I sought to limit these concerns in my own research by using a variety of additional methods to triangulate the data collected such as interviews and focus groups and community narratives.

As part of my approach to participant observation, particular attention was given to interactions between participants in the MSPs and FBOs as well as incidents, conversations and behaviours. I also undertook non-participant observation, such as attending the religious services of my case study FBOs purely as a member of the congregation. Field notes were recorded in a journal during all observed events[83].

Details of the participant and non-participant observation undertaken for the seven MSPs and three FBO are set out in Appendix 3.

4.5.2   Interviews

An interview is a method of data collection that may be described as an interaction involving the interviewer and the interviewee, the purpose of which is to obtain valid and

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[83] These notes consisted of descriptions of what I saw and heard going on in the MSPs, church services, field visits, what people were doing and saying and the spaces with/in, which it was happening. I wrote down verbatim some of the comments people made. During some of the MSPs' visits, I was able to keep copious detailed notes, whereas in other circumstances, I was only able to make rough jottings. Following Hesse-Biber and Leavy's (2007) advice, detailed descriptions were written up within twenty four hours of the event/visit.

reliable information. Interviews may range from casual conversation or brief questioning to more formal, lengthy interactions (Marshall and Rossman, 1995:82).

According to Fontana and Frey (1994), there are a number of interview models that can be applied in a qualitative-oriented research approaches. In general there are two main types, the formal and informal. The choice of use depends largely on the aim of the study and the researcher. Formal interviews are generally employed in structured settings in order to standardise topics and ask specific questions. According to Hammersley and Atkinson (1998) and Marshall and Rossman (1995: 82), in-depth interviewing is most suitable for qualitative (case study) research. Described as a "conversation with a purpose', in-depth interviews help to unfold a participant's perspective and understanding on social phenomena of interest.

I employed three main types of 'interview':

- Semi-structured formal interviews. These were always pre-arranged by a formal exchange of letters or emails and were held at an agreed time and place. During such interviews, I used a detailed interview plan, although I also tried to maintain some flexibility so that I could change, add or delete questions as and where necessary. Where consent was given, formal interviews were recorded and subsequently transcribed for thematic analysis. Where consent for recording was withheld, notes were taken and recorded in a field journal during the interviews. These notes were subsequently written up and where possible a copy was shared with the interviewee for comment, amendment and approval.

- Minimally-structured formal interviews. These were similar in structure and format to semi-structured interviews but I used a framework, rather than a detailed, interview plan to allow greater flexibility in questioning.

- Informal conversations. As the name suggests, these were informal conversations held as and when the opportunity arose. Notes were either made at the time, where this was possible / practicable, or subsequently by use of a field journal.

It is important to state that there was a lot of overlap in this process as some of the organisations and individuals involved were members of all the study MSPs. This meant that individuals were thus questioned about more than one of the MSPs of interest to this study, and in which they were personally involved, during their interview. For example, one individual from a typical organisation, although only interviewed twice, was a member of the *ACHAP*, the *Ngamiland CSO partnership*, the *DMSAC* and the *Ngamiland NGO coalition* (Please see appendix 2 for table demonstrating the overlap).

A breakdown of interviews is as follows. A detailed description of all interviews in MSPs and FBOs are provided in Table 6 and 7 Appendix 4.

1. For the seven MSPs (42)
2. For the three case study FBOs (14)
3. Other mainline FBOs (14)
4. Other Evangelical FBOs (18)
5. Other African Independent FBOs (56)
6. Government departments and organisations (excluding Government officials not in MSPs (8)
7. Donors (15)
8. National NGOs/FBOs and traditional doctors (16)
9. Key experts (6)

4.5.3   Focus groups

"The use of focus groups as a data gathering technique relies upon systematic questioning of several individuals simultaneously in a formal or informal setting" (Fontana and Frey, 2005:703). Focus groups are small groups in which the researcher leads the discussion by asking few questions and then listens to the way participants discuss the topic as well as what they say in these discussions. Discussions are tape-recorded and the transcripts are analysed at a later time (Reinharz, 1992). This study followed the same approach and such groups were held in an informal setting with the meetings taking place at the researcher's

home. According to Kuzel (1999), the focus group technique has the advantage of yielding responses to the same issue from multiple respondents in a shorter period of time than if each person were interviewed separately. In addition, the researcher is also able to observe and note the interactions that occurred between group members as they discuss the topic of interest. Kuzel (1999) cautioned however, that the researcher needs to be aware of the potential constraints that groups can place on individuals' responses.

For this study, a total of nine focus groups were undertaken. Three were undertaken with Total Community Mobilisation (TCM)[84] field workers and six with the 3 three case study FBOs (two in each case, one comprised of youth and one of adults).

Members of the TCM focus groups were self-selected as the individuals came forward after a request for such was made at the TCM training session I attended. The individuals that came forward were predominantly young female Batswana[85]. These focus groups were asked to discuss the role of tradition, culture and religion in the lives of community members and in their HIV/AIDS beliefs and actions. The focus groups from the *Eleven Apostles Spirit Healing Church* were 90 percent female and all Batswana for both the youth and adult groups. The adult *Catholic Church* group was approximately 70 percent female and 50 percent Batswana, 30 percent other African nationalities and 20 percent European. The youth group was 70 percent Batswana and 30 percent other African and again predominantly female. The *Love Botswana* adult group was 20 percent European and

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[84] TCM were a branch of Humana People to People Botswana (HPP-Botswana), an NGO registered in Botswana in March 2001. With 10 years of experience, around 120 members of staff and projects in 12 health districts, HPP-Botswana hoped to provide tangible improvements to the lives of over 200,000 people per year through targeted interventions in the areas of health, education and community development. HPP-Botswana operated the TCM programme, covering 900,000 people as an integrated part of the country's national HIV/AIDS response. TCM was a nationwide door to door programme in Botswana whose objective was: "to empower individuals and communities with knowledge, skills and the tools to prevent HIV infection, to live according to one's HIV status and to address the consequences of the HIV/AIDS epidemic" (TCM, 2004).

[85] The language of Botswana is Setswana. A single citizen of Botswana is a Motswana; two or more citizens are Batswana.

American, 30 percent other African nationalities and 50 percent Batswana and about 60 percent female. The youth group had a similar ethnic and age composition. In all cases the composition of the groups strongly reflected the composition of the FBOs followers. The FBO focus groups were asked to discuss the role of FBOs in HIV/AIDS mitigation, their own beliefs and activities; their involvement in FBO based HIV/AIDS activities and their networks with other FBOs. Although the data gathered in the focus groups was utilised less in the analysis than other data collection methods, they were very important for the triangulation and verification of the data collected though other methods.

4.5.4   Discourse Analysis

> All my books[…] are little tool boxes […] if people want to open them, to use this sentence or that idea as a screwdriver or spanner to short-circuit, discredit or smash systems of power, including eventually those from which my books have emerged […] so much the better (Foucault, 1975 cited in Patton, 1979:115)

This study followed Foucault's notion of discourse analysis and thus moved away from the use of discourse studies solely as a linguistic concept to one that was concerned with the ways in which an issue or topic was 'spoken of' through means such as speech, texts, writing and practice (Wetherell *et al.,* 2001).

Foucault gave little specific direction as to how a method of discourse analysis could be conducted, although he did provide tools about what to look for in the search for subjugated knowledge. It was this toolbox approach, focussing on concepts of discourse, power and knowledge that were used in this study. Discourse analysis, although partly concerned with language, is a macro approach that describes "the procedures, practices, apparatuses and institutions involved in the production of discourse and knowledge and their power effects" (Carabine, 2001:276).

4.5.4.1 Documents consulted

Fairclough (1992) referred to the collection of discourse samples as 'the corpus', meaning a collection of writings. Similarly, Foucault (1989) discussed the 'archive', not wholly in the sense of a collection of documents but as the general set of rules that form and transform discursive statements. Foucault's 'archive' existed only to reveal the conditions (the set of rules) by which it is possible to know something at a specific historical point and by which this knowledge changes (McHoul and Grace, 1993:31).

According to Taylor *et al*. (1998:24), "what counts as data will depend on the researcher's theoretical assumptions, about discourse and also about the broad topic of the research?" In the first instance, descriptive materials found in documentary sources need to be selected on the basis that their content links to current concerns and have the potential to reveal encounters of knowledge, identities and relations of power. There is also the need to distinguish between what data will be analysed and that which provides useful contextual information. Cheek (2004:1146) expressed an on-going tension "between the text and the context in which the text is situated" and the dilemma faced in deciding how much detail beyond the text in question is needed to convey a reasonable sense of context for the reader.

Documents collected for the seven MSPs included:
- Relevant sections of official government documents, such as the national health and HIV/AIDS policy documents, partnership agreements, archives and files;
- Donor documents and policies covering case study partnerships;
- The internal reports and correspondence of the case study partnerships;
- Personal email and other correspondence from donors, government, and other stakeholders involved in the partnership processes (and to which this researcher was party in her role in those);
- Partnership progress reports and evaluations;
- Journal articles covering partnership;
- National and local newspaper coverage of case study partnerships, and;

- Over 200 Community narratives received from Tocadi Development Trust[86].

Documents collected for the three case study FBOs included:

- Relevant sections of official government documents, such as the national health and HIV/AIDS policy documents, archives and files referring to the participation of FBOs in local planning, policy formulation and project implementation for HIV/AIDS mitigation;
- Official FBO case study reports, policies and documents on HIV/AIDS policies;
- FBOs' internal organisational documentation, reports and correspondence on participation in case study partnerships;
- Personal email and other correspondence from FBOs concerning case study partnerships to the researcher, and;
- National and local newspaper coverage relating to the participation of FBOs in HIV/AIDS mitigation.

4.6   Data Analysis

The analytic strategy devised to approach insights generated by participant observation and the interview data follows Wolcott's (1994) description of data analysis in ethnographic research. Wolcott suggests three activities that determine the ethnographer's exploration, interpretation, and use of qualitative data collected in the field: description, transformation, and interpretation.

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[86] Tocadi Development Trust commissioned a large qualitative study on the life histories of villagers in Ngamiland between 2001 and 2002. One of the questions posed to the interviewees was their perceptions around HIV/AIDS. Unfortunately Tocadi Development Trust did not secure funds to analyse the transcripts. They therefore, offered copies of the transcript to any researchers with an interest in them. I took over 200 copies of the transcripts and used the information for triangulation of data in my research.

Description emerged from the understanding that data needed to 'speak for themselves' that is, any analytical account of data should be as close to the actual recorded data or event as possible (Wolcott, 1994:28). The goal of description, in this sense, is to address the question 'what is going on?' while recognizing that data-gathering and reporting are interpretive, subjective activities. Analysis, in Wolcott's characterization, is where the researcher transforms and expands data, so that they facilitate the search for patterns and themes. Analysis involves a systematic process of identifying key relationships and characteristics among the social setting and social actors that have been studied. This process is crucial to ordering and managing large amounts of data collected in the field, in addition to emphasising important aspects of the social setting that the researcher should continually be aware of as she returns to the field (Wolcott, 1994).

Throughout the study, I engaged in both description and transformation. Organising collected data and seeking key themes, relationships, and patterns within them, was an ongoing process. Working from over 500 pages of observational notes, over 800 pages of interview scripts, 200 community narratives and the transcripts from nine focus groups, I developed my post development analytical framework by continuously categorising, synthesising and organising the data so that themes slowly began to emerge. The words and statements which contained manifestations of knowledge and power or culture and identity were identified. The transcripts and observations were then discursively analysed by considering the relations of power that were represented in the data. This was done by analysing specific words and statement, stories in the data, the content in which these emerged, were used and who was saying or reported to be saying these words and statements.

4.7   Ethical approach

The presence and identity of an 'outside' researcher in a cross-cultural setting raises significant issues of ethics, participation and reflexivity. As the discussion in the previous chapters has indicated, knowledge and processes of creating knowledge involve questions of power, interpretation and responsibility.

The rise of the post-development critique of the disciplining, ethnocentric and often oppressive character of northern/western knowledge of 'other' cultures and societies, has led to much concern for questions of ethics, participation and respect in social science research. This critique warns of the danger that any knowledge of an 'other' constructed by a researcher will tend to misunderstand them, construct a faulty knowledge of them, and in so doing perpetuate or promote domination against them. This is particularly true if the 'knowledge' generated by the research is intended to be used to then act or intervene in the world of those 'others' as was quite potentially the case in 'development research' such as mine. At the other extreme was the prospect that my academic, theoretical and disciplinary points of departure caused me to produce 'knowledge' that was so far removed from the understandings and concerns of the field that this thesis would become irrelevant.

In response to these concerns, many social scientists have argued for research that is 'symmetrical' (Latour, (1988) cited in Smith, 1998: 7) or 'participatory' with those who are its 'subjects'. Among other things, this usually includes at least partial attempts to establish the research agenda and questions in partnership or dialogue with those being researched. It necessarily involves following ethical guidelines that ensure research subjects give fully informed consent to their participation in the research, that confidentiality of identities and information provided is ensured, and that research results are shared in a suitable and potentially useful format with those who have been researched.

With the rise in participatory research approaches, critical and deconstructionist responses have also emerged. Approaching these research questions from a post-development perspective (as outlined in chapter two), these responses have challenged the possibility of genuine participation and 'sharing' of power and knowledge in a world of difference and multiple truths. Even when researchers consciously attempt to reflexively examine and take into account their position and that of the research participants (Rose, 1996:305), many have found such attempts at creating 'ethical intersubjectivity' difficult or inadequate. For some, the only option is to "take responsibility [...] to firmly situate ourselves within

contingent and imperfect contexts, to acknowledge differential privileges [...] in the production of knowledge and truth claims" (Flax, 1992: 460,458).

I struggled with these interrelated issues of participation and the possibility of genuine participation during the field research. My research agenda and questions were not formally devised in partnership with the case study FBOs but the research focus on discourses and practices was developed during the fieldwork. My research used participant observation, as well research, as stated earlier, I was also the administrator for a partnership group to assist civil society organisations in Ngamiland. This involved information sharing, networking and liaising with other actors such as government and donors.

As I have already indicated in the introduction in chapter one, this thesis was still very much the result of an encounter of my personal, theoretical and analytical understandings with the events and people that I interacted with in Ngamiland. I have still largely extracted information and data from my encounters and interactions in Ngamiland, and the analysis presented is still very much my personal interpretation.

4.7.1   Permission and consent

Ethical approval to conduct this study was first obtained from UEA research ethics committee. Permission to conduct the research was then sought and granted through the Office of the President in Botswana. A letter of permission was sought and granted by the Ministry of Health and the Ministry of Local Government. The Ngamiland District Council stamped the letter of permission and research permit. While this was not essential, as I was not working with children or vulnerable groups, I was advised by previous researchers that it was informally expected. I was also affiliated with the University of Botswana and therefore had access to various departments and their library. Introductions from Professor James Amanze and Professor Obed Kealotswe were particularly helpful in gaining access to FBOs at national level. Consent was also sought from participants both orally and in writing prior to each interview and re-confirmation of consent was sought prior to any follow ups.

4.7.1.1 Confidentiality and Identities

Concerning the issue of confidentiality and identities, I have decided to take a 'middle road' that avoids excessive vagueness concerning the location of my research yet still protects the confidentiality of informants. Thus, I have not attempted to keep the location of my research confidential or the names of the organisations I researched. I have, however utilised either organisation names or job titles for the specific individuals, staff of the organisations and some organisations who participated in the MSPs. I have come to this decision for a number of reasons. First, the 'geographical' aspects of the research means that the specific features of the place in which the program operated were essential to the analysis of what happened and how. It would have been very difficult to mask the research location without losing essential details and insights into their analysis. It seems to me that making Ngamiland 'placeless', uprooted from the specifics of its location, would have meant going against the requirements of current sociological research practice. My presence in the village of Maun was quite visible and well-known. Anyone with a strong desire to determine the location of the research or the organisations mentioned could do so with little more than a quick tour and a few interviews. However I feel that it is important to protect the identity of specific individuals involved in the research.

Permission was sought and granted to identify all of the case studies mentioned in this thesis, however it was agreed that all case study participants' names would remain confidential, with all quotes associated only to their position within their organisation. Written and informed consent was obtained from all participants at each stage of the study. A detailed summary of the research and interview themes were given prior to each interview, written consent was required prior to the beginning of the interview and each participant was asked if they were comfortable with the interview being recorded. If they were not, notes were taken in the absence of a recording. Participation in the focus groups was on a voluntary basis only. Oral consent was obtained from stakeholder members prior to audio taping of MSP meetings. FBOs were free to withdraw from the study at any time without penalty or comment.

5 The formation and production of HIV/AIDS development discourse

5.1   Introduction

The specific aims of this chapter are twofold. Firstly, it has been designed to explain how Foucault's "Archaeology of Knowledge" (1972), as the preferred method of analysis, explores processes through which MSPs (and FBOs participation within them) was legitimised as discourse. Secondly, it was designed to identify the 'objects', 'statements', and 'concepts' that constitute HIV/AIDS development discourse in order to flesh out its dense and productive characteristics.

The objective was to show how HIV/AIDS discourse has been guided through particular representations and sustained by specific discursive practices. Foucault (1972) provides us with a means by which to elucidate how discourses on MSPs (and FBOs) emerged within the HIV/AIDS field, and how they were developed, became embedded and institutionalised. It also allows the illumination of power relationships implicit in these processes.

In pursuing the formation and production of HIV/AIDS development discourse, I am interested in the kinds of fundamental questions that guided Foucault's (1970; 1972; 1978) early theorisations on discourse and the human sciences: What can be said? What can be thought? And, how do discourses limit who we can be? The proposition underlying these questions was that in any given historical period, we speak, write or think about a given object or practice only in certain ways and not in others. As McHoul and Grace (1993) suggest, for Foucault a discourse was "…*whatever* constrains, but also enables, writing, speaking and thinking within such specific historical limits" (1993:31 emphasis in original). In the following section I systematically draw on Foucault's 'rules of formation of a discourse' as formulated in The Archaeology of Knowledge (1972). I identify the 'objects', 'statements', and 'concepts' that constitute HIV/AIDS development discourse in order to flesh out its dense and productive characteristics.

5.2   Faith based organisations as 'Objects' of HIV/AIDS development discourse[87]

There are many objects of HIV/AIDS development discourse, or 'problems' requiring 'specialised' intervention in the development aid industry. Broadly speaking, the country marked for intervention, and its government, was invariably in need of 'special attention' with a list of deficiencies and ailing political and economic institutions. The defining of HIV/AIDS or of PLWHAs is another example of objectification (Harrisson, 2005a). In this section, building upon the initial description in chapter one, I consider religion and FBOs as they have emerged in the last two decades as designated areas of intervention in development, and especially within HIV/AIDS discourse.

Chapter one, set out statements about FBOs as 'objects' of development discourse that are widely accepted in the development literature and have become dominant. This chapter examines the emergence of FBOs within development discourse and specifically within the HIV/AIDS field. The historical context, or in Foucauldian terms the "surfaces of emergence" from which these discourses developed and materialised was explored. In his discussion on the functions of a discourse, the first being the "formation of objects", Foucault (1972) used the example of psychopathology in the nineteenth century to distinguish between aspects of this specialised function. First, Foucault referred to the "surfaces" of an object's "emergence". Within the original context, Foucault meant the manner in which psychiatric discourse enabled the limiting of its domain, how it defined what it can talk about (through degrees of rationalisation and conceptual codes, for instance), and how it conferred the provision of status to an object (in the context of the reference itself, determining the status of a disease). In this way the object was constructed by the discourse making it manifest, nameable, and describable" (Foucault, 1972:41). Similarly for FBOs, where under different circumstances, participation in MSPs may have

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[87] This section details the historical development of FBOs as 'objects' of development. It does not analyse the developmentalist potential of FBOs as this is not the aim of the study, however an analysis of FBOs contribution to HIV/AIDS is provided in Appendix 1.

been interpreted very differently, or indeed may not have surfaced as an 'object' of intervention at all.

In western Europe and the US, the decline of the old establishments following World War ΙΙ saw a gradual decline in the place of religion in formal public life. This led to development discourse and policy in the second half of the twentieth century being largely secular and technocratic in character, dominated from the late 1950's onwards first by the modernisation or political development discourse, and later by dependency/under development, neo Marxist and other 'radical' perspectives (Manor, 1991). In both sets of explanations, religion and other cultural phenomena were depicted as epiphenomena. They were regarded as remnants of tradition that would inevitably and invariably decline in significance as cultural rationality and national integration developed. Linked with secularisation theory, the belief was that religious institutions, actions and consciousness lose their social significance over time as societies modernise (Clarke, 2005). Clarke (2007) believed that this influence was evident in two key respects:

> in 'secular reductionism'- the neglect of religious variables in favour of other sociological attributes such as class, ethnicity and gender and in 'materialistic determinism' the neglect of non-material, especially religious, motivations in explaining individual or institutional behaviour (Clarke, 2007:11).

In this vein academics and policy makers alike tackled development problems as a matter of material deprivation and its elimination a technical undertaking. Most governments have been equally antipathetic to the social and political activities of FBOs, in the belief that secularism[88] unites multi-faith societies and supports social stability in fragile nation-states.

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[88] Secularism is the belief that religion should be a private, personal, voluntary affair that does not impose upon other people. Public spaces and officialdom should therefore be religion-neutral. Secularism ensures that religions are treated fairly and that no bias exists for a particular religion, and also that non-religious such as Humanists are treated with equal respect (Taylor, 1998).

Traditionally, they worked hard to 'nationalise[89]' religious discourse and social engagement and to co-opt religious leaders and groups. FBOs that asserted their independence from the state or challenged its secularism were often treated harshly and their activities circumscribed by law (Clarke, 2005[90]). It should be noted, however, that governments and donors were not completely impervious to the work of FBOs. They did support the activities of a small range of FBOs associated with the mainstream Christian churches, largely because of their perceived quasi-secularism (or because these organisations presented their 'development' work as separate from other aspects of their religious mission). The work of other religious faiths was, however, largely ignored.

In little over a decade, there has been a gradual movement from "estrangement to engagement" (Clarke, 2007). A number of authors have noted that fundamental changes in the conduct of international relations have subjected secularisation to significant strain (Clarke, 2006; Marshall and Marsh, 2003 and Belshaw, 2001). Beginning in the 1980s, but accelerating in the mid- 1990s, the changing development scene worked to challenge the schism of the worlds of religion and development.

The growing importance of FBOs in development discourse has been complex, and warrants a thesis of its own, but for the purposes of this analysis I have focussed on six key discursive influences, set out below, drawn from the work of Marshall, (2003); Clarke,

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[89] The nation-state emerged as a political entity at the time of the Enlightenment. Where rulers had drawn their right to govern from divine power by claiming to be God's representatives in the world, the nationalisation of the masses during the Enlightenment saw the nation replace God as the centre of political authority. Many religious ceremonies were subsequently adapted to become ceremonies of the nation. For example, the singing of national anthems resembled and approximated the singing of hymns. Where saints' images were once displayed with fervour, the images of heads of states were accorded prominence. The national flag replaced the saints' banner as a mystical and revered icon (Mosse, 1988: 65-68).

[90] Changes in national or global secular development policy can motivate some FBOs to reorient their programs or to create entirely new ones. In Nigeria, Marshall (1991) describes how, against the backdrop of economic adjustment policies and their impact on vulnerable groups, Pentecostal churches (providing spiritual and material assistance) gained popularity.

(2006; 2007 and 2008); Berger, (2003); Green, (2003); Taylor, (2007); Cordeau *et al.,* (2007); and Ellis and Haar, (2004b). The Reagan administration saw several remarkable shifts in US national policy that propelled FBOs to the forefront of government policy. The underlying philosophy was that the local and state autonomy, as well as community based efforts and self-sufficiency based on neoliberalism, were the most effective and pragmatic means by which to address social problems in America. It was the Bush administration (2001-2009) that propelled FBOs to the forefront though, making it a major administration goal almost from the first days of his tenure as President[91] (Jakobsen and Bernstein, 2009; Kaplan, 2004). The Office of Faith-Based and Community Initiatives (OFBCI) was created in January 2001, charged above all to help such groups better navigate the federal grant system and ensure that they were not discriminated against during the application and review process. At first, efforts tended to focus primarily on domestic programs and organisations, but the OFBCI soon extended its reach to organisations with work overseas (Marshall and Marsh, 2003)[92].

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[91] Although President Obama (2009-present) overturned Bush's policy prohibiting federal funding of organisations favouring abortion, he has formed a federal advisory committee made up of religious leaders to advise him on federal spending, as well as a variety of other issues such as AIDS and women's reproductive health care. He also, at first did not change the existing rules (from the Bush administration) that allowed federally funded religious organizations to apply religious hiring tests to employees, this initiative increased FBOs' access to federal government without having the necessary checks and balances to ensure a non-discriminatory employment policy (Tadroz, 2010:13).

[92] Critics of the OFBCI, including Americans United for Separation of Church and State and the American Civil Liberties Union, assert that it violated the Establishment Clause by using tax money to fund religion. They also argued that faith-based initiatives were used as part of electoral strategies to yield more votes for the Bush administration. For fiscal year 2005, more than $2.2 billion in competitive social service grants were awarded to faith-based organizations. Between fiscal years 2003 and 2005, the total dollar amount of all grants awarded to FBOs increased by 21 percent (GAO, 2006:43). The majority of these grants were distributed through state agencies to local organizations in the form of formula grants (GAO, 2006:17).

Coinciding with the increase of funds to FBOs in the US was the rise of the US Christian right[93] that have successfully influenced domestic and foreign policies in the US backing social conservatism and has led to a proliferation of Evangelical FBOs both in the US and overseas.

The rise of political Islam, triggered by a number of factors such as the invasion of Afghanistan by the Soviets (1979-1989) and the Iranian revolution (Jan,1978-Feb,1979), resulted in a proliferation of charitable and development organisations with a conservative Islamic character throughout these regions (Clarke, 2006).

The fall of communist regimes in the Central and Eastern Europe profoundly changed the religious landscape in many former communist countries. Religious markets were deregulated and opened to foreign competition. Dramatic religious growth has occurred throughout the former Soviet Union in the past 30 years with approximately 100 million people joining religious groups for the first time (Froese, 2004:57)[94].

During the 1980s, religious leaders and institutions began to be the most vocal and vehement critics of development programs and institutions. Particular areas of contention included structural adjustment policies, family planning, debt, and cost recovery policies for services like health, education and water. Marshall stated that there were:

> sharp criticisms of what was seen as international donors especially the World Bank and IMF's overall philosophy of development (driven by materialism) and its specific mechanisms for implementation (negotiation of conditionality,)

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[93] The Christian Right here refers to the alliance between religious "social conservatives" and predominantly secular "fiscal conservatives" in the Republican Party in the United States (Jakobsen and Bernstein, 2009:12).

[94] However, the surge of religion did not last. Indeed, religious participation in post-communist countries has changed significantly over the past two decades. Greeley (2002) reports a consensus of researchers on religious revivals in Eastern Europe in the early 1990's. In the following period, participation has either stabilized or even declined, possibly with the exception of Russia (Minarik, 2012:2).

and style of operation (generally quite capital-city focused and finance and efficiency driven) (Marshall, 2001:2).

These criticisms contributed to a deeper reflection by development actors on development practice and opened up discussion on changes in practice. They also led to the opening-up to 'new' voices including those of FBOs, and to find better ways, above all, of responding to social imperatives, especially in times of crisis.

Lastly, and perhaps most importantly, the religious overtones of the September 11th attacks in New York in 2001 and the subsequent 'war on terror' as well as the 2002 Bali bombings brought an urgent focus on FBOs and propelled them to prominence in development discourse and policy. The attacks displayed a violent way the power of religion can motivate extreme action. James (2009:9) noted that:

> Prior to that (9/11) Jim Wolfenson the President of the World Bank was unable to interest the World Bank Board in engaging with religions. Indeed it was completely ruled out, but after 9/11 the Board reversed their decision. It became clear that faith was a powerful motivating force, for good or evil. The previous strategy of ignoring faith as irrelevant in aid was clearly defunct.

This list of factors is by no mean exclusive but does demonstrate some possible reasons why governments and international aid agencies begun to engage and collaborate with faith groups and leaders and started funding research and convening conferences to try to better understand the relations between religion and development (DFID, 2005; USAIDb, 2005 and SIDA, 2004).

This above section focused on how FBOs surfaces of emergence were defined in international development discourse, and how they were accorded the status of an object, making them nameable and describable. Within HIV/AIDS development discourse FBOs have been embraced as an area of specific attention by donors (DFID, 2008; UNAIDS, 2005b; 2009; USAID, 2002; 2008). Indeed, there have been a number of UNAIDS and other donor funded consultations and initiatives (DFID, 2008; UNAIDS, 2000; see chapter

five) undertaken which reinforce FBOs status as a describable sector, invariably in need of (expert) intervention as described in chapter three.

To achieve greater coordination and a more effective global AIDS response, the Joint United Nations Program on HIV/AIDS (UNAIDS) stated ''There is an urgent need for partnerships of key social groups, governments, private service providers, community-based groups and faith based organisations in the HIVAIDS fight'' and FBOs need to be "operationalised in all areas identified by UNAIDS as priorities for HIV/AIDS mitigation" (UNAIDS, 2002:23). The US President's Emergency Plan for AIDS Relief (PEPFAR), launched in 2002, although it gave a high profile to the role of FBOs, it also stated that there was a need to strengthen FBOs and facilitate interaction among NGOs, governments, the private sector and bi/multilateral organisations. Similarly in the UK, DFID's report of 2005 stated the need to "strengthen the capacity of FBOs to design and implement initiatives that combat stigma and discrimination" (DFID, 2005:12).

From an analysis of the above, the hierarchy and position of the donor was established in its defining of the relationship. Here, for instance, UNAIDS 'operationalised' and 'identified priorities'. Furthermore, there was the inference of deficiency[95] and the establishment of the ultimate objective itself; HIV/AIDS mitigation. FBOs were always portrayed as in need of 'facilitating' or 'strengthening' or in need of 'increased capacity'. Moreover, claims of partnership and consent (and therefore legitimacy) were easier to establish if the definition is broadened.

Parameters were also set by international aid agencies as to the 'type' of FBOs that they were willing to fund. For example, although some were technically faith-based they did not possess the 'proper' (as defined by International HIV/AIDS discourse) set of qualifications or orientation that such agencies deem desirable. The 'least desired' FBOs consisted of missionary groups, church or congregation based groups (such as African Independent Churches). Such groups were those formed around and under a particular religion and who

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[95] Discussed further in chapter eight and ten.

assisted communities and people living with AIDS but that had no coherent agenda or practical arm for implementing socially relevant projects.

A number of other 'perimeters' were also included (under the influence of the Christian right in the US), for example:

- FBOs were prohibited from using US funds for providing abortions or information on such[96];
- Under PEPFAR funding, organisations which did not have an explicit policy for opposing prostitution were not eligible,[97] and;
- Organisations must be registered as a charity in the US.

While there were serious implications of these restrictions for HIV/AIDS mitigations, including the position of women within this discourse[98] the concern here was that they also set parameters for the inclusion of some and exclusion of other FBOs.

A second aspect of Foucault's 'formation of objects' involved identifying the 'authorities of delimitation'. "Validity, Normality and Actuality" described the methods used by authorities to delimit a discourse, as well as to determine the acceptance and adoption of objects and statements. Foucault explained that the domain of 'validity' established criteria for discussing truth or falsehood, and for the inclusion or exclusion of particular concepts and statements within a discourse. The domain of 'normality' gave order, rules and standards of correctness to statements within a discourse so that some may be excluded as irrelevant, while others were marginalised or derided as unimportant or unscientific.

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[96] As of 2009, President Obama, rescinded the policy that had required foreign nongovernmental organizations to certify that they will not perform or actively promote abortion as a method of family planning using funds generated from any source as a condition for receiving USAID family planning assistance.

[97] Under the Obama administration, 'the 2008 reauthorization of PEPFAR' eliminated this condition.

[98] These restrictions commonly known as the "global gag rule" are believed to have had a detrimental impact on the work of organizations extending vital reproductive health services to women in deprived settings (Pearson and Tomalin, 2008:53–55).

Finally, the domain of 'actuality' provided boundaries to reality, so that problems relating to the present were defined, articulated and separated from those of the past (which were presumed to be no longer relevant). 'Actuality' was also used to determine solutions to address problems (Foucault, 1972:68).

Discursive statements about "objects" (in this case FBOs) were made by those whose legitimacy, authority and expertise were accredited by institutional fields of knowledge (Foucault, 1972:68). 'Authorities of delimitation' also controlled discursive formation by determining what was included and what excluded. Authorities were responsible for defining and policing the boundaries of a discourse and include those individuals and groups who assumed the status of authority through their legitimised knowledge of the object/subject that a discourse lays claim to.

In The Archaeology of Knowledge (1972), for example, Foucault described how medicine in the nineteenth century (aided by religious authority, literary and art criticism) became the authority that delimited, designated and named 'madness' as an object. It was able to do this as an institution with its own rules, through individual groups of medical professionals, by using its body of knowledge and practice, and by exerting its authority that was both recognised by public opinion and legitimised by the law and government.

The emergence of MSPs (and FBOs participation within these) could be understood through the functioning of development institutions, governing rules and objectives, groups of development professionals, and bodies of expert knowledge and practice (see further chapter seven). But it was not only through MSPs network of donor and other institutions that they established their legitimacy. With its global reach, its authority was produced through the encompassing of departments and bureaucracies, private sector organisations

(such as ACHAP and the Clinton Foundation[99]), and the plethora of development studies programmes in institutes of learning worldwide (Crush, 1995: Watts, 1995). Moreover, MSPs legitimacy was further established through government associations, the media and public opinion. This level of collaboration and mutual recognition within and between development organisations, departments and bureaucracies has become increasingly evident in the case of Botswana's HIV/AIDS aid industry as I describe further in chapter five.

Significant to Foucault's (1972) discussion on the 'formation of objects', as part of his rules of formation of a discourse, was the importance given to groups of relations, made clear in the following passage:

> If, in a particular period in the history of our society, the delinquent was psychologised and pathologies, if criminal behaviour could give rise to a whole series of objects of knowledge, this was because a group of particular relations was adopted for use in psychiatric discourse (Foucault, 1972: 43).

The kinds of relations to which Foucault referred were, for instance, those between therapeutic confinement in hospital (with its own criteria or cure and ways of differentiating between 'the normal' and 'the pathological') and punitive confinement in prison (with its specific pedagogic function and criteria of conduct and improvement). By way of summary, then, the 'formation of objects' in nineteenth century psychiatric discourse was characterised by the way in which it formed objects and that such formation was made possible by a group of relations instituted between authorities of delimitation. In the same way, and as I will convey further in the following section, only certain individuals

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[99] The William J. Clinton Foundation is a foundation established by former President of the United States Bill Clinton with the stated mission to strengthen the capacity of people throughout the world to meet the challenges of global interdependence. The Foundation focuses on four critical areas: health security; economic empowerment; leadership development and citizen service; and racial, ethnic and religious reconciliation.

located in specific institutional sites have been sanctioned with the 'authority' to define criteria in the HIV/AIDS development aid industry.

5.3 The formation of enunciative modalities: the case of FBOs participation in MSPs

> Who is speaking? Who, among the totality of speaking individuals, is accorded the right to use this sort of language? Who is qualified to do so? Who derives from it his (sic) own special quality, his prestige, and from whom, in return, does he receive if not the assurance, at least the presumption that what he says is true? What is the status of the individuals who – alone – have the right, sanctioned by law or tradition, juridically defined or spontaneously accepted, to proffer such a discourse? (Foucault, 1972: 50).

Foucault (1972:50-56) stated that the status and institutional setting of particular statements within discourses were known as 'enunciative modalities'. This means that the statement of text had authority due to its institutional setting and because of the perceived authority of the writer or speaker of the text that allowed for a positioning of what can and cannot be said. For example, when articulating enunciative modalities, Foucault (1972) used the example of the doctor in medical discourse in the 19th century. The status of the doctor was produced through criteria of competence and knowledge. These involved institutions, systems, pedagogic norms and legal conditions that gave the right to practise medicine and extend one's (the doctor's) knowledge. It also involved a system of differentiation and relations with other individuals or other groups that also possessed their own status. For example, Foucault (1972) referred to the division of attributions, hierarchical subordination and requests for and provision of exchange of information. As a consequence of these criteria and relations, the status of the doctor was, as Foucault (1972) attested, quite a special one. Medical statements cannot come from anybody:

their value, efficacy, even their therapeutic powers, and, generally speaking, their existence as medical statements cannot be dissociated from the statutorily defined person who has the right to make them (Foucault, 1972:51).

In the case of HIV/AIDS development discourse, it was through this dense ensemble of normative processes (social, cultural, political), manifest in specific institutions, systems and norms, that the development expert was conceived as the qualified sovereign of truth claims. The development expert was the person to whom prestige was conferred (through academic qualifications, for example) and whose expertise was rarely questioned (and often inflated). The 'truth' of their knowledge lay in this productive ensemble and in the formalised sites of development; the international agency, the development studies department, the specialised 'think-tank', the 'multi-stakeholder partnership' (see below and chapter seven).

A second of Foucault's (1972) elements of the formation of enunciative modalities was the institutional sites from which a discourse derived its legitimate source and point of application: "…its specific objects and instruments of verification" (1972: 51). There were several institutional sites to which Foucault (1972) referred in relation to medical discourse. There was the hospital; a place of constant, coded, systematic observation run by a differentiated and hierarchically structured medical staff. The laboratory too constituted one of these sites; an autonomous place, where, as Foucault (1972) argued, "certain truths of a general kind, concerning the human body[…][are established, and] which provide certain elements of the diagnosis, certain signs of the developing condition [and] certain criteria of cure" (1972:51). Another institutional site referred to by Foucault (1972) was the 'library' or documentary field. Here he was talking about the documents; books, treaties, observations and case-histories published that were recognised as valid and that were supplied to the doctor. It was within the international development agencies, such as UNAIDS and the World Bank and specialist 'think tanks' at WHO, and conferred to 'MSPs' at both national and local levels, that HIV/AIDS development discourse produced its 'objects' of intervention, its 'instruments of verification' and 'criteria of cure'. For

example, once produced, FBOs were acted upon according to certain 'truths' and in a coded, constant and systematic way.

Institutional sites, in this case the MSPs, provided the location where interventions were diagnosed and differentiated through highly prescribed institutionalised management tools and auditing techniques. 'Truths' were established in proportion to regular checks and balances provided through evaluative and monitoring procedures (see further 7.1 i.e., log frames). It was the combination of these internal functioning's, procedures and prescribed cures, including the establishment of the site itself, which created the latter's legitimacy. A third aspect of Foucault's formation of a discourse was the above deployment of a system of permanent and coherent concepts. It was here where we could quite clearly see at play Foucault's (1972) 'library' or documentary field as terms and ideas were routinely invoked, and in the case of HIV/AIDS development discourse, constituted development's unique language. It is to the formation of these coherent concepts that I turn to now.

5.4   The formation of concepts: MSPs

Foucault designated "concept" not as a deductively constructed set of principles, but as:

> a succession of conceptual systems, each possessing its own organisation, and being articulated only against the permanence of problems, the continuity of tradition, or the mechanisms of influences [...]the way in which, for example, the ordering of descriptions or accounts is aligned to the techniques of rewriting; the way in which the field of memory is linked to forms of hierarchy and subordination that govern the statements of a text; the way in which the modes of approximation and development of the statements are linked to the modes of criticism, commentary and interpretation of previously formulated statements, etc. It is this group of relations that constitutes a system of conceptual formation (Foucault, 1972:56-60).

In Botswana, as elsewhere, 'partnerships' were held as the ideal for multi-stakeholder collaboration for HIV/AIDS mitigation. The key elements of such were political and

economic spheres and within these the specific objects of intervention were civil society (FBO), government and the private sector. MSPs therefore operated within HIV/AIDS development discourse in Botswana with a specific language ('donor speak') and coherent concepts.

Excerpts from a key World Bank (1999b) document illustrated the guiding statements that generated and maintained this coherence. Significantly, the statements or texts of development contained an important function (Crush, 1995) in that they had:

> always been avowedly strategic and tactical; promoting, licensing and justifying certain interventions and practices, delegitimising and excluding others (1995: 5).

The introductory passages in the same World Bank document, shared by UNAIDS and most bilateral donors, provided the prevailing interpretation of what 'successful national HIV/AIDS programmes' had to have in common. This understanding formed the basis of the 'organisational template' that came to dominate the international drive against HIV/AIDS in the developing world. Firstly they stated what they perceived to work:

> government commitment at the highest level and partnerships with civil society and the private sector at all levels; investing early in prevention efforts; cooperation and collaboration among those most affected by the epidemic, religious and community leaders, NGOs, researchers and health professionals, and the private sector; decentralised and participatory approaches to bring prevention and care programs to national scale; a forward-looking, comprehensive, and multisectoral response, which addresses the socio-economic determinants that make people vulnerable to infection and targets prevention interventions and care and treatment support to them; Community participation in government policymaking as well as design and implementation of programs especially people living with HIV/AIDS, NGOs, civil society, and the private sector (World Bank, 1999b:22–23).

Secondly, they identified a core set of interventions that had been proven (on a small scale) to change behaviour, to reduce the risk of HIV transmission, and to be cost-effective. Such

interventions included: changing behaviour through communication; making STI diagnosis and treatment available and affordable; treating opportunistic infections; making condoms affordable and accessible; ensuring safe blood supply; making voluntary counselling and testing (VCT) available and affordable; and preventing mother to child transmission (World Bank, 1999b: 23).

Equally, the World Bank presented the prevailing interpretation in the donor community of "what does not work", including:

> expecting health-oriented national AIDS committees to lead without sustained and high-level government support; centralised programs, led by ministries of health, primarily focusing on the health aspects of the epidemic; inadequately targeting interventions to small sections of populations at increased risk; designing programmes without community involvement (World Bank, 1999b: 23–24).

Within a year, the World Bank had designed the MAP[100]as a special facility within its concessional lending arm, the International Development Association (IDA), to deliver resources quickly to countries that demonstrated a willingness to develop an 'extended' response (Putzel, 2003:8-9).

This document established the "forms of succession, forms of co-existence and procedures of interventions" required by the body of knowledge that is partnership detailed how they are generative in its production (and reproduction)" (Foucault, 1972:59) The single objective established for the World Bank's HIV/AIDS program was to advance their interest by assisting developing countries to reduce the prevalence of HIV/AIDS. The

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[100] The overall development objective of the MAP is to dramatically increase access to HIV/AIDS prevention, care, and treatment programs, with emphasis on vulnerable groups such as youth, women of childbearing age, sex workers, and men who have sex with men. Specific development objectives of each individual country project, as stated in the national strategic plans, provide the basis for this program and are agreed upon at the time of appraisal of the national projects. A key feature of the MAP is direct support to community organisations, NGOs, and the private sector for local HIV/AIDS initiatives (World Bank, 2006:16).

statements reinforced the aid programme's focus on assisting developing countries, such as Botswana, for both development and national interest reasons. It thus emphasised the critical importance of formation of MSPs as the basis for successful HIV/AIDS mitigation. Providing that MSPs were undertaken in accordance with the 'organisational template', HIV/AIDS mitigation would ensue.

Types of dependencies were also apparent in the guiding statements of 'organisational template' which added cohesion to the 'concept' of MSPs. The following excerpt highlights a number of dependencies. One dependency, in the form of hypothesis and verification, could be understood from the assertion that 'levels of progress' were dependent for their verification on 'average estimates'. Botswana had been carrying out annual sentinel surveillance on HIV/AIDS since 1992. The research followed standardised procedures determined and closely supervised by UNAIDS/WHO working group on global HIV/AIDS and STD surveillance. The focus was on HIV/AIDS prevalence rates, prevention indicators, knowledge of HIV/AIDS and sexual behaviours. The UNAIDS/WHO (2006) epidemiological sheet, for instance, contained statistics on the following: prevalence rates by age and sex; AIDS cases by mode of transmission; access to health services; condom availability; knowledge and behaviours. It was these areas of concern and the statistical language that was used by the USA Bureau of Central Statistics to create league tables that compared HIV/AIDS prevalence and mortality rates of the countries of the world. Countries like Botswana, with the highest prevalence rates in the world, increasingly came under pressure to embrace "western prescribed norms, buy the circulating knowledge and technology on HIV/AIDS, and sacrifice the vulnerable sick to research experiments and drug trials" (Chilisa, 2005:668).

A second more substantive dependency involved successive arrangements of statements into particular wholes, in this case, the relation and inter-play of subordinations between describing and classifying (Foucault, 1972). The designation of the descriptive labels 'HIV/AIDS prevalence' and 'life expectancy' into categories 'percentage' and 'years' respectively constituted a series of subordinate statements leading to a higher order of

concern or classification and that which enabled a particular 'whole'. In this case the particular whole was 'total population living with HIV/AIDS'.

The second configuration that added coherence to the body of knowledge "is that which involves forms of co-existence" (Foucault, 1972:57). The first of these forms was the 'field of presence' which was understood as statements acknowledged to be truthful (truth claims) and involving well-founded reasoning (or necessary presupposition) and that were justified by tradition or authority. Within this field, attention was also given to those statements that were criticised, judged or rejected (Foucault, 1972). In the following excerpts the various 'fields of presence' could be established. There was an essential link between democratic and accountable government and the ability to establish MSPs thereby achieving HIV/AIDS mitigation (UNAIDS, 2000:5). UNAIDS proposed that the principles of democratic governance should be applied at the community, national, regional and international levels to build HIV resilient societies that could devise their own means of 'bouncing back' from major adversities such as HIV/AIDS:

> the principles of which were (a) participation, responsiveness to all stakeholders and consensus orientation; (b) rule of law, transparency and accountability; and (c) equality, equity and efficiency UNAIDS (2005:14).

One presupposition guiding these statements was that HIV/AIDS mitigation was dependent on the implementation of MSPs. This 'truth claim' generated the 'reasoning' behind HIV/AIDS development discourse that appealed to the liberal tradition for its legitimacy and in particular to 'well-schooled' authorities. Also of importance here is the presupposition that 'poor democracy', judged in relation to specific indicators, invariably equated to 'high prevalence of HIV'.

Lastly, Foucault (1972) referred to 'procedures of intervention' that might be applied to statements which, along with those described above, would enable the conceptual formulation of bodies of knowledge. These procedures appeared as 'methods of transcribing', 'modes of translating' and methods of 'systematising' propositions that

already existed. 'Methods of transcribing' statements were undertaken through formalised and artificial language. For HIV/AIDS development discourse, rhetorical pronouncements were used to establish a formalised and generic ensemble of statements. The universal application of terms such as 'strengthening civil society' and 'building capacity' became part of a normative practice of linguistic formalism. The 'modes of translating' referred to the translation of quantitative statements into qualitative formulations and *vice versa*.

To a large extent, HIV/AIDS development discourse was dependent for its validity on these 'modes of translating'. Measuring HIV/AIDS prevalence (UNAIDS, 2006) became synonymous with 'levels of HIV/AIDS' and subsequently was used to gauge what constituted HIV/AIDS mitigation (UNAIDS, 2006). Conversely, qualitative formulations could be converted (often via a database) to an interpretation through graphs or charts. Methods of systematising already existent propositions were used as a way to redistribute discourse statements that were already linked together; it also rearranged them into a new systematic whole or form (Foucault, 1972). One archetypal example of 'procedures of intervention' in HIV/AIDS development discourse were the labels used to represent the relationship itself, i.e. that between the donor country and the country in which the intervention was taking place. What characterised the permanent 'link' was the relationship of aid or exchange; whether of goods and services, resources or knowledge. The new systematic whole or form, which in this case was observable over time, was the changing reference made to countries of intervention. For instance, terms such as 'developing country', 'Third World', 'the South', or 'underdeveloped', that were readily used in the 1950s, 1960s and 1970s, have been largely superseded by terms such as 'recipient' or 'partner' countries and the most recent reconfiguration, 'development partner'. The redefinition, or even 'redistribution' of the relationship of 'aid', such as by the use of the term 'partner', is intended to convey a more consensual and less prescriptive portrayal of the relationship. As discussed briefly in chapter one, however, the concept of MSPs has also been much criticised in the literature, particularly from political science writers such as Putzel, (2003; 2004; 2005); Hearn, (2002; 2004); Marten, (2007); as well as Dickinson, (2006) and Roberton, (2005).

Putzel (2003:48) believed that:

> In their zeal to break from the inertia that characterised both the international community and national governments in Africa, the donors have misrepresented the experience of countries like Uganda and Senegal, where some success has been achieved.

Some of the successful elements of the Ugandan HIV/AIDS experience that have been encouraged elsewhere have included presidential/prime ministerial leadership, full involvement of civil society, decentralised and democratic government organisations and the wide participation of government agencies on an equal footing. A political analysis of the Ugandan response suggests, however, that the Ugandan experience diverged considerably from these prescriptions (Dickinson, 2006).

> In the organisational template promoted by the donors, there is an implicit assessment of the inability of organisations within the state, or public authority, to implement HIV/AIDS programmes and an implicit, virtually ideological belief, that NGOs, faith based organisations and private sector organisations were able to do better. The organisational template obscured important tensions and tradeoffs necessary in the fight against AIDS and confronted by leaders in Uganda and Senegal: between respecting individual rights and ensuring the rights of all to public health; and between promoting the decentralisation of resources and authority and ensuring effective deployment of resources and central direction to control a health emergency' whereby the promotion of this 'organisational template' is attempting to address what is essentially a political challenge with an organisational fix (Putzel, 2003:12).

A further question which arose, was whether or not partnerships actually led to democratisation of international relations (or the opposite). The answer depended entirely on who selected the participants, how transparent the partnership was, how representative its composition was, and how accountable the partners were to their own constituency. If members were handpicked by governments or international organisations, then the partnership often simply gave the illusion of democratic participation. If the partners were

self-nominated and thus excluded important groups that were affected by the partnership's activities, then it couldn't purport to be democratically legitimate.

Criticism also came from within the donor community, with DFID's assessment of the global health partnerships observing that:

> There is as yet little evidence on impact […] Individual global health partnerships tend mostly to lack specific indicators or measures for equity aims. At country level, they cannot show that the very poorest people are benefiting, and most lack specific objectives to work with country partners for delivering such impact (2004:11).

This assessment showed that the effectiveness of partnerships was heavily dependent on the political conditions in a given country.

Because of misrepresentations and a 'one size fits all' approach, multi-stakeholder HIV/AIDS partnerships have been strewn with implementation problems. A worldwide 2003 UNAIDS survey from 63 countries found that only 13 percent had actually made progress in implementing multi-sectoral plans (UNAIDS, 2004a). Robinson (2006) stated that the approach lacked a tested conceptual framework linked to defined outcomes with clear linkages to effective interventions. As a result, there had been a 'cookie-cutter' approach to sectoral strategies and fairly rudimentary (but improving) multi-stakeholder HIV/AIDS partnership monitoring and evaluation. In 2004, a World Bank evaluation found multi-sectoral efforts to have been: "somewhat half-hearted[...]plans that do not reflect local situations" (World Bank, 2004:21). There has been a lack of private sector involvement as well as poor consultation with local communities (Gavian *et al*., 2006).

Gavian *et al.*,(2006) also stated that much of the £4.5billion annual AIDS budget that was invested in multi-sectoral approaches had weak statements on exactly how the funds would truly address the AIDS problem in a sustained manner. Dickinson (2006) believed that the contextual nature of a country's response underscored the importance of designing and investing in HIV/AIDS programmes that were rooted in a broader analysis of a country's

political economy. An analysis of multi-stakeholder HIV/AIDS partnership provided some evidence that models/templates that could be replicated in different settings were often swiftly and inappropriately designed (often to secure and disburse funding quickly) and brought their own sets of problems to tackling the AIDS crisis. It also showed that in order to attain funding from international donors, developing countries had to mobilise local actors to enact organisational forms and procedures required by international actors.

A further problem caused by the explosive growth in partnerships and in particular, partnerships in the HIV/AIDS sector was the proliferation of countless independent initiatives (Martens, 2007). The assessment of global health partnerships carried out by DFID in 2007 counted forty seven initiatives in the area of HIV/AIDS, Malaria and Tuberculosis alone, of which twenty four were concerned with researching and fighting HIV/AIDS. Effectively coordinating all these initiatives at a global level was hardly feasible any more. Even at the national level, attempts to integrate the health partnerships into respective health systems were reaching the limits of what was possible (DFID, 2007:3-10). This proliferation of initiatives had trickled right down to the local level as well, where in a rural village of Maun in Botswana, between the years 2003-2005, seven different multi-stakeholder HIV/AIDS partnerships were operating.

5.5   Conclusion

> The discourse of development, the form in which it makes its arguments and establishes its authority, the manner in which it constructs the world, are usually seen as self-evident and unworthy of attention (Crush, 1995: 3)

Crush's (1995) observation was as apt at the time of this research as it was when it was written a decade previous. HIV/AIDS development discourse has remained saturated in its own self-evidence. As I have attempted to show in this chapter, through its sheer historical density and encompassing and enabling unity, HIV/AIDS development discourse has

continued to (re)produce objects, guiding statements and coherent concepts as it imbued its definitiveness. In the context of Botswana's HIV/AIDS aid industry, this combination of productive elements certified a very specific (and narrow) way of speaking, writing and thinking, whilst having the effect of muting the possibility of thinking and acting otherwise.

Foucault's interests lay in "…tear away from them [discourses] of their virtual self-evidence to discover what constitutes their unity" (Foucault, 1970:28). In the case of development discourse, this 'stripping down' has allowed an explanation to be provided on the unerring beliefs and prescriptive claims that surrounded and characterised the rhetoric of MSPs and FBOs participation within them. It also gave us an understanding of the certainty that pervaded the institutional sites from which the discourse was derived.

The next chapter takes this analysis to the local level by examining the extent to which Botswana's approach to HIV/AIDS mitigation was influenced by the international HIV/AIDS discourse.

6 From remote to familiar: Botswana embraces international HIV/AIDS discourse

> A discourse not only produces knowledge of a certain object, it produces and reproduces the object itself, and above all, it produces and spreads (perhaps forces upon us) a certain conception of the object (Daudi, 1986:242).

6.1 Introduction

In the previous chapter, the conditions under which international HIV/AIDS development discourses have emerged, as well as how they framed what could be said and done within them, was highlighted. The intention was to explain why it has been so difficult to think in terms other than those that resonate so self-evidently within the HIV/AIDS development aid industry. For example, the chapter accentuated the way in which MSPs have become the 'defining concept' (Foucault, 1972) within which HIV/AIDS mitigation is understood and discussed and have thus framed FBOs as 'objects' within them. Whilst the MSP concept has been criticised for weakening governments, marginalising health sectors, causing questionable representivity and resulting in poor monitoring and evaluation systems (chapter one), they have, however, also succeeded in establishing certain fields of visibility, constructed particular forms of truth as legitimate and useful and empowered specific actors (including some FBOs) as necessary authorities for their implementation.

This chapter examines the extent to which the international HIV/AIDS discourse, and in particular MSPs, have been a key discursive influence on Botswana's policies and approaches to the mitigation of HIV/AIDS. This has been achieved through consideration of issues under the rules of Foucault's production of discourse and knowledge/power theories (Foucault, 1972; 1982). Bringing Foucault's perspective on power and knowledge to bear on international HIV/AIDS discourse, and in particular MSPs implementation at local level, has demonstrated particular effects, and produced new forms of knowledge and political agency.

After briefly summarising the HIV/AIDS situation in Botswana and specifically in Ngamiland, this chapter seeks to understand the national response to the epidemic, especially the national strategy and policy response, the health care systems and the stakeholders involved in the process. It also examines how Botswana's HIV/AIDS problems have been presented, and how solutions have been constructed, how knowledge has been established and authorised and how particular HIV/AIDS policies, projects, evaluation reports and other expert documents were crafted (Mosse, 2005; Mosse and Lewis, 2006), how techniques and technologies have been manifest, as well as how these have produced particular subjects by examining how FBOs in particular were disciplined into becoming 'proper' aid beneficiaries and clients" (Mosse, 2005:21, Mosse, 2012). This chapter and those that follow also examine how development experts constructed messy realities as technical objects (Li, 2007) at the national level. Lastly an examination of the organisational field of MSPs in Ngamiland has been undertaken and the roles of FBOs within these discussed.

6.2   HIV/AIDS in Botswana

A brief overview of the HIV/AIDS epidemic in Botswana reveals the heavy burden it has placed on its society, economy and the fiscus. At the time of this study, Botswana had the second-highest HIV-prevalence in sub-Saharan Africa. UNAIDS (2006:5) estimated that 24.1 percent [23.0-32.0 percent] of adults (classified as 15-49 years of age) were infected

with HIV[101]. Infant mortality was up from 45 per 1,000 births in 1990 to 85 in 2005. With so many young adults infected with HIV, the epidemic was not only a severe health crisis but also a threat to the future development and vitality of Botswana as a nation. There was also a growing problem of orphans and vulnerable children (OVC) with UNAIDS estimating that at the end of 2007, 120000 children had been orphaned due to HIV/AIDS. Subsequent to the launch of Botswana's National Antiretroviral Therapy[102] (ART) programme, however, there was a decline in the countries adult mortality rate, 20 percent for the years 2005-2006, although no reported decline in child mortality rates (UNAIDS, 2007). Like other sub-Saharan African countries, multiple and concurrent partnerships, low levels of male circumcision, intergenerational sex, gender-based inequalities, alcohol consumption, inconsistent condom use, high population mobility, and stigma and

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[101] The Statistics used in the PhD coincide with the field work period of 2003-2005 to place the analysis in the context of that time. An update shows the HIV/AIDS situation in Botswana remains a serious concern. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2010a, 2010b), prevalence among the population aged 15–49 was 24.8 percent, and 320,000 people were living with HIV. As a result of HIV/AIDS, key health indicators have deteriorated catastrophically—life expectancy at birth has declined from 66 years in 1990 to 50 years in 2002, recovering only partly to 54 years by 2008 (World Bank 2010). Consequently, during 2005–10, the probability of reaching age 50 dropped to 55 percent, compared to 88 percent without AIDS (United Nations Population Division, 2009). The scale of the epidemic in Botswana brings extraordinary challenges for responding to the epidemic. Even though recent survey data point to some decline in HIV incidence, the large number of people already living with HIV, as well as the ongoing new infections, will continue to pose significant challenges for many years (or even decades). For example, the number of people receiving treatment will continue to rise for many years, and a large number of young people will grow up in households affected by illness or death.

[102] Botswana was the first country in Africa to introduce and roll out an anti-retroviral therapy (ART) programme on a large scale. ART therapy was introduced in late 2001. The programme named MASA (a Setswana word for "new dawn") was launched in 2004 to secure the provision of ART. The programme is now available in 30 hospitals and 130 satellite clinics in the country. The number of people on ART at the end of 2009 was 145,190 (estimated to account for 89 percent of those with advanced HIV infection in need of ART, a substantial increase from the 63 percent noted at the end of 2004). ART is used in this thesis to also mean ARV. The difference between AntiRetroViral (ARV) and AntiRetroviral Therapy (ART) is that ARVs are drugs that have suppressive effect on HIV while ART is an anti HIV treatment using a combination of a minimum of at least three ARVs. ART is the treatment that is available in Botswana (NACA, 2010:6).

discrimination had all contributed to the rapid spread of HIV and sustained high level of HIV/AIDS (UNGASS, 2010) in Botswana.

The Government of Botswana is the main provider of health services. At the time of this study, Botswana's health care system was well established and had experienced vast improvement since independence. Other providers include faith-based organisations (i.e. Mission Hospitals), NGOs, CSOs and private providers. In 1985 medical missionary hospitals, which had provided a high proportion of health care prior to independence, continued to operate three hospitals and six clinics. The mission sector operated just two hospitals in 2006. These operated as one component of the publicly managed system providing services on behalf of the government in some areas. They continued to receive a significant subvention to pay for their services but were independent (Ministry of Health, 2002:28).

Nearly all urban, and 80percent of rural, residents lived within 15 kilometres of a primary health care facility, although in some districts this percentage was substantially lower (World Bank, 2006). The quality of health care in Botswana tended to vary between rural and urban areas, with modern private hospitals in the capital city and several rural areas suffering from inadequate services (World Bank, 2006). With 3.1 doctors per 10,000 patients, Botswana also had the highest doctor to patient ratio in sub-Saharan Africa (Central Statistics Office, 2004) and its total expenditure on health as a percentage of GDP was 6.6percent, the fifth highest in the African region (WHO, 2001). Botswana had the highest percentages of births attended by a skilled professional in Africa, and only six African countries had higher percentages of women receiving antenatal care (WHO, 2006).

Although the WHO (2006), praised the Government of Botswana for their efforts, the Botswana Government itself still spoke of the "struggle to provide universal access to ARTs" (NACA, 2008). It was proposed that all those already enrolled in ART schemes should continue to receive drugs and monitoring services for the rest of their lives, and that people who developed resistance to their medications should be given access to

alternatives, even if more expensive and complex than first-line therapy, however in 2008, NACA stated that "providing treatment for an increasing number of HIV patients simply isn't economically sustainable in the long term[...]resources are stretched to the limit" (NACA, 2008:1) and the then president Festus Mogae also warned that "we are fast approaching a situation where we cannot afford what we are doing even now" (UN Assembly 2001).

6.3   The epidemic in Ngamiland

The HIV/AIDS epidemic statistics for Ngamiland recorded a general prevalence of 38.4percent among expectant mothers (National sentinel surveillance, 2006). The highest peak prevalence was recorded in the 25-29 years age group (48.7 percent) as compared with 56.1percent in the previous year. The administration for dealing with HIV/AIDS was largely decentralised to the North West District Council and included a political body of councillors and an administration covering most sectors. There was one primary hospital and one district hospital as well as two non-government testing and counselling centres.

HIV/AIDS was the major causes of morbidity and mortality in the District with just over 30percent of females and 15 percent of males diagnosed as HIV/AIDS positive in 2005. At least 50 percent of all deaths in the medical wards at Maun General Hospital (MGH) were attributed to HIV/AIDS (District Department of Health Report, 2005).

Age Group (Years)	Total Number Tested*	Positive HIV Test			
		Males		Females	
		Number	percent	Number	%
0-4	127	34	26.77	19	14.96
5-14	114	28	24.56	31	27.19
15-19	401	2	0.50	61	15.21
20-24	1277	51	3.99	359	28.11
25-29	1149	115	10.00	445	38.73

Age Group (Years)	Total Number Tested*	Positive HIV Test			
		Males		Females	
		Number	percent	Number	%
30-34	906	180	19.87	329	36.31
35-39	694	172	24.78	254	36.60
40-44	490	134	27.35	139	28.37
45-49	422	105	24.88	94	22.27
50-54	91	36	39.56	21	23.08
55-59	66	19	28.79	20	30.30
60+	81	18	22.22	16	19.75
Others	62	9	14.52	17	27.42
TOTAL	5,880	903	15.36	1,805	30.70

*Includes cases from all public health facilities and counselling centres

Table 3   Gender and Age Specific HIV Test Results in Ngami (2005)

6.4   The institutional framework: the translation of international HIV/AIDS discourse in Botswana

An analysis of Botswana's HIV/AIDS policies revealed how they had followed international HIV/AIDS discourse, both in constructing HIV/AIDS as an illness (chapter two) and in governance of the disease. The first documented cases of AIDS in Botswana was reported in 1985 (UNAIDS, 2002). The response was primarily led and financed by the Ministry of Health and the focus was on a purely medical approach, with initial control efforts focusing primarily on blood safety protocols. This approach was based on the World Health Organisation's (WHO) Global Program for AIDS recommendation, that countries develop short-term plans including national public education campaigns and HIV surveillance, with some focus on blood screening, guidance care and counselling, and management strengthening (Slutkin, 2000 in Gavian   *et al.,* 2006:222). In Botswana, however progress and funding for the programme was limited (Renwick, 2007).

The second phase (1989–1997) saw the addition of counselling courses for health-care workers and the development and use of guidelines for the syndromic approach to the treatment of sexually transmitted infections and for the treatment of opportunistic infections. A mass education campaign was launched in 1988 with the condom the central plank in this message. This approach initially engendered widespread disbelief, as at this stage there was little visible evidence of the disease to the Batswana (Ingstad, 1990).

With a new president, at that time Festus Mogae, and growing recognition and belief by UNAIDS and other international donors of the 'best practice models' of Uganda and Senegal, the third phase (1997–2002) saw the response gradually expanded to include more stakeholders. Government ministries and departments, FBOs, NGOs, CBOs, PLWHAs and the private sector were all brought on board. This third phase was distinct from the others because of its comprehensiveness and the emergence of concern and action on the part of the political leadership (Barnett, 2003).

The fourth phase was launched in March of 2004 in the form of the National HIV/AIDS Strategic Framework (NSF) 2003-2009. The framework was closely aligned to the third phase in that it took "the experience of building multi-sectoral responses to HIV/AIDS, both in Botswana and internationally, and moulded them into an aggressive, forward-looking framework with the central aim of ensuring and driving implementation" (NACA, 2004). The *Programme Manager of NACA* shed light on why she believed Botswana decided to follow the international framework:

> In a country with a population as small as ours, the loss was overwhelming, families were being pushed into poverty through medical costs, loss of income, and the high cost of funerals in our culture. The president became increasingly concerned with how we were dealing with the epidemic and felt that we needed to heed international advice. We had little choices, the knowledge and expertise was not here and we had to rely on others to tell us what to do with such a crisis on our hands (interview, May 05).

The *Head of BONASO*[103] believed, however, that funding was key, and stated that "following the practices of international aid agencies is a strategic move to ensure that aid resources continue to flow into Botswana, and more specifically to the Ministry of Health" (interview, April 05). This implicit conditionality operated at both national and district levels and created the conditions for Ministry of Health compliance to the adoption of MSPs as the countries HIV/AIDS approach to mitigation. The products promoted, i.e. 'participation' and 'partnership', both came with an implicit promise that accepting them would lead to other benefits in the form of resources.

In line with the World Bank and UNAIDS frameworks, the national response to Botswana's HIV/AIDS epidemic was led by the multi-sectoral National AIDS Council (NAC), chaired by the then president. The National AIDS Coordinating Agency (NACA) was the secretariat of the NAC and the entire response was guided by the principles in the National HIV/AIDS policy (1998) and the National Strategic Framework for HIV/AIDS 2003-2009.

As shown in figure 4, the HIV/AIDS programme was implemented through a large number of stakeholders and partners. These comprised government departments, partnerships with donors, NGOs, CBOs, FBOs, Private sector, DMSACS and several others. This 'organisational template' (Putzel, 2007), replicated through most of southern Africa, was in line with World Bank/UNAIDS and WHO policies.

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[103] The Botswana Network of AIDS Service Organizations(BONASO) is the umbrella body for AIDS service organizations in Botswana

Multi-Sector HIV/AIDS Partnerships in Botswana
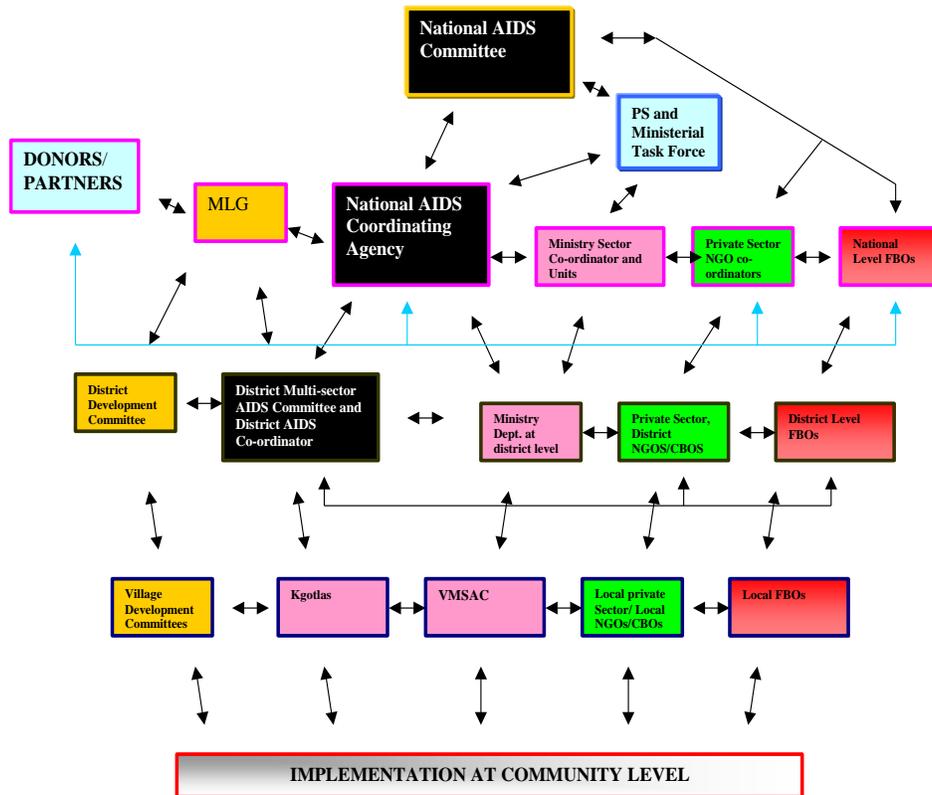
Figure 5   The institutional framework of the National AIDS Coordinating Programme (adapted from National Strategic Framework 2004: 84)[104]

At national level, NACA was the lead agency in this partnership arrangement. Their overall purpose was to develop and support partnership, and harmonise, co-ordinate and facilitate implementation of the national response to HIV/AIDS. NACA's institutional framework intersected with those of broader national development plans including delivery of the Millennium Development Goals (MDGs) and the Botswana Vision 2016[105]. They were,

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[104] The Kgotla is a public meeting place where traditional judicial proceedings are conducted and where consultations within the community take place. VMSAC refers to 'village multi sector AIDS committee'

[105] Vision 2016 based on Botswana's 50th anniversary year since independence in 1966, is a strategy to propel its socio economic and political development into a competitive, winning and prosperous nation. Seven key goals have been developed to achieve this; an education and informed nation, a prosperous, productive and innovative nation, a compassionate, just and caring nation, a safe and secure nation, an open, democratic and accountable nation, a moral and tolerant nation and a united and proud nation (UNFPA 2008:12).

therefore, bound together with a range of other issues that were part of Botswana's overall development agenda such as education and human rights.

As stated in chapter three, a key component of the multi-sector partnership for HIV/AIDS mitigation was decentralisation in order to provide greater political space for acting on HIV/AIDS. Consequently, in 1998, the Government initiated the first MSP for HIV/AIDS prevention and care in Ngamiland, named the District Multi-Sector AIDS Committee (DMSAC). According to the National Strategic Framework (2003-2009:23) "the district level is where the National Strategic Framework for HIV/AIDS is translated […] into operational programmes and activities". The DMSACs were tasked with managing and co-ordinating district-level responses and comprised all the major stakeholders/partners (government, donors, NGOs, CBOs) at district level with responsibility for HIV/AIDS planning, implementation, co-ordination and monitoring and evaluation in the district. Below the DMSAC, were the Village Multi Sector HIV/AIDS Committees (VMSAC), responsible for co-ordinating HIV/AIDS activities at village level.

6.4.1   Tensions within the Discourse

Tensions within the dominant discourse were assessed by examining three different themes, namely: operational strategies, co-ordination issues and regimes of knowledge.

6.4.1.1   Operational strategies

The overarching structure of an independent National AIDS Council and a National AIDS Coordinating Agency (NACA) established and mandated to co-ordinate all initiatives, effectively replicated existing structures. As elsewhere (Putzel, 2004), the immediate effect of this was to create 'turf wars' between different agencies and different ministries in Government. Specific unintended effects included marginalisation of the Ministry of Health while also generating new collaborative structures at national, regional and local-level, e.g. NACA, DMSACs, and VMSACs to populate the HIV/AIDS landscape. A 2006 UNDP evaluation stated that NACA was constrained by a shortage of staff with an over reliance

on international consultants and that it lacked the necessary institutional structures to carry out its function (Dorrington *et al.*, 2006). A 2008 NACA report cited:

> Poor coordination and harmonisation of the different stakeholders to ensure maximum impact of the multi-sectoral response[...]poor policy implementation due to long consultative processes[...] and a lack of implementation capabilities as well as leadership of the process (NACA, 2008:32).

Allen and Heald (2004), in an evaluation of 'what has worked in Uganda and what has failed in Botswana', concluded that in Botswana progress in reducing HIV/AIDS prevalence had been slow, especially within the Government structure. It took until January 2005 for the National Strategic Framework (NSF), developed in 2003, to be ratified and therefore recognised as a national document. Bureaucratic impediments, collaboration problems and government domination in the national response were just some of the issues that had emerged in the Government's response (Allen and Heald, 2004). The National AIDS Council in Botswana also appeared to be isolated from some powerful decision-makers in Government except when the president intervened personally (Allen and Heald, 2004). These finding corroborate those in chapter one. As Putzel (2004:232) stated:

> The national commissions called for by the Bank and the Global Fund have tended to weaken government and overly marginalize the health sector and medical profession [...] the organisational template to respond to the most devastating epidemic of our times is deeply problematic.

Years of efficient, centralised government in Botswana had led to a systematic disempowering of local councils which had crippled community mobilisation and action around HIV/AIDS (Allen and Heald, 2004). UNDP reported that at both national and district level there had been a lack of clarity on the lines of authority and accountability, and a general lack of commitment from the different sectors represented at NACA and in the district DSMAC. In addition, the absorption and implementation capacity within the districts was low and there was inadequate capacity in the technical committees to provide support to the DMSACs. This inhibited the DMSACs from providing adequate support to

sectors and to CBOs for prevention, care and support activities as part of 'managing the HIV/AIDS risk' (Dorrington *et al.,* 2006). For the most part, VMSAC's had either not materialised or were not operational and, perhaps consequently, relations between local government and communities posed significant challenges.

In Ngamiland itself, an ACHAP report (2005:8) highlighted the following problems of co-ordination in the region:

> Given the magnitude of the problem, the existing coordinating structures are not very effective. Although we have the DMSAC coordinator, there is lack of communication between implementing organisations and the office and coordinating structures in the district. The district is too big and there are a lot of activities going on. A number of NGOs, CBOs, FBOs and government initiatives have appeared lately trying to organize themselves. This calls for organized and coordinated coordination.

Other areas for concern were insufficient manpower, one person offices, inactive structures, a lack of commitment by heads of departments and a lack of funding for district annual plans. This all led to a demoralisation of the sectors involved (interview *DMSAC Co-ordinator,* Nov 04).

Again, these findings corroborate those in the previous chapter. Putzel (2005) stated that:

> decentralization of resources and authority without ensuring effective deployment of resources and central direction would lead to hindered implementation of HIV/AIDS mitigation measures (2005:14).

6.4.1.2   Co-ordination

The projected cost of implementing the National Strategic Framework was approximately 12 billion pula (about $2.4 billion) over the programme years. This translated into an average five percent of GDP devoted to HIV related spending a year, compared with an annual average of four percent of GDP spent on the entire health sector in the past three

years (NACA, 2005). With the introduction of the ART programme in 2002, Botswana was inundated with offers of assistance from donors with the result that the country became a land of acronyms, with a mosaic of programmes and agencies criss-crossing the land, and one another. In addition to programme support from the UN agencies, other partnerships include the African Comprehensive HIV/AIDS Partnership, the Botswana Harvard AIDS Institute, U.S. Centre for Disease Control and a host of other US Government agencies. In December 2003, Botswana also signed an agreement with the Global Fund for HIV/AIDS, Malaria, and Tuberculosis, funding a two-year program. Significant additional funds and assistance were provided by Bristol-Myers Squibb, the European Union, China, Cuba, Germany, Japan, Norway, Sweden and the United Kingdom[106]. Two issues arose in regards to funding, first the co-ordination and second the sustainability of funding the ART programme.

An evaluation of Botswana's multi-sector HIV/AIDS collaboration highlighted the following (CSIS, 2004:4):

> Some partnerships are tightly focused on specific programs, others are comprehensive; some are run directly from international headquarters, others are locally rooted and intertwined with the government in both formal and informal ways; some are nongovernmental, some academic, and some are based in the private sector. This diversity increases the need for coordination among donors and between donors and the government. Such coordination has been highly uneven, and donor willingness to conform to Botswana government priorities and coordinate smoothly with government officials is still not, where it might be.

Time and again in interviews with government officials, including with the then *Minister for Health*, the importance of 'managing' donors was raised. The *Programme Co-ordinator for NACA* spoke of "repeated problems with conflicts between donors, especially between American and European donors" (interview, April 2005). The then *Minister for Health*,

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[106] In 2008, Denmark, Norway, the Netherlands and Sweden ceased funding to Botswana due to it middle income status.

also spoke of problems of donor coordination, singling out PEPFAR as especially problematic:

> PEPFAR has its own agenda as they are striving for one model to fit all countries while we are trying to get across that the model needs to be modified but compared to other countries I feel we are challenging them, as a middle income country we have more strength to say no (interview, May 05).

The above shows how the functioning's of MSPs occurred as a result of the nuanced interplay of the different actors, their needs and requirements, together with their negotiation of power, knowledge and interests.

6.4.2   Regimes of Knowledge

Analysis of forms of knowledge involved asking "what forms of thought, knowledge, expertise, strategies, means of calculation, or rationality are employed in these practices of governing?" (Dean, 2009:42).

From the beginning, the Batswana HIV/AIDS discourse was informed and predominately drafted by international experts and organisations. The knowledge of these experts and organisations was based on 'western good practice', mostly from the USA, and latterly on the 'best practice models' of Uganda and Senegal that were thought to have achieved some success in HIV/AIDS prevention. Botswana had always relied heavily on international experts and organisations to advise on policy development and, in the HIVAIDS sector, they worked extensively with UNAIDS, ACHAP and the World Bank (NACA, 2004). These institutional sites of western biomedical knowledge not only influenced the structure of the HIV/AIDS policy but also the content.

The prevention strategy in Botswana was a centrally managed and largely externally funded campaign (Ntseane and Preece, 2005). It focused on the distribution of condoms, establishment of testing centres, anti-retroviral therapy and capacity building (NACA, 2005). These strategies were all externally required without deference to specific cultural

behaviours or attitudes. Research conducted on HIV/AIDS in Botswana focused primarily on bio-medical factors, such as the type of virus and sexually transmitted infections; assessments of the impact of HIV/AIDS on education, health, economy (NACA, 2004); and on studies of attitudes, behaviours and practices (Castle, 2004). National prevention strategies had not used targeted and culturally relevant materials for behavioural change. The decision by Government to implement an "exclusively western model, fuelled suspicion on the nature and cause of HIV/AIDS, which the exclusion of diviners, healers and churchmen did nothing to ameliorate" (Allen and Heald, 2004:1150).

An example of this exclusion was under 'the prevention of mother to child transmission' (PMTCT program) where the exclusion of the voices of women was demonstrated. PMTCT was a programme for pregnant mothers. When research showed that the majority of these pregnant women did not finish the six courses of the prescribed drug zidovudine (AZT) which was necessary for the full effectiveness of the drug, the solution was to add another drug, nevirapine (NVP) to the PMTCT drug protocol. This was done on the advice of the Centre for Disease Control (CDC). Meanwhile, NVP was deregistered by the Medical Council of South Africa on the grounds that it was toxic (Midweek Sun, 2003 in Chilisa, 2005:665). No research or questioning of why the women were not able to finish the prescribed six week course was carried out, the women's voices were silent and instead the voice (knowledge) of international experts relied upon. In short the subjugation of knowledge formation from the position of the 'other' was further entrenched along the lines of gender and further confirmed Spivak's (1988) view that when it comes to women, the subalterns[107] have little voice.

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[107] Following Bhabha (1996) and Spivak (1988) this thesis takes Subaltern to mean: "oppressed minority groups whose presence is crucial to the self-definition of the majority group; subaltern social groups are also in a position to subvert the authority of those who have hegemonic power" (Bhabha, 1996; 210).

6.5   Situating FBOs within the organisational field of HIV/AIDS in Ngamiland

Figure 7, depicts the organisational field for the mitigation of HIV/AIDS in Ngamiland. The purpose of this is to illustrate the environment in which FBOs participated. At the top left of the diagram are the government departments (DMSAC, Ministry of Health (MoH), Ministry of Local Government (MoLG) and Ministry of Social Welfare (Social Work). The Government of Botswana led the response with assistance from the donors, shown on the top right. Donors included country aid programmes such as USAID, DFID, embassy programmes, and specific HIV/AIDS funding programmes such as PEPFAR, BOTUSA and ACHAP. In the centre are the civil society actors that were operating within HIV/AIDS programmes in Ngamiland; these included community based organisations and NGOs. On the left hand side are the health facilities that were available to the communities, these included hospitals and traditional medical doctors. To the bottom right are the private sector organisations that had started HIV/AIDS programmes in their place of business and who were active in the district's response. Below them are the FBOs; they were the most numerous of all organisations in the district and while not all had established HIV/AIDS programmes (indeed most had not), the vast majority were assisting PLWHAs in their communities either spiritually, medically (through faith healing), socially (home based care) or emotionally (through counselling).
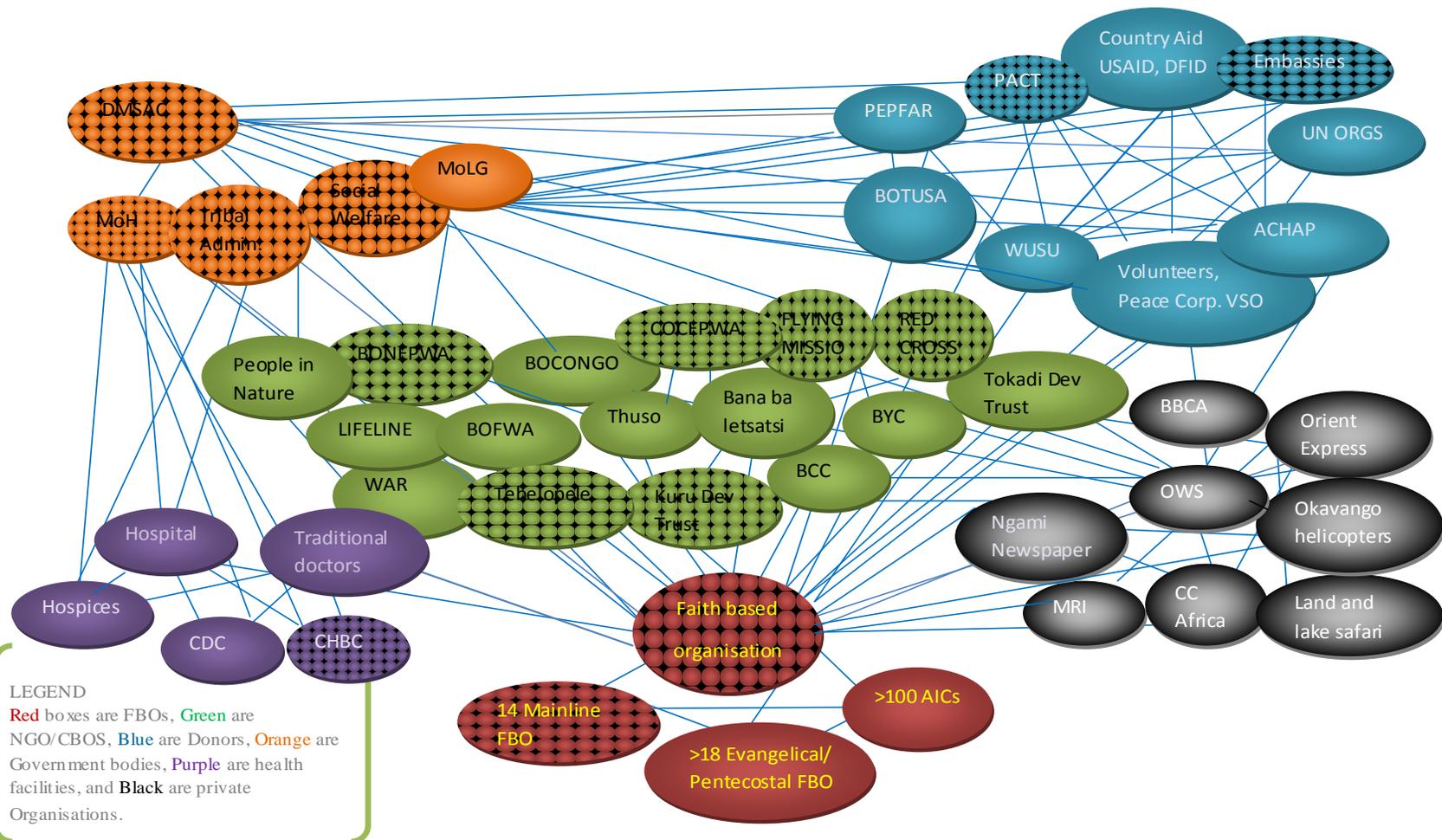
Figure 6 **The organisational field of HIV/AIDS mitigation in Ngamiland**

LEGEND
Red boxes are FBOs, Green are NGO/CBOS, Blue are Donors, Orange are Government bodies, Purple are health facilities, and Black are private Organisations.

149

With so many supporting institutions at an international level, and a large number of NGOs and support groups requesting assistance, the field became complicated. Most of the time, funds and resources from outside the country were channelled through several organisations before they got to ground level. For example, Global Fund money was administered by NACA, BONASO and the DMSACs, and applications were assessed at each level before being approved. DMSACs were the preferred conduit for most small government grants, but also dealt with ACHAP funding. Most bilateral aid was also channelled through government departments, but in contrast many embassies provided direct funds for certain small projects. This process was important because it allowed local control of projects to make sure they fitted within national goals, and prevented duplication. The process could also be slow, however, especially where the capacity to deal with applications was limited and confusing for those applying for funds. The DMSACs were a very important part of Botswana's plan for HIV/AIDS, and functioned not only as a source of resources and planning, but also as a network of and for concerned parties.

6.6   Faith Based Organisations in Ngamiland

The following section examines the HIV/AIDS discourses and activities of the three case study FBOs in Ngamiland. This is important in understanding their participation in the seven MSPs, the influence of their religious doctrine, the way they conceived HIV/AIDS and the programme types they had in place. On the community level, FBOs are influential social networks that have the power to support or stigmatize people living with HIV/AIDS (PLWHA), promote or impede HIV education, and endorse or reject medical treatment of HIV (Zou *et al.,* 2009:1).

For the purpose of this study, it is sufficient to focus on one example of FBOs work in HIV/AIDS. This study acknowledges that there are numerous other examples of other FBOs with different practices. I examine the case study of Thandi in order to illustrate the importance of FBOs to PLWHAs in Ngamiland. I start the section with the story of Thandi, a PLWHA from the EAHSC. Throughout my two years of research in Botswana, going

from ward to ward and village to village in search of FBOs, I found Thandi's story[108] to be one of many narratives that highlight the relationship of PLWHAs to their churches and the support they both seek and are given from and by them, was of great importance (both negatively and positively) to the role FBOs played in the day to day lives of those infected and affected by HIV and AIDS[109].

What I particularly want to highlight with this narrative, with similar narratives from other FBOs in Ngamiland, was the discrepancy between the international HIV/AIDS discourse and the day to day lives of people on the ground.

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Thandi from Eleven Apostles Spirit Healing Church

Abandoned by her family and partner and eventually exhausted, Thandi fell down on her bed unquestioningly accepting the inevitable, she was dying of AIDS. Thandi was born in Maun in 1974. At the age of 14, she fell pregnant and dropped out of school; 'At the church you are not supposed to prevent'. Her church prohibited the use of condoms, as they believed it encouraged immoral behaviour, but she did take the strong coffee offered during menstruation as this was supposed to 'clean her up'. Thandi was a deeply religious person often staying for entire days or overnight at prayer camp. As a result of her severe weight loss, she was labelled as having AIDS and ostracised by her family (except for one sister) and community and abandoned by her boyfriend. Thandi expressed constant despair at the severity of the impact of AIDS on her life and at her abandonment by her family. When her CD4 count dropped to below 200 she became eligible for ART, but taking them gave her very bad side effects, such as 'bad fever, vomiting and very bad stomach ache'. She found it very difficult to get to the hospital with little money for food or transport and decided to consult with her *Church's Healing Specialist* despite the hospital telling her not to go to

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[108] With the success of ARV in Botswana, most stories were not as devastating as that of Thandi's in that her death was not typical of most PLWHA's in Botswana.

[109] Other research also discussing church support to those infected and affected by HIV/AIDS include Zou *et al.,* 2009; Green, 2003; Dilger, 2007; and Cotton *et al.*, 2006.

any traditional healers. The latter was as the hospital believed that traditional healers would stop the drugs working; Thandi's belief was, however, 'that you cannot stop the power of gods healing'. She believed that the church's medicines cured you if you believed in them. She had heard of how the EAHSC's healer in Francistown had already cured two people of AIDS. Even though the *Healing Specialist* told Thandi she was unable to cure AIDs and that she should continue going to the hospital, Thandi believed if she had enough faith she would be healed. Over the course of her treatment, the *Healing Specialist* used various methods including prayer, holy water, baths with different coloured candles, an emetic of vinegar and milk to purify her body, vaseline, as well as various food stuffs. She also tied blue (signifying Mary, mother of Jesus), green (symbolising strength) and yellow (symbolising the Holy Spirit) wool around various parts of her body. Thandi was treated both during church services and in the *Healing Specialist*'s yard. When Thandi disclosed that she was seeing the *Healing Specialist* and described the treatment she was receiving there to the nurse at the hospital, the nurse got very angry and said the 'medicines' provided by the *Healing Specialist* were 'all nonsense' and dangerous to her ART drugs, The nurse stated that if she did not comply with the hospital i.e. to desist in use any treatment other than ART, she would not be eligible for any further treatment. Thandi, however, felt the *Healing Specialist*'s healing approaches and actions were working for her.

The *Healing Specialist* also counselled Thandi on her sadness relating to the loss of her partner and family and Thandi found the *Healing Specialist,* and some of the other women in the church, a tremendous support, so much so that on occasions she thought she wouldn't have continued her life but for them. The other women would come to her hut, dance and sing, bring her food and blankets while the *Healing Specialist* gave her medicines, listened to her and prayed with her on a regular basis. Despite the *Healing Specialist*'s best efforts at persuading Thandi to continue taking her ART medication, Thandi decided she preferred her fate to be in the hands of God and the Church rather than in the cold, unfriendly and rebuking hands of the hospital and its staff. Slowly, as Thandi's condition got worse, her sister was unable to continue caring for her and she was transferred to the Catholic hospice

in Francistown. Three weeks later she passed away without friends, family or her beloved church.

(Based on life history interviews with Thandi and subsequent information from EAHSC's *Healing Specialist* (interview and observations, Feb 2005-March 2005)

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From Thandi's story we can see that the *Eleven Apostles Spirit Healing Church* and the *Healing Specialist* had become a critical source of community for women and their families affected and infected by HIV/AIDS. Thandi and the *Healing Specialist* shared the same world view, they both subscribed to the same culture and beliefs, they had the same language, dialect and many idioms and other communication symbols both verbal and non-verbal in common. The *Healing Specialist* understood Thandi's needs and expectations. For Thandi, the *Healing Specialist*'s treatments were culturally meaningful and psychologically effective. While the hospital approach centred on treating AIDS, the *Healing Specialist* treated Thandi who happened to have AIDS. The relationship was characterised by mutual respect, by the confidence Thandi had in the *Healing Specialist* and the church and by the relaxed atmosphere between them.

In contrast the relationship Thandi had with the hospital and their staff was characterised by cold formality, they lacked the time to listen and connect with Thandi's frame of reference, they were insensitive to Thandi's religion and disregarded and criticised the healing practices Thandi liked to use. They refused to see Thandi's faith healing as complementary, rather than conflicting. If they had taken the time to listen they would, however, have realised that the practices of *Healing Specialist* were trying not to interfere with Thandi's ART treatment. The hospital's action of forcing Thandi to choose between traditional healing and western health, in effect condemned her to death. The *Head of Maun hospital* (interview April 2005), and *The Matron* (interview, April 2005) believed that this type of situation arose all too often because the hospital had, in other cases, seen the negative effects of harmful treatment regimens from traditional healing, especially those of herbalists. They had witnessed how the actions of and belief in healers and their approaches

had sometimes delayed patients from seeking appropriate western health care when traditional remedies were failing to produce the desired effect. Hospital staff explained that often when patients associated with traditional healers, such actions had destroyed the interpersonal relationships of the PLWHA, for example through accusations of involvement in witchcraft. In addition, those relying primarily on traditional medicine often effectively increased the workload of hospital staff as they regularly requested multiple HIV tests in order to assess the effectiveness of the various traditional treatment regimens they undertook to try and cure HIV/AIDS.

This research was not intended to be an evaluation of the AIC FBOs approach to faith healing, or the programmes they implemented for HIV/AIDS mitigation; numerous other studies have done this already (see Perry, 2003; Hearn, 2002; Green, 2003 and Dworkin and Ehrhardt, 2007). Rather, AIC FBOs were included as the vast majority of Batswana belong to the African Independent Churches and adhere to their beliefs. Inclusion of the *Head of EAHSC* in the seven MSPs in Ngamiland was designed to ensure inclusion of the associated beliefs and rituals so prevalent in the country. The *Head of EAHSC* believed that HIV/AIDS was a "matter of great concern for Botswana" (interview Jan 04). He was particularly well informed about HIV/AIDS (through his role as chairman of the Organisation of African Independent Churches), although he has little practical exposure to the disease. He attributed the latter to the continuing stigma and secrecy surrounding the disease, but it may have been more likely that his members simply preferred to approach the *Healing Specialist* rather than him directly (EAHSC Focus Group, January 05). For the EAHSC HIV/AIDS is an illness like any other and therefore falls under 'healing' similar to most other spiritual churches. The majority of illnesses for *Healer of EAHSC* are defined in a religious context and ascribed to supernatural, transcendental powers. She believed that all sickness ultimately comes as a result of humanity's fall as recounted in the story of Adam and Eve, people become sick because they have sinned, but also through the act of the devil. She believed that in all of sickness it is because the devil has taken the place of God's spirit in the body of the patient. She believed her power to heal, predict and divine comes directly from the Holy Spirit. She is assisted by her shades (ancestors) who intercede

154

on her behalf with God. She believed she had the power through the holy spirit to see what is happening, why it is happening and what remedies should be employed, thus the holy spirit prescribes what she should wear during healing and what remedies she should use. She wore a yellow uniform symbolising the Holy Spirit when she healed, she normally wore protective cords of coloured wool and had candles of different colours and a bible. In treating patients she prayed for them, administered holy water, prescribed protective cords of colour to be tied around different parts of the body and used a variety of other substances (holy water, baths, enemas, steaming, ash, sea water, vaseline, vinegar, rosewater, oil, methylated spirits, sulphur, epsom salts, sugar, river emersion and emetics). Her authority for healing is taken from 1 Corinthians 12:1-6 where it is said 'various people will be given spiritual gifts including gifts of healing by the one spirit prophecy and the ability to distinguish between the spirits'. She believed her healing was fundamentally different from that of the traditional doctor, as she does not use divination (use of bones) or herbal medicine which she believed to be the work of the devil. Usually patients do not pay for healing, however most will give a few pula or a bag of corn to show gratitude if they feel better. Such actions signified the perceived importance of the *Eleven Apostles Spirit Healing Church* in the lives of those infected and affected by HIV/AIDS in the community (EAHSC Focus groups January 05)

In contrast, the *Head of the Catholic Church* believed the promotion of abstinence was the only effective way to deal with the AIDS crisis. In line with catholic teaching *the Head of the Catholic Church* was also very much against the use of condoms. The nature and number of HIV/AIDS activities undertaken by this FBO were almost all entirely as a direct result of the Head's personal initiatives and not of the church *per se*. He provided small scale assistance to HIV/AIDS patients among his congregation. Examples of his work included; establishment of a travelling drama group; a legacy project that allowed patients to leave behind photos, tape recordings, and momentums for their families; establishment of vegetable gardens for patients so as they could get the right nutrients from fresh fruit and vegetables; mobilisation of, and fundraising among, his followers to build a home for a family where both parents had AIDS, and; administering to the sick day and night. From

interviews with the focus group participants, it was the legacy project that was most appreciated both by them and members of their families.

Love Botswana Outreach Mission (LBOM) also believed that condoms were "tainted with the stigma of shame" and were actually part of the problem. They felt that, with all the talk about morality and changing sexual behaviour, HIV/AIDS was an opportunity for them to call a nation back from one of sinful living to one of repentance and righteousness. Overall, they felt that HIV/AIDS had allowed *Love Botswana* to wake up to their destiny and was an unparalleled opportunity to declare God's grace to the dying, and to stop the breakup of families and restore 'right' monogamous family relations.

Love Botswana's HIV/AIDS activities included abstinence clubs, a school outreach scheme in which they distributed bibles and rallies and workshops promoting abstinence and faithfulness. They had also started a preschool where they counselled caregivers and relatives of orphaned and vulnerable children and ran activities for the children. They counselled members of their congregation on HIV/AIDS and related topics, and trained members of the churches and community to be lay counsellors on HIV/AIDS issues.

6.6.1   Summary

In all three churches, their understanding of HIV/AIDS was influenced by their religious beliefs which in turn influenced their approach to HIV/AIDS mitigation. While the EAHSC concentrated on healing and women's groups, the Catholic Church approach was very much towards the individual with legacy boxes and vegetable gardens. Both of these churches were restricted in what they could do because of a lack of staff and funds. Love Botswana on the other hand had built up a staff of three and had created HIV/AIDS programmes with some funds from UNICEF and overseas churches. While Love Botswana and the Catholic Church had applied for external funding, until ACHAP, the EAHSC had not.

The position of all three churches on the issue of condoms is in contradiction to the Government of Botswana's policy (Government of Botswana 1995:3) which encourages the promotion and distribution of condoms for HIV/AIDS mitigation. Interestingly and explored further in chapter ten, while all three churches held a bio-medical understanding of ARV and encouraged their congregations and communities to avail of treatment, their approach to condoms conflicted with this bio-medical approach.

6.7   Conclusion

This section has traced the origin and development of Botswana's multi-sector HIV/AIDS collaboration with international organisations such as UNAIDS, ACHAP and the World Bank. The information and findings presented here suggest that, in subscribing to international templates for HIVAIDS alleviation and in order to get resources from international donors, Botswana has had to: replicate existing structures, despite shortages of manpower; bring in new policies, despite them being culturally insensitive, and; alienate the Ministry of Health. Implementation of the multi-sector HIV/AIDS collaboration template has led to delays in the implementation of HIV/AIDS programmes, poor co-ordination, duplication of services and, perhaps most importantly for this study, a proliferation of collaborative arrangements at national, district and village level. The stories and sentiments that MSPs have produced are genuine and represent a significant form of power that has been endlessly validated by multiple and overlapping fields of institutional expertise. It has been this regime, this interconnected and overlapping system, that has sustained a particular discourse and the power embodied within it, via the knowledge it has produced.

7   The context of practice: Complexities, tensions, and power

7.1   Introduction

The previous chapter accentuated the ways in which MSPs became the 'defining concept' (Foucault, 1972) within which HIV/AIDS mitigation was understood and discussed and thus framed FBOs role within them. Consequently, for many FBOs, MSPs came to represent one of the few opportunities in which to participate in 'development' and to work for improved livelihoods of their congregation and communities affected and infected by HIV/AIDS. This chapter will demonstrate that despite this, the promotion and development of such partnerships remained difficult and contentious for FBOs. It will also show how these partnerships were marked by competing interests, different understandings and the variable identities of the different social actors involved.

Paraphrasing Escobar (1995:216), examination of the practices and strategies of different actors at the site of the MSPs 'made visible' the contests of meaning and values that cumulatively shaped power and knowledge relations within the discourses of participation and partnership. Analysis of the daily practices of various partnership members, as they interacted at the 'site' of the MSPs, revealed the encounters of discontinuous 'knowledges' and 'identities' at the development/partnership intervention interface. These daily practices revealed 'the fields of meaning' in which their actions were 'inscribed' (Escobar, 1995:217). Analysis of the interpretations, self-understanding, and identities of these actors revealed how the various discourses of MSPs were embraced and resisted, reproduced and subverted, deployed and internalised.

In this chapter, a series of statements, practices and activities relating to FBO participation in various MSPs in the Ngamiland District of rural Botswana are examined in order to reveal the multiple power relations established through HIV/AIDS development discourses. The chapter is outlined as follows; the first section presents and discusses the 'dominant' donor discourses concerning MSPs in Botswana, demonstrating that although FBOs were welcomed within donor discourse, they were also defined as having 'limited capacity'. It

examines the way state actors interpreted these 'international discourses' at the local level in Ngamiland; demonstrating how MSP statements showed the extent to which 'official' and 'managerial' discourses were adopted and yet also reinterpreted by FBOs and other development actors in alternative, pragmatic ways. In order to 'manage' the analysis in this chapter, I focus mainly on four of the seven partnerships, namely DMSAC, Kabiso Pelo, the Maun Counselling Centre and the Ngamiland NGO coalition. These four MSPs were in operation before and during the field research period. Accounts of their actions and interactions are as reconstructed from project documents, participant observation and interviews and presented in order to show the roots of local FBO development knowledge and identities concerning participation and partnership. All of this provides the context for chapter eight, where a series of specific practices and events observed during the two years of field research into the MSP '*Ngamiland CSO partnership*', and its interface with *ACHAP* and *DMSAC,* are analysed. The analysis was designed to reveal the variety of ways in which power and knowledge relations are contested and negotiated in the course of actual development practice.

7.2   FBOs interpretation of National HIV/AIDS discourse

While simultaneously recognising FBOs important role as partners and implementer:

> [UNDP] is dedicated to placing emphasis on implementation and scaling up responses with full engagement of government, civil society organizations (CSOs), faith-based organizations (FBOs), traditional authorities, people living with HIV/AIDS (PLWHA) and the private sector as equal partners in district decision making, resource allocation and review processes (UNDP, 2005a:31).

Much of the detailed language in reports by international agencies on and about FBOs in Botswana highlighted their 'deficiencies' and consequent need for 'capacity building and empowerment':

Many FBOs remain on the margins of national AIDS responses for a number of reasons[...]A lack of capacity among some faith communities to engage effectively with HIV-related issues[...]The objectives of the UNAIDS–FBO strategic framework are to[...]Strengthen the capacity of FBOs to work on HIV issues (UNAIDS, 2009:9-11).

On-going engagement with FBOs necessitates ensuring that FBOs' leaders are approached, sensitised and incorporated into the development process. Critically providing hard data has proved time and again to be one of the best advocacy tools to win over FBOs (UNFPA, 2006:17).

In 2004, PEPFAR/Botswana and USAID/Botswana have supported initiatives through partners in several critical areas, including providing capacity assessment and capacity building of local nongovernmental, faith-based organizations to implement successful prevention programs among both the general population and several most-at-risk populations. These partners provide both technical assistance and organizational management capacity building (USAID, 2005b:5).

The promotion of FBOs within this discourse was a key programme strategy of the 'Government of Botswana's National Strategic Framework for HIV/AIDS 2003-2009' that stated:

FBOs have enormous potential to assist with the fight against HIV and AIDS and need to be enabled to address the growing needs of the National Response. With their increasingly important and active role in the fight against HIV/AIDS, experience must be harnessed, capacities built and systems strengthened (National Strategic Framework for HIV/AIDS, 2003-2009:66).

FBOs should coordinate among themselves, as well as participating in national coordination activities to minimise duplication, and enhance the establishment of complementary programmes, projects and activities (NACA, 2005:13).

The statements above demonstrate the extent to which the Government of Botswana had incorporated international HIV/AIDS discourse, conveying the same message as well as using the same language. The central message coming from the Government, as with

international agencies, could be summed up by the NACA co-ordinator who said "yes, we should work with churches, but with caution" (interview May/05). This Government strategy was part of the wider development discourse to strengthen civil society through a broader multi-stakeholder strategy (Chapters three and four). The following statements, taken from Ngamiland district office documents, convey how these discourses were conceptualised at local level:

> The Ngamiland district office has fostered civil society empowerment and action for HIV/AIDS prevention and care through the formation of a District Multi-sector AIDS Committee (DMSAC)[...]DMSAC recognises the importance of religious groups in the fight against HIV/AIDS and seeks to organise and develop their extensive rural networks for HIV/AIDS prevention, mitigation, care and support (NACA, 2004:47).

> While the church has often been silent and slow to lead on the issue of HIV/AIDS in the district, we now need them to step up to the platform, to work in partnership with government and other actors to assist their communities affected and infected with AIDS. (*Ngamiland District Commissioner*, interview May 05).

> The district Multi-sector HIV/AIDS committee in Ngamiland has identified specific objectives to be achieved in the field of HIV/AIDS mitigation that will result in the cumulating of several sectoral activities [...] attention needs to focus on empowering local churches to act and organise on behalf of their communities. Local churches knowledge about HIV/AIDS will assist in the design and implementation of HIV/AIDS activities in the region. (Ngamiland District Plan, 2005:3, 14).

Two points are worthy of discussion concerning these statements. Firstly, was the manner in which FBOs in Botswana were construed as 'disorganised' and 'disempowered'. As Escobar (1995) and many other development analysts demonstrated, this diagnosing of 'deficiency' is a key practice of development assistance agencies. It establishes and legitimates the power relations required for outside intervention. It appeared that official HIV/AIDS planners considered that the participation of FBOs in district level planning and implementation of HIV/AIDS activities required justification through an initial construction

of FBOs as weak and passive agents. Although construed as 'weak' they were at the same time also construed as 'knowledgeable' and 'active at the grassroots' level (USAID, 2006). This ambiguous portrayal of FBOs begins to reveal the complex and contested nature of their role in MSPs in the district, especially for planning and implementation of HIV/AIDS activities. This mixed and often contradictory view of FBOs is also supported by other literature:

> While churches are often characterised by silence, inaction, and institutional inertia, they also belong to the most active and engaged actors in organising responses to HIV/AIDS. They are running countless support groups for infected people and hospices specifically designed for the needs of AIDS patients; they provide medical, psychological, and spiritual counselling and have made their way into public education institutions, offering life skills-education-courses (Mills, 2007:48).

Secondly, are the ways in which the statements clearly showed how MSPs were constructed within the HIV/AIDS development discourses of western institutions, such as UNAIDS and WHO (as discussed in chapter four). This construction is key to achieving a powerful interrelated series of development goals and norms. In this context, these goals and norms included, either explicitly or implicitly, an array of the current 'buzz words' in HIV/AIDS development practice, such as 'FBO participation' 'capacity building' of FBOs and the 'empowerment of previously marginalised FBOs'. Furthermore the statements had a paternalistic and 'managerial' tone focusing on how the partnerships would 'create' and 'organise' the local organisations, 'foster' empowerment and 'assist' local people to 'take responsibility' for their future HIV/AIDS prevention and care. The result of this managerial confidence (further discussed in Chapters nine and ten), was that these partnerships optimistically proclaimed that implementation of the interventions they proposed would lead to achievement of their desired goals.

The impact and 'power' of this 'official' development discourse at the local level in Ngamiland was revealed in statements made by various FBO leaders and members. As can be seen in the following statements, local people clearly understood and appreciated the

concept of 'partnerships' as being important for promoting development in their community and legitimising their church:

> We the churches are becoming organised and have joined the many other players in the global fight against this devastating disease. We can offer our strengths. We acknowledge that we did not always act appropriately to the challenges posed by HIV/AIDs and we deeply regret instances where we have contributed to stigma, fear and misinformation but we also have played a positive role in counselling and home based care, in delayed sexual activity and in promoting faithfulness in married unions.

> We are happy to become partners in fighting this pandemic and to be here speaking to you today from this national platform, and in building partnership, we recapture the creation theology of Genesis 1-2. That is, God is the creator of everything and of all life; that God created all things good. Further, that God gave human beings stewardship - to maintain the earth's goodness. HIV and AIDS destroy God's created life and its goodness. By working with all stakeholders in the HIV/AIDS struggle and particularly with PLWHA organisations, we can see ourselves as being co-creators with God in fighting to maintain life and its goodness in the face of HIV/AIDS plunder [...]

> We must not let ourselves be overlooked by funders both at home and internationally. More often than not, our capacity has not been maximised because we have not received adequate levels of training or resources to address the impact of the disease. (*Chair of Pastors against Aids,* speaking at World AIDS Day 2004, Maun Stadium).

The tone of the latter statement in particular was undoubtedly shaped and generated by the enthusiasm created within the Pastor by the World AIDS day celebrations at which he said it. Yet, its rhetorical quality highlights how the traditional FBOs had both symbolically embraced and positively evaluated the development they have achieved. In another example, the pastor stated "(previously) we (African Independent FBOs) were not organised" going on to say that they had now "arrived at a stage of being on the national platform". Being involved in partnerships with other agencies, donors and government were also clearly identified by FBOs as 'progress' and 'advance'. This was also true of

their need to obtain 'state recognition' in order to gain further access to development resources and services for their congregations and larger communities. Partnerships were clearly embraced as representing a key stepping stone on the path to achieving 'development and legitimacy', most especially in the eyes of the leaders of the overarching FBO bodies such as the Organisation of African Independent Churches, the Botswana Christian Council and the Evangelical Fellowship of Botswana. This was truer for overarching bodies, such as those listed above, than for individual pastors who were not as familiar with the discourses and languages of development.

Two other statements also demonstrated the combined symbolic and material importance of MSPs for FBOs. During one interview and in response to the interview question, why are MSPs important?" one of the FBO leaders responded:

> There is more development when one has a partnerships, it's what brings development, what opens our knowledge, opens our understanding[...]it has brought a lot of progress, before we did not have health centres, ARVs for our children. The partnerships and projects we can get funded by being part of it gives us these things (*International Healing Church,* interview Nov 2004).

Another pastor stated:

> We (churches) need to recognise our own weakness in organisational structures and the need for technical support from UN agencies and NGOs in developing materials and capacity. We need financial support. Donor organisations need to recognise that churches can, and do, contribute resources including personnel and meeting facilities. While sometimes certain churches may feel shy or incompetent to work in partnership with UN agencies, NGOs and governments or to tap their skills and resources, it is time for churches to remember that, "the earth is the Lord's and all that is in it, the world and all those who live in it,"(Psalms 24:1). These other stakeholders must be seen as God's people, using God's gifts and equally labouring to maintain the goodness of the earth. Partnership should therefore be sought and developed. (*Apostolic Faith Mission,* interview Nov 2004).

Taken together, these three sets of statements from FBO pastors clearly show the extent to which the promise of the dominant HIV/AIDS development discourse concerning partnerships had been embraced. They also, however, show how they had been adapted to include theological elements, such as 'God's people, using God's gifts'. MSPs were deemed important because they were bringing 'development', although what exactly that consisted of remained quite vague. Partnerships, in and of themselves, had become the goal. Paraphrasing Escobar (1995:212) again, participating in development partnerships for HIV/AIDS mitigation had become the primary mechanism through which FBOs in rural Botswana imagined themselves and their situation, thus marginalising and precluding other ways of seeing and doing. While there were undoubtedly some elements of "public transcript"[110] (Scott, 1985) in the Pastor's statements, this fact only underlines the symbolic power that development and partnership discourse for HIV/AIDS mitigation had achieved in rural Botswana. Yet the statements also revealed the FBO pastors' understanding of development and the role of MSPs within this was more ambiguous and multiple than the dominant interventionist discourses of 'participation' utilised by donors and government. According to Foucault, discourses of partnerships are inevitably reinterpreted and re-appropriated in multiple ways because, as he stated, 'as soon as there is a power relation, there is a possibility of resistance' (Foucault, 1988:123). FBOs' pastors clearly saw partnerships as a channel for bringing increased resources into their churches, in addition to being a means of engaging in the HIV/AIDS dialogue. Belonging to a partnership was seen as a way to make claims for more material resources and as the means to make development come to their community and to gain status and be connected. At the same time, it was important that their theological discourse was not forgotten. Transcripts from interviewers with FBOs across all denominations repeatedly declared the importance of their faith and their religious practices in all facets of their work.

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[110] By public transcripts I mean established ways of behaving and speaking that fit particular actors in particular social settings, based Scott's (1986:137) "hidden and public transcripts".

7.3 Encounters of knowledge and power: FBOs participation in seven MSPs in Ngamiland

During the years 2003-2005, as discussed in chapter four, seven MSPs existed in Ngamiland in the field of HIV/AIDS. In order to understand these, it was necessary to embrace the complexity of different types of MSPs and the variety of interactions between large numbers of stakeholders each with their own requirements and agendas. The seven MSPs were the key research sites for this thesis's and were where the dominant discourses of HIV/AIDS development were translated and where the meanings, identities and knowledge concerning HIV/AIDS (and FBOs participation within them) were "formed and produced" (Foucault, 1972). For international donors, MSPs at the local level were a key strategic element of their HIV/AIDS programme capacity building and empowerment interventions. Local level stakeholders in general were enthusiastic in embracing MSPs; they saw them as both important symbolic and material representations of 'development'. In this sense, the various practices associated with MSPs demonstrated the powerful effects of the dominant 'managerialist' and 'modernist' discourses of International HIV/AIDS development. Analysis over the next few chapters shows, however, that these discourses can be transformed and even resisted at local level.

The following sections examines the practices and strategies of local FBOs at the MSP 'sites' in order to make visible the contests of meaning and values that cumulatively shaped the power and knowledge relations between international donors, local government and local CSOs. This is done through an analysis of who participated, whose knowledge counted and who controlled the decision making processes.

MSP	Aims	Participants	Initiated by	Chairperson	Membership	Agendas
DMSAC	To develop, facilitate and monitor district-level responses to HIV/AIDS.	Govt staff , NGOs, FBOs, private sector, CBOs, key experts	Govt	Govt official (Motswana)	Invited	Planned and presented or produced at meeting.
ACHAP	to provide comprehensive support-including HIV/AIDS prevention, treatment and care-in recognition of the many links among these areas	Govt staff, NGOs, FBOs, private sector, CBOs, key experts	ACHAP	Changing (all non-Batswana)	Elected	Planned and presented at meetings.
Ngamiland CSO partnership	To build linkages to share information, resources and enhance collaboration to achieve greater total effect, in order to prevent organisations from re-inventing the wheel and help more programmes from pilot to scale to achieve greater impact	NGOs, FBOs, private sector, CBOs, key experts	Love Botswana	Deputy head of programme Love Botswana (non-Motswana)	Invited	Agenda prepared and delivered by email to participants for comment prior to meeting.
Ngamiland NGO Coalition	Empower NGOs (including CSOs and FBOs) and the private sector to collaborate HIV/AIDS information and resource sharing and to work with government in co-ordinating HIV/AIDS activities in Ngamiland	NGOs, FBOs, private sector, CBOs, key experts	Okavango Wilderness Safaris	Director from Wilderness Safaris (non-Motswana)	Invited	Agenda prepared and delivered by email to participants for comment prior to meeting.

MSP	Aims	Participants	Initiated by	Chairperson	Membership	Agendas
Maun Counselling Centre	To mobilise local churches and faith-based organisations in the fight against AIDS and to support orphans and their extended families in the Ngamiland district	Govt staff, NGOs, FBOs, private sector, CBOs	BOCAIP/ Govt	Head of MCC (non-Motswana)	Invited	No agenda explicitly planned in advance, constructed informally at meetings
Kabiso Pelo	To explore the possibility of establishing a multi-organisation highly specialised professional and holistic consultation and treatment centre which would include testing, counselling, family support, home based care as well as holistic medicine (herbal and homeopathic)	FBOs, Govt staff, private sector, NGO	Catholic Church	Head of the Catholic Church (non-Motswana)	Self-selected	No agenda explicitly planned in advance, constructed informally at meetings
Community Instrument Group	To mobilise local organisations to work together, to share information, co-ordinate their activities and network in the district.	Govt staff, NGOs, FBOs, CBOs, key experts	Various NGOs	Thuso Rehabilitation Centre physiotherapist (non-Motswana)	Self-selected	No agenda explicitly planned in advance, constructed informally at meetings

Table 4   Summary of seven MSP in Ngamiland, their aims, stakeholders, chairperson, membership and agenda

7.3.1 Participation in MSPs in Ngamiland

The discourse on MSPs at national level was replete with motivations for FBOs to participate in MSPs, including to "strengthen FBO capacity", to "empower FBOs" (NACA, 2004:31); and "to build on their strengths" (USAID, 2005:2). Framing of local MSPs reflected a clear orientation towards national and international language with aims that endorsed international discourses on FBO capacity. Framing was aimed at convincing actors of the potential of MSPs for true collaborative engagement with other partners, of the positive effects MSPs would bring to the geographically marginalised region and to the FBOs themselves and the communities they served. At the local level, however, FBOs used an altogether different language when talking about their motivations and hopes for participation.

The first HIV/AIDS collaboration between FBOs in Ngamiland was by an international *FBO, the Evangelical Lutheran Church*, in 1998; and was called the Maun Counselling Centre (MCC). It stemmed from the national faith-based network Botswana Christian AIDS Intervention Program (BOCAIP). BOCAIP was an umbrella organisation comprising of local Christian initiatives from across the country and other Christian AIDS organisations and institutions concerned with the HIV/AIDS pandemic in Botswana. According to the constitution of *MCC*, their aim was:

> To mobilise local churches and faith-based organisations in the fight against AIDS and to support orphans and their extended families in the Ngamiland district (MCC annual report, 2000:1).

Most FBO partners in the *MCC* portrayed the notion of 'coming together to harness and mobilise resources to address an identified, common problem' as a central force in their rationale for the partnership. For example, the chairperson talked about never having had:

> as an individual, the expertise that a combination of people have so that unless you[…] are actually working on a collaborative basis[…] you are

beating your head against a brick wall (*Chairperson MCC*, interviewed Nov 2004).

World Harvesting Church FBO, (interview Oct 2004), intimated the potency of coming together when she stated that by "joining all the skills and expertise together then we can achieve a better outcome." This conveyed the sentiment that joining together around a perceived common issue was desirable. Indeed in all seven MSPs, almost all FBO partners stated the desirability of coming together to address a common concern, namely HIVAIDS. While this appeared to be quite straightforward as a commonly shared rationale, when partner interests and agendas were examined in more detail, it became apparent that each partner, and each partner's seemingly similar rationale, was in fact circumscribed by different, not necessarily competing, interests that unravelled a complexity of interplay in the MSPs. It also became apparent that while most of the FBOs used the language of 'partnership', there were few who felt that any of the MSPs were close to fully actualising the concept and several FBOs were actively sceptical about the concept in practice. The main difficulty they had with the partnership idea could be summarised as frustration with the realisation that "control of the funds meant control of the program" (*Maun Christian Assembly*, interview Oct 2004).

Below I provide a selection of the comments from FBOs on their understanding of the word 'partnership':

> For me the word means being equal with the other participants, having an equal say, I don't think that is what happens in reality but I think that is how it should be. In reality one group is always dominant, and that group is the one with the funds (*Seven Day Adventist FBO*, interview April 2004).

> It is not a word I heard until recently, but now no matter what I attend, it is all around me. It is meaningless, just one of those words donors love to use to make us feel as if they value us when at the same time they dictate to us what to do. Now government people keep saying it as well, as they always like to impress the donors with their knowledge, but we all know the government here will never see us as partners, if they did, where is the funding? Where are our offices? (*Word of Africa FBO,* interview April 2004).

> We all have a common goal; to alleviate the suffering of people from AIDS,
> we all need to do this together, there is no room for one group such as the
> government to work alone, but here in Botswana we have always worked
> together, that is what the Kogtla system is for, we have helped each other in
> times of need and this is what we are doing now[...]some call it partnership,
> the words don't matter, it is the actions that count (*Bible Life FBO*,
> interview March 2004).

From these observations, it is clear that the concept of partnerships and participation held very different meanings for local FBOs compared to the intentions of government and international agencies. For example, while international MSP discourse understood partnerships and participation to encompass 'capacity building', 'empowerment' and 'participation', local FBOs translated them in a much more pragmatic and utilitarian ways in terms of 'funds' and 'offices'. Though the dominant HIV/AIDS development discourse enabled the induction, formation and function of MSPs, it could not prevent local FBOs from reinterpreting and effectively redefining their practical meaning 'on the ground'.

Although all seven MSP initiatives attempted to instil 'buy-in' through the development and implementation of 'procedures' and 'rules', such as the need for regular and active attendance and commitment (including financial) to engage in supporting activities in their terms of membership (DMSAC 2001:14, Ngamiland CSO partnership 2005), adherence to these by actors from all sectors was usually very poor. Most serious examples of this lack of adherence included complete non-attendance at, or indeed regular cancellation of, meeting (this was especially true of the DMSAC). Other examples included the 'manner of participation' of many stakeholders both during and between meetings, for example by regularly making and receiving phone calls; coming and going whilst meetings were in progress; leaving early and/or arriving late; lack of delivery (of assigned tasks); delegation of tasks to those not in attendance, and; refusal to donate towards running costs. Interestingly, however, attendance and participation were often better when there were funds to be distributed (for example on World AIDS day) or where there was a perception that this might be the case. For example, the *ACHAP* was better attended and rules adhered to seemingly purely on the perception that funds might be made available. Participation in MSPs was, therefore, often

maintained in an informal and loose manner seemingly in order to sustain social relations to the more 'powerful' social actors represented in and by MSPs only changing when the possibility of gaining resources emerged. This showed how MSP discourses were largely reinterpreted at the local level to suit the FBOs own agendas.

In theoretical terms then, the dominant international discourse of MSPs established relations of power that at least enabled MSPs to be initiated. These power relations were not, however, fixed, but remained variable, multiple and contested as suggested by Foucault (1983). Local organisations, while remaining within MSPs, also established power relations were also able to subvert them according to their own 'subjugated local knowledge', for example of how they and their traditional social relations worked in Ngamiland. As described above, many of the stated objectives of the MSPs reflected the intentions of international and national HIV/AIDS discourse, yet conversely they were utilised within the dominant relations of power by local FBOs for their own perceived benefits according to their own knowledge and identities.

7.3.2   Whose Knowledge counts?

As the international development discourse of the time followed a strict western biomedical model in addressing and portraying HIV/AIDS mitigation, and the same had been adopted by the Government of Botswana, only those capable of providing 'scientific information' were included in many MSPs deliberations. From my observations of MSP meetings, the more conflict there was, the more tightly they were controlled by Government staff or international donors and the more 'scientific information' was utilised. FBOs often complained that their input and knowledge was not listened to, especially in the DMSAC and ACHAP partnerships. They saw this as an indication that the Government and donors neither trusted them nor valued their own (local and indigenous) knowledge of, and expertise in, HIV/AIDS issues. Below I have given some examples of the comments of government officers about FBOs 'knowledge' that reinforces this view:

> The HIV/AIDS programmes here could have just gone on without any FBO input whatsoever [...] FBOs are really not aware what is going on or indeed

what the best approaches are (*Social Worker,* Ministry of Social Welfare, interview, February 2005).

You've got to get communities changing their attitudes and its going to be a long-term things but you've got to get these people thinking differently about HIV/AIDS and come in line with our [Government] thinking. (*Senior Nurse,* Ministry of Health, interview March 2005).

Why have FBOs been asked to participate, you just can't go out and say [to FBOs] what are the issues in relation to HIV/AIDS? Because they are not going to come up with the real issues. I don't think there's a point in consultation because it just muddies the water. I think government would be better to make the decision based on medical science. (*Nurse,* Ministry of Health, interview March 2005).

Throughout interviews with government staff, they questioned the validity and relevance of FBOs knowledge and involvement. When asked why FBOs were included, responses suggested that it was for reasons such as a need to justify the actions of government in setting up partnerships, or to teach FBOs, or to provide them with an opportunity to at least 'have their say'. It was not necessarily seen as a way to allow FBOs to have any power or influence in decision making in relation to HIV/AIDS.

An example of the importance of having the 'right knowledge' was shown in the *MCC*. One of the major and on-going activities of this particular MSP was that of HIV/AIDS counselling and because of this, the MSP embarked on a major counselling training programme for all NGOs, FBOs and CBOs in the region. The programme was developed and co-ordinated by an American psychologist. She provided a six-week 'train the trainers' course for members of the MCC. Subsequently, those who had been trained were to run the MCCs' own counselling programme based on and using the training they had themselves received. As time went on, there was more and more debate at board level on the content and delivery of the course. It was felt that the theories, models and interventions used were all derived from a western understanding of counselling, education, psychology, anthropology and sociology. For example, there was no place for the inclusion of community based HIV/AIDS knowledge in general and traditional/faith HIV/AIDS healing practices in particular. Eight out of the twelve board members felt great disappointment on the content of the counselling course as

well as the counselling approach provided by the centre. One of the partnerships' pastors felt:

> Local communities beliefs around health and ill health were not taken into consideration, issues such as phekolo [the chasing away of evil spirits], boswagadi [ritual cleaning of widows and widowers], and ditalo [a ritual through which the causes of illness are determined] were not even discussed. (*St. Cana Apostolic in Zion FBO,* interview April 2004).

> The therapeutic value of many traditional healing rituals was ignored and when I broached the subject, I was accused of paganism and superstition, even though many of the ritual and herbal practices would be acceptable and compatible with the Gospel. Jesus too used rituals and herbs. He healed with spittle and earth, he sent the leper to show himself to the Priest in accord with the Jewish rituals regarding leprosy and impurity. (*United Pentecostal Church, FBO* interview April 2004).

It became apparent that, at board level, one of the MCC's major concerns was that it would not receive funding if they even considered using the term 'traditional' in relation to the counselling work they did. The then *Director of MCC* stated:

> If the centre is to be viable, modern medical approaches have to be used and traditional medicine has to be ignored...it is not that I or the pastors are against such healing practices, but we are all too aware that these are words that will lead to the downward spiral of the centre as no international donor will touch us....We had no choice therefore but to convince the other pastors of this, who eventually all saw sense (interview, April 2004).

A number of other pastors interviewed (*St. David FBO, Mana from Heaven FBO, Citadel in Christ FBO, Ondundu Sinai FBO, Forward in Faith FBO* interviews April 2004) stated in private that they felt that it wrong that the centre ignored indigenous healing knowledge but agreed that, at least in public, that they had no choice but to condemn such practices outright.

The then *Chairperson of the Board* stated:
> Too often in life we focus on things we cannot change to the detriment of the things we can. We cannot change the western view of the world but

hopefully we can influence the work of the centre in other ways (interview April 2004).

He had obviously been successful in putting this viewpoint across to the other board members as it was reiterated repeatedly by other board members. Two of the other pastors in the partnership stated that for the sake of future development they had to accept that "western ways, while not always the only way, were the ones that got funded" (*St. John Apostolic Faith Mission and Assemblies of God FBO,* interview May 2004).

Another example was the *Catholic Churches* proposed treatment centre *Kabiso Pelo*. In 2002 *the Head of the Catholic Church* believed the time was right to upscale the Catholic Churches HIV/AIDS work in Maun and set about establishing a highly specialised professional and holistic consultation and treatment centre called 'Kabiso Pelo. The aim of the centre was to provide a holistic service to include testing, counselling, family support and home based care. The centre was to be based on holistic medicine (herbal and homeopathic) that had been used successfully in Peru. The *Head of the Catholic Church* set up a MSP to assist in the development and funding of the proposed centre, drawn from membership of the Catholic Church, Maun village community, health professionals from the hospital in Maun and a private medical clinic in Maun. The MSP was chaired by the *Head of the Catholic Church*. After a number of meetings it was proposed that they would apply for funding from NACA but the centre would remain under the auspices of the Catholic Church. Initially meetings of *Kabiso Pelo* had over thirty people including two University of Botswana professors, the matron of the hospital and a nurse from Delta Medical (a private practice in Ngamiland). While waiting for funding from the centre the MSP produced an award winning AIDS documentary on the impact of AIDS in Ngamiland. It received much acclaim even by then President of Botswana and the then *Minister for Health*.

When it came to supporting the *Kabiso Pelo* centre there was, however, less enthusiasm. Due to the success of the video, the *Head of the Catholic Church* was able to secure meetings with the *Minister of Health* and district officials. The *Head of the Catholic Church* felt that initially the Minister of Health seemed positive when he met

with her. NACA was less so, stating that they would have to get confirmation from WHO that their holistic medicine was approved which the head of the Catholic Church felt was just impossible. They also met the *DMSAC co-ordinator* and the *District Commissioner*, and while they were positive about the centre, felt it was virtually impossible to get projects funded that were not in line with the district HIV/AIDS plans. Soon afterwards, the *Head of the Catholic Church* received an official response from NACA that stated they could not fund the project at that time. They stated that the centre was not aligned with the aims of the district and national HIV/AIDS plans.

The *Bishop of Francistown* was also not in favour of the centre. When I interviewed the Bishop of Francistown he said that while he supported and admired the *Head of the Catholic Church's* courage and tireless working, he felt he asked too much of the culture he operated within. He felt the *Head of the Catholic Church* in Maun "always had 'big plans' and while his ideas always held merit they were way beyond the ability of the small catholic church in Botswana and were too much of a challenge for the Botswana government (interview, April 04).

Slowly as it became known that funding was an issue, some members left the MSP and before long the MSP disbanded. The then *Treasurer of Kabiso Pelo* felt that the initiative "was too strongly from head of the Catholic Church". He felt that generally people 'affected by AIDS' joined HIV/AIDS groups because they think money is going to come to the group and that they are likely to get a share or even perhaps a job if the groups projects are established enough, when it became apparent that *Kabiso Pelo* was struggling to get any funding, members slowly drifted off until in the end there was only the secretary (infected), himself (infected) and *Head of the Catholic Church* although he felt that the members had been excited by the idea of an alternative approach to living with HIV and AIDS.[111]

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[111] Drawn from interviews with the *Head of the Catholic Church*, Oct and Nov 2003, the *Bishop of Francistown* interview April 2004, the *Treasurer of Kabiso Pelo*, interview Dec 2003 and the *Secretary of Kabiso Pelo* interview June 2004

The conflict over the 'right' form of treatment and care in the fight against HIV/AIDS' illustrates a number of Foucauldian principles. The fact that conflicting models of AIDS treatment and care exist in the first place demonstrates Foucault's view, set out in The Archaeology of Knowledge (1972), that discourses are human constructs which bring an object into being, or produce a social reality. There is no such thing as objective reality, or 'the truth'. Medical models are constructed by human perception, and this is fallible. All discursive constructions are open to challenge, and indeed the hegemonic paradigm that the HI-virus exists and is the cause of AIDS is still being disputed, although, as Treichler comments, the 'unifying signifiers' of HIV and AIDS appear to settle the question and "make it possible to proceed in discourse as though the questions have been resolved" (2007:168). Also, the power of discourse is contingent on the dynamics of power operating within society, and the dynamism of power structures implies the instability of discourse. Whether or not a particular discourse enjoys power depends on whether it is favoured by those who have power and will be able to give it institutional force.

7.3.3   Control of decision making

This section examines control of decision making by examining three typical meetings from three MSPs, *the NGO Coalition*, *Kabiso Pelo*, and the *Ngamiland Community Instrument Partnership*. Following Foucault this section does not focus on what kinds of decisions were made in these meetings but on how decisions were made (Foucault, 1983).

Controlling the agenda was one of the main ways of controlling decision-making in MSPs as the ability to include or exclude certain topics for discussion was a means of exercising power; this particular control mechanism was prevalent in all four of the MSPs. *Kabiso Pelo* meetings didn't use an agenda, while the *Ngamiland Community Instrument Partnership* and the *MCC* left room for ambiguous perceptions of who was eligible to decide on agendas, and on when decisions would be made and on what grounds. In the *NGO Coalition*, for example, and for each meeting, the *Director of Okavango Wilderness Safaris,* (the MSP initiator), would simply send an email with his proposed agenda the day prior to meetings. Any additions to this had to be made before

the meeting as changes were not allowed during the meeting with strict adherence to the agenda by the chairperson. As many of the FBOs invited and/or in attendance didn't have access to email, this approach to agenda setting excluded them from raising their issues for discussion and consequently controlled their ability to influence decision-making.

Analysis of interactions at the MSP meetings revealed, however, that power was exercised both by decision-making and non-decision making actions and abilities. Fairclough and Wodak (2007) observed that a typical way of exercising power was to present decisions that had already been made elsewhere as agenda items. Similarly I observed that power was exercised in MSP meetings by the presentation of certain agenda items as matters that had already been thoroughly negotiated and agreed upon elsewhere, together with partners. Examples of this from the case-study MSPs included the appointment of the *Deputy Head of programmes*, from Love Botswana to the ACHAP. In this instance, she was presented as the Ngamiland CSO partnership's 'candidate of choice' despite no such agreement having been reached at Ngamiland CSO partnership meetings. Another example was from the NGO Coalition where the *Okavango Wilderness Safari's director* regularly presented ideas to government and donor officials without any prior discussion with members of his MSP. A third example was where the *Head of Programmes* for Love Botswana presented their organisation to donors in the US as representing the CSOs of Northern Botswana. This was done without any prior discussion with, or mandate from, these CSOs. Even in cases where FBOs were discursively constructed as important decision makers, such as in the Ngamiland CSO partnership the final decision on 'what to decide' remained in the hands of foreign co-ordinators and chairpersons.

Another means of exercising decision making ability, and ultimately power, in meetings was the 'use of documents'. The use of documents to support an argument and for one's own point of view was a regular occurrence in MSPs, most especially the *Ngamiland CSO partnership* and *ACHAP*. In every meeting there were different documents in diverse use. Documents were used both in the actual discussion and referred to by participants. Reference was made to documents exchanged in the past, or documents that would be drafted and used later.

Another control or power mechanism utilised was that of speaking a language that other partners did not understand in order to negotiate strategy. All the MSPs were comprised of both Batswana and non-Batswana partners. Use of Setswana, and other non-English languages, enabled discussions to be held that were not meant for 'others' ears' both during and in-between meetings. This action was especially apparent in the *ACHAP* and the *DMSAC*, where Batswana participants regularly broke into Setswana when conflicts arose (either about HIV/AIDS issues or other matters, such as the procedures of the meeting). Participants would return to speaking English when they had resolved the issue, and/or present a succinct summary of what they had wanted to say. Use of this practice was not limited to Setswana speakers. For example, the *Chairperson* of the *NGO Coalition* also regularly broke into Afrikaans when he became annoyed during the meetings, and I witnessed a number of instances of foreign donors speaking in their own language to each other at the national *ACHAP* meetings.

7.4   Conclusion

The above analysis demonstrated the key role played by outside coordinators in establishing and facilitating local MSPs. While partnerships were intended to build the capacity of local organisations and empower local people, allowing them to participate in MSPs, it was clear that outside initiatives and support were also fundamental in the successes and failures of the various MSPs. The histories of all these MSPs also reveal the two key elements of the reasons they were supported by a number of actors, especially FBOs. Firstly, the belief that they would provide access to significant outside resources and secondly, that they would help in establishing, or confirming, their legitimacy.

This analysis of MSPs also supports the local 'development knowledge' voiced by local FBOs as introduced in the first section of this chapter (which focused on the pragmatic usefulness of MSPs in attracting development resources to their community). Participation took on a different meaning in this local understanding. In much partnership literature, these terms refer to 'internal' and 'autonomous' local community action, with previously marginal groups validating their abilities and resources,

asserting power and the ability to participate in local decision-making and economic activity (Piertse, 2000). In contrast, local FBOs held a different understanding of empowerment and participation that focused on their relations with actors external to their community. In their understanding, empowerment became their ability to organise themselves and make claims in order to access external development resources and in a similar manner, their participation also became their ability, through their associations in the MSPs, to establish external relations. They perceived that it was these relations that then allowed them to participate in the development programmes operating in their region. MSPs were seen as a means of 'upward mobility' through adaptation and conformation to the established practices of external development interventions (Piertse, 2000). The primary concern of local FBOs in relation to MSPs was 'how to access resources' rather than how to be involved. Participation of FBOs was also a 'development technology' pushed by development agencies to satisfy a range of economic and political objectives, rather than one demanded by local FBOs. Since 1998, some FBOs in the district, such as the *Catholic Church*, had participated in all MSPs in Ngamiland. This participation had given them a keen insight and knowledge into development trajectory. MSPs required that FBOs transcend individual differences in order to foster relationships for the good of those infected and affected by HIV/AIDS.

In the next chapter, I will turn my attention to an in-depth case study focusing on the encounters of FBOs in a newly establish (at the time of field research 2004), faith-initiated, partnership; namely the *Ngamiland CSO partnership*. I will also explore this partnership's interface with the tripartite partnership of the *ACHAP* and the *DMSAC* in Ngamiland. I will focus on some of the more complex social processes, both observed and reported, in order to reveal the contested and negotiated nature of development at the local level.

8 That which frames and constrains: Discourse and FBO participation in MSPs

8.1 Introduction

The events examined in chapter seven showed that the promotion and development of MSPs for HIV/AIDS mitigation were difficult and contentious, marked by competing interests, different understandings, and variable identities of the different social actors involved. This and the next chapter focus on a detailed case study, the *Ngamiland CSO partnership*. I studied this MSP in depth from its inception in 2004 through to its eventual decline a year later in 2005. During this period, I also witnessed its interface with two other MSPs in the District, namely *ACHAP* and the *DMSAC*. Analysis presented in the next two chapters draws on fieldwork from the encounters witnessed within and between these three MSPs.

The aim of this chapter is to explain the way in which FBOs were categorised and acted upon as 'objects' (explained in Chapter two in detail), as well as how this was carried out within the auspices of neoliberalism. In order to achieve this, reference is made to the works of Mosse (2003; 2004 and 2005) and Ferguson's influential text '*The Anti-politics machine: 'development', depoliticisation, and bureaucratic power in Lesotho*' (1990). The chapter commences by considering the global standardisation of development planning and management and describes how these are manifest in the practice of MSPs (see Kumar and Corbridge, 2002). Chapter seven considered the language of managerialism and deficiency embodied in MSPs, whereas in this chapter these concepts are expanded upon further and an explanation given as to how this language functioned to frame initial actions, guided the MSP agenda and largely predetermined the possible outputs that can be produced. The 'toolkit' of development management, such as use of workshops, Logical Framework Analysis templates, and evidence based planning are identified, as well as how these were used. In addition, the way in which this phenomenon was reproduced globally is traced and described. Following this description, more detailed consideration is given as to how this trend was increasingly evident in the functioning of the MSPs, by identifying FBO accounts of standardisation within the context of the three MSPs.

This chapter focuses on the actors that were afforded the status to speak and the historically dense assumptions that underpinned their privileged position. The way in which development experts facilitated the uniformity and highly prescriptive outcomes produced by development discourse are shown, as is the way in which these individuals of authority were subsumed by the discourse within which they spoke. The chapter concludes by extending Mosse's (2005) analysis of participatory development projects, drawing on Ferguson's (1990) notion of depoliticisation. Specifically, it assess the ways in which the MSPs functioned (including the selection process, the actions of development experts, the western templates, and the highly stylised nature of 'donor speak') and the way in which this functioning acted to depoliticise capacity building and empowerment of FBOs for HIV/AIDS mitigation. It shows how this reduced them simply to technical problems and ones to which no one could object. Chapter nine then reveals how these discourses of development are not monolithic or fixed, but rather remain critical sites of encounter where FBOs struggle and manoeuvre for political, social and economic advantage.

Before starting the analysis, a timeline of events of the *Ngamiland CSO partnership* is presented in Table5 for ease of reference.

Date / Timeframe	Key milestones
Nov 29, 2004	*Love Botswana*: idea of CSOs partnership formed.
Dec 7th, 2004	Meeting with *Love Botswana* HIV/AIDS team re: establishment of partnership strategy. Formulated ideas and strategy for formation of partnership. Developed needs assessment form for CSOs.
Jan 10th, 2005	Produced draft objectives and outputs for partnership and distributed these to other CSOs before first meeting. Organised and held individual follow up meetings with all CSOs to ensure 'buy in'.
Jan 31st, 2005	1st meeting of Ngamiland CSO partnership: Objectives ratified by meeting. *Love Botswana Head of Programmes* self-appointed as chair and thus as person to introduce partnership to key government officers and donor organisations. Decided to invite USAID to speak on funding at next meeting.
Feb 5th, 2005	*Love Botswana* sent letter to *DMSAC* to introduce **Ngamiland CSO partnership** and to request permission to attend *DMSAC* meetings as CSO representative. Attendance at *DMSAC* approved.
Feb 11th, 2005	Quarterly **DMSAC Meeting**. *Love Botswana* attended on behalf of **Ngamiland**

Date / Timeframe	Key milestones
	CSO partnership. Announcement of possible *ACHAP* funding for Ngamiland region, conditional on district plan being submitted and approved. *Love Botswana* volunteered and was approved to write and submit district plan to *ACHAP*.
Feb 13th, 2005	Meeting of *Ngamiland CSO partnership*. USAID presentation on funding confirmed the possibility of *ACHAP* funding coming to district.
Feb 12th - March 18th, 2005	Subgroup of *DMSAC* met to formulate and submit district proposal for *ACHAP* funding (*Love Botswana*, with input from *MCC*, *DMSAC* Coordinator and COCEPWA).
February 25th, 2005	*Ngamiland CSO partnership* **meeting.** Discussions centred on likelihood of *ACHAP* choosing Ngamiland as one of seven districts to receive funding based on informal meeting between *Love Botswana Head of Programmes* and *ACHAP Programme Officer*
February 27th, 2005	Specially convened *DMSAC* **Meeting**; *ACHAP Programme Office* present. Ngamiland officially chosen as one of the seven districts. District partners informed that a district level comprehensive HIV/AIDS plan needed to be ready for *ACHAP*. District Workshop to be held in Maun in line with *ACHAP* priorities (templates provided).
March 3rd, 2005	Urgent *Ngamiland CSO partnership* meeting for CSOs to formulate plans to be submitted to *Love Botswana* for *ACHAP* District workshop.
March 8th, 2005	*ACHAP* **District Workshop**. Discussed plans and the need to further improve on them. Also, announced that the district needed to elect six representatives, at least two of whom should represent the CSO sector of the district at the *ACHAP* Regional workshop at Francistown.
March 15th, 2005	*Ngamiland CSO partnership* meeting to finalise plans to select two representatives to represent CSOs at the *ACHAP* Regional workshop.
March 18th, 2005	Specially convened *DMSAC* **meeting** to formulate district plan for *ACHAP* Regional Workshop and to choose district representatives. *DMSAC* agreed on three representatives proposed by *Ngamiland CSO partnership* and elected a further three from the government sector.
March 21st-23rd, 2005	*ACHAP* **Regional Workshop in Francistown**. Determined that plans needed further work, for example it needed to include more actors and more focus on *ACHAP* priority areas. Templates given.
March 30th, 2005	*Ngamiland CSO partnership* meeting; feedback from Francistown presented. Explained two new plans needed. Templates for plans distributed, first for 1st April and the second for 11th April .
April 11th, 2005	Ngamiland CSO partnership to finalise ACHAP plans.
April 15th, 2005	*ACHAP Ngamiland District planning workshop.* Final plan approval for *ACHAP* National workshop. Many partners had not submitted plans as were not part of *Ngamiland CSO partnership*. Templates distributed at meeting and all members requested to state what they wanted funded.
April 20th-22nd, 2005	*ACHAP* **National Workshop**. All district plans approved.
May 9th, 2005	*Ngamiland CSO partnership* meeting. Feedback from *ACHAP* National workshop.
May 9th to May 19th, 2005	Disquiet among CSOs with above outlined process and outcomes.
May 19th, 2005	CSO organised meeting with new *District AIDS Co-ordinator* to discuss concerns about *Ngamiland CSO partnership /ACHAP* process and the role of *Love*

Date / Timeframe	Key milestones
	Botswana.
June 10th, 2005	*Ngamiland CSO partnership* **meeting**: After much debate on the concerns of CSOs over the *ACHAP* process, a number of CSOs walked out.
June 10th, 2005	Ngamiland CSO partnership disbanded.

Table 5   **Timeline of events for the Ngamiland CSO partnership in Ngamiland**

8.2   Standardisation of HIV/AIDS planning and management at local level

> Development management is concerned with the relation between investment and outputs over a specific time-frame. Like other auditing techniques, it relies on the production and manipulation of texts through which these relations can be quantified and controlled (Green, 2003:129).

> Because of the way "development" interventions are institutionalised, there are strong tendencies for programs to be mixed and matched out of a given set of available choices (Ferguson, 1990: 259).

Chapter five discussed the highly standardised features of HIV/AIDS development planning and management at international and national level. It argued that Botswana policy and strategy on HIV/AIDS relied heavily on international organisations and expert advice in the development of policies in the HIV/AIDS sector. It showed how the Government of Botswana worked extensively with UNAIDS, ACHAP and the World Bank (NACA, 2004). As a direct consequence of this, much of the overarching structure established in Botswana, such as the National AIDS Council (NAC), the National AIDS Co-coordinating Agency (NACA), the District Multi-Sectoral AIDS Committees (DMSACs) and the Village Multi-Sectoral AIDS Committee (VMSACs), were all in line with directives from UNAIDS, the Global Fund and ACHAP.

8.2.1   MSPs as 'tools' in development management

Mosse (2005) discussed the highly standardised features of development planning in western India. His work represented a substantial contribution to understanding the

social processes of a specific site of international development intervention (see also Mosse, 2012; Mosse and Lewis, 2006, 1998; Moore, 1999, 2005; Anders, 2005; and Li, 2007). Importantly, it identified the key role that institutionalised management tools played in development planning, as well as how auditing techniques, for instance quantification of inputs and outputs with very specific timeframes, were unproblematically applied to development planning and interventions (Mosse, 2004:129; see also Townsend *et al*., 2002 and chapter four). In his latest work, Mosse (2012) returns to this issue, again exploring the paradox of development practice that, under donor pressure, claims to promote unprecedented levels of community participation and local ownership and yet simultaneously makes itself increasingly 'technicised', and therefore removed from those communities, in order to fulfil donors' demands for accountability. Ferguson (1990) also identified this institutionalised standardisation, arguing how development came as 'packages' of standard available 'inputs', adding that:

> non-standard, unfamiliar elements are more difficult for a large routinised bureaucracy to implement and evaluate, and thus are less likely to be approved. With standardised elements, things are much easier. (Ferguson, 1990:259).

Mosse (2004), although discussing MSPs in the water sector, highlighted two key points relevant to this study. His points are especially relevant in relation to the underlying objectives and standardising effects of MSPs. Firstly, was how MSPs were essentially about building credibility and legitimacy for intervention among particular social constituencies recognised by the international and national donors as having a 'stake' in the process. Secondly, was how the 'stakeholder category' was prescribed to always include donor and government representatives, as well as carefully selected representatives from civil society (including FBOs, NGOs, CBOs, PLWHA) and the private sector etc. Here, Mosse (2004) pointed out that the stakeholder category was to an extent created through an artificial and 'careful' selection of participants that would in itself determine the knowledge created within and by the MSPs and therefore limited it in terms of its stated aims and objectives.

Similar to the findings of Mosse (2004), shaping the rules of selection of members, and in doing so ensuring that chosen members were likely to acquiesce to their interests, was one of the strategies that *Love Botswana* used to manipulate the *Ngamiland CSO partnership*. At preliminary meetings on the formation of the *Ngamiland CSO partnership*, the *Head of Love Botswana, and Deputy Head of programmes,* stressed that it was not necessary to invite African Independent Churches. They based this, not on their own disagreement with AICs' theological and healing practices, but rather as they knew from their interviews with development agencies that donors did not agree with such practices. *Love Botswana* also knew that they were not popular with mainline churches and so urged cautious dealing with them. They felt it best not to invite organisations with, what they perceived to be, 'strong, troublesome leaders', singling out two local NGOs in particular. They hoped that by shaping the selection and identity of the partnership members, they would also be able to control the discourse of the partnership to benefit them as an organisation[112].

The same was true for the *ACHAP* who used slightly more subtle practices to shape participation in the MSP. In choosing which district they wanted to work with, the *ACHAP* wanted 'strong' districts where they could see 'real change'. Initially, and on that basis, they were not going to choose Ngamiland, but when they saw the plan written by *Love Botswana*, and how professional it was, they decided to include the district (interview *Programme Officer* for *ACHAP*, March 2005). This demonstrated that the *ACHAP* also carefully selected which districts to partner with in order to get the best return on their investment.

8.2.2   Toolkits for HIV/AIDS development planning

Similar to Mosse (2004), institutionalised management tools were also key features of MSPs in Ngamiland, with stakeholder acceptance and use of these techniques resulting in similar constraining effects. For example, the *ACHAP* applied numerous templates based on both the Logical Framework Approach (LFA) and the Evidence Based

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[112] Compiled from observational notes taken in December 2004, and interviews with the *Head of Love Botswana and the Deputy Head of Love Botswana* Dec 2004

Planning Toolkit (both developed in the USA by American consultants) in a range of circumstances throughout their planning and partnership process.

According to World Bank (2005:29), the LFA is:

> a long established activity design methodology used by a range of major multilateral and bilateral donors…[aiming to provide] a systematic analysis of the development situation, particularly key development problems, [while also providing] options for addressing those problems.

One of the generic products of the LFA is The Logical Framework Matrix (LFM)[113] that usually consists of a matrix with four columns and four (or more) rows summarising the key elements of a project namely

The project's hierarchy of objectives (project descriptions or project intervention logic);

The project environment and key external factors critical to the project's success (assumptions) and;

How the project's achievements will be monitored and evaluated (indicators and sources of verification).

It is recommended by donors to use the log frame as the basis of the funding application and then throughout the project lifecycle to track progress and adapt to changing situations.[114].

Aimed at providing measurable quantification of specific aid activities, the matrix identifies what the activity will do, what it will produce, the hierarchy of objectives and the planned results. Though the document in question stated explicitly "these Guidelines should not be seen as prescribing a formulaic approach to HIV/AIDS

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[113] The logical framework approach (LFA) has come to play a central role in the planning and management of development interventions over the last twenty years. Its origins lie in a planning approach for the US military, before being adopted by USAID for development projects over thirty years ago. It was picked up by European development organisations in the 1980s and by the end of the 1990s the LFA (or an adapted form of it) had become the standard approach required by many donors for grant applications (Hailey and Sorgenfrei, 2004:7).

[114] Although the logical framework has become universally known, it is far from universally liked. It has been the subject of much criticism over the years, concerning both the theoretical basis of the approach, and the way it is applied in practice (see Gasper, 2000; Harley, 2005 and Bronstein, 2003).

activity design (World Bank, 2005:34). It is argued here that, converse to this statement, this is precisely what was produced in terms of 'limiting available choices' (Ferguson, 1990), especially to civil society organisations such as FBOs.

Two examples are used here to demonstrate this.

Firstly, when the *ACHAP* representatives, the *Senior Programme Officer* and the *Finance Officer*, arrived in Maun (February 2005) to assess whether the Ngamiland District was to be one of the seven districts chosen for funding, the *Senior Programme Officer* stated that they were choosing the districts by assessing the current plans sent into NACA by the *DMSAC* that year. What emerged from the meeting at which this statement was made was that Ngamiland's *DMSAC* had not sent in a plan. The *DMSAC Co-ordinator* said this was because it had never received funds and indeed that she was still waiting for funding from an application submitted a few years previous. It was decided that an LFA would be required and that it would need to be sent immediately in order to be considered by the *ACHAP*. In order to achieve this, a very complex template (see Appendix 2) entitled 'Evidence Based Planning Toolkit: Evidence-based planning strategies for an effective district response to HIV/AIDS'[115] had to be filled in. Due to its nature and complexity, there was very little enthusiasm from the representatives present at the meeting to write the plan, especially as they were very uncertain about receiving funds. Staff from *Love Botswana*, however, volunteered to do the work (with the assistance of others) as they knew and understood the potential for them to get money from a successful submission. They were also more familiar with the required template.

The *Deputy Head of Programmes,* and the *HIV/AIDS Coordinator,* from *Love Botswana* spent a lot of time (12th -18th February '05) and energy on completing the template as required. Although they largely wrote it themselves, they did also seek some minor assistance from a couple of NGOs, but only in the form of some minor inputs and clarifications. The *Love Botswana's, Head of Programmes* described the template "as extremely complex and time consuming even by my standards (her previous job was a

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[115] Devised and written by a US consultant from the National Alliance of State and Territorial AIDS Directors NASTAD (Hanen, 2002)

grant writer)" (interview, May 2005). All through the plan they stressed the strengths of civil society in the district and very much glorified the work of the newly formed *Ngamiland CSO partnership*. As a direct result of the plan they submitted, the district was successfully chosen by the *ACHAP* as one of the seven districts that would receive funding[116].

From interviews conducted for this research (March 2005), the *Senior Programme Officer of the ACHAP* said that the Ngamiland District was definitely not going to be considered until after they saw the strength of the new plan (completed template) and that it was on this basis that they felt that Ngamiland should be included. Prior to this, the *ACHAP* had felt that the Ngamiland *DMSAC* was too weak and that the government officers not interested enough for the *ACHAP* to be able to see any real changes being made with their project money. This single event in itself, demonstrated the importance of templates to aid agencies.

Secondly, when the *ACHAP* chose the Ngamiland district for funding, the next stage of the process was for the organisations that comprised the *DMSAC* to write a five year plan for the region that the *ACHAP* could fund. Again, the *ACHAP* provided the templates for this, again based on the Evidence Based Planning Toolkit, and it was again using these that the plan had to be written. Most CSOs involved, however, found the template almost impenetrable and, in addition to this, the *ACHAP* also provided a very short timeframe for its submission. Yet again though, *Love Botswana* stepped in to help. They proposed that, given the complexity of the template and the short time available, all existing plans belonging to members of the *Ngamiland CSO partnership* should be sent to them and that they would collate and compile this information into the official *ACHAP* template[117]. This in effect meant that *Love Botswana* would obtain access to all the ideas and proposals of the *Ngamiland CSO partnership* members. They also argued that it would look much better if proposals were seen as coming from the

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[116] Compiled from observational notes from DMSAC meeting February 2005 and from 12-18th February observation with Love Botswana *et al.* working on plan.

[117] Evidence compiled from DMSAC meeting (Feb 2005), emails and from informal chats with NGO and FBO members in Feb 2005.

Ngamiland CSO partnership as a whole, rather than from the individual organisations within it.

At this stage, the other FBO partners, and indeed most of the other organisations involved in the *Ngamiland CSO partnership*, seemed glad of the help and praised the partnership for providing mutual assistance[118]. *The Head of EAHSC* asked for this researcher's assistance in writing up his proposal to meet the *ACHAP's* specifications as he had no computer or email and didn't really understand what had been asked for. The *Head of the Catholic Church* decided to pull out of the partnership at this stage as he felt that *Love Botswana* were dominating and said that he "could see what was going to happen", i.e. that *Love Botswana* were going to manipulate the partnership for its own ends. He also said that irrespective of the partnership issues, he would not have put an application into the *ACHAP* anyway as he saw them as very time consuming and mostly pointless from his own experiences (interview, March 05).

A number of other FBOs and CSOs began to complain to each other, as well as to this researcher, about the difficulties of assembling five year plans for their organisations in a week with such complex templates. They felt that they had to try and make their organisations 'fit' into the priorities of the *ACHAP* or fear not getting funding. They also felt that the complexity of the process led to the power firmly residing with *Love Botswana* who now had access to their own (and other) organisation's plans and private details[119].

Later on in the process, the *ACHAP* representatives informed the *DMSAC* that they needed all organisations of the *Ngamiland CSO partnership*, as well as others in the district, to fill out two new planning forms. The *ACHAP* again provided the templates. This time they were again based on the LFA but had been expanded to include more detail. They again set a very short deadline, with the first to be returned to them within a week and the second, more detailed form, within two weeks. Despite the request for a lot of work, the *ACHAP* gave no information on exactly how much funding might be

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[118] Observational notes from Ngamiland CSO meeting March 2005.

[119] Observational notes from Ngamiland CSO partnership meeting (March 2005) and informal chats with NGO/FBO members (March 2005).

made available, although the CSOs representative from the *ACHAP* encouraged organisations to "think big as I feel certain it would be in the millions" (Observational notes from meeting April 2005). The CSOs were very excited at the prospect of so much money coming to the region after so many years of hardship and although wary of *Love Botswana*, they felt that they were in a very powerful position as both *Love Botswana* and the *ACHAP* were American and, on this basis, put their trust in them.

The *Programme Planning Manager* for NACA in Botswana announced, when reflecting on the constraining features of the *ACHAP* templates:

> Donors can be so prescriptive! They [donors] have got these log frames and everything has got to be predetermined before the project starts [where] you have got to do it in so many years etc. The whole aid system needs to be reformed so that it is much more responsive, and dynamic, and [that] it is constant. It is about learning rather than about accounting for money…There is a lot of work being done in this area but there is a lot of work still to be done… (interview, April 2005).

This point is returned to later in the chapter in a discussion of how the use of templates framed activities and subsequently depoliticised any intervention that might subsequently have taken place.

8.2.3   Role of the MSP coordinators

The final consideration regarding MSPs standardisation in HIV/AIDS development management and planning was the role of the 'MSP co-ordinators'. These people were chosen for their technical specialisation in the formation and operation of MSPs and their proficiency in techniques of project management. Coordinators were expected to produce the kind of analysis 'acceptable' to the funding agency, i.e. to present the 'right kinds' of relationships between inputs and outputs "…supported by the 'right kinds' of indicators which are realistic enough to be convincing and which are consistent with donor policy priorities" (Mosse, 2005:135). The production of outputs followed clearly defined stages of facilitated work, which produced project documentation in a sequentially managed process. In this way funding agencies had certain expectations of how MSPs were to be managed and what was to be produced. The uniformity and

similarities between those water-based MSPs in western India and the MSPs created for HIV/AIDS mitigation in Botswana attest to the proposition of the standardisation of development globally.

> It is not only that 'development' interventions draw on a small and interlocking pool of personnel. More fundamental is the application in the most divergent empirical settings of a single, undifferentiated 'development' expert (Ferguson, 1990: 258).

What counts as professional expertise in development is not primarily founded on in-depth geographic knowledge about other places and people, but is located in technical know-how. This new kind of development skill is increasingly recognised globally and reflects the universalising principles of the neoliberal agenda. (Kothari, 2005:430)

The privileged position of the development 'expert' is predicated on the assumption that certain peoples and nations are in a lesser state to that of the world's 'developed' countries, and that the latter invariably hold the expertise to help the former (Mosse, 2005; Li, 2007; Kothari, 2005 and Shore, 1997). Porter (1995) suggested that this transference of knowledge was less in response to a call for help:

> than an initiative designed according to a larger pattern of need, projects and sectors consistent with the functional prerequisites of the master metaphor [read development discourse](Porter, 1995:72).

Expertise and the role of the 'expert' in development have had a protracted and clearly delineated historical path, underpinned by the unflagging twin assumptions of western technical dominance and moral superiority (Parpart, 1995). Western scientific knowledge has become universally valid and self-regulating, as has the acquisition of 'appropriate' knowledge, the latter based on scientific testing and experimentation certified through university education, degrees and the like. Both provided a means of controlling access to class and of empowering (only) those who had been sanctioned with authority to apply this knowledge to discipline (regulate) society (Parpart, 1995). According to Foucault (1980), those sanctioned individuals became the guardians of regimes of truth and pivotal contributors in the creation of western modernity. Escobar's

(1988, 1995) Foucauldian explanation of the professionalisation and institutionalisation of development provided a critical account of the pre-eminence of the development expert and the institutional sites from which they operated. The concept of professionalisation referred broadly to the inclusion of the Southern World into the political realm of expert knowledge and western science. Through various techniques, strategies and academic disciplines (especially development economics), methods of research, teaching and criteria of expertise were generated and validated (see chapter two). In other words, for Escobar (1995) the generation of:

> mechanisms through which a politics of truth is created and maintained, through which certain forms of knowledge are given the status of truth (1995:45).

The 'truths' that ensued were based on the technical prowess of development economists and practitioners, measured against calculations of coefficients (supplemented by universal standards to determine real needs; Porter, 1995) and propelled by a considerable apparatus, i.e. development's institutional field. Institutionalisation of development was imbricated with processes of professionalisation that took place at all levels. This network of power included international organisations, national planning and development agencies (in the Southern World), international consultant services, community development committees and voluntary groups and NGOs (Escobar, 1995). Through these networks, people and communities were culturally and economically conditioned to subscribe to certain behaviours and rationalities. Importantly, the knowledge produced about the southern world was utilised and circulated via this network of power through applied programs, conferences, consultancies and a myriad of other groups and relations (Escobar, 1995). These processes and relations were evident in all of the MSPs studied in Ngamiland.

There were a number of instances, for example, in the *Ngamiland CSO partnership*. Firstly, the *Deputy Head of Programmes* from *Love Botswana*, an American, appointed herself as chair of the group, and proposed she continue chairing for 'the considerable future as she had extensive experience in programme planning, management and finance' The *HIV/AIDS Coordinator*, a Norwegian also from *Love Botswana*, proposed himself as secretary on the grounds of his proficiency in English and had access to a

computer and printer etc. There were no objections to either from the partnership members at the time[120].

The *Deputy Head of Programmes* from *Love Botswana* was also proposed by her FBO colleagues to represent all of the CSOs in Ngamiland in the *ACHAP* process. She was promoted by her colleagues as 'the most ideal candidate, as she has the experience and skill to represent the organisations at such important meetings' [121]

While acting as *CSO representative* in the *ACHAP* process, however, she experienced a lot of negative behaviour, such as others on the team either ignoring her or speaking in Setswana (which she could neither speak nor understand – see chapter five). It was only when a *Board Member*[122] from the *ACHAP* suggested to her that the only way that 'she was going to get control of the group was to get behind the computer' that she felt things changed. She felt that the other members of the group were so weak that it was mostly up to her to devise and write the plan and that without her the partnership's submission would not have been possible (*Deputy Head of Programme,* interview April 2005). At the presentation of the plan to the district, it was she who presented the plan from a team of six, with the other five all Batswana. At the *ACHAP* national meeting, five out of the six districts plans were also presented by white Americans, four from Peace Corp with her the fifth; she felt that this demonstrated "the level of incompetence among Batswana"[123].

The analysis above shows that the position and authority of the development expert within at least one of the case study MSPs was manifest. As the key intermediary in the MSP, the *Deputy Head of Programmes* from *Love Botswana* was able to direct the *Ngamiland CSO partnership's* proceedings, guide discussion and ensure dialogue moved according to specific themes, i.e. according to the logic of project management with highly prescribed objectives and expectations.

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[120] Observation notes from Ngamiland CSO partnership meeting, Jan 2004.

[121] Observational notes from Ngamiland CSO partnership meeting, March 2005.

[122] Who the *Deputy Head of Programmes* for Love Botswana described as a "fellow American" (interview April 2005) which may have been the reason for his advice.

[123] Observational notes from ACHAP National meeting April 2005.

In the *ACHAP*'s regional and national workshops, a team of facilitators were engaged to assist with the proceedings and to 'give guidance'. These included three doctors, one public health specialist, an independent consultant and one senior programme officer. They firstly presented a brief outline of the stakeholder consultation process, i.e. defining the way consultation was to proceed, and gave an overview of the MSP's objectives and expected outcomes. Similarly, in choosing somebody to make closing remarks, the role was assumed by the holder of a doctorate, thus fulfilling the expectation of an 'expert' summary of events. For the facilitators, the management of themes (including the definition of the way communication was to proceed) and the expectations placed on them was unambiguously declared in the *ACHAP* multi-stakeholder consultations guidelines as follows:

1. A good facilitator will encourage creative thinking from the participants, but will also have ideas to suggest if the participants need stimulation.
2. Develop a draft implementation template to guide work in the implementation plan development workshop with partners
3. Create a common understanding of goals and objectives of ACHAP among workshop participants.
4. Create a shared understanding of planned implementation modalities and approaches at district level that will lead to achievement of programme objectives (ACHAP, 2005:2).

These excerpts attest to the highly prescriptive and institutionalised language and discourses that were embodied in this MSP and in the role of the coordinator. It has been through such language and discourses, both of which build on the dense history of 'knowledge transfers', that HIV/AIDS development experts, coordinators and consultants have gained their special quality and prestige. But it has also been through the discourse of HIV/AIDs development that these individuals have become conditioned to subscribe to certain behaviours and rationalities.

8.3   FBO and capacity building/empowerment: The MSPs in Ngamiland

Development institutions generate their own form of discourse, and this discourse simultaneously constructs…a particular kind of object of

knowledge, and creates a structure of knowledge around that object. Interventions are then organised on the basis of this structure. (Ferguson, 1990: xiv)

[Stakeholder] workshops, like projects, are units of management. As packages of inputs and outputs they run to clear schedules and aim to deliver outputs within a designated time period. (Green, 2003:13)

As was identified in chapter four, FBOs have emerged in the last decade as a designated area of intervention in the development aid industry. Similarly in Botswana, the hierarchy and position of the donor, like other 'development' settings, was effectively unconditional, in that donors determined and framed the intervention or structure of knowledge (see below). This, in turn, perpetuated and standardised the capacity building and empowerment process (see Mawdsley *et al.*, 2002). The following series of interview excerpts from FBOs in Botswana capture the sense of inevitability in terms of this hierarchy and standardisation:

The word 'FBO' is being used more often now and that's been brought in by donors and development practitioners and whoever else [...]and churches now think they have to use it in order to get money or whatever (*Botswana Christian Council*, interview May 2004).

A lot of the capacity building that's been done in Botswana, and that would include Ngamiland and other districts, have been donor led, donor designed…In very few places or circumstances […] FBOs have identified their own learning needs and have then been empowered to do something about it...but overall it's been too much donor driven (*Evangelical Fellowship Botswana,* interview May 2004).

This happens in policy dialogue, this happens in practice... When you get people to the table (referring here to FBOs), you are getting people to the table that know the game…the people who are not coming are the smaller African Independent Churches that are out there interacting in the community. They are cut off from the resources, from the policy dialogue…from everything else…So in a way donors and the Botswana government are shaping what civil society looks like… by who they bring in and who they don't bring in (*Pan African Christian AIDS Network* PACANET, interview April 2004).

These 'voices' reflected some aversion to donor and government led framing of interventions and a broader level of standardisation within 'capacity building' and 'empowerment' efforts. They also raised the issue of the presumption of deficiency in such organisations. Though FBOs potential impact was not uncontested (Clark, 2007; Berger *et al*., 2008), they were still largely viewed as an important force for HIV/AIDS developmental change, provided of course they had the required 'capacity' (chapter six). In light of this, a defining feature of the representation of FBOs particularly was to draw on oppositional delineations, for example by reference to weak FBOs as opposed to strong (read: 'developed') ones. In this parlance, and to use the familiar 'donor speak', FBOs were invariably seen as in need of 'strengthening' or 'capacity building'. This characterisation was also evident in the context of Botswana. For example, according to a UNAIDS report on Botswana it was noted that:

> While FBOs and Community Based Organisations (CBOs) are playing an increasingly important role in HIV/AIDS mitigation in Botswana, their potential as partners in the national development process is often inhibited by their own weaknesses (UNAIDS, 2006:26).

Recalling Ferguson's (1990) quote earlier, FBOs in Botswana were framed in the same standardised way, and with the same presumption of deficiency, as was found in other development settings. In the case of the 'object' FBO, this presumption formed the "structure of knowledge" (Ferguson, 1990: xiv) that surrounded it along with necessary cures and ways of implementing these. The structure identified by Ferguson (1990) was reflected in the objectives of both the *Ngamiland CSO partnership* 'to build the capacity of CSOs for greater inter-organisational collaboration' and also in one of the key themes of the ACHAP Regional workshop (held in Francistown) entitled 'Strengthening Civil Society in Botswana towards a District Plan of Action'.

The *ACHAP* workshop referred to above was conducted as a follow-up meeting from a previously convened workshop held in Maun. The previous workshop on 'CSO Capacity Building' had brought together NGOs, donors, governments and other agencies and institutions in the district. The Francistown workshop took its objectives from the district workshop, with one of the primary stakeholder objectives being to "reach agreement and endorse a Strategic Framework for building the capacity of CSOs

in the Ngamiland district to implement district HIV/AIDS policy and procedures". The production of a Strategic Framework to 'strengthen' civil society was highly circumscribed not only by the managed agenda of the workshop programme, but by the short timeframe for discussion groups and plenary sessions and in the production of resolutions. The institutionalised management language sought 'expected outcomes', i.e. subsequent workshops, while the workshop itself was the embodiment of these standardised (structured) knowledges.

Unlike at the district *ACHAP* workshop, in the *ACHAP* national workshop on 'Strengthening districts for HIV/AIDS mitigation', and where a core objective was to strengthen civil society (including FBOs), the degree of standardisation of the agenda and outputs was more apparent. The language of deficiency was also evident, although less pronounced. The specifics of the workshop are less important here than the 'managed' agenda and prescribed outputs generated. The targets for 'strengthening' were those areas of civil society 'under-performing' according to four dimensions. One prescriptive feature of the *ACHAP* multi-stakeholder framework was that it pre-emptively announced 'necessary components' for its plan of action. For example, when suggesting measures for a "concrete action agenda" it unequivocally stated that the measures "…have a clear description, a clear target, a clear responsibility and a clear timeline for accomplishment" (ACHAP, 2005:67). Indeed the *ACHAP* template was an elegant example of the managerialism depicted in Mosse's (2003) account of workshops as "units of management with packages of inputs and outputs running to clear schedules". In their paper on NGO capacity building and sustainability in Namibia, Shale (2009:45) identified the potential consequences of externally-driven interventions. They stated that attempts to 'strengthen' civil society in Namibia would ultimately fail if capacity building was "…reduced to a notion of pre-packaged training".

The examples of these district, regional and national *ACHAP* workshops showed more of the same, that is, more workshops in the form represented here as pre-determined and armed with the presumption of deficiency and hint of paternalism. They simply perpetuated a very specific version of HIV/AIDS development planning and management. Though rather cynically put, one interviewee voiced their aversion to empowerment and capacity building's standardisation in this way:

The problem with some multilaterals is that they continually run workshops and talk and analyse…we don't want workshops! We want community-based projects that contribute to change. It seems that aid agencies have this general list of things to do and just 'tick-the-box' when 'capacity building' or another workshop is completed (*Lifeline,* interview June 2005).

8.4   Managerialism's depoliticising effects: The case of capacity building and empowerment

Reflecting on the UK's international development industry, Kothari (2005) identified the increasing professionalisation and technicalisation of the mainstream neoliberal agenda. According to Kothari (2005), this

"technocratic and tool-kit approach to development has exacerbated the depoliticisation of development by limiting the effectiveness of critical voices and contesting discourses through their conscription into neoliberal discourses and practices" (2005:425).

Townsend *et al.* (2002) also identified similar effects resulting from the incorporation of auditing techniques as part of a 'new managerialism' in development.

Speaking specifically on how this new managerialism manifested itself in workshops, Mosse (2003) emphasised the way it facilitated standardisation and through documentation envisaged highly prescriptive outcomes. A subsequent effect of the prescribed managerialism identified above is added and it is argued that the prescriptive form of intervention, in this case the highly regulated managerial techniques used to 'strengthen' civil society, including FBOs, actually depoliticised the capacity building and empowerment processes for HIV/AIDS mitigation, reducing them to technical problems and ones to which no one could object.

Ferguson's (1990) study represented a fundamental critique of development and its 'instrumental effects'. Put briefly, and building on the emphasis given in chapter two, Ferguson (1990) argued that as one of the dominant organising concepts of our time, i.e. 'development', gains its self-evidence through its own unquestioned truth-value. He used one particular example to emphasise his point "One argues about[...]the role of

legitimate commerce in the civilizing process, not about whether[...]Euro-centrism is to be rejected" (Ferguson, 1990:xiii).

It must have been virtually impossible, Ferguson (1990) argued, to have rejected the organising concept of 'civilisation' in the nineteenth century. Its self-evidence was to be found in the way it formed the framework within which argumentation took place. According to Ferguson (1990:xiii):

> This is the case with 'development' where: wars are fought and coups are launched in its name. Entire systems of government and philosophy are evaluated according to their ability to promote it. Indeed, it seems increasingly difficult to find any way to talk about large parts of the world except in these terms.

Ferguson (1990) described a form of discourse that simultaneously constructed a particular kind of object of knowledge, while creating a particular knowledge around that object. It was through this process that the development apparatus depoliticised everything it touches, Ferguson (1990:xv) attested "all the while performing, almost unnoticed, its own pre-eminently political operation of expanding bureaucratic state power".

In the case of the *ACHAP*, it was the consolidation of institutionalised management tools, i.e. the use of toolkits, as well as the authority bestowed upon the coordinators, that consigned 'capacity building' and 'empowering' to technical problems requiring a very specific form of intervention. For the most part, the legitimacy of these highly prescribed and quantifiable management tools was not questioned, nor was the credibility of applying these modelling techniques to "the amorphousness of social reality" (Green, 2003:16). This was because managerial techniques, with their very specific set of languages and practices, became the unquestioned truth of capacity building and empowerment efforts. Alternatives to this were only possible to the extent that they remained within the uniformity set by the toolkits or the 'guidelines' for coordinators/facilitators.

In a similar way, the use of planning templates structured the knowledge that was produced. Again too, the necessity to create 'measurable quantification' and formulaic matrices limited the available choices (alternatives) by constraining what might have taken place. Within these models, there was no potential or opportunity for the models themselves to be rejected. Indeed, it was the formalities and technical language that rendered the models and development sites 'depoliticised' as witnessed by the fact that what was conducted in these examples was a political operation set within the ambit of 'partnership'. The MSPs for HIV/AIDS mitigations, and FBOs participation within these, represented a model and site where donors defined problems and provided ready-made solutions within the self-fulfilling and depoliticising logic of project management.

Maintaining this focus on specific language and its depoliticising effects, Kothari (2005), as mentioned earlier, viewed the increasingly professionalised and technocratic approach to development as limiting the effectiveness of critical voices (in this case those of FBOs) by co-opting the latter. But additionally, the aloof nature of this highly stylised language in itself reinforced the difference (and distance) between bureaucracies and supposed beneficiaries. The following interview excerpt aptly draws this point out:

> Regarding the 'partnership' rhetoric…what matters at this level is language, writing reports etc. These are highly valued. [Though] what this approach seems to be doing is moving things away and out of range of the local level organisations, the very people the partnerships are trying to involve and certainly far removed from the lives of PLWHAs in the regions, the very people these partnerships are supposed to help (UCCSA, interview Feb 2005).

Through this quotation, the pastor highlights the way in which the local development discourse excluded the 'objects of delimitation', i.e. the FBOs and their congregations, from partaking in the very form of dialogue so prized by 'donor speak'. In creating and using language only understandable to the select few, 'MSP' participants (here FBOs) were relegated to observer status. In other words, only certain people with certain knowledge and skills were seen to have import, and consequently the prohibitive style

of 'donor speak' further depoliticised aid relations as participants' were removed as active agents in the discourse.

As stated throughout the thesis the international and national discourses for MSPs sought to expand their analysis of local conditions for HIV/AIDS mitigation by incorporating a wider range of disciplines and actors in their approaches. For example, the World Bank stressed:

> Community participation in policymaking as well as design and implementation of programs especially people living with HIV/AIDS, NGOs, civil society, and the private sector. These were to incorporate strategies that took into account group dynamics, sociological and cultural institutions, knowledge transfer and other context-sensitive characteristics (World Bank, 1999b:22–23).

Even though espoused by the discourses on MSPs group dynamics have been disregarded in the design and implementation of MSPs in both internationally and locally. This was certainly the case for MSPs in Ngamiland. Participation in MSPs was expected to allow all to have a voice, even though no measures or structures were put in place to address group dynamics that were bound to interfere with this outcome. The overall design of MSPs, for example, assumed that power would play no part in shaping group interactions, as was demonstrated by stakeholder lists. The participants for such ranged from those drawn from international donors to those from small, community based FBOs and assumed an equal ability and willingness to take part. The discarding of knowledge about group processes (Cooke, 2001) was, therefore, also relevant to MSPs in all contexts although this type of depoliticisation was less a direct product of international development and more something that applied to partnerships in general.

In an analysis of the anti-politics machine in India, Chhotray (2007:1041) noted that simplified ideas of community were assumed in the development projects he analysed, where community was conceptualised as a "self-sufficient, harmonious entity, unstratified by factors such as land ownership and caste". Both in India and Botswana, assumptions about 'community' being apolitical were problematic (Williams, 2004:562) because, amongst other effects, the idealisation of community led to a tendency for

development workers to assume community needs and expectations as homogenous (Quaghebeur *et al.,* 2004:159). Such idealisation of community may also have been the cause of assumptions made about the apolitical nature of FBOs in Botswana.

Idealisation was present in the participation of FBOs in MSPs in Botswana and contributed to a lack of participation, capacity building and goals of empowerment. The design of partnerships was evidence of apolitical assumptions being made about the dynamics of FBOs by policy makers and implementers. The assumptions that power relations would play no, or only a limited, part in group dynamics was evidence of depoliticisation. The idealising assumptions that social relations were unaffected by power were always likely to lead, and indeed led, to problems in MSPs and their ability of their constituents to actually achieve true participation. In addition, the depolitisation of civil society's role (including FBOs) and the creation of the MSPs as part of a technical HIV/AIDS/health intervention provided both the Government of Botswana and international donors with an opportunity to expand their spheres of influence.

8.5   FBO participation in MSPs: A tick in the box

Clearly actors in the present study exercised agency and hence the description of development as a machine is inappropriate; it is, perhaps, more apt to consider development as a game after Henderson (2000:23) who referred to 'development's funding game'. In the development game 'government focuses on appearing to be doing what it is supposed to in order to access money from donors, as has been found in Ghana (Whitfield, 2005:649). In order to acquire implicitly promised resources, the Government of Botswana exercised significant agency in maintaining a fine balance between meeting their own needs and appearing to meet the needs of the international development community. At the macro level, the international development community failed to advocate for the implementation of MSPs at local level. This suggested that their overall interest was that certain policy was adopted but that its impact was of no concern. This mentality was also evident in the way that policy was implemented by FBOs, whose lack of interest in substantive levels of participation has been demonstrated in earlier chapters.

The consumption of participation thus created the conditions for FBO participation in MSPs to become a "tick in the box" exercise in the game of development. Participation in the form of MSPs for HIVAIDS mitigation became a performance; it was more being seen to "do participation" than anything else. Yet beneath the surface, what was being traded was ideological endorsement in return for resources. 'Doing participation' was also important for another reason, in that packaging and branding was evidence of [participatory development's] institutional complicities. When it was managed and marketed, what mattered was not so much whether MSPs worked well, but how they could help protect and advance institutional authority (Ferguson, 1990). Consequently, far from being taken up for people's empowerment or capacity building, MSPs were forged and implemented first and foremost for "institutional aggrandisement" (Kapoor, 2005:1211-12). This 'doing participation' made international agencies and the Government of Botswana look good, given the value of participation in the dominant HIV/AIDS development discourse. In the present study, it was the advocates for the MSPs, such as the international donors at multiple levels, and not those within them that benefitted from such aggrandisement.

As the most important thing was achieving a "tick in the box", however, the details of participation became insignificant. The result was that MSPs failed to achieve their stated objectives, their implementation was not advocated for, and where MSPs were established they did not achieve real, active FBO participation. This also enabled the expansion of international agencies influence as no-one was focusing on what was happening in the name of participation. When governments primarily sought resources through participatory processes, this was not conducive to citizens having either a voice or influence within their health care system (Ellerman, 2002). The characteristics of this 'resource dependency approach' to participation were that there was no interest in intrinsic democratic values, community was co-opted, there was only a minor effect of participatory process on institutional structure, and the institution maintained power (Ellerman, 2002).

As MSPs were 'a product' marketed, exchanged and exported by international agencies, they became an object required on a depoliticised society. They failed to ensure that

civil society (including FBOs) was really properly involved in decision-making for HIV/AIDS mitigation. Participants were also converted into objects of development rather than subjects (Escobar, 2003:126; Newsham, 2002:35); participation was done for them and not by them. The result of all this in the present study was that FBOs were side-lined in the participation process and that their role became superfluous and incidental to the core exchanges that happened in the development game in Botswana, i.e. the exchange between government and the international development community.

8.6   Conclusion

This chapter provided examples of the productive features of HIV/AIDS development discourse and identified the global standardisation of HIV/AIDS development planning and management, particularly with reference to how it was manifest in MSPs in Ngamiland. The chapter highlighted the fact that authorities, such as coordinators and development consultants, were afforded the status to speak as 'experts' in the aid industry. The chapter explained that although such authorities maintained a virtual monopoly on 'expert knowledge', a legacy with considerable historical weight, what they said and how they said it was still largely subsumed within the discourse of development. This was particularly so in terms of the way the latter framed and constrained what was said and thought within these development sites.

The chapter argued that it was development's productive features, in this case the technical logic of management, including its language and models, that depoliticised the capacity building and empowerment process for FBOs. It also argued that it was this depoliticisation that reduced the prospects of these processes being fundamentally challenged or the possibility of creative alternatives being generated. Examples were given of the exclusivity of 'donor speak', and it was argued that this highly stylised language exacerbated the difference between 'administrative systems' and 'stakeholders'. In conclusion, the substantive point conveyed was that the practices involved in MSPs were framed by development discourses often with constraining effects.

The next chapter, however, shows how these discourses of development are not monolithic or fixed, but rather remain critical sites of encounter where FBOs struggle and manoeuvre for political, social and economic advantage.

9 Resistance and HIV/AIDS development discourse: The case of FBOs

9.1 Introduction

This chapter examines the various ways in which discourses were resisted, subverted and appropriated. This is achieved by drawing on the work of Foucault (1972; 1978 [1968]) and extending this to a post-development criticism (specifically Escobar, 1995; 2004; 2007; Ashcroft, 2001) starting with a focus on the inconsistencies, fragility, and transformations to be found in discourses.

This chapter highlights the gaps that exist within development discourse and from which transformation and resistance emerge. Using Foucault (1972; 1978 [1968]) as a theoretical foundation, the first section sets up the main themes and posits post-development critical heritage. Having identified one of the key thrusts of post-development resistance, i.e. the potential for individual agency (Escobar, 2007) in discourse, this is then examined within the case-study MSPs (in Section 9.3). Here the way in which dissident FBO representatives seized self-representation in order to assert ownership is revealed.

9.2 Foucauldian transformation and post-development resistance

> The sovereignty of a discourse over the subjects it constructs or inscribes is a crucial issue for post-development politics and for any counter-discursive relationship, for counter-discourse reveals that the fractures in dominant discourses may be more numerous and wider than one would expect (Ashcroft, 2001: 103).

Ashcroft (2001:104) supplemented this observation with an equally useful question, "is it possible for discourses to be permeating, totalising and negotiable at the same time?" Despite criticism targeting his failure to provide individual agency within discourse (see chapter two), Foucault (1972; 1978 [1968]) did offer the theoretical possibilities to answer such a question. His work also enabled the possibility of negation and resistance

that emerged from the gaps and fractures of discourses. As discussed at length in chapter four, I drew on Foucault (1972; 1978 [1968]) 'rules of formation of a discourse' to identify the 'objects' 'statements' and 'concepts' that constitute HIV/AIDS development discourse. I discussed how FBOs and their participation in development can be seen as 'objects; or 'problems' requiring 'socialised intervention' (Foucault, 1978) in the development industry. There is the reference of deficiency and how FBOs are in need of 'increased capacity' or 'empowerment'.

Chapter four also noted how the statements of HIV/AIDS discourse were produced through a dense ensemble of normative processes (social, cultural and political) (Foucault, 1978) and were manifest in specific institutions, e.g. the development expert and the international agency (such as UNAIDS), as well as in their processes, such as stakeholder workshops. It was through this formulation of a discourse that a system of permanent and coherent concepts were deployed. In the field of HIV/AIDS, one such concept was MSPs, which were heralded as an 'ideal' for HIV/AIDS mitigation. Foucault understood these rules as an important first approximation but added a second, i.e. that where there was a criterion of transformation or of threshold, when new rules of formation come into effect and modified the whole 'architecture' and operation of a precedent assembly of objects, statements, concepts and theoretical choices introducing a novel organisation through the recomposing of some of them, the elision of others and the emergence of new ones. Finally, there was the criterion of correlation that was deployed in those relations that localised a specific discursive formation from others in the non-discursive context (the institutions, social relations, economics and political conjuncture, in which it operates (Foucault, 1978 [1968]:54).

The second approximation, i.e. the criteria or conditions of possibility, underpinned Foucault's broader discussion on historical continuity and discontinuity. In this section, a brief synopsis of Foucault's response to the traditional explanation of the history of ideas is given. An outline of how his discussion of discontinuity (or discontinuities), contradiction and transformation signalled an abandonment of the historian's duty to uncover cultural continuities and isolate causal mechanisms. Consideration is then given to how post-development writers, Escobar (1995; 2004; 2007) in particular, developed these Foucauldian insights to explore post-development resistance.

Foucault (1972) urged that we relinquish the old questions of traditional analysis, with their emphasis on vast unities like 'periods' or 'centuries', and to forego the questions that seek causal succession and continuity. A key feature of Foucault's (1972) rebuke of the history of ideas and explanation of discontinuity was his account of contradiction. According to Foucault (1972), the history of ideas credited the discourse it analysed with coherence and this, when confronted with an irregularity, incompatible propositions or concepts that couldn't be systematised together:

> then it regards it as its duty to find, at a deeper level, a principle of coherence that organises the discourse and restores to it its hidden unity (Foucault, 1972:149).

Moreover:

> This law of coherence is a heuristic rule, a procedural obligation, almost amoral constraint of research: not to multiply contradictions uselessly; not to be taken in by small differences; not to give too much weight to changes, disavowals, returns to the past, and polemics […]rather to overcome these contradictions, and to find the point from which they will be able to be mastered (Foucault, 1972:149).

Contradiction effectively replaced coherence as an organising principle, and far from being an accident of discourse, it actually constituted its existence. It was on the basis of such a contradiction, Foucault (1972) added, that discourse emerged;

> It is because contradiction is always anterior to the discourse, and because it can never therefore entirely escape it, that discourse changes undergoes transformation, and escapes of itself from its own continuity. Contradiction, then, functions throughout discourse, as the principle of its historicity (1972:151).

This is what Foucault was referring to when talking about his archaeological analysis as more willing to talk about discontinuities, ruptures and gaps. Let us take the example of difference. For the history of ideas, difference indicates an error or obstacle that the historian must reduce in order to find beneath it a smaller difference and so on until reaching "…the ideal limit, the non-difference to the point of perfect continuity"

(Foucault, 1972:171). For archaeological analysis, the aim is not to overcome differences or to reduce the gaps, but to analyse them, "to say what exactly they consist of, to differentiate them" (Foucault, 1972:171 emphasis in original). By differentiating or untangling the differences that lie within the ruptures and gaps of discourses, we can reveal transformations in their specificity. If there is a paradox in archaeology, Foucault (1972) added, "it is not that it increases differences, but that it refuses to reduce them" (1972:171).

According to Foucault (1978 [1968]) there were three 'places' where one could find discursive change. The first was within the discourse, to its own derivations, the second in the mutations of a discourse and third form, called redistributions, may occur in-between two or more discourses. Sociology in the 1960s was perhaps the most relied-upon discourse for social analysis, but its decline and fragmentation in the subsequent decades saw it become less important than economics and a range of other specialisms in the social sciences (McHoul and Grace, 1993). So Foucault was interested in defining precisely what change consisted of the threshold from which new rules of formation came into effect; the correlation, or ensemble, of relations a discourse shared with others and the non-discursive realm in which they operated.

Returning to the opening passage, and as stated in chapters two and five, discourses were indeed permeating and totalising, but as has been noted through Foucault, they were also negotiable. Foucault insisted that discourses were always multiple and changing, always open to contestation and resistance. He stated:

> We must not imagine a world of discourse divided between accepted discourse and excluded discourses, or between the dominant and the dominated one; but as a multiplicity of discursive elements that can come into play in various strategies (Foucault, 1978:100).

The multiplicity of discourses meant that there were always opposing and resisting discourses and there were always people who held alternate knowledge and identities.

Having identified the possibilities provided by Foucault's second approximation and his emphasis on transformation, let us look at these in relation to post-development and

resistance. Escobar (1995; 2004; 2007) was one influential post-development writer who provided a distinctly Foucauldian explanation of post-development resistance. It was the fractures in discourse according to Escobar (2007) that defined the spaces in which post-development resistance moved. Ashcroft (2001) agreed, stating:

> it is the territory of discursive rules, the borders which determine 'what can be said' and what cannot, where the fractures, overlaps and slippages of discourse operate most subtly…Discourses are never absolutely delineated, but are surrounded and penetrated by these porous borders, in which the tactics of choice, difference and resistance may come into play (Ashcroft, 2001: 112).

For Ashcroft (2001), the fractures and shifts of western discourses identified the conditions of possibility for post-development resistance, not as permanent exclusion and opposition, but as the condition of its empowerment (see below). He referred to underdeveloped societies and the way they appropriated dominant technologies and discourses as a strategy of self-representation. Put another way, for Ashcroft (2001:2):

> Underlying all economic political and social resistance is the struggle over representation that occurs in language, writing and other forms of cultural production.

Escobar (2007) also made the point that every day practices in colonised societies demonstrated how post-development futures involved the subversion and reconstitution of discourses and technologies to local needs. Additionally, it was the counter-discursive agency of development subjects, and the material and discursive dimensions of this process, that were such a significant aspect of development futures. Transformation, therefore, revealed that the most effective strategies of resistance were those that avoided simple oppositionality and binaries, and instead adapted dominant discourses for the purposes of self-empowerment. In other words, an interaction that was "a counter-discourse, which is not one of exclusion and polarisation, but of engagement and re-articulation" (Ashcroft, 2001:112).

The following sections of this chapter consider resistance in the context of Ngamiland's MSPs and FBOs participation within them. Not only can we see the processes

mentioned above, such as the seizure of self-representation and adaptation of development discourse, but we can also identify the gaps and contradictions from which these forms of resistance emerged.

9.3   Resistance within the multi-stakeholder partnerships

> Participatory workshops remain structured encounters marked by hidden agendas and strategic manoeuvres (Pottier in Grillo, 1997:203).

The view of development as a "monolithic hegemony" (Peet and Hartwick, 1998:77) with development agencies representing a homogenous entity working over non-western peoples, irrespective of time and place, has come under intense scrutiny (Mosse, 2005; Phillips and Edwards, 2000). Represented in early post-development accounts, these analyses have been increasingly challenged as more nuanced understandings of development processes have emerged. Phillips and Edwards' (2000) discussion on development agencies, for example, illustrated this complexity when identifying the way in which the numerous stakeholders; from administrators and professional advisers to field-level project staff and intended beneficiaries; challenged, negotiated and renegotiated their way through the development process reflecting multiple agendas. Green (2003) highlighted these complex processes in the context of stakeholder workshops when identifying the strategic manoeuvring and contested agendas that often constituted these development sites. The following two examples are evidence of the above. The varied examples of resistance show that resistance operated on different levels as each encounter within MSPs was differently situated and differently experienced.

9.3.1   Example 1 – The *ACHAP*

The *ACHAP* Ngamiland District planning workshop conducted in 2005 provided a cogent example of the resistance and transformation that ensued from a very public display of subversion. NGO and FBO representatives undermined the meeting and met independently of donor prescribed limits. The purpose of the substantive meeting was to

review and approve the Ngamiland HIV/AIDS plan that was to go to Francistown. The meeting was co-chaired by the District's *Economic Advisor* (the *District Commissioner* was unable to attend) and the *ACHAP's Senior Programme Officer*. A number of stakeholders, especially those representing community based Civil Society Organisations, and government officials, felt that the plan had failed to include certain government departments and a number of the bigger NGO/FBO such as *Thuso rehabilitation centre,* one of the biggest NGOs in the district. Love Botswana (who had compiled and written the draft district plan) explained that the reason such entities had been excluded was because they had not submitted any plans to either them or to the *DMSAC* for incorporation. The *Love Botswana Chairperson* asked for the meeting to follow the agenda, with the election of representatives and the acceptance of plans, and stated that there was no time for inclusions or additions.

After much objection from NGOs/FBOs, the chairperson stated that the tabled plan should be redrafted to include the other important actors in the region and suggested that the meeting could then rather be devoted to such a re-draft. She asked that *Love Botswana* enter this into the template supplied by the *ACHAP*. *Love Botswana* refused saying they had already devoted an enormous amount of time to the existing plan and in doing so had neglected their families and their church; all three members of *Love Botswana* then made their excuses and left the meeting. When there were no other volunteers to do the work, it was decided that an appendix should rather be added to the plan detailing the other activities. A brain-storming session ensued where all representatives present (approx 30) came up with ideas that they felt might have potential for funding under the *ACHAP* programme. The appendix was compiled and typed by a government official, who, because of time constraints, could not use the ACHAP template. While the *ACHAP Representative* present at the meeting was unhappy about the proceedings, they felt it was too early in the process to criticise[124]. (interview, April 2004).

As one participant recalled:

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[124] Evidence compiled from observation notes of the *ACHAP* Ngamiland District planning workshop (April 2004).

The whole thing was turned upside down and the locals got control of the meeting, which was great…they asserted their independence. There was a parallel process going on [and] the NGO/FBO leaders themselves spent the whole workshop basically figuring out for themselves what their priorities were [and] how they wanted this process to work for them. Some people, who understand these processes, were quite thrilled by it. The *ACHAP* must have felt [they were] like cardboard cut outs, watching someone else's process and got a little cheesed off that they didn't get to talk about their priorities. So not everybody was happy, but overall there was a breakthrough because it marked for the first time in Botswana, in this context… taking control of their own development processes (*Ngami Times* interview, May 2005).

The actions of the NGO and FBO representatives resulted in the original plan being significantly modified. Their resistance at the workshop challenged the relational hierarchies routinely understood in donor funded workshops (Mosse, 2005). They also undermined the expectations of donor representatives in terms of highlighting their priorities and projects.

Several points can be made here in terms of this challenging and negotiation of development discourse. In the past two decades or so, the imposing and paternalistic nature of development discourse gave way to a less hierarchical and more 'bottom-up' approach to mainstream development aid programmes. This push was originally celebrated through Chambers (1983) and others whose work was captured by the phrase 'putting the last first'. In other words, this approach sought to prioritise the needs of those being 'developed', which subsequently manifest itself as self or community empowerment (and variations of this). Simultaneously though, top-down approaches remained a key feature or ethos of development policy, underpinned by a superior/inferior or active/passive binary (Eriksson-Baaz, 2005). In this dichotomy, the development expert or donor was characterised as modern, open-minded and liberated, while the development recipient or beneficiary was characterised as not receptive to change and bound or immersed in tradition. This contradiction; this simultaneous existence of opposing approaches within development discourse, represented a fracture or gap through which the conditions of possibility of resistance could emerge. In the case of the *ACHAP* workshop example given above, the mere existence of the notion

that the priorities of those 'being developed' should be taken into account led to donors taking a step back, albeit begrudgingly. To have done otherwise, or to have attempted to 'regain control' of proceedings, would have been viewed as a further example of paternalistic, top-down development practice.

The actions of the NGO and FBO representatives at the meeting subverted the active / passive binary that underpinned the intent of the workshop, i.e. to establish the donor as the authoritative provider of specialised knowledge and the NGO/FBO representatives as willing receptors. There were two immediate effects of the action taken by the NGO/FBO representatives, the first was that the NGO/FBO commitment to 'Batswana ownership' of the *ACHAP* process was endorsed through feedback discussions (that included donor officials) and the second was the implementation of the NGO/FBO defined strategies for future collaborations. At this stage the *ACHAP* representatives stressed that the *ACHAP* wanted a less prescriptive process, to focus more on locally-generated priorities and concerns and less on donor defined accounting regimes and ready-made solutions. By emphasising the aspirations contained in the notion 'Batswana ownership', the representatives were able to utilise the collective determination of participants for their own purposes and, in doing so, subvert their intended status as receptors of authoritative (donor) knowledge (see Ngwela, 2002). Importantly too, the assertion of ownership was accompanied by an equally definitive position that suggested HIV/AIDS developing planning, and civil society participation within it, should not only involve 'change' on behalf of the 'objects' of intervention but that there should also be an onus on change within donor organisations (see 9.5 below). Though Ngwela (2002:12) noted that problems remained, in that although people in key positions appeared to have a genuine desire to work with the Batswana, and to look at development from a Botswana perspective "they just don't know how and, that is what they are struggling with".

9.3.2   Example 2 – Departure of partners

Two of the biggest organisations in the district, *Okavango Wilderness Safaris* a private business and the *MCC*, a FBO/MSP decided to pull out of the *Ngamiland CSO partnership* because they objected to the way in which the partnership operated, i.e. that

partners had to submit all their information etc to *Love Botswana* for them to collate. The two partners were not comfortable with what they saw as their plans and private business going through Love Botswana. This was in part as they believed *Love Botswana* had its own agenda and the partners didn't want party to this. They also strongly objected to the *Deputy Head of Programmes*, a white American, representing what they saw as and believed to be as essentially a 'black region'. When asked why they had not made their objections clear at the various earlier meetings of the partnership when there had been ample opportunity to do so, they simply said 'it's not our (meaning Batswana) way'.

When *Love Botswana* became aware of the situation they decided the best strategy was to work behind the scenes. They approached the *MCC* and suggested that they represent PLWHAs in the *Ngamiland CSO partnership* even though the *MCC* did not have a functioning PLWHA programme at that time. This would have given them a chance of receiving (much) more funding as targeting PLWHAs was a core objective of the ACHAP programme. The *Love Botswana* also suggested to the *Okavango Wilderness Safaris* that they should represent the business sector. They suggested that both organisations also give their HIV/AIDS plans direct to the *DMSAC* but also remain members of the *Ngamiland CSO partnership.* This behind the scenes manoeuvring worked and the organisations agreed. When I questioned the *Deputy Head of Programmes* as to how difficult it had been to convince the partners, she stated that it was relatively easy as, in the case of the *Okavango Wilderness,* as the new representative was a member of the Love Botswana church, he was able to convince the then *Okavango Wilderness Safaris Director* of the importance of the partnership. In the case of the MCC, the then *Director* was very anxious to resume studies and *Love Botswana* had suggested they may be able to help find funding and contacts to allow such[125].

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[125] Evidence compiled from observational notes Ngamiland CSO meeting (April 2005), interviews with *Head of Programmes* in Love Botswana (May 2005), *the Head of MCC* (May 2005) and *Representative from Okavango Wilderness* (May 2005) and also from emails.

The second example demonstrates that resistance is most likely to occur when the institutional attempts to control identity, goals, values and assumptions threaten the individual's identity. Lewis (2007:15) emphasised that in resistance, there are "innumerable ways of playing and foiling the other's game." The above example demonstrates this both from the point of view of the resisting organisations and that of *Love Botswana* as the accommodating organisation.

A number of points can be made here in relation to both case studies. Firstly, Batswana NGOs/FBOs, government and private sector partners were not interested in rejecting the thrust of the *ACHAP* programme, despite its proposed plan's limitations and presumption of deficiency. So although the NGOs/FBOs subverted the relational hierarchies, as noted above, there was no outright repudiation of development or rejection of the workshop format. Instead, there was more a sense of realigning or reconstituting priorities, where partners appropriated the routines and expectations of the workshop/partnerships typically determined by donors. In other words, even though avoiding overt opposition, exclusion and polarisation, partners enacted a counter-discourse of "…engagement and re-articulation" (Escobar, 2007).

The most important issue in the *ACHAP* meeting for the civil society actors was to seize self-representation. This also forced both the donors and *Ngamiland CSO partnership* leaders to reflect on their roles in the process (see also chapter seven). Resistance, as in this case, was not simply about altering a few priorities in a particular programme, it was more about seizing language and grasping the tools of representation to assert Batswana ownership of the development processes. By interposing in the *ACHAP* workshop's 'donor-speak', representatives injected transformative defiance into this dominant global 'site' of HIV/AIDS discourse production.

9.4 Dependence on Aid, independence of mind: Resistance and negotiation at government level

> Where there is power, there is resistance, and yet or rather consequently, this resistance is never in a position of exteriority in relation to power (Foucault, 1978:95-96).

As the previous chapter began to illuminate, there has been an international context of formal conditionality in international development whereby the allocation of aid funds has often been provided on the condition that specified policies or practices were adopted by the recipient government (DFID, 2005; Kapoor, 2005:1213). Increased civil society participation in government activities was often required as a formal condition of development assistance (Kapoor, 2005:1213). In recent years, however, developing countries such as Botswana have seen a change in the approach of the HIV/AIDS international development community. This has been from, a process of formal conditionality, to one whereby recipient countries are engaged in learning what policies to implement in partnership with development actors (Buite, 2005). As such they have become complicit in their own co-optation. This was intended to result in greater country ownership of the HIV/AIDS policies they adopted, which was meant to increase the likelihood of them being implemented (Buite, 2005). Although MSPs were not required as a formal condition for the disbursement of HIV/AIDS funding to the Government of Botswana, there was nevertheless an implicit conditionality in operation. This was because international agencies, such as UNAIDS and the World Bank, stressed the importance of MSPs as part of 'a global architecture' for HIV/AIDS (see chapter four). The government needed to acquiesce to the demands of international agencies to adopt more participatory practices in order to access development resources.

The Ministry of Health in Botswana was reliant on international aid for operational resources for their HIV/AIDS programmes, especially the financing of ARVs. To ensure that development assistance to the Ministry of Health continued, there was thus great pressure to accept policy positions put forth by international donors. The creation of an international HIV/AIDS framework was the ideological function that the MSPs for HIV/AIDS mitigation performed in Botswana. Following the practices of international aid agencies was, therefore, a strategic move to ensure that aid resources continued to flow into Botswana, and more specifically to the Ministry of Health. This implicit conditionality operated at both national and district levels; it created the conditions for the Ministry of Health's compliance in the adoption of a MSPs as a

modus operandi and in the implementation of an international HIV/AIDS approach. The products promoted, i.e. 'participation' and 'partnership', came with an implicit promise that their acceptance would lead to other benefits in the form of resources.

Governments and individuals thus 'played the development game' to access resources and funding in Botswana. This 'game' sometimes, however, became too much for the host government. Despite the NGOs and FBOs seizing the opportunity to attain a 'voice' in the *ACHAP* processes, the Government of Botswana, in particular Ministry of Health officials (including the then Minister herself), were also unhappy with the *ACHAP* process. Indeed this unhappiness resulted in the final *ACHAP* plan not being the product that was marketed at the *ACHAP* national conference in Kasane but rather, a result of its (re)negotiation with the Ministry of Health afterwards[126]. Through the consumption of participation, the bureaucracy became a site where power was negotiated between international development agencies and the government. Mosse (2005) noted that those making policy would compromise as long as their intentions were not 'fully lost'. Annist (2005) drew attention to consumption as an active rather than passive process and although she analysed the ways in which "good governance" policy was appropriated and re-interpreted by the Estonian government, I use her work instead to consider how *ACHAP's* attempts at including civil society, FBOs among them, was surreptitiously resisted by the Batswana administration. A summary of the process is expanded upon below:

9.4.1 *ACHAP* and the Government of Botswana

At the end of the *ACHAP* National Workshop in Kasane in May 2005, and while the *ACHAP* had agreed the Ngamiland District's six month and five year plans, it chose to only fund very select activities from within them. With 11 key objectives, 83 major activities were agreed in the *ACHAP* five year plans. Of those, NGOs were the 'lead body responsible' for 59 of them, FBOs 42 and traditional healers 13 (ACHAP, 2006:44). A number of criticisms of the *ACHAP* process were highlighted at the national meeting, as follows: the planning time was very short and the onerous nature of

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[126] Interview with *District Commissioner* (June 2005) and *DMSAC AIDS Co-ordinator* (June 2005)

it became time consuming and all absorbing making consistent participation by all work group members impossible; the process was unfamiliar to most participants, making it even more time consuming; the immediacy of the process was inconsistent with Batswana methods of inclusiveness in planning, both in terms of scheduling and attitude towards priority of HIV/AIDS responses (as an example here, many groups, such as traditional leaders, were not even consulted), and; the inclusiveness of the plan, particularly with NGOs/FBOs/CBOs expected to have such responsibility, created pressure to perform where none had existed before.

All that was left was for the Government of Botswana to approve the plan and for it to be signed off. The Government was, however, not happy with the *ACHAP* as they did not feel like equal partners. Historically and culturally, the Government of Botswana liked to move slowly and implement cautiously, with emphasis on consultation and consensus, whereas the *ACHAP* believed that 'speed was of the essence' in the HIV/AIDS epidemic and that programmes therefore needed to start immediately. The Government also felt that implementation should be left up to them, but the *ACHAP* wanted 'a hands on role'. Finally, the Government of Botswana was also not happy with the number of CSOs *ACHAP* requested to be involved, they would have much preferred the districts to be the implementers, as had traditionally always been the case[127].

This process caused delays in implementation and by the end of 2006-early 2007 the *ACHAP* had still only funded one FBO in the region, namely the *MCC*, through their national office BOCAIP, and one NGO, a youth testing centre.

From the narrative above it is clear that the first form of resistance was through Batswana policy makers challenging some of the details of the process design put forward by the *ACHAP*. Differing views of representation from those responsible for implementation were evident between the *ACHAP* representatives and Ministry of Health officials. The *ACHAP* team stressed the importance of involvement of NGOs, as

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[127] Interviews with *Ministry of Health Official* (May 2005); *Council Secretary* (June 2005); *Programme Manager* (NACA April 2005)

is shown in the excerpt from an interview with the partnership's *Senior Programme Officer*. The excerpt illuminates some of the negotiations and spaces of resistance:

> What we have here in Botswana is a very weak civil society, this situation leads to a less effective HIV/AIDS strategy but it is difficult to convince the government of this, because they have always been the implementers, the ones with the power and now they are reluctant to let other players on the field. (Interview, *Senior Programme Officer* June 2005)

The *Senior Programme Officer's* frustration at the lack of civil society involvement in HIV/AIDS mitigation in the region was apparent, both in terms of their membership of MSPs as well as how inactive their organisations were in the field of HIV/AIDS mitigation. Despite this strongly put view, the role of NGOs and FBOs was downscaled almost to the point of elimination in the final *ACHAP* policy. The *newly appointed DMSAC Coordinator* for the Ngamiland *DMSAC* described what happened regarding changes to the five year plan as a form of resistance from government:

> At the last moment, the Ministry of Health hijacked the whole thing. So that's Botswana. At the end they said the government implements policy in Botswana and not the NGOs. They were never going to allow it, the *ACHAP* should have known this. They started on a policy without ever even consulting the Ministry of Health or even NACA, it was never going to work and now we see the huge waste of time and money (interview, June 2005)

This excerpt highlights the resistance of the Government of Botswana to the product of participation as packaged by the international development community. Instead, government adapted the model marketed to them to better suit Batswana political culture, with its hierarchical forms of political involvement. By changing the detail of the *ACHAP* plan to focus on government as the 'lead implementer', it actively consumed the participation policy in the manner described by Annist (2005), changing its meaning and form in ways so it was negotiated at the policy adoption level to suit local meanings and political culture. This consumption happened in negotiation with those marketing participation.

The second form of resistance from the Government of Botswana to the *ACHAP* process was that of the Ministry of Health. They delayed institutionalisation of the *ACHAP* plan at the national level and didn't implement it at the local level (although the latter, between 2005 and 2007, was more an effect of the resistance at the national level rather than active resistance from local level officials themselves). If MSPs for HIV/AIDS mitigation were to be sustainable, then ownership of the process by the various stakeholders was a necessity. Mosse's (2005:156) statements on policy can also be said to be true for MSP processes in Botswana:

> First, ownership can only reside with those who the vision originated with; second, that stakeholders who participate in policy development and take responsibility for implementing it have ownership; and third that only those who can conceptualise the policy and see its value can have ownership.

As the Overseas Development Institute (Mulley and Menocall, 2005:6) stated, "country ownership is essential to aid effectiveness from the recipient side and improved co-ordination, harmonisation and alignment are essential from the donor side". From the outset the Government of Botswana never felt they had ownership of the *ACHAP* process. The process clearly originated with foreign representatives and the Government of Botswana's refusal to take responsibility for implementing it was manifest at multiple levels[128].

9.5   Faith Based Organisations as agents of transformation

The previous section highlighted one particular site of contestation, namely the *ACHAP* district workshop where resistance emerged that challenged development's self-evidence. In this section I continue this theme but extend it to consider other HIV/AIDS development settings, including the activities and philosophies of FBOs in HIV/AIDS mitigation. I emphasise cases where HIV/AIDS development discourse's constraining characteristics are resisted, negotiated and renegotiated (Phillips and Edwards, 2000).

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[128] This was not unique to Botswana, for example Holtom (2007) detailed how extensive editing of policy documents by the World Bank in Washington of Tanzania's health policy led to the Tanzania government accusing the World Bank of merely paying lip service to the principle of county ownership.

The main point in this section is two-fold. Firstly, to expose the spaces, ductility and transformative potential of FBO participation in HIV/AIDS MSPs for HIV/AIDS mitigation, and secondly of how donor and governments preconceived ideas about what FBOs are 'capable of' are often contested and negotiated by FBOs themselves.

The following quotes are from representatives of donor agencies who had assisted FBOs in their quest to "build the capacity of Faith Based Organisations to tackle HIV/AIDS in Botswana" (USAID, 2005:5):

> Faith based organisations have got to show donors that they can deliver to donor requirement, with respect to proposal writing, accountability and transparency (*Team Leader,* USAID Project, interview Feb 2005).

> For us, we need to separate what different FBOs do, in the field of HIV/AIDS some are 'service organisations and others advocacy organisations. These are quite separate and so when it come to funding we deliberately separate them (*Director BOTUSA*, interview Feb 2005).

These quotes demonstrate the active/passive binary identified earlier in the context of the district *ACHAP* workshop. In this case, the donor was the one specifying requirements and expectations, while also defining the frameworks and categories that constituted the intervention. FBOs remained in the position of 'willing' recipient.

One of the activities of the *Catholic Church* was a community-based programme performing video theatre throughout Ngamiland. This challenged the binary and contested some of the prescriptive conventions that ultimately limited the potential of FBOs to actually 'build capacity'. The video theatre involved the production of community videos around HIV/AIDS issues. Prior to a video production, community members recounted experiences concerning HIV/AIDS to assembled actors and chose performers to play certain roles. The actors then played back, or acted out, the story to the audience. The production was filmed and recorded by the *Head* of the *Catholic Church*. Once one production was complete, the community from which it originated watched that produced by another community. Through the process of completing their own video and watching another, communities were encouraged to collectively discuss

the issues addressed therein. Video theatre constructed a set of practices that exposed various issues around AIDS; it also acted to produce and rehearse strategies for personal (and social) transformation among its audience. The concept for this came exclusively from the *Head of the Catholic Church* and he won many awards for it.

The Catholic Church's activities also challenged the distinction made by donors in terms of determining FBOs' roles, i.e. either as a 'service provider' or as an 'advocacy promoting' organisation. For example, by facilitating video production and the associated performances, *the Catholic Church* provided a strong educational role in terms of its interactive approach; it emphasised group reflection. Additionally, the attention given by the process to people in poverty, PLWHAs, orphans and vulnerable children demonstrated the *Catholic Church's* advocatory commitment to those "at the fringe of society" *Head of Catholic Church,* interview July 2004). The videos produced were also shown to government officials, donors and at Kogtla meetings. In the course of interviews for this study, the *Head of the Catholic Church* also highlighted the concerns and frustrations presented by top-down prescriptions in the context of the churches community work:

> These large institutions (such as USAID, DFID, UNAIDS) want people to fit nicely into categories. The people that the Catholic Church work with i.e., people living with HIV/AIDS, people in prison, the homeless, the most marginalised, do not fit into these categories...the bureaucratic nature of funding proposal writing is about whether the FBO or its concerns fit into categories (*Head of the Catholic Church,* interview July 2004).

When applying for a donor-funded round through the Ngamiland *DMSAC*, the *Catholic Church* was asked to 'put a report together' as part of the application process. The *Head of the Catholic Church* replied by stating that this was precisely the problem with the systems in place, i.e. "there are too many reports" (*Head of the Catholic Church,* interview July 2004). The consequence was that he didn't submit the report, the funding wasn't secured, and the project came to a premature end.

Another FBO that operated differently to the required imperatives of donor accounting regimes was the *Pastors against AIDS*. This was a network of mostly Evangelical FBOs

that worked throughout Botswana and who focused on church and community development. One of their initiatives was the 'Voices and Choices HIV/AIDS Project. According to the then *Coordinator*, the project attempted to counter conventional 'top-down' approaches to HIV/AIDS:

> The approach allows communities to take control of the process where they are identifying their own problems and solutions amongst themselves and in the community or elsewhere *(Pastors against AIDS Coordinator*, interview Feb 2005)

The project was designed to stimulate thinking at the local level about HIV/AIDS planning. It emphasised process and nurturing with the reference to 'voice' aimed to instil a sense of openness and participation as necessary ingredients to HIV/AIDS mitigation. So at this elementary level, and as the co-ordinator suggested, the project was essentially about "…fostering a long-term vision" and addressing fundamental questions such as, "what are we trying to accomplish with HIV/AIDS activities? And, how can we best achieve them?" (*Pastors against AIDS Coordinator,* interview Feb 2005).

Specifically, the project included 'participatory' exercises that assisted individual communities in identifying effective traditional forms of HIV/AIDS mitigation that might enhance existing implementations. Through this, the emphasis was on people defining key questions themselves, enabling them to "reflect on their 'vision of the future' as it relates to local and national HIV/AIDS mitigation" (*Pastors against AIDS Coordinator* interview Feb 2004). This approach represents a reversal of existing priorities in HIV/AIDS programmes. As one leading practitioners in the region suggested:

> A lot of HIV/AIDS programs…come in with preconceived ideas. For example, they have a project and say, the issue is HIV/AIDS, and this is some of the issues around HIV/AIDS. And this is what you should be doing to address these problems. It is not led by these people themselves. They don't identify with it (*Organisation Representative YMCA*, interview April 2005).

In both project examples provided above, the aim was to transform and adapt the HIV/AIDS development discourse to suit local needs and priorities. For example, apart from subverting the active/passive binary, the *Catholic Church's* method supplanted the technical emphasis built-in to conventional donor-defined capacity building processes. It did this in a way that meant that rather than being constrained by the truth value of managerialism (see above 8.2), *vis-à-vis* the conventional emphasis on inputs and outputs of donor programmes, the performances and priorities of the *Catholic Church*'s work displaced the idea that an FBO's capacity building efforts should involve, as one of its primary aims, conforming to donor requirements. The *Catholic Church*'s appeal and transformative value was in the interactive performance itself. It's potential to build capacity lay in the translation of community issues through video theatre, group reflection, imagination and creativity. Such subjective and personal attributes confounded the conventional categorisations that were the central organising principles of managerialism.

While the *Pastors against AIDS* project similarly confronted conventional top-down hierarchies, the project posed a different contradiction to development discourse and its strategy of engagement and re-articulation. With regard to the former, the contradiction emerged as new rules of formation (of development discourse) came into effect. In this case, the threshold was represented by the recognition that new questions needed to be posed and new (more appropriate) processes established and deployed. *Pastors against AIDS*'s project introduced or deployed new methods or ways of treating the 'objects' of development discourse, one in which communities or 'aid recipients', rather than donors or experts, posed the questions. The project provided an opportunity to ask; "what are we (communities) developing?" and "how are we (communities) to achieve this?" In other words, the 'objects' of HIV/AIDS development discourse defined their own meanings and processes rather than accepting those required externally. In doing so, they seized self-representation and challenged the active/ passive binary.

In terms of engagement and re-articulation, the *Pastors against AIDS* project maintained the donor language of FBO 'capacity building and empowerment' and did not completely reject HIV/AIDS development discourse. They did, however, adapt it in an attempt to re-articulate the dominant 'built in' priorities. The strategies of resistance

for the *Pastors against AIDS* involved avoiding opposition and rather looking at the areas of convergence between western structures and more traditional systems of HIV/AIDS mitigation. One example was that the project objective aimed to:

> Identify and promote areas where failing or inadequate western style approaches can be influenced at local, provincial and national levels to provide a more Botswana-oriented consensual form of HIV/AIDS mitigation (*Pastors against AIDS,* interview Feb 2005).

So rather than dismiss all the possible benefits of western-style approaches *vis-a-vis* post-development, there was an acknowledgement of its existence and permanence. This was, however, simultaneously met with recognition of the necessity to locate central organising traditions and customs operating at the local level.

9.6   Resistance to donor prescriptions within the development industry

> The representation of the third world as a child in need of adult guidance was not an uncommon metaphor and lent itself perfectly to development discourse (Escobar, 1995:30).

While FBOs such as the *Catholic Church* and the *Pastors against AIDS* resisted donor prescriptions from the 'outside', there were also individuals working with government departments, business and other organisations, as well as within donor agencies, that fostered similar forms of contestation (Ellis, 2004:61). In this section I introduce two examples from Ngamiland's FBOs that challenged the view of Government and large organisations as homogenous entities working over civil society. Both examples are from the *ACHAP* National Workshop in Kasane. The first teases out an interaction between donor representatives discussing a particular HIV/AIDS programme for Ngamiland during a group session; the second shows how some donors showed their resistance through non-attendance. Each case illustrates the way numerous stakeholders challenged, negotiated and renegotiated their way through the development process (Phillips and Edwards, 2000).

9.6.1   <u>Example 1</u>

The following is an excerpt from an offshoot discussion at the *ACHAP* national
workshop between a *Representative from a European based FBO Aid organisation* and
a *Representative from an Embassy*. Both had responsibility for administering funds and
the discussion concerned how best to approach local communities infected and affected
by HIV and AIDS:

> *European based FBO Aid Organisation Representative*: One of the things
> I'd like to see is the way that communities traditionally handle health issues,
> such as HIV/AIDS, to try and work out are there any commonalities
> between the way the many different tribes and communities traditionally
> resolve those issues,   therefore forging an alternative thinking on
> HIV/AIDS. What I don't want to see is a US or European model as to what
> has worked in Norway or the States. We need to take communities through a
> process of identifying a model that tackles different ethnic, religious, class
> and genders differences at the local level.

> *Embassy Representative*: Sorry I have to say that we don't necessarily agree
> on this, because we may end up funding parallel systems of health care, one
> traditional and one bio-medical. Is that going to be sustainable?

> *European based FBO Aid Organisation Representative* ...but parallel
> programmes already exist, only that one is official and the other
> unofficial...Most Batswana see HIV/AIDS as a manifestation of old 'Tsana'
> ailment, so is there a need to bridge the two?

> *Embassy Representative*: ...of course how the community perceives AIDS is
> crucial to designing an effective response but we need to do it in a way that
> leads to... an effective and sustainable response[129] (Field Notes, April 2005).

The views highlight a critical capacity at work at the inception stage of donor programs.
The pursuit of cultural specificity heralded a shift from the dictates of HIV/AIDS
mitigation. In the case of *European based FBO Aid Organisation*, there was a
questioning of the capacity of introduced HIV/AIDS mitigation models to work in a

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[129] Compiled from observational notes at ACHAP National Workshop (May 2005). I have used
pseudonyms as this was an observation and not an interview.

different cultural environment, particularly in the multi-cultural and multi-religious setting of Botswana. Again, the *European based FBO Aid Organisation* targeted the assumptions that underpinned donor models and refused to accept the presumption of their cross-cultural applicability. In contrast, the *Embassy Representative* was concerned with the prospects of supporting 'parallel systems' of HIV/AIDS mitigation. There was contradiction in the *Embassy Representative's* response as the latter argued that the lens through which donors would be looking, would involve asking the question "Is this going to be sustainable?" The point that a culturally specific and negotiated system may in fact have also provided such outcomes was not open for discussion. To the *Embassy Representative*, the prospect of a 'successful' parallel system was inconceivable. Conversely, the *European based FBO Aid Organisation* questioned the appropriateness of intervention that attached a presumption of deficiency to the introduced HIV/AIDS mitigation models.

Though still maintaining a level of paternalism and prescription, the representative from the *European based FBO Aid Organisation* called for commonality and emphasised a negotiated process. Avoiding binaries, in this case that the introduced models were 'good' and parallel systems 'bad', there was an understanding of the need to 'hand over' the process and its representation, i.e. to reject the dismissive tone guiding the *Embassy Representative's* explanation and adopt a course that provided self-empowerment to those who were supposed to gain from the intervention. The emphasis on process, illustrated by the *European based FBO Aid Organisation*, confirmed the critical potential held within large development institutions and presented the possibility of an openness and willingness to engage different points of reference.

9.6.2   Example 2

The second example of resistance to donor prescriptions within the development industry was the high level of non-attendance of invited international and national donors at the *ACHAP* National Workshop. Six months after the process began; the *ACHAP* felt it was crucial to get 'buy in' from other donors to avoid competition and duplication of programmes (S*enior Programme Officer,* interview June 05). Consequently they invited all donors involved in HIV/AIDS in Botswana to the

National Workshop that was held in Kasane[130]. Of the eighteen organisations invited, only seven attended. Research undertaken for this thesis determined that much of the resistance from non-attendees centred on concerns about the *ACHAP* process. Donors felt it had been too fast, that the plan had already been agreed and that there was, therefore, limited genuine scope for co-ordination and harmonisation with other donors. A *representative from the UK's Department for International Development* said

> that it was important to send a message to the ACHAP that other donors could not 'be called upon to attend and agree with the ACHAP [..] but that they needed to consult at national level in individual meetings if they were serious about working together (interview, May 2005).

A *Representative from UNDP* "felt it was a mistake of the *ACHAP* not to have lobbied other donors" and also stated "that there was a situation at the moment where there is very strong personalities in the AIDS sector that can dictate to government" (interview May 2005). Donor resistance to the *ACHAP* process again highlighted the agency of individual organisations to contest and resist dominant HIV/AIDS development discourse prescriptions from the 'inside'.

9.7   Conclusion

This chapter introduced both the relevance of Foucault to post-development and the relevance of post-development to understanding development's fragility and transformative potential. In terms of explaining this, this chapter emphasised the various ways in which individuals working within FBOs, donor agencies, and across government agencies actively subverted the binaries that dominated and maintained HIV/AIDS development discourse in Ngamiland. Several themes characterised these examples of resistance. First, it was clear there was increasing momentum for Batswana ownership of the development processes. Significantly, as was evident both in the Government's own resistance to *ACHAP*'s five year plan and in the donor interview, cultural specificity was taken seriously in institutions that were the 'prime movers' of

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[130] A town in northern Botswana.

dominant discourses at the time. Second, individuals working within Ngamiland's aid industry refused to accept the presumption of cross-cultural applicability that underpinned donor initiatives, whether they were capacity building workshops for FBOs or HIV/AIDS programmes.

Returning to Ashcroft's (2001) earlier question, the answer is "yes, it is possible for discourses to be simultaneously permeating, totalising and negotiable". The more significant question, however, and one I return to in the Conclusion (chapter eleven), is "What effect did these critical voices have on FBO participation for HIV/AIDS mitigation?"

10 Constituting development relations: Faith identity issues

10.1 Introduction

The previous chapters disclosed some of the more complex local social processes of MSPs and the participation of FBOs within them. Analysis revealed the contested and negotiated nature of MSPs at the local level and encounters of discontinuous 'knowledge' and 'identities' concerning HIV/AIDS discourse. It provided specific examples of ways in which HIV/AIDS development discourse, and specifically MSPs, were both being accommodated and challenged by FBOs working in Ngamiland's HIV/AIDS field. I highlighted both the assertion of Batswana ownership that inverted the binary thinking that underpinned many donor interventions, and the emergence of newly constituted identities. By emphasising the local agency of FBOs' response to HIV/AIDS development's framing and constraining characteristics, I wanted to illustrate the ways in which post-development understandings of development processes had been transposed to and delivered in Botswana and in doing so to expose how difference was constructed and reproduced in the Ngamiland and Batswana HIV/AIDS development discourse (see below and Eriksson-Baaz, 2005).

In this chapter, I continue my post-development narrative, focusing specifically on the complex interplay of faith identities as a particular set of theological, institutional, political, and culture-based characteristics deliberately, or sometimes unwittingly, articulated by FBOs (see chapter two). This interplay explains the ways in which FBOs both accommodated and resisted particular development practices that targeted them as specific groups of actors for development assistance. My central argument is that FBOs were required to deliberately accommodate, resist, and/or construct their own particular 'faith identities' in different development contexts. They employed a variety of subject positions; those either forged by themselves or adopted in response to requirements by the State or international funders. This was done so as to 'sell' their FBOs and community as a 'good risk' for development in order to garner exogenous development funding. It was also done for transformative reasons, such as to maintain and engender community social relations and carry out HIV/AIDS activities. This chapter draws on the work of Eriksson-Baaz (2005) and refers again to Ferguson (1990) and Simon-

Kumar (2003) highlighting the inconsistencies and fragility of HIV/AIDS development discourse at local level.

I open the chapter arguing that any discussion of HIV/AIDS development discourse, let alone actual interventions, must seriously embrace cultural considerations. I contrast the way in which western biomedical discourses of HIV/AIDS often marginalised 'culture' with the alternative views that see culture as an integral element in the development processes. In this way I stress the importance of an on-going conversation between 'culture' and 'HIV/AIDS development discourse'. This conversation is pivotal for two reasons. Firstly, because identity issues underpinned HIV/AIDS discourse and the understandings of those involved in HIV/AIDS mitigation 'on the ground' (as I explain below). Secondly, because as Eriksson-Baaz (2005) argued and as I presented in chapter two, the identities of those doing the 'HIV/AIDS programmes/activities' also played a considerable role in the way HIV/AIDS development interventions were initially framed.

Constructing faith and development identities links the political economies of contemporary identity with post structural/development interpretations of development, as well as its objectives, goals and significance. In Ngamiland, stakeholders enmeshed in the construction of faith identities were the national Government (in its local and regional forms), international actors (such as WHO/USAID/UNAIDs), national and local CSOs (NGOs/CBOs), national FBOs (such as BOCAIP), local FBOs and of course their congregations and community members.

This chapter continues with a discussion on the dominant discourses of faith identity being required of FBOs in Ngamiland at the time. It also outlines the issues FBOs grappled with in order to forge a successful development identity, while still keeping some of their own faith identity. By and large in the process of fulfilling the requirements of MSPs in Ngamiland, FBOs learned, usually through trial and error, that their organisations were both subjects and objects of the development process. This was true to the extent that they had to position themselves and underscore different identities, priorities and needs, both in their HIV/AIDS activities and in their communities, in order to successfully manoeuvre within the structures of the MSPs. I

draw on the examples of the *ACHAP* and the *Ngamiland CSO partnership* case studies to reveal that FBOs' participation in MSPs was squarely a matter of negotiating and reformulating faith and development identity. Past experiences had shown that not having the right religious identity often restricted or prevented FBOs from competing for already very scarce development resources. Under these conditions the HIV/AIDS discourse at the time of the field research was one in which external political processes attempted to regulate, not only the direction of HIV/AIDS policy, but also the very identity of FBOs.

10.2   Culture and HIV/AIDS Interventions

Analyses which dig deep into a country's philosophy, religion, customs, magic and the broad sweep of its history in an attempt to explain why people come to think, behave and organise in the way they do are of course fascinating. The cultural characteristics they reveal may indeed help or hinder development. But they cannot explain or contribute towards an explanation of that development (Haviland, 2000:45):

HIV/AIDS interventions, which are certain to continue, at least in the near future, can be more effective and beneficial to those people whose lives are being changed if culture is taken seriously (Ahsan, 2008:2).

Haviland (2000) continued his commentary suggesting that 'cultural explanations' were of little help in attempts to understand why one country had been successful in mitigating HIV/AIDS while another had not. Examples from MSPs for HIV/AIDS mitigation in Botswana revealed the limitations of this view (as set out in my references to, and explanations of, culture in chapter two) and highlighted the unhelpful binary that underpinned such representations. Haviland (2000) asserted that at the heart of this and other biomedical accounts of HIV/AIDS discourse was the way they counterpoised western medical progress against culture or custom, tradition and identity. As detailed in chapter five, the PHC approach, as well as *ACHAP*, underpinned HIV/AIDS discourse espoused by the Botswana government. These approaches were strongly influenced by political institutional structures and market forces that were driven by the major global role players such as UNAIDS, the World Bank, USAID, DFID. Private-

Public MSP's (and MSPs within these) had become the dominant slogan of HIV/AIDS discourses at local level. They were propagated by the Botswana government and either drove or affected the way in which government perceived its role as an enabler, facilitator and regulator. MSPs were further influenced by the relationships between government, donors and civil society. These determined how much emphasis was placed on cultural and religious practice and were swayed by hidden assumptions and preconceived ideas on how problems related to HIV/AIDS should be framed, the types of strategies that may gain support and who got to participate. Accompanying these renditions was often the view of cultural issues as either 'crumbling at the hands of development', static and therefore resistant to change, and/or cast in innately negative and parochial terms and hence threatening to social stability (Schech and Haggis, 2002:64). Whether explicitly or implicitly, the dichotomy continually reproduced in these accounts was between 'good' development and 'bad' culture.

These characterisations were inadequate and inaccurate in a place as diverse and multi-faceted as Botswana (Comaroff, 1991; Bock, 2007; Saugestad, 2001; MacDonald, 1996). They also downplayed the very significant way in which, through a deep understanding of "a country's philosophy, religion, customs, magic and the broad sweep of its history" (Haviland, 2000:45), positive, mutually constituted identities and futures could be forged. Of course, this kind of 'reading' of HIV/AIDS development discourse involved recognising both the way identities; ('cultural', 'traditional', 'theological' and 'institutional characteristics') were interwoven, co-constitutive and frequently shaped and reshaped to suit specific needs, but also the way in which they were embedded in economic, political and social processes (see Ahsan, 2008).

Cultural identity represents the wish to protect the uniqueness of one's own culture, language and identity, as well as their attached value systems, from external influences. Our roots are becoming increasingly important and, to quote Naisbitt (1990:4), "the more homogenous our lifestyles become, the more steadfastly we cling to deeper values". We all seek to preserve our identities, be they religious, cultural, national, linguistic and indeed "The more worlds grow more similar; we shall increasingly treasure the traditions that spring from within" (Schouten, 1996:54).

The way in which HIV and AIDS was culturally constructed had important consequences for FBO participation in MSPs. For example as discussed in chapter five, the focus of Botswana's HIV/AIDS policy was on the use of condoms, on anti-retroviral therapy and capacity building. These strategies were largely externally required without deference or reference to specific cultural behaviour, practice or attitudes in Botswana. This binary between externally required policy and local interpretation and practice was highlighted in the discussions captured from the focus groups (January 2005) with FBO congregations in the village of Maun, and in analysis of over two hundred community narratives from the Ngamiland district on HIV/AIDS (see chapter four). Both recorded the high levels of mistrust about the information provided by the Government of Botswana and its lack of synchronicity with cultural beliefs and practices as the following quotes portray:

> They came, the road show, huge trucks, big screen and lots of white people. They told us to wear condoms, but what do we know of these plastic things? Where do they come from? America? What are they really for? Stopping us have children? Maybe even giving us diseases...NO! (Community Narrative; Kuru development trust 2003).

> Our church does not believe in contraception, does not believe in condoms, the government come here and tell us to wear condoms. But we must listen to our god and our conscience. This has to be the most important thing to us so no we cannot follow government, we must follow GOD (Community Narrative; Kuru development trust 2003).

These excerpts illustrate a common thread running through the community narratives and the focus groups (January 2005) of two parallel discourses on HIV/AIDS that existed at local level; one official and one unofficial. The latter, in the absence of any recognition, had the potential to take on decidedly political overtones. Herein lay the significance of post-development sensibilities when attempting to understand development's increasingly complex and subtle processes. As Schech and Haggis's (2002) quote above implied, and as I began to uncover in the previous chapter, the question arises; for HIV/AIDS mitigation to be more effective and transformative, should national or African specificities (e.g. Batswana ownership of the HIV/AIDS development process) form a comprehensive component of any intervention? In terms

of broader capitalist processes in the country, the kinds of dichotomies and reductive characterisations mentioned earlier were increasingly diffused by the "indigenisation of modernity" (Sahlin, 2000:47-58). They were also affected by the inflection of the market economy to serve indigenous socio-cultural and economic goals (Curry, 2003) and, as Motsumi (2002) asserted, the combining of 'culture' and 'development' in order to carve out hybrid futures that embraced innovative cultural continuities.

This is the conversation I imply in this section's title. By continually teasing apart what is understood by 'culture' and 'development', by discarding rigid identities and essentialisms and by reclaiming what is co-constituting and inclusive, the prospects of envisioning alternative ways of 'doing development hopefully leading to HIV/AIDS mitigation will remain strong. As Schech and Haggis (2000) again made clear, cultural issues must be taken seriously. Troublingly, however, and as Connell (2007) asserted, "in all the detours of development, culture has largely escaped significant attention" (2007:130). In the following section I provide further evidence of this as issues of 'faith identity' remained marginal concerns in donor and government policies despite FBOs and community narratives response from Ngamiland revealing the way cultural issues were integral to explaining HIV/AIDS and thus also central to HIV/AIDS mitigation.

10.3   Identity issues; required and forged faith identities

Debates on development have been characterised by a silence about identity and how identities of international aid and development practitioners and planners shape development aid practice (Eriksson-Baaz, 2005: 1).

The formation of interests whether strategic or practical, is to some degree reliant on discursive elements, and is always linked to identity formation (Molyneux *et al.*, 2009: 233).

Though issues of faith identities are key themes in development anthropology and sociology they remain marginal concerns to mainstream development studies. FBOs are treated as a homogenous entity that needs no further defining within development aid

discourses. Certainly, when it comes to donor strategic planning for HIV/AIDS policy, there is a general silence on issues of faith identity. Arguing against such omissions this section highlights the extent to which faith identity, defined the way Ngamiland FBOs conceived, understood and responded to the HIV/AIDS epidemic. In Ngamiland, FBOs represented a remarkable menagerie of organisations. They displayed almost as wide a variety in their theological foundations, their methods and approaches to community outreach as in their modes of delivery for HIV/AIDS services. As exemplified in chapter four, these services ranged from orphan and rehabilitation centres provided by mainline FBOs, to traditional/faith healing and medicine of African independent churches.

In her important book on identity and development aid, Eriksson-Baaz (2005) argued that there had long been neglect of the question of identity within development research. She suggested this oversight had been the result of development studies' preoccupation with economics and the previous dominance of neo-Marxism. She also explained that this Marxian hangover had left identity, a key aspect of development relations, to be considered as "…merely reflecting economic relations and thereby not a significant topic in its own right" (2005:2). Taking donor and expatriate development worker identities as her point of reference, she then explored how the partnership between donors and recipients, in this case a Danish development worker and a Tanzanian partner, were characterised. The image was of the former as open, trustworthy, organised and committed and the latter as unreliable, uncommitted and disorganised. Her argument was that far from just reflecting economic relations, the meanings and workings of identities informed and shaped development practice. For example, Ferguson's (1990) work on Lesotho as discussed in chapter two, demonstrated that, in an attempt to 'paint a picture' of the Basotho as needy of the development industry's resources and expertise, the World Bank redefined the population:

> as isolated, insular, and backward agriculturalists who until only recently had had very little economic contact with the outside world (Ferguson 1990:72).

Ferguson, however, understandably pointed out that this was a mischaracterisation of the Basotho, a people who had much contact with those from outside its boundaries for

well over a century and who in fact migrated to partake in industrial work, usually in neighbouring South Africa. Ferguson's analysis here illustrated that development actors used identity in order to forward a particular development trajectory. In this case, the World Bank as the development actor suggested a specific course of action that included technical development options to attempt to 'modernise' the 'backwards' population of Lesotho.

While this re-definition of the Basotho was part of the 'anti-politics machine', this act was a political move in and of itself. In their mischaracterisation of the Basotho, the World Bank used an historical perspective, in that it failed to account for the historical political, economic, and social relations and circumstances that Lesotho had and has maintained with other peoples and nations in the region and beyond. The World Bank's mischaracterisation of the Basotho was a political act in order to create a specific development identity. Whether it was done intentionally, in order to forward a particular development agenda, or because those who wrote the UN document just didn't consider the history of Lesotho as an important factor (Ferguson argued that the former rationale was the more accurate one), the report signalled the importance of identity in development work. In order for development work to take place, the beneficiaries of programmes must meet specific prerequisites of identity in order to justify all of the financial, technical, and organisational investment involved. In other words and in this specific case, donors constructed the 'required' identity of the poor in Lesotho.

Ferguson's analysis of Lesotho and its description in the World Bank report was useful for this research in that it also seeks to exemplify that development identities were a vital component of development work. This included both top-down, as in agendas and plans orchestrated by organisations like UNAIDS, USAID, World Bank, and bottom-up, as in participatory development by FBOs and their communities, approaches. Development identities have been essential components of HIV/AIDS development discourse, constructed with specific perceptions of ethnicity/race, gender, religion, and class in mind and have become inextricably linked with neoliberal development rhetoric of "targeting" particular types of persons for development assistance (see Mayo and Craig, 1995).

In Botswana, powerful agents such as UNAIDS and the World Bank, required their own sets of characteristics for development partners for HIV/AIDS mitigation. In a similar way as was done in Lesotho, a specific HIV/AIDS development agenda was required in Botswana to justify the implementation of technical, rather than culturally sensitive, development approaches to deal with HIV and AIDS. Development agents constructed their own development identities and promoted them through the use of MSPs for a specific development goal (as discussed in chapter four). The identities they used for this purpose are what I call 'required faith/development identities'. In a global environment that registered ethnicity, race, gender and religion as important markers of social difference, contemporary development identities highlighted these factors and people selected certain sets of characteristics over others in order to define and target particular beneficiaries of development investment and the same was true for FBOs. Specific faith identities were sought before international and national agents decided which to partner with. The act of selecting from a range of possible targeted identities is what Simon-Kumar referred to as being "bearers of ideologies and values that actively give particular interpretation to the way development is strategised" (2003:74).

As noted in the above discussion, however, local FBOs can also be "bearers of ideologies and values", especially in ethnographic contexts where they are expected to participate in the development process, as was the case with Botswana's MSPs. These ideologies and values of faith and development were directly related, to the sets of characteristics that they chose to emphasise in development contexts in order to participate in development work. They constructed their own development identities in these contexts, establishing what I call FBO-forged development identities.

10.4   Targeting FBOs with western bio-medical discourse of HIV/AIDS and those that get left behind

While standard global imperatives of the primary health care (PHC) approach and public-private partnerships (PPP) underpin HIV/AIDS discourse espoused by aid agencies and the Botswana Government, those best placed to shed light on the local

level specificities have an altogether different set of emphases. Commenting on a question on HIV/AIDS and Batswana traditions one interviewee responded in this way:

> In terms of HIV/AIDS…I think that is the million dollar question here in the region (Ngamiland). How do we marry the western principles of biomedicine with the traditional structures which we have in the region? I think that is one of the major issues that everybody grapples with… (*Women Against Rape*, interview June 2004).

> Given that a large percentage of the Christian population consult traditional and faith healers, how can we ensure best practice with ARV treatment? *(Nurse MoH,* interview June 2004).

> Faith healing is deeply rooted in the Batswana belief system, it allows us to see AIDS beyond a medical problem… giving it social and cultural meaning (*YMCA*, interview March 2004).

As Motsumi (2002) suggested, and as I have shown above and in previous chapters, mainline FBOs, and to a lesser extent Evangelical FBOs, were dominant in Botswana and thus structured the way development relations were undertaken. Those in positions of power were predominately members of mainline churches and determined whether or not consultation was undertaken inclusively or exclusively. So it was the constructed 'faith identity' of the elite, emboldened by a sense of modernity (through PHC and *ACHAP* approaches), that dominated the country's HIV/AIDS decision making processes. As Motsumi (2002) declared, this made "mainline Christianity arguably the key national symbol in Botswana" (2002:11). Since 1995, however, UNAIDS had been calling for the integration of traditional (including faith) healers alongside biomedical practitioners to be 'expedited and improved'. At the time of this research, African independent churches accounted for nearly 60 percent of Batswana with a religious affiliation. Despite these factors, participation and partnership with African Independent Churches and their faith healing methods in multi-stakeholder partnerships for HIV/AIDS mitigation was minimal during the period of my research.

The following section explores the two key reasons for this, by exploring different actor's viewpoints on their ideas and reasons for the exclusion of AIC FBOs. I start with

the *Head of EAHSC* who also had held the position of *Chairman of the OAIC* for twenty years.

The *Head of EAHSC* felt that despite many years of building relationships and networking, both in-country and internationally, few organisations, governments or donors had ever really addressed the issue of genuine involvement of AIC FBOs and faith healers. He believed the Botswana Government's strategy had been either to ignore them, or to integrate them with other traditional healers. Neither approach had been effective, and the latter actually counterproductive as there are significant differences between faith and traditional healers. For example:

> Faith healers use prophesising as a big part of their healing practice, often exclusively, whereas traditional healers use instruments or potions, all of which can in some way be explained. The power of the prophet healer cannot be explained and this is the main source of reluctance to deal with such healers. Faith healing is completely contrary to any form of medical healing and this is what makes government and donors feel very uncomfortable with it. It is this discomfort that results in faith healing being lumped in with traditional healing, or ignored altogether (interview, Feb 2005).

To his knowledge, neither the Government of Botswana nor any international donors have ever tried to investigate, or understand, prophet/faith healers properly. They were rarely included as a body on their own and, even when they were, not for their healing element. He stated:

> neither traditional doctors nor the African Independent Churches were comfortable with the approach that had been taken by the Government of Botswana or the donors, but that they (the African Independent Churches) were powerless to do anything about it [...] as the ruling class tend to be members of the traditional mainline religions, they are able to hold absolute power among the FBO community in Botswana to this day. Conversely, as we didn't have such powerful people as part of our congregation, our voice remain powerless (interview ibid).

He also saw the AICs themselves as having been at least partly responsible for their own fate. He said that because their members lacked education and came from very

poor backgrounds, they lacked the ability to communicate at high levels. This left them either with: "an inability to approach government or donors or, where and when they had done so, with poor proposals and an inability to follow them up" (interview, ibid)

This situation had allowed the exclusion of AICs to prevail and, even though they held the majority of Batswana Christians in their congregations, they were still left with a minority voice in decision-making. He also stated that the African Independent Churches' lack of external networks could also, at least in part, have contributed to the situation. He stated that this could:

> "be attributed to the fact that faith healers tend to be a secretive group of people who, if approached in the wrong fashion, would often deny that they even practiced faith healing" (interview, Feb 2005).

The *Head of EAHSC* believed that this secretiveness resulted from the complete misrepresentation of the work of faith healers in the past. He referred to a number of pieces of research on individual AICs where he felt that the churches had been 'used' and that their practices had been 'twisted to suit the sensational desire of the researcher'. Such examples had made AICs very cautious in their involvement with researchers and others. He also said that the issue of translation posed a problem, where the Setswana meaning of words was often lost when translated into English, particularly in relation to healing practices.

10.5   Government and AIC FBO/Faith healers: Who takes responsibility?

An examination of NACA documents reveals the government's desire to work with faith healers since the 1990's. Botswana was one of the first countries to endorse the WHO traditional medicine programme. The NACA Annual Report (2000:23) stated:

> The government has for more than 18 years, a policy of actively promoting co-operation between modern and traditional medicine.

NACA's HIV/AIDS progress report's (2005:20) also stated that one of their objectives was to "bring local healers as effective educators at the community level, to give quality treatment and to refer in time for all conditions he/she cannot treat".

Despite this official discourse, no one department in Botswana interviewed for this study was willing to accept responsibility for achieving this objective or took responsibility for faith healers or healing. A good example of this lack of responsibility was that there was no register of African Independent Churches at regional level. All applications (from African Independent Churches to establish themselves) were sent to the capital Gaborone and, as such, no local government department had responsibly either for registering African Independent Churches in their area or to monitor their work once established. The Ngamiland *DMSAC* claimed it is not their responsibility, with *the DMSAC Co-ordinator* saying that she did not feel they were:

> Suitable candidates to sit on the partnership as their (faith healers) practices were quite harmful and that anyway they are the responsibility of the Department of Health (Interview, Jan 2005),

The Department of Health also claimed, however, that African Independent Churches were not their responsibility, with the then *Head of the Hospital* believing that:

> Indeed they (faith healers) are a problem and someone needs to take responsibility but it is my understanding that they fall under the Department of Culture (interview, April 2005).

The then *Permanent Secretary of the Department of Culture* said:

> Although there is a sense that prophet healers and African Independent Churches do fall under Culture, and this is acknowledged in policy, in reality this is an aspect that we cannot claim responsibility for, there is presently no one in culture working in this area even as part of their jobs and they have little knowledge or information on faith healers/African Independent Churches (interview, June 2004).

He believed that it was up to independent organisations to take on the responsibility. When I discussed the issue with the then *Minister of Health*, she stated that:

The problem lies with Government and there is far too much compartmentalisation going on. While the Department of Culture are responsible in theory, they do not have the capacity to deal with faith healers and so of course it should be the Ministry of Health, along with other ministries, that should take the issue on (interview, May 2005).

She also believed that the interface of traditional and modern health care systems should have come about within the PHC and the DHS. She stated however, that the government was constrained from successfully working with faith healers because 'faith healers employ their own methods such as bloodletting, for example, and that such practice had exacerbated AIDS symptoms (in individuals). She felt that the government needed to work with them to refine their practices.

She also felt, however, that one of the reasons that the whole area had been neglected was because donors had expressed no interest in working in this area and thus neither had the Government of Botswana. She felt that this compounded the issue of who should start such involvement and where. While the *then Minister of Health* expressed concern that the faith healers were isolated and their practices go unregulated, the *District Commissioner* at regional level felt that it was not actually necessary to have their involvement at local level and indeed felt that involving them could serve to be counterproductive as giving them a platform gives them recognition and this is in no-one's good especially with the success of ARV (interview, June 2005).

10.6   Donors and AIC FBOs/Faith healers

The donors interviewed on the engagement, or lack of it, with AICs tended to agree with the District Commissioner. For example, the then *Director of* stated that she would be:

wholly against their involvement anyway as this partnership is supporting the ARV programme and the two just do not mix (interview, April 2005).

In 2004, however *ACHAP* did, commission a report on how traditional healers and the partnership could work together, but the recommendations had not been implemented.

The *Director of ACHAP* stated that the report had been commissioned before the partnership undertook a major review and that the outcome of the review was a shift in focus to increasing access to ARV treatment. Consequently, they had decided against working with the traditional/faith healers to avoid any mix up between the two. The *AIDS Coordinator of the US Embassy* believed it would be "political suicide to work with faith healers as donors want their projects 'to fit the norm' (interview, March 2005). *The Communication Officer* for BOTUSA also felt that faith healers:

> Were not our role at the current time and probably not for the foreseeable future as BOTUSA is supporting ARV and the two are just not compatible (interview, Feb 2005).

Similar statements were made by the UNDP, British Embassy (interview, May 05) Swedish Embassy, UNAIDS (interviews, March 05). Indeed, not one international donor in Botswana felt it was appropriate to fund, or even support, traditional healers in any way outside training them in appropriate care. Even with that view, no donor was at that time (2005) giving funding for such training. The *SIDA AIDS Coordinator* pointed out that it was their policy to work with the host government and that the Government of Botswana had never asked them to assist in this area. He believed that this was because:

> Botswana likes to been seen as a modern country and that traditional healers are seen as belonging to the past; if ignored for long enough, they will fade into non-existence (interview, March 2005).

In many instances when I attempted to explain my work to most western trained medical staff, many donors and some government officials, as soon as I mentioned faith/traditional healers and healing the interviewee immediately changed the discussion to one on "witchcraft." Comments were usually perpetuations of urban legend and often took on mythical proportions. This was especially true for those who espoused a strong Christian belief system and for whom the traditional healing practitioner was often equated with Satanism. They remained in disbelief, even when I tried to relate to them my experiences with the African Independent Churches, for example by pointing out that the congregants were Christian but had restored traditional Afro-centric mores and

practices, that the churches had the dual roles of healing and pastoring and that the great majority of the healers interviewed sent the patients they suspected of having HIV/AIDS to the hospital (the latter also a finding of other researchers such as Chilisa, 2005; Amanze, 2007; and Danley, 2006). The issue of 'witchcraft[131]' was, and still remains, an interesting one and contributed greatly, and still does, to the stigmatisation of African traditional/faith healing and AICs in HIV/AIDS processes and participation in MSPs.

There remained a tendency among many (if not most) non-indigenous practitioners of western biomedicine to disregard official discourses on faith healing practices, often along with other aspects of indigenous local culture. This also seemed to spread by extension to some African practitioners trained in or affiliated with western models of medical and allied health service delivery. As evidenced above, most of those who came from Western countries to engage in HIV/AIDS-related endeavours seemed strongly biased against indigenous healing practices. They did not seem open to the consideration that these practices were exactly the sources of cultural authority with which they should begin the examination of the new culture in which they had started to work. Indeed, for many, the question of the importance of first understanding systems of indigenous knowledge did not even occur to them. Consequently partnership was, therefore, also not considered. The Government of Botswana largely colluded with this marginalisation of faith/traditional healers by not accepting them as useful practitioners and by not supporting indigenous knowledge as a legitimate knowledge system or as one having cultural currency.

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[131] Often in contexts of widening disparities between rich and poor, urban and rural, witchcraft becomes more common and widespread (Comaroff, 1993:xxiv-xxvi). The power of witchcraft, explains many things in a context of social change and upheaval. The popularity of traditional doctors has continued even as people's levels of Westernized education have risen. The need for an explanation in times of change, and protection from evil powers has become acute for many.

10.7   Accommodating required identities

As I have suggested above in Section 10.2, questions of faith identity in Botswana remained marginal in conventional HIV/AIDS discourse and the aid industry. Opposing this oversight, Motsumi (2002) highlighted why 'faith identity' mattered in Botswana (see also Heald, 2006). She stressed the way this issue:

> is neglected by exclusively political or economic approaches and is played down in international policy and HIV/AIDS discourses as merely religious factors (Motsumi, 2002:11).

Motsumi (2002) drew attention to the importance of specific faith identities in the daily functions of Batswana societies but that were notably absent in donor strategic planning in Botswana.

I explore this issue further through the use of several examples.

Example 1, shows how the imposition of 'faith identity' starts with the very term FBO[132]. When I first arrived in Botswana in 2003, no church or religious organisation that I interviewed in Ngamiland actually referred to themselves as an FBO. *Love Botswana* and *MCC* used the term 'religious NGO', the Catholic Church used the term 'mainline church' and the Flying Mission as a 'religious organisation'. Evangelical/Pentecostal churches mostly referred to themselves as 'Pentecostal churches' with a few of the bigger ones that held active social activities, using 'Pentecostal organisations'. Of the 57 AIC FBOs interviewed, they simply defined themselves as 'churches', not once using the term 'organisation' either in relation to their church or their specific HIV/AIDS activities. Simultaneously, many in the aid industry described the *MCC* organisation as a FBO (ACHAP, 2008; PEPFAR, 2005) although from interviews with numerous members of its staff it was apparent that they preferred the title 'Religious NGO'. FBOs in Ngamiland seemed to find the term FBO highly problematic

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[132] See also Rakodi (2011)

For the *Head of the Catholic Church*, the term FBO "smacks of right-wing American politics", for the *Head of EAHSC* "it is the foreign language of the aid industry". The term itself has its origin in the US's charitable choice and it has been argued (Wuthnow, 2000; James, 2009) that it is not applicable to African religious organisations. For many, the term 'FBO' conceals much more than it reveals. It gives the impression FBOs are the same, yet FBOs were extraordinarily heterogeneous in Ngamiland as they are elsewhere (see chapter five), particularly in the ways in which their faith identity played out in their work. FBOs were products of completely different world faiths and even within each faith there existed highly diverse strains, such as within the mainline religions whether Catholic, Methodist, Baptist, Anglican, Reform, Lutheran or Adventist in Christianity. Using the term FBO seeks to transform FBOs from churches with congregations and parishioners into 'professional organisations' with the ability to write grant applications, conduct community needs assessments and feasibility studies, undertake cost analyses etc. The *ACHAP* MSP stated in their documentation that they:

> focus on partnerships with organisations that are in line with the pillars of primary health care mode; organisations whose HIV/AIDS programme are based on practised, scientifically sound and socially acceptable methods (ACHAP, 2005:4).

The *Director of ACHAP* furthered this by saying:

> So for us we must focus on strategies for enhancing FBO contribution to HIV/AIDS mitigation by focusing on building their capacity in policies and procedures, management, programme development and delivery, finance, and monitoring and evaluation (interview, April 2005).

Throughout the *ACHAP* process, all facilitators used the term FBO and constantly referred to the need for 'professional organisations'. By the year 2005, and after FBOs had participated in both the *Ngamiland CSO partnership* and the *ACHAP* process, a number of churches (including *the Lutheran Church, Love Botswana* and the *MCC*) had referred to themselves as FBOs in the project proposals submitted as part of the *ACHAP*'s five year plan. This was done as they believed it increased their chances of attaining funding by presenting themselves in line with current donor discourse. This demonstrates how the Ngamiland FBOs engaged in a cognitive and social shift from

initially little or no understanding of HIV/AIDS development discourse to an increasing ability to understand and use development terms, either in daily or performance-based interactions. They had finally reached a high level of fluency in both the language and concepts of development practice and its ideologies.

The *Ngamiland CSO partnership* was a second example of how FBOs sought, and accommodated, a 'required' faith identity in order to partner with western donors. Prior to initiating the partnership, *Love Botswana* conducted several visits and secured promises of support and funding from key national and international donors for their AIDS programme. In Gaborone, they met with the US Embassy to discuss potential funding under PEPFAR. They also met with other potential donors including UNICEF, UNDP, the Baylor Centre for Excellence, BOTUSA and BONASO. They met with representatives in the Ministry of Education, the Ministry of Health and the Ministry of Local Government and Housing. At the meeting all agencies reiterated their support to funding and strengthening FBOs in Botswana, most especially in rural areas. From these meetings, the *Love Botswana's Head of Programmes* felt they had been told:

> The sky was the limit, organisations said there was funding for training,
> workshops anything to do with capacity building, funding for programmes
> and projects especially for abstinence and faithfulness, one of their key area
> is FBOs (interview, Dec 2004).

On the basis of these meetings *Love Botswana* sent a proposal for just over five million dollars to the US embassy under the PEPFAR programme. This was for the construction and running of an orphanage and health clinic, as well as the delivery of prevention programmes based on abstinence and faithfulness.

They were, consequently, very disappointed when they heard that their application had been turned down. Love Botswana staff tried locally (in Botswana) to find out the reasons for the decision, but with little success. Then, when they were in the US on a three month fundraising tour, they decided to investigate further. *Love Botswana* staff were assisting the then US Vice-President's campaign trail, and so already had a powerful contacts in the US. They were also friends with a Member of the House of Representatives and Majority Leader from 2003 to 2005. They explained how their

funding application had been turned down by the US Embassy in Botswana and asked their contact if he knew why. They were referred to the then Director of the HIV/AIDS Bureau in the US and the then Secretary of Health and Human Services in US. Through these contacts they were put in touch with the then US Global Aids Coordinator and his assistant. Yet again they were given assurances that "it's people like you that should be receiving funding" (interview *Head of Love Botswana* Dec 2004). They were also, however, informed that the discourse on FBO participation in HIV/AIDS activities was constrained by certain 'conditions' that agencies wanted to see before funding would be forthcoming. These conditions were spelled out as follows (*Love Botswana Programme Coordinator,* interview Dec 2004):

1. FBOs must collaborate and partner with other CSO and private organisations as a means to cut costs, reduce duplication of efforts and integrate services;
2. FBOs must represent, or at least try and represent, all FBOs in the area/district, rather than just one organisation;
3. FBOs must be well established organisations (as donors don't like risks) and there was thus a tendency for donors to fund those they had successfully funded before;
4. FBOs considered for funding must have a similar (to the donor's) approach to HIV/AIDS prevention and care. For example, donors were interested in funding activities such as teen prevention programmes, capacity building programmes and day care orphan programmes but not things such as church activities or spiritual elements.

These conditions raise several issues relating to identity, development relations, and HIV/AIDS discourse. Interestingly UNAIDS documents of the time clearly stated that current and future plans for the alleviation of HIV/AIDS at country level must acknowledge the necessity to ensure its engagement is "tailored to specific local situations" (UNAIDS, 2005). USAID (2007) documentation stated "that grassroots level communication with FBOs is of critical importance". DFID stressed the necessary inclusion of "medical, social, economic and spiritual elements of HIV/AIDS" (DFID, 2009:18). This recognition of the need for local contextualisation remained limited as the forces of neo-liberalism retained their prominence in HIV/AIDS interventions. This example highlights how international donors:

want to engage with the institutional forms of faith (the religious institution), but remain concerned about the spiritual dimensions of faith (belief in God) (James, 2009:69).

Not surprisingly, some secular donors still wanted a sanitised separation between the institutional and spiritual elements. They believed:

> it is alright for faith groups to be inspired by the love, compassion or sense of justice or moral obligation their faiths bring them, but they should not use it to proselytise or influence the content of development (Thomas, 2004:286).

Yet FBOs interviewed in Ngamiland articulated the importance of their 'faith identity' not only to their development work but to their HIV/AIDS work in particular. Across all FBO groups, the idea of separating their HIV/AIDS work from their 'church' work was inconceivable:

> A church that is engaging in just one aspect or the other will always be incomplete; they will ultimately fail their people (*Head of the Catholic Church*, interview March 2004).

> To have HIV/AIDS programmes without evangelism? Is failing to lead people to the knowledge, worship and service of God (*Chairman of Evangelical Fellowship of Botswana,* interview May 2004).

> If we stress only spiritual aspects, we lose the relevance to modern society, if we stress only the social activities without the gospel, we lose faith altogether. The ultimate factor in the church's engagement with HIV/AIDS, partnerships with government, private sector, is in fact the church's engagement with God (*Head of UCCSA,* interview June 2004).

> Their concern is directed at using public monies for spiritual activities or directly promoting a particular faith or philosophy – donor conditions of course that need to be upheld and respected if you are engaged with such funding. But what the church does under these situations in terms of witness activity is no different from other faith-based organisations or secular organisations. All civil society organisations, whether national or international, whether faith-based or not, witness to something. The corporate and individual witness of some secular relief and development

organisations and its staff may be to values that can be creditable to some, or offensive to others – but they witness nevertheless, and are often recipients of tremendous sums of international aid. The corporate and individual witness of the church and its members of values grounded in Christ Jesus may be praiseworthy to some, or indeed confrontational to others, but they witness nevertheless. In all these cases you witness to something – and this witness is present irrespective of the source of funding (Evangelical Lutheran Church pamphlet, 2004:5).

In a concise rebuttal of donor efforts on civil society (including FBOs) organisations' participation in HIV/AIDS policy dialogue, Motsumi (2002:11) concurred. She stated:

> the framing and delivery of effective policies and development programs in this region demand cultural sensitivity rather than unreflective universalist presumptions and prescriptions about HIV/AIDS (2002:11).

The partnership models for FBOs, including those of PEPFAR, ACHAP and BOTUSA, all gave way to a divisional model of planning and implementation with specialised concepts, models of service, delivery of professional vocabulary (chapter seven) that made it increasingly difficult for FBOs to participate on an equal footing with donor and government agencies.

10.8   FBO participation in MSPs and the use of multiple identities

In the course of my research and within the contexts of the MSPs of interest here, FBOs constantly negotiated their faith-forged identity as a response to the introduction of the required western development identity. In addition, an integral part of these negotiations was to know when, where and how to emphasise the different aspects of their faith identity. In fact, FBOs usually participated in more than one aspect of the MSP process.

This was a complex process and one in which local FBOs had to acquire a thorough understanding of external factors in the process of doing development, for example, learning and understanding the objectives and goals of both state-level and international development actors, as well as having a keen awareness of the specific collective development trajectory that they are attempting to establish. Yet having such knowledge

was not enough; they then also had to use it to accommodate a 'required' identity and/or construct a more appropriate faith-forged development identity within a specific development context.

While previous sections and other chapters have given many examples of where *Love Botswana* used multiple identities, here I look at some other examples. One such was EAHSC. The *Head of EAHSC* used multiple faith identities, the choice of which depended on the context. He changed this based on what he perceived to be the accepted and expected stance of independent healing churches. For example, his choice of stance was sometimes driven by the international and national HIV/AIDS discourse, i.e. on some occasions, that based on modern western biomedical thinking and at other times, on the expectations of the local church, community and his church's own doctrine, traditional beliefs and Batswana culture. To give specific examples, he was quoted on many occasions at international conferences as 'promoting condoms', despite them being explicitly forbidden by his church. Also, and despite speaking at length both to me and internationally about the healing he participated in, in his church, as well as of its importance, he actually had little involvement with sick members of his congregation usually leaving it to the women helpers of the church's healer. He explained his use of multiple identities as follows:

> …what I was learning and contributing at international conferences was so far removed from the lives of my church members that it would have been of no interest to them. I prefer to keep my lives separate; my rural churches are still too far behind the Organisation of African Independent FBOs work to impact on them (interview, April 2005).

A second example was the PLWHA group at the MCC. Here, in donor documents and official discourse on the PLWHA group, staff accentuated particular constructions of their PLWHA work such as a small, income-generating quilting project. This was promoted as they felt it aligned with their US funder's required development identity. In the day-to-day practices of the group, however, a particular faith identity had been forged through prayer and healing (lighting of candles, use of symbols) and this was integral to their identity as an organisation. Thus, in the first, required identity, the PLWHA were regarded as participating in a secular activity whilst in the second, in a

development faith identity. Thus, and in order to successfully compete for resources, both members and staff of the partnership emphasised multiple identities depending on their audience and that audience's development objectives; or as the *Director of MCC* stated "playing the development game".

These examples demonstrate that to participate in the processes of development, Ngamiland FBOs were required to slip in and out of various development identities depending on the context and the specific goals and objectives of development vehicle or process. On the surface, the process of accommodating, resisting, and forging developing identities seemed to entail contradictory ideas, although FBOs were accustomed to this sort of dynamic construction of their faith identity. Through long periods of participant observation at MSPs in Ngamiland, it became obvious that many FBOs did not work according to one single faith identity or discourse but availed of a repertoire of multiple identities. Some of these were contained in their reports, or funding applications that were presented to the outside world, but some remained invisible in their everyday practices or were kept hidden from certain stakeholders.

10.9   Conclusion

In an era of popular participation and multi-stakeholder partnerships, Ngamiland's FBOs were obliged to participate directly in development work and this required them to compete for scarce resources. For FBOs, the process of negotiating and reformulating specific constructions of faith identity to access development resources was a vital component of development, especially in rural regions. Development work was, in fact, identity work. Development was a process that obliged participants to create, negotiate and reformulate new identities as part and parcel of their participation. While almost all FBOs participated in more than one development context, they forged different development identities in each. This was a complex process, one in which local FBOs must have acquired a thorough understanding of external factors in the process of doing development, such as the objectives and goals of both state and international level development actors. They also had to develop a keen awareness of the specific collective development trajectory that they were attempting to establish in each

development context. Yet having developed this knowledge was not enough. For FBOs in Ngamiland, successful development meant knowing under what circumstances, and for which audiences, they must either accommodate or resist required development identities, and to recognise when it would be more beneficial to forge their own development identity. Due to particular contextual constraints, FBOs had more or less room to articulate their faith identities and this allowed them access to resources within the development bureaucracy.

The process of positioning themselves in any given development context was less an artefact of manipulation or deception and more an extension of a familiar strategy of constructing identity just as people do in their daily lives. Identity construction, particularly constructions of religious belongingness, was a relational process rather than any sort of articulation of inherent traits or characteristics. Forging and negotiating faith identities against a backdrop of required development identities may not have been easy, but it made sense to the FBOs. In effect, the process of accommodating, resisting and constructing faith identities, determined who got to define, and be defined, as 'the chosen ones and thus who development agencies worked with. In the classic sense of de Saussure (1960), development identities were the signifiers and FBOs and their communities the signified. Yet the signified as FBOs were not as clear cut as the term suggests from the outset. Establishing faith identities was a process of defining exactly what type of FBOs were allowed to participate in MSPs.

This chapter has also illustrated that HIV/AIDS development interventions, through their various interplay with the prevailing power structures and socio-political climate, provided potential sources of socio-political status and influence, at least for those who were for various reasons willing, able and/or allowed to tap them. It is widely recognised that those who participate in development activities can gain dominance over those who do not, and that the latter may rather be excluded and alienated. In many cases, people wish to be associated with development, allying and identifying themselves with modernity and progressiveness and distancing themselves from others who they may look down upon as backward (Olivier de Sardan, 2005: Crewe and Harrison, 2002 and Arce, 2003).

As a final comment, it was the workings of faith identities, in this case the interwoven operations of theological, institutional, political and culture-based characteristics, that informed and shaped Ngamiland FBO participation in MSPs for HIV/AIDS mitigation. I am not arguing that 'culture' represented an obstacle to development (as some economist accounts imply, see chapter eight), rather, I saw them as deeply constitutive of development relations, where issues of identity were key elements in explaining 'development' in the region and in Botswana. The frequency with which identity issues underpinned the responses of interviewees working within Botswana's aid industry reinforced that, while marginal in donor policies, conversations of culture's role in 'HIV/AIDS development discourse' were a central one.

11 Conclusion and interpretations

11.1   Introduction

The central aim of this thesis was to question the self-evidence that underpins HIV/AIDS development discourse today. In particular it was to explore the use of multi-stakeholder partnerships and to examine the encounter of this dominant discourse with the practices of FBOs' participation within these. Focusing on seven multi stakeholder partnerships and within these partnerships three faith based organisations, I have demonstrated how local stakeholders, especially the three case-study FBOs, expressed their own knowledge and interpretations concerning HIV/AIDS. I have also demonstrated the realities of development discourse in their world through their manoeuvres, negotiations and struggles. In so doing, I have also shown how they reworked the relations of power established by the dominant HIV/AIDS development discourse of international and national agencies into power relations that were complex, multiple and changing. I have, therefore, argued that an understanding of both 'what happens' and 'how it happens' can only be obtained by examining the encounter of knowledge and identities contained within these discontinuous discourses.

My aim in this concluding chapter is, firstly, to re-examine several key themes raised in this thesis, not to simply repeat the conclusions and analyses of the previous chapters, but to move beyond them to some more speculative and tentative interpretations. I explore some of the implications of my analysis concerning the operation of 'HIV/AIDS development discourses' in rural Botswana. Secondly, I elevate specific themes of post-development critique because I see them as having the potential to contribute to HIV/AIDS development praxis. Certainly, I acknowledge that at the time of field research, development studies had significantly more credibility on how HIV/AIDS mitigation was practiced than did post-development. I do, however, feel that with sustained critique including an emphasis on the way new political tactics transformed the way HIV/AIDS development discourse was conducted, post-development criticism could have asserted its credentials and showed its relevance and application to the mitigation of HIV/AIDS.

Included in this final, interpretive, step are suggestions concerning the original contributions of this thesis: I posit the importance of the timing and position my discussion has in relation to the opposing forces that were demanding attention in HIV/AIDS development circles. I reassess the emphasis I have given to FBO participation in Botswana's MSPs and their subversive and transformative effects on development's standardising inclination. And, finally, I consider areas for further research.

11.2 Summary and synthesis of the findings

11.2.1 <u>The nature and dominance of HIV/AIDS discourse in Botswana</u>

In my analysis of the encounter of HIV/AIDS development discourses in the previous chapters of this thesis, I have repeatedly described how the global standardisation of HIV/AIDS development planning and management, particularly as it manifested in the functioning of multi-stakeholder partnerships, constructed FBOs as an 'object' of development and deemed them of limited capacity. The analysis of the extent to which FBOs adopted this discourse, and started to believe it, is supported by Esteva's (1992) assertion that:

> For those who make up two-thirds of the world's population today to think of any kind of development requires first the perception of themselves as underdeveloped (Esteva, 1992:7).

Crush (1995) wrote in a discussion of Escobar's work:

> A threshold of internalisation is crossed. People who were once simply the objects of development now [come] to see and define themselves in its terms. They [begin]... to fight not against development, but about it (Crush, 1995:11).

Such a view adopts a Foucauldian view of subjectivity, seeing identity and the self as being 'constructed' by dominant discursive practices. This view would be a rather disturbing conclusion, suggesting that FBOs would become passive in their approach to

MSPs and brings to mind Spivak's (1985) questions concerning whether 'the subaltern can speak' and asks whether FBOs have any 'authentic' voice. Yet, as should be evident from the descriptions in the previous chapters of the ways in which FBOs manoeuvre within MSPs, they do not just simply participate without resistance; they challenged the dominant HIV/AIDS development discourse and, in the process, created 'spaces of transformation' (Foucault, 1972).

11.2.2 <u>The importance of culture and faith identity</u>

This research has identified a serious omission in the development industry literature, namely the sparse reference to, and recognition of, issues of faith identity as integral to understanding HIV/AIDS development relations. It has demonstrated how FBOs accommodated, resisted, and/or constructed their own 'faith identities' in order to target themselves or others for development assistance, either by way of securing funding or actual project implementation. These identities emerged from the priorities and goals set by local, national and/or international agents who then accentuated and built upon these characteristics in the work that was done within any given development context. It was due to, and under, these conditions that this thesis has argued that the then models of HIV/AIDS development policies in Botswana were ones in which external political processes attempted to regulate not only the direction of 'local' development, but also the very identity of FBOs. This is a far cry from the objectives espoused by proponents of MSPs and participatory development.

Taking the issue of faith to be part of the 'cultural make up' of the Ngamiland district, this thesis advocates for a better understanding of the interaction between culture and HIV/AIDS mitigation. A focus on culture implies a process of critical reflection on cultural determinants, norms and values (in this case religion and faith), as well as resources of all development actors involved in the HIV/AIDS development process. By allowing dialogue and exchange, culturally adapted responses can be generated that will maintain socio-cultural acceptability, local ownership and credibility rather than externally produced approaches. The former are bound to be more sustainable and effective than the latter.

11.2.3 Understanding knowledge and power relations

Despite the discussion in Section 11.2.1 on the nature of the dominance of international HIV/AIDS discourse in rural Botswana, the analysis in this thesis clearly shows that the goals and intentions of outside agencies, based on these international discourses, were rarely fully realised at the local level. Previous chapters detailed the immediate effects of the encounters of MSPs and local faith based organisations in Ngamiland. For example, they highlighted how FBOs were constructed and deemed 'objects' of limited capacity; how 'foreign experts' compelled local organisations to listen and act, and how required methodologies (such as use of the Logical Framework) prescribed how HIV/AIDS was approached. In addition, they highlighted the pragmatic manoeuvres of local government and local organisations, including FBOs, in their attempts to use MSPs to transform these dominant discourses, and to make them culturally relevant and 'owned' (Chapters eight and nine) at the local level.

This thesis sought to explore the larger-scale, 'emergent' effects of the encounter of the international HIV/AIDS development discourses with the local translation of these discourses in Ngamiland. It also sought to determine the overall 'direction' of power relations that resulted from this encounter and addressed the intentionality and/or predictability of the impacts of these encounters. The theoretical foundations for this exploration rested on Foucault's assertions concerning the 'subjectless' or 'intentionless' yet 'directional' nature of power relations. They also rested on Ferguson's distinction between the intention of development programs and interventions and the effects of their work (see chapter two and eight). As Ferguson stated:

> It may be that what is more important about a 'development' project is not so much what it fails to do but what it does do; it may be that its real importance in the end lies in the 'side effects' (Ferguson, 1990:254).

Thus, even if attempts to 'build capacity' and 'empower' FBOs through MSPs only had 'limited success', it is clear that their interventions had important 'side effects' that may have more important and long-term 'emergent' impacts on FBOs, not only in the district, but also for Botswana in general.

The previous chapters sought to describe some of these emergent effects. They included the continual attempts of international agencies to produce, develop and implement 'empowerment' and 'participation' of local actors through the establishment of MSPs, despite this often resulting in difficult and acrimonious relationships between stakeholders. Given the conviction of most FBOs that 'they are in need of developing' (chapter six), as well as their accumulated pragmatic knowledge of how to shape, manipulate and transform development interventions in the district, it was predictable, if not inevitable, that the outcomes of MSPs at the local level were characterised by misunderstandings, manipulation, misrepresentation, reinterpretation and pragmatic manoeuvring.

The 'emergent structure' that resulted from the imposition of the international HIV/AIDS development discourse at the local level, created an aid industry whose polices were frequently unsuccessful but that continued regardless. This dogmatic approach resulted in the proliferation of dependent local organisations, struggling to meet the international development industries' ever changing policies and programmes. This dysfunctional result, Ferguson suggested, emerges:

> counter-intentionally, through the working out of a complex and unacknowledged structure of knowledge in interaction with equally complex and unacknowledged local social and cultural structures (1990:270).

It was not "the simple, rational projection of the interests of [any] subject [...] that secretly wills it" (Ferguson 1990:271). In this Foucauldian conception MSPs were "not the name of an actor, it is the name of a way of tying together, multiplying and coordinating power relations, a kind of knotting or congealing of power" (Ferguson 1990:273). It was not simply donor or international power conceived of as an entity possessed of power but rather, at least in rural Botswana, the emerging result was "a characteristic mode of exercise of power, a mode of power that relies on [MSP] but exceeds them" (Ferguson, 1990:273). Such a development apparatus did not necessarily expand the capabilities of FBOs and local HIV/AIDS programmes, nor did it really empower or 'develop' local people or their communities. Rather, the nature of the power relations established by the encounter of various HIV/AIDS development

discourses was such that "specific knots of power are implanted, an infestation of wielding petty powers" (Ferguson, 1990:273).

These emerging structures, or 'knots', of power relations described above and in previous chapters, "really does just happen to be the way things work out" (Ferguson, 1990:256). Utilising a Foucauldian 'analytics of power', it was not necessary (or possible) to say that the outcomes described in previous chapters served particular interests. They were simply the result of the encounter of these specific, discontinuous discourses of development. This does not mean, however, that they were always planned or intended. This thesis, therefore, supported a key feature of Foucault's approach to power, and illustrated, in the context of MSPs and FBOs participation within them, how power operated through a net-like organisation, how it reversed and always produced its own resistance. The overall effects of the operation of HIV/AIDS development discourses were beyond the intention and strategies of any given social actor - it was subjectless, but it was also intelligible.

11.2.4 <u>Beyond the language of development?</u>

Highlighting the 'adverse incorporation' of participatory approaches to development, Kothari (2006:437) uncovered how the professionalising and technicalising of development processes shaped "expressions of dissent and potentially [limit] critical, challenging and emancipatory approaches". She went further to state that that many critiques of development were restricted to challenging orthodox practices and techniques which only led to "limited methodological revisionism instead of a more wholesale questioning of the discourse". A decade earlier, Crush (1995) posed the same dilemma when asking: "Is there a way of writing (speaking or thinking) beyond the language of development?" (1995:18). While asserting the importance of self-critique that underscored the question, he ultimately conceded that even his edited book (which was a comprehensive critique of development) was only made possible by the languages of development, and may in fact have perpetuated its reproduction. Confirming the apparent impossibility of writing, speaking or thinking beyond the language of development (essentially Kothari's conclusion), Crush (1995) drew on

Foucault to recast both his role and that of the book. Crush stated that we should instead think of development as a:

> …complex and unstable process whereby discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy (Foucault, 1990 cited in Crush, 1995: 20).

Taking these clarifications as a point of departure, moving beyond 'limited methodological revisionism' (Kothari, 2005) might have involved recognising the complex and unstable processes that were at play as Ngamiland HIV/AIDS development discourse (MSPs) both asserted its instrumental effects and was simultaneously hindered by opposing strategies and points of resistance. In this sense, the wholesale questioning of the discourse, which involved the harder task of 'unpacking' the complexity of discourses to find the presence of gaps and contradictions, might have disclosed the way critical voices had their effect on international HIV/AIDS development discourse.

This was very much the kind of 'wholesale questioning' that guided this thesis. In chapters seven and eight, for example, I addressed the structuring features of HIV/AIDS development discourse, its languages, institutional sites, concepts etc., and in doing so emphasised their depoliticising effects on capacity building in Botswana's HIV/AIDS industry. In Chapters nine and ten, I identified just how unstable discourses can be and pointed out their fragility, and importantly, the subsequent transformative potential that was embedded within them. The examples presented of resistance and subversion in Ngamiland's MSPs exposed development's gaps and contradictions. In this way the subversions and transformations of development's standardisation, evidenced by FBO activities in Ngamiland MSPs fundamentally altered the *status quo* within these very specific development settings as new languages and concepts were produced. This did not involve writing, speaking or thinking beyond the language of development, but for FBOs, other development actors and academics alike, almost certainly entailed continual vigilance when it came to questioning, dismantling, and locating gaps and contradictions within development's incarnations. Foucault's (1983:206) elucidation is

again worth restating, in that by "following lines of fragility in the present [we can] grasp why and how that-which-is might no longer be that-which-is in the future".

11.3 Post-development theory and HIV/AIDS development discourse in Botswana

As I stated at the beginning of this thesis, its purpose has not been an evaluation, designed to determine the appropriateness or effectiveness of particular FBO participation in MSPs; nor was it to determine whether MSPs achieved their objectives. Rather, the focus has been on providing a better theoretical understanding of the problems of planned interventions through an analysis of 'how' MSPs operated and FBOs participation within them.

The Government of Botswana and international donors were increasingly more vocal on the urgency of the HIV/AIDS situation and the strategies needed to mitigate it. Indeed, the second Botswana National Strategic Framework for HIV and AIDS 2010-2016 report stated that:

> Insufficient local level ownership and participation contributes significantly to the present limited capacity for the development and implementation of response programmes. Contrary to historical precedents in which communities such as community schools, the Brigade movement, community development trusts, among others organised themselves to address what they have identified as important needs, it has been observed that the community structures in Botswana have tended to play a rather minor role in the current response to the epidemic[..].research in this area is an important gap that must be filled to enhance large scale, sustainable prevention efforts (NACA, 2009:8).

Therefore, it appears that despite decades of the MSP approach, participation for FBOs and other CSOs still remains elusive. And yet, the self-evidence that underpins the 'organisational template' (Putzel, 2007) of international HIV/AIDS development discourse, evidently continues to mesmerise strategic planners and policy 'experts' and remains unequivocal. Indeed, international institutions, governments and civil societies

throughout southern Africa have come to adopt this model (Heald, 2006; Putzel, 2007). Moreover, these development interventions have facilitated policies far narrower in scope and orientation, and as a result, contemporary HIV/AIDS development practice has regressed to technocentric and modernisation philosophies. On the other hand, an increasingly vocal group, many of a post-development bent, urged genuine priority for cultural considerations in HIV/AIDS development planning and programmes (Mosse, 2012; 2005; Ferguson, 2008; Sen, 2000 and chapter nine). Development in Botswana in the early 2000s was characterised by this apparent impasse; an increasingly parochial HIV/AIDS development discourse on the one hand, a resolute stance on the critical relevance of cultural considerations to HIV/AIDS on the other. This led to the Government of Botswana's 2010-2016 report to state that:

> Underlying many strategic and operational deficiencies in the prevention response has been the limited generation and use of appropriate socio-cultural research (NACA, 2009:14).

This and the examples presented in this thesis, either implicitly or explicitly engender the kinds of 'coming together' that McFarlane (2006) and Simon (2006) advocated. Indeed, an attempt has been made to highlight the structuring role of institutions (through a consideration of MSP workshops and the logic of managerialism (chapter seven), while discussing broader concepts of agency (for example, contradiction and transformation (chapters eight and nine). This thesis posits that post-development's potential lies in its capacity to work in-between disciplinary thinking and its ability to be both critical of, and empathetic to the problems of development. The position taken in this thesis at this critical juncture or moment is that post-development sensibilities provide a corridor where the two might better communicate. As Abrahamsen (2003) reminded us, and as has been emphasised throughout this thesis, post-development's emphasis on "fluidity, interconnectedness and constitutive relationships" (2003:197) enabled room for conversation drawing on a variety of inspirations and conceptual resources.

For Sharpe and Briggs (2006), disparity between development and post-development studies could be partly explained by differences in political attitude, wariness over motives and divergence in specialised languages used to articulate relevant issues.

Convergence, therefore, involved clarity and transparency in attitude, motives and language whereby new levels of dialogue were developed and better outcomes attained.

The contribution of this thesis to the critical literature on HIV/AIDS mitigation and FBO participation in MSPs in Botswana is to be viewed in this light. At a time of heightened divisiveness over the 'right' path for HIV/AIDS discourse, this thesis advocates both a critical deconstruction of development's self-evidence and explanation of its depoliticising effects, while simultaneously identifying the critical voices, including expressions of collective African identities (most especially faith identities) that challenged, subverted and transformed the standardisation implicit in many of HIV/AIDS development's institutional sites.

11.4   Concluding remarks and areas for further study

Given the breadth of analysis required by a study such as this, it is almost to be expected that some facets in terms of scope have been partial and, that there are limitations to the work. To this end, and without shrinking from my responsibility for any oversights or silences (of which there could be many), the following limitations are presented as areas deserving further inquiry.

The findings of this thesis focus on primary data gathered over the course of 2003, 2004 and 2005.There has, however, been a rapidly moving agenda in this field and this study can only take us so far. Despite this, my thesis has also sought to bring in some of the HIV/AIDS literature produced on relevant debates during the period 2007-2012 and followed up on the field research done between 2003-5 through a further field visit in July/August 2010. Using these approaches, and through on-going contacts in Botswana, in particular with the three case study FBOs, it is apparent that there has been progress on coordination and harmonisation of MSPs. Such progress included Peace Corp volunteers assisting the District AIDS Commissioner to run the *DMSAC* more effectively and that a new website had been established providing information on district coordination activities. In January 2008, an Ngamiland-based stakeholder workshop was held to discuss HIV/AIDS issues and, significantly, many FBOs were

invited. More importantly, the prevalence of HIV/AIDS has dropped significantly in Botswana as a whole, although the prevalence remained higher in Ngamiland[133] than in other regions (Botswana Country Report, 2010:11). It is also important to note that despite issues of process highlighted in this thesis, ACHAP has had enormous success in their ART programme, with over 90percent of people with advanced HIV infection receiving treatment. What may have appeared to be progress from the outside may, however, have easily mask discontinuities on the ground throwing up interesting questions about how the decrease in prevalence and increase in treatment was correlated or not with the dynamics of the new institutional and social structures and political interactions within Botswana. An update on this research could prove highly valuable to understanding the role civil society played. This might be especially useful by examining the evolution of the coordination and ownership debate, and expanding it to look deeper into how it affects the mechanisms of the state.

In concentrating heavily on the example of Botswana, this study has raised a number of issues. Many appear to have been specific to the Batswana context and may or may not be present in other developing countries. This may be especially true for those that are even more heavily dependent on foreign aid for their HIV/AIDS programme, and where relatively stable governments have begun to implement policies that resonate with international concerns. Countries such as South Africa, Mozambique, Malawi, Zambia and Tanzania come to mind. Indeed, many of the aid workers in Botswana encountered in the course of this study had previous experience in some of these countries and it would appear that there was a great deal of cross-fertilisation of ideas. Likewise, officials from the government of Botswana were frequently sent on study trips, paid for by donors, to countries such as these to learn potential lessons. It would be interesting to undertake a comparison between these different countries, to see which donors are active and whether similar problems arose in translating international HIV/AIDS discourse into practice at national and local level. Important lessons may emerge for both academic knowledge and policy makers from a more comparative approach to questions raised in this thesis.

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[133] Ngamiland is a rural area and HIV/AIDS prevalence rates for rural areas of Botswana were always higher.

To conclude this thesis I return to the question posed in the introduction, i.e. what generates the self-evidence that underpins international HIV/AIDS development discourse, in particular the use of MSPs, and how were MSPs and the participation of faith-based organisations within them, manifest in the local context of Ngamiland Botswana?

One of the important contributions of this research has been to show the inadequacy of attempting to analyse MSPs, and FBOs participation within them, in simple binary terms of either dominance/subjection or empowerment/powerlessness. It has shown the weakness of analysing the multiple discourses of HIV/AIDS development in terms of either 'traditional', 'grassroots' or 'alternative' on the one hand or 'modern' or 'developmentalist' on the other; or of the simple 'dominance of one' or the 'resistance of the other'. My analysis has certainly shown how FBOs have reinterpreted themselves outside of idealist discourses, programs of empowerment and capacity building usually by way of pragmatic local strategies of survival and 'working the system'.

In the end, however, there can be no firm conclusions on the encounters of dominant and local HIV/AIDS discourses in Ngamiland for the drama continues to play on an on. There can be no final determination of whether MSPs were successful, not only in giving FBOs a space to participate but in creating 'empowered' FBOs as espoused in international discourse. The principal practical implication of this research is, therefore, that since multiple and competing discourses of HIV/AIDS are an established aspect of social relations especially in southern Africa, there is little choice but to work within these discourses for the values and principles for which we believe and one may hope that participants and partners from all sides will ask better and more pertinent questions of one another in the process.

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13 Appendices

13.1   Appendix 1: Interview schedule

Name of Organisation	Date Interviewed	Page in thesis
Catholic Church (Mission)	Sept 03 Jan 04 July 04 March 05	Numerous
	August 03	82
	August 03	82
	March 05	190-191
	March 05	191
	Dec 04	190
	Jan 04	191
Love Botswana Outreach Mission	Dec 04	Numerous
	Dec 04 April 05	Numerous
	Dec 04 April 05 May 05	Numerous
	Jan 05 May 05	Numerous
	May 05	Numerous
	Feb 05	85
	Feb 05	85
EAHSC	Jan 04 Feb 05	Numerous
	March 05	86/166-168
	March 05	86
	Feb-March 05	166-168
Maun Counselling Centre	Nov 04 April 04 May 05	185/189
	March 05	262
		188-191
		262
		188-1911

Accord	Jan 05	
Bana ba Banacha (children of the wilderness)	Jan 05	
Bana Ba Letsatsi (Sunshine Children)	Jan 05	
BBCA	Jan 05	
BOFWA Botswana Family Welfare Association	Jan 05	
Botswana Wildlife Management Association,	Jan 05	
COCEPWA	Jan 05	198
Conservation International	Jan 05	
Independent NGO Consultant	Jan 05	
Kalahari Conservation Society	Jan 05	
Khwai Development Trust	Jan 05	
Lengswe la bana (Voice of the children)	Jan 05	
Life Line Maun	June 05	213
Mababe Zakotsha Development Trust	Jan 05	
Maun Brigades Development	Jan 05	
Okavango Kopano Mokoro Community Trust	Jan 05	
People and Nature Trust	Jan 05 April 05	239
TCM	Jan 05	
Tebelopele	Jan 05	
Thuso Rehabilitation Centre	Feb 05	
YMCA	March 04	255
Women against Rape	June 04 /Jan 05	255
BONASO	April 05	154
BONCONGO Network of NGOs	April 05	157
Domkaga Traditional	April 05	

Healers Assoc		
EFLB	April 05	
Mennonite	April 05	
OAIC	April 05	
Skillshare	April 05	
Red Cross	April 05	
HOORC (University of Botswana, Maun branch)		
University of Botswana	May 04	63
	May 04	63
Department of Culture	June 04	258
Department of Tourism	May 05	
District Administration	April 05	168/176/259
District AIDS co-ordinator June 03-05	Nov 04 Jan 05 June 05	159/160/258
District AIDS co-ordinator June 05-	June 05	235
Maun General Hospital Chief Medical Officer	April 05	168/258
Maun General Hospital	April 05	168
Ministry of Health	June 04	188/244
	March 05	188
	May 05	234
Ministry of Social Welfare	Feb 05	188
North West District Council	June 05	234
Rural Administration Centre	Feb 05	
Senior Medical Officer District Health Team	April 05	
Tawana Land Board	April 05	
Tribal Secretary	April 05	
Minister of Health	May 05	161/242/259
Ministry of Health	May 05	
Ministry of Health	May 05	

NACA (National AIDS Co-ordinating Agency)	May 05	176/234
	April 05	157/206
CC Africa Friday	Jan 05	
Conservation International	Jna 05	
Okavango Wilderness Safari's	Oct 03	
	May 05	238
Orient Express Safari's	Jan 05	
Ngami Times	May 05	228
ACHAP	June 05 March 05 April 04	154/203/235
	April 05	260/263
Baylor Foundation	May 05	
BOBONGO	May 05	
BOCAIP	May 04	211
BONEPWA	May 05	
BOTUSA	Feb 05	237/260
British Embassy/DFID	May 05	244/260
Peace Corp	May 05	
SIDA	March 05	260
UNAIDS	May 05	260
UNDP	May 05	242
UNICEF	May 05	
US Embassy	March 05	260
USAID	Feb 05	237
Apostolic Faith Mission	Nov 04	179
Apostolic Jerusalem church of god in Botswana	Jan 04	
Assemblies of God	Nov 04	182
Assemblies of God mission (Pent)	May 04	190
Bana de metsi (mission)	March 04	
Baptist Church (Mission)	March 04	266
Bautlwi-ba-lefoko-zion prophecy church	Jan 04	
Bethlehem church in	Jan 04	

christ healing in zion		
Bible Life pent	March 04	186
Chrisitian Brother Assembly Church	Jan 04	
Christ Citadel International Church (AIC)	April 04	189
Christ in Saviour Ministries	Jan 04	
Church of Christ	Jan 04	
Church of God in Christ	Jan 04	
Church of God Mission	June 04	266
Church of The Disciples of Christ	Feb 04	
Citadel in Christ	Jan 04 and May 05	
Deeper Life Bible Church	March 05	
Dutch Reform Church	Jan 04	
Evangelical Fellowship Botswana	May 04	211/266
Evangelical Lutheran Church	Feb 04	
Faith Gospel After Christ Church	Feb 04	
Family of God (Pent)	Jan 04	
Flying Mission Church (Mission)	Feb 04	
Forward in Faith	March 04	189
Forward in faith ministries	March 04	
Glory Christian Centre	Feb 04	
Gracious Gospel Ministries International	April04 and April 05	190
Head Mountain Church	Jan 04	
Ikabotha Church	Jan 05	
International Healing Church	Nov 04	179
Jesus Outreach Mission	Feb 05	
Jesus Outreach Mission (AIC)	Jan 04	
Johaves Witness	Jan 04	
Lutheran Church	Jan 04 and Feb 05	
Mana from heaven	April 04	189

(AIC)		
Maun Christian Assembly	Dec 03	
Methodist Church	Jan 04	
NAPC	Jan 04	
Nazareth	Jan 04	
New Apostolic prophet church	Dec 03	
New Jerusalem Apostolic church in zion	Feb 04	
New testament church in Christ	Dec 03	
Ondundu Sinai Church	Feb 05	189
Pastors against AIDS	Feb 05	238-249
Peace Ever Church of Botswana	Dec 03	
Pentecostal Holiness Church	Jan 03	
Pentecostal Protestant Church	Dec 03	
Polile Churchi in Jesus	Dec 04	
Rara apostolic church in Zion	June 04	266
Really Life Bible Ministries	Dec 03	
Revelation B.P. Churac	Jan 04	
Revelation blessed peace Church	Dec 03	
RSB	Dec 03	
Seventh day Adventist (Pent)	April 04	185
St. Andrew Healing Church	Dec 03	
St. Cana Apostolic in Zion	April 04	189
St. David	Feb 04	189
St. Engena ZCC	Dec 03	
St. Joas Healing Church	Feb 04	
St. John Apostolic faith mission	May 04	190
St. John apostolic faith mission of southern Africa	Feb 04	

St. John of Botswana	Feb 04	
St. Johns apostolic faith mission of Botswana	Feb 04	
St. Joshua (Pent/ Evangelical)	March 04	
St. Joshua Christian Apostolic Church	March 04	
St. Peter Healing Church	Jan 04	108
St. Thusnelo Church	Feb 04	
St.John	Feb 04	
The holy bontle church in Zion	Oct 2004	185
The Holy Christian Apostolic church in Zion	March 04	
The nations twelve nasarehta apostolic church in Zion	March 04	
The Zion church of inkazimulu	Jan 04	
Transfiguration christian church in zion	Feb 04	
The St. Mark Healing Church	Dec 03	
The gospel of St. Matthew in Zion church	Feb 04	
UCCSA (Mission)	Feb 04	216
United Pentecostal Church	March 04	189
Unity healing church	March 04	
Word of Life	Jan 04	
Word power of St. Daniel Apostolic church	Feb 04	
Word to Africa	April 04	185
World Harvesting Church	Dec 03	
World Harvesting Church in Christ	Jan 04	185
Zion Church (AIC)	Dec 03	
BCC	May 04	
June 05		
BOCAIP	May 2004	
Catholic Church	May 2004	

Lutheran Church	May 2004	
Traditional Healers	April 2005	
Traditional Healers	April 04	
Chairman of the Baitsaanapeba Setso mo Botswana (umbrella body of eight associations of THPs)	April 04	
TCM	Jan 05	173/254
EAHSC Church	Jan 05	173/254
Catholic Church	Jan 05	172/254
Love Botswana	Jan 05	172/254

13.2 Appendix 2: Organisation participation in MSPs.

Organisation	Profile	Ngamiland CSO Partnership	DMSAC	ACHAP	MCC	Ngamiland NGO Coalition	Community Instrument	Kabiso Pelo
Love Botswana	FBO	✓	✓	✓	✓		✓	
Women against Rape	NGO	✓	✓	✓	✓	✓	✓	✓
Maun Counselling Centre	FBO.	✓	✓	✓	✓	✓	✓	
Bana Ba Letsatsi (Sunshine Children)	NGO	✓	✓	✓	✓	✓		
People and Nature Trust	NGO	✓	✓	✓				
Catholic Church	FBO	✓	✓	✓	✓	✓		✓
Evangelical Fellowship Botswana	FBO	✓	✓	✓				
Thuso Rehabilitation Centre	FBO.	✓	✓	✓	✓	✓	✓	
OWS	Safari company.	✓	✓	✓		✓		
BOFWA	NGO.	✓	✓	✓		✓		
COCEPWA	NGO	✓	✓	✓	✓	✓	✓	
Seven Day Adventist	FBO	✓	✓	✓				
Lengswe la bana (Voice of the children)	NGO	✓	✓	✓				
Botswana Christian Council	FBO	✓	✓	✓	✓	✓	✓	✓
Evangelical Lutheran Church	FBO.	✓	✓	✓	✓	✓		
Kuru Dev Trust	CBO	✓	✓	✓				
Tokadi Dev Trust	CBO	✓	✓	✓				
Bontekanye Botumile	Independent,	✓	✓	✓	✓	✓	✓	✓
CC Africa Friday	Safari company	✓	✓	✓		✓		

Organisation	Profile	Ngamiland CSO Partnership	DMSAC	ACHAP	MCC	Ngamiland NGO Coalition	Community Instrument	Kabiso Pelo
Botswana Youth Council	NGO	✓	✓	✓		✓		
Tebelopele	NGO	✓	✓	✓				
Alison Brown	Nurse with MRI	✓	✓	✓		✓		
Life Line Botswana	NGO	✓	✓	✓		✓	✓	
Flying Mission	FBO	✓	✓	✓	✓	✓	✓	
Red Cross	NGO	✓	✓	✓	✓			
BONEPWA	NGO	✓	✓	✓	✓			
Bot. Youth Council	NGO		✓	✓				
Ngmai Times	Private Sector	✓	✓	✓		✓		
CC Africa	Private Sector	✓	✓	✓		✓		
Land and Lake Safari	Private Sector	✓	✓	✓		✓		
Dept of Culture and Youth	Govt		✓	✓				
Maun General Hospital	Govt		✓	✓				✓
Dept. Social Welfare	Govt		✓	✓		✓		
Nhabe Museum	Govt	✓	✓	✓	✓	✓		
Tribal Admin	Govt		✓	✓				
District Health Team	Govt		✓	✓				
BFA	Govt		✓	✓				
Wildlife Min.	Govt		✓	✓				
MGH	Govt		✓	✓				
Min. Of Health	Govt		✓	✓				
Building and Engineer Min.	Govt		✓	✓				
Min. Of Forestry	Govt		✓	✓				
Alice Morrin	Independent researcher	✓	✓	✓	✓	✓	✓	

Table 6   **Explanation of the overlaps and interactions between organisations in Ngamiland and the seven MSPs that were in operation during the field research**

13.3   Appendix 3: Details of participant and non-participant observation carried out in MSPs and FBOs.

It should be noted individuals have been referred to by their job title, description, or position in their organisation.

DMSAC. My involvement with *DMSAC* began in November 2003 when I asked the coordinator whether I could attend monthly meetings as an observer for my research. The response was that although they could not formally invite me, if I chose to turn up, they would not stop me from attending; I interpreted this as a 'yes'. I also attended *DMSAC*'s monthly technical committee meetings when they took place (they were often postponed or cancelled often as a venue (room) could not be found to hold the meeting). Meeting attendance varied from just two to three people to as many as 40, depending on a range of criteria such as whether invitations had been issued or not, the topic to be discussed and whether people could actually find the meeting venue.

ACHAP: As *ACHAP* chose to use the *DMSAC* to initialise and implement their project, I was involved from the very start (see above). My name was given to the *DMSAC*'s coordinator as a CSO representative and I was interviewed by the *ACHAP*'s co-ordinator on the capacity of CSOs in the region and then requested permission to attend the *ACHAP* process as an observer which was granted. I attended the regional *ACHAP* workshop in Francistown and their National workshop in Kasane.

Ngamiland CSO partnership. LBOM initiated this group in October 2004 when I was working for them. As the administrator, I organised and attended all the group's main and sub-committee meetings between Jan and June 2005.

MCC: My involvement with *MCC* began in August 2004 as upon my arrival in Maun, it was the first place I was directed to as an appropriate starting point for my work. The Director offered me assistance in a number of ways, such as requesting a pastor at the centre to assist me in finding African Independent Churches in the area. It quickly became apparent; however, that staff at *MCC* had little in-depth knowledge of African Independent Churches, except for the larger ones, and had little contact with the

majority of them[134]. It was, however, through *MCC* that I met a pastor who had an excellent knowledge of African Independent Churches. This pastor accompanied me on all visits undertaken between 2004 and 2005 to find African Independent Churches and their representatives. In addition, I also continued to visit the *MCC* weekly as they had the biggest HIV/AIDS programme in the region.

Ngamiland NGO Coalition: I attended five meetings of this group as an observer before it disbanded.

Ngamiland Community Instrument Partnership: I attended four meetings of this group as an observer before it was disbanded.

Kabiso Pelo This MSP was disbanded just before my arrival. Data on this MSP was through interviews.

Details of the participant and non-participant observation undertaken for the three case study FBOs is set out in the following text.

Catholic Church: I first met the *head of the Catholic Church* in August 2003, and then continued to meet with him either once a week or once a fortnight for the next two years. I regularly accompanied him on visits to the sick and observed the running of his pre-school, as well as of his rural development projects (such as vegetable gardens for the sick and the growing of Hoodia plants). I also got to know and understand the idea behind the safari company that he established, as well as the various legacy projects for PLWHAs. I accompanied him whilst he filmed the plight of the Basarwa and visited the plot of, and saw the plans for, his proposed spiritual centre. I regularly attended the church's religious services and the women's group meetings they organised.

Love Botswana Outreach Mission: My association with *Love Botswana Outreach Mission* began in October 2003. From this time, I attended their weekly religious

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[134] This was possibly as the *MCC* Board was comprised predominately of representatives from Pentecostal churches (at least during the time I was there).

ceremony, their *ad hoc* healing services and the evangelical conferences they organised in late September 2004. In Sept 2004, I suggested working for them and started work three afternoons a week from October 2004. I specifically requested to work with the HIV/AIDS work, initially assisting at their pre-school for children infected with, and affected by, HIV/AIDS. By November, members of *Love Botswana* approached me and asked me to assist in establishing an NGO group (more detail in chapters eight and nine). Between January and June 2005 this increased my work time with *Love Botswana* from three afternoons, to five mornings a week. I also hosted a monthly women's bible class between October 2004 and June 2005, the attendees (usually 15-20 individuals) which were largely comprised of female staff from *Love Botswana*, although women from other churches/organisations also attended. I found it a great way of getting to know the *Love Botswana* team, and others, on a more personal basis and, in doing so, earned their respect and trust. I visited 6 Ngamiland villages as part of their outreach programme with their pastor and an outreach co-ordinator.

Eleven Apostles Spirit Healing Church: My involvement with *Eleven Apostles Spirit Healing Church* began in October 2004 but from then on I visited the head of this FBO frequently, often more than twice a week, and observed their healing practices on several occasions. I attended their weekly religious services as well as their week-long Easter celebrations in April 2005. I also attended two meetings in Gaborone of the Organisation of African Independent Churches. I also visited their outreach programmes in their 6 branches in Ngamiland.

13.4   Appendix 4: Details of interviews undertaken for MSPs and FBOs

13.4.1 <u>MSP related interviews</u>

ACHAP: I undertook a semi-structured formal interview with the director and the programme manager. I also had an informal conversation with a member of the board. *Ngamiland CSO partnership*: As part of my role in establishing, and ensuring buy-in for, this MSP, I undertook a semi-structured formal interview all the members of the group separately. I also had informal conservations with all members of the group during the six months in which I managed the partnership.

DMSAC: I undertook a semi-structured formal interview with all nine members of the technical group and 22 of the 30 full members.

MCC: I undertook a semi-structured formal interview with the director on three occasions and held informal conversations on average once or twice a fortnight. I also had semi-structured formal interviews with the head of the outreach team, the head of the orphan programme, the co-ordinator of the PLWHA group, the church outreach programme co-ordinator, the financial manager and the administrator. I also undertook semi-structured formal interviews with eight members of the board.

ACHAP : I undertook semi-structured formal interviews with all 15 members of the group.

Ngamiland Community Instrument Partnership: I undertook semi-structured formal interviews with all 7 members of this group.

I also undertook semi-structured formal interviews with five members of another MSP called *Kabiso Pelo*. This group had already disbanded before my arrival in Botswana and so participant and non-participant observation was not undertaken for this MSP.

MSP type	Semi-structured formal interviews Position of 'interviewee' (number of times 'interviewed')	Informal conversations Position of 'interviewee' (number of times 'interviewed')
ACHAP	Director (1) Programme Manager (1)	Board member (1)
Ngamiland CSO partnership	Members (32)	All members (numerous)
Kabiso Pelo	Members (5)	
DMSAC	Technical group (9) Members (22)	
MCC	Director (3) Head of the outreach team (1) Head of the orphan programme (1) Co-ordinator of the PLWHA group (1) Outreach programme co-ordinator (1) Financial manager (1) Administrator (1) Board members (8)	Director (numerous)
Ngamiland NGO Coalition	Members (15)	
Ngamiland Community Instrument Partnership	Members (7)	

Table 7   Summary of interviews undertaken for each MSP

13.4.2 <u>Interviews undertaken for the three case study churches</u>

Catholic Church: I undertook 3 semi-structured formal interviews with the head of this organisation, 5 minimally-structured formal interviews and held informal conversations about once a week or once a fortnight throughout the period of the study. I also undertook semi-structured formal interviews with the district and regional heads of the *Catholic Church* in northern Botswana, as well as the head of the HIV/AIDS programme and 4 of their other religious representatives. I also conducted two minimally-structured formal interview sessions with a member of this FBO who was living with HIV/AIDS, in order to get a life history.

Love Botswana Outreach Mission: I undertook a semi-structured formal interview with the head of the *Love Botswana* in October 2003 and then with the organisations programme head and deputy head (the latter in Nov 03). Between October 04 and June

05 I held 10 semi-structured formal interviews with the HIV/AIDS Coordinator, Assistant Coordinator and Administrator as well as a number of informal conversations on a daily/weekly basis. I undertook semi-structured formal interviews with two of their outreach team. I conducted 1 minimally-structured formal interview session for a life history with a member of this church who was reportedly cured from AIDS by this organisation's healing practices.

Eleven Apostle Spirit Healing Church: I undertook semi-structured formal interviews with the head on 3 occasions; twice in his role as the head of this *Eleven Apostles Spirit Healing Church* and once to discuss his role as chairperson of an overarching *Organisation of African Independent Churches* in southern Africa. I held informal conversations with the head once or twice a week from October 04 to June 05. I also undertook one semi-structured formal interviews with the FBO's healing specialist and had a number of informal conversations with the same person. I undertook a semi-structured formal interview with the leader of the church and minimally-structured formal interviews with the chairperson of the women's group and two other key members of this FBOs religious staff. I conducted two minimally-structured formal interview sessions for a life history with a member of this FBO who was a PLWHA.

FBO type	Semi-structured formal interviews[*]	Minimally-structured formal interviews[*]	Informal conversations[*]
Catholic Church	Head (3) District Head (1) Regional Head (1) Head HIV/AIDS programme (1) Other religious representatives (4)	Head (5) PLWHA (2)	Head (numerous)
Love Botswana Outreach Mission	Head (1) Programme Head (2) Programme Deputy Head (2) HIV/AIDS Coordinator (1) Assistant HIV/AIDS Coordinator 1) Administrator (1) Outreach Team (2)	Person cured of AIDS(1)	Numerous conversations with all of: Programme Head Programme Deputy Head HIV/AIDS Coordinator Assistant HIV/AIDS Coordinator Administrator Outreach Team
Eleven Apostles Spirit Healing	Head (3) Healing specialist (1) Leader (1)	Healing specialist (3) Other religious representatives (4)	Head (numerous) Healing specialist (several)

FBO type	Semi-structured formal interviews[*]	Minimally-structured formal interviews[*]	Informal conversations[*]
Church		PLWHA (2)	

[*] In each case these are presented as the organisational position of 'interviewee' and in brackets the number of times they were 'interviewed'

Table 8   **Summary of interviews undertaken for each FBO**

13.5   Appendix 5: Template for CSOs to fill out for ACHAP

District Action Plan Guidelines (final draft 10, 2005-03-10)

I. Background:

Provide a brief description of the district: Please refer to key information in the district assessment report (Discuss with Tracey):

➢ Geographic situation:

➢ Socio-economic situation:

➢ Health situation: health infrastructure, basic statistics (morbidity and mortality data), organisation of current health services, major health problems, current health interventions, gaps in services and interventions

➢ Current community-based initiatives

Please provide enough information to help capture a comprehensive picture of the district including key health problems, on-going health interventions and key challenges.

Goals and Objectives

Please refer to the national vision (No new infection of HIV in the country by 2009) and the overall goal of the government of Botswana (as published in "Botswana National Strategic Framework for HIV/AIDS 2003-2009, pages 22-23): "To eliminate the incidence of HIV and reduce the impact of AIDS in Botswana".

Objectives

Describe the measurable objectives to be accomplished during the project period (2005-2009) and explain how they will contribute to the overall achievement of the goal.

Please specify the expected outcome of each cited objective. Cite the specific indicator(s) and baseline, or clear description of the current state of affairs, against which you will measure each major change. Describe the novelty of these objectives and how they will contribute to, extend, yet avoid duplication of other ongoing activities in the district. Please also describe key assumptions for this objective to be achieved.

Objectives in this case relate to the four focus areas of the revised *ACHAP* strategic plan. Please note that these four focus areas are closely linked to the five goals of the National Strategic Framework (NSF) which are:

Goal 1: Prevention of HIV infection

Goal 2: Provision of treatment, care, and support

Goal 3: Strengthened management of the national response to HIV and AIDS

Goal 4: Psycho-social and economic impact mitigation

Goal 5: Provision of a strengthened legal and ethical environment.

To help you with your objectives, please consider the following suggestions:

Objective 1: Expansion of treatment

➢ Scale-up provision of treatment services for HIV/AIDS including antiretroviral treatment (ART) and isoniazid prevention therapy (IPT) in the district (target: 85 or 100percent of all eligible people with HIV infection? (To be determined).

Objective 2: Increase access to and utilization of HIV testing services.

➢ Scale-up HIV testing services to reach at least 95percent of the sexually active population (particularly 15-24 years old) within the district.

Objective 3: Organization of post-test services

➢ Initiate and expand post-test services to reach at least 95percent of HIV positive people and 65percent (? to be determined) of HIV negative people.

➢ Conduct operation research to study the impact of different models of behavior change interventions on sexual behavior (only in some selected districts: to be determined)

Objective 4: Create an enabling environment

Please define objectives in terms of empowerment of people living with HIV/AIDS, advocacy, policy change, and stigma.

In this case, there may be some common (core) objectives to all districts and some specific ones depending on the situation analysis of each district. Please refer to district rapid assessment report to identify issues in order to better define core and specific objectives.

Example of objective:

➢ Strengthen (and/or expand) support services for people living with HIV/AIDS (PLWHAs) within the district (determine how to measure this objective: number of PLWHAs utilising these services?)

III. Project Design and Implementation

A. Project Design

For each objective:

➢ Please explain the strategy for implementation and scaling up. Describe how your project design will address the scalability of interventions. Keep in mind the need of maximizing global access and utilization of services as defined in the goal of the NSF.

➢ Describe how the community will be actively involved (DMSAC, Village development Committees, local NGO's, CBO's and others).

B. Major Activities and Milestones

➢ Provide detailed descriptions of the *major activities* necessary for meeting each objective.

➢ Specify the geographic areas where major activities will take place.

➢ Indicate partner involvement when relevant by providing the specific details of the nature of the collaboration and how each organization's work complements the others'.

➢ Define: WHAT? WHO? HOW? WHEN?

- ➤ Identify key milestones, (both operational and/or scientific as applicable), that will be used to measure progress on these activities. It is recognized that milestones may require revision and re-negotiation during the course of the grant.
- ➤ Describe the integration of these major activities with other on-going programs, such as malaria, reproductive health, STI,
- ➤ Develop Gantt chart: For 5 years, annual, or quarterly depending on your needs.

C. Community participation/empowerment:
- ➤ Explain plan to involve community as stakeholder and not just as beneficiary (community ownership)
- ➤ Describe plan for sustainability of interventions at the community level
- ➤ Describe plan for incentives /motivation (how to create a win-win environment)

IV. Monitoring, Evaluation, and Dissemination

- ➤ Describe the proposed methodology for measuring project success and the attributable benefit according to the indicators previously specified.
- ➤ Describe plans for data collection, analysis (which need to be integrated in already existing MandE plan: BHRIMS?).
- ➤ Describe plan for feedback inside district and to MLG/NACA/ACHAP
- ➤ Describe plan for decision making.
- ➤ Include information regarding the dissemination of results both during and at the end of the project period.
- ➤ Describe plan for oversight (supervision): Team needs to include MLG, NACA, and ACHAP representatives.

V. District capacity and Management Plan

A. Organizational Capacity and Facilities

Describe the facilities, resources and equipment available for the proposed project at all participating sites. Give enough detail to guarantee the infrastructure is sufficient to allow the project to be carried out. Indicate the performance sites and describe

capacities, capabilities, relative proximity to each other and to senior management, and extent of availability for the project.

B. Management and staffing plan

➢ Explain the management structure and plans for administering the project. Please describe the capability of the management team (including any key proposed co-recipients and/or sub-grantees) to administer this project. If a consortium is proposed, make it clear how it will be coordinated. If your project

➢ Describe each staff position required to perform the major activities, including title, qualifications, responsibilities and percent full-time equivalent (FTE). Provide justification for each requested staff position (or consultant/collaborator), explaining why this position is required to support the planned activities and indicating how this was determined. General administrative staff may be grouped together.

➢ Identify which staff is already employed and which will be hired for the project. Please include salary information in the Budget Justification section.

VI. Budget Narrative

A. **Format (Discuss the format with Colleen)**

Please clearly link the funding you have requested to the major activities described in section III: Project Design and Implementation. The budget will be calculated in Pula and the total budget converted in US Dollars.

The Budget Narrative must describe and justify the cost assumptions for each category and line item in the Budget Spreadsheet.

B. Support for Proposed Project from Other Sources

Indicate either "none", or include the name of other donor organisations (specify committed and/or potential), and the respective grant amounts The Budget Narrative should include an explanation of the support to be provided, and whether the support is committed or potential. Please use the table format provided below (create as many lines as necessary):

Other Donor	Amount	% of project	Committed or

	U.S.$		Potential

VII.   Risks and challenges:

While not all challenges can be anticipated, for those that can be identified, describe the factors that could inhibit the success of the project. Explain how these factors might be overcome in order to complete the major activities and meet the project goals and objectives.

VIII.   Appendices:

Please include district maps and other relevant important documents, including the budget spreadsheet.