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**A critique of key-concepts in HIV/AIDS prevention in Swaziland**

**Anne Schady**



**"Community Participation" and "Peer Education"**

**A critique of key-concepts in HIV/AIDS prevention in Swaziland**

**KÖLNER ETHNOLOGISCHE BEITRÄGE**

**Heft 13**

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Herausgegeben von Michael J. Casimir

**Heft 13**

**Zu beziehen durch:**  
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Albertus-Magnus Platz  
D-50923 KÖLN



## VORWORT DES HERAUSGEBERS

Anne Schady thematisiert in ihrer durch Prof. Dr. Michael Bollig betreuten Magisterschrift den Umgang mit der HIV/AIDS Pandemie in Swaziland, einem südafrikanischen Kleinstaat, der in letzten Jahren durch extrem hohe Infektionsraten eine traurige Berühmtheit erlangte. Sie stellt die grundlegende Frage, wie angesichts der sehr umfassenden und kostspieligen Anti-AIDS Kampagnen erklärt werden kann, dass Infektionsraten weiterhin steigen. Der offensichtliche Misserfolg der Kampagnen wurde bislang unterschiedlich erklärt: Es wurde die schwache Position der Frau, die Persistenz traditioneller Beziehungsmuster aber auch die abnehmende Bindung traditioneller Normen angesprochen. Anne Schady geht einen anderen Weg: sie stellt die Frage inwieweit Anti-AIDS Kampagnen tatsächlich angemessen konzipiert sind. Mit „Community Education“ and „Peer Education“ greift sie zwei Schlüsselkonzepte der Anti-AIDS Kampagne kritisch auf. Die Arbeit beruht auf einer mehrmonatigen Feldarbeit, die Anne Schady als Praktikantin der GTZ in Swaziland, dann aber auch während ihres einjährigen Studienaufenthaltes an der University of Cape Town in Swaziland unternahm. Während dieser Zeit widmete sie sich vor allem der Arbeit einer Nicht-Regierungsorganisation (NRO), die in der Anti-AIDS Arbeit aktiv war. Theoretisch fußt Anne Schadys Arbeit auf der Ethnologie der Entwicklung, einer Richtung, die sich kritisch mit Strukturen und Inhalten der Entwicklungszusammenarbeit auseinandersetzt. Die von Schady untersuchte NRO ging Anfang der 1990er aus einem Projekt der Entwicklungszusammenarbeit hervorging, ohne dabei Organisationsform oder inhaltliche Orientierung wesentlich zu verändern. Schady stellt heraus, dass die NRO das vage Verständnis von dem, wer zu einer *community* gehört und was eine *community* konstituiert aus der Entwicklungszusammenarbeit übernimmt. Sie stellt fest, dass tatsächlich nur ein bestimmter Personenkreis auf den anberaumten Treffen zwischen *community* und NRO erscheint: In der Regel sind dies ältere, mit der traditionellen Autorität in Verbindung stehende Männer. Auch das Konzept *peer education* wird hinterfragt. De facto wissen die Mitarbeiter der NRO nicht, wer die *peers* sind und wie sie in der Gemeinschaft verankert sind mit denen sie zusammenarbeiten. Die Dekonstruktion der Begriffe erfolgt auf der Basis von Interviewmitschnitten und einer ausführlichen Analyse schriftlicher Dokumente.

Michael J. Casimir



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# 1 Introduction

In 2001, I did a two and a half months internship for a German development corporation, GTZ, in Swaziland. Among other things, I conducted a survey on HIV/AIDS policies of donor agencies and private businesses in the country. In the context of that survey, I came across a World Bank Report on the HIV/AIDS situation in Swaziland. What struck me most, was the fact that the World Bank claimed that 90% of the Swazis knew about the modes of transmission of HIV/AIDS as well as about methods of protection and yet according to the report not only the number of infections was rising but also the rate of infection (World Bank 2001: 29). This phenomenon, often referred to as ‘the gap between knowledge and behaviour change’, is not unique to Swaziland. The cases of Uganda and Thailand, where the spread of knowledge about HIV/AIDS seemingly led to the reduction of infection rates, are rather named as positive exceptions (see USAID 2003).

Different disciplines have been engaged in this problem of ineffectiveness of HIV/AIDS prevention campaigns attempting to find explanations and to offer direction for policy makers. Most of the approaches were characterized by a heavy emphasis on biomedical models and individualistic perspectives (Parker 2001). In particular the work of anthropologists seriously challenged the dominance of these approaches pointing out the importance of a range of structural factors shaping vulnerability to HIV infection (see e.g. Farmer 1999). However, little attention has been paid to the conceptualization and implementation of HIV/AIDS prevention work, yet. Two very popular concepts of current HIV/AIDS prevention work are the concepts of 'community participation' and 'peer education'. In this thesis I want to take a closer look into these concepts that originate from development work. I want to explore the impact that the adoption of development concepts and practices have on the effectiveness of HIV/AIDS prevention work. By this I hope to offer a new analytical angle on the current 'gap between knowledge and behaviour change' in HIV/AIDS prevention work.

## 1.1 HIV/AIDS research in anthropology

Since the mid-1980s anthropologists have been engaged in research around HIV/AIDS. Anthropological literature focuses on “linkages between local socio-cultural processes that create risk of infection and the life-world of sufferers to the global political economy”

(Schoepf 2001: 354). Since the beginning of the 1990s anthropologists have published an increasing number of books including edited volumes with the focus on HIV/AIDS (to name a few: Dyson 1991, Farmer 1992 & 1999, Herdt & Lindenbaum 1992, Brummelhuis & Herdt 1995, Farmer et al 1996, Van der Vliet 1996, Singer 1998), alongside with an enormous number of journal articles and chapters in books. Many of the studies emphasize how global inequalities of gender, class, and ethnicity, which appear in forms of poverty, powerlessness and stigma, accelerate the spread of the epidemic (Schoepf 2001).

Anthropologists point out that the bio-medical discourse within which HIV/AIDS is presented in most countries is based on assumptions about health as a result of individual choices. The discourse leaves little space for understanding behaviour in its relation to the socio-economic environment of people. The importance of this fact is especially supported by long-term ethnographical studies like Paul Farmer's research on Haiti (1992). With studies like these, anthropologists also contribute to the understanding of the current gap between almost two decades of prevention efforts and yet rising infection rates in many so-called 'developing countries'.

In this thesis I take a look at the situation other than most of the studies so far. Instead of focusing on individual behaviour or socio-cultural norms that are seen as contributing to the gap (Schoepf 2001), I look at the way the prevention work is conceptualized and implemented by a local Swazi NGO, TASC.

## **1.2 Outline of the argument**

Anthropologists like Escobar (1995) have described that development work over the past fifty year did not show its intended effects, on the contrary that e.g. the incidences of poverty in the countries 'to be developed' actually increased. In this thesis, I am raising the question whether the failure of development work over the past fifty years could also provide some explanation for the ineffectiveness of more than one and a half decades HIV/AIDS prevention work, like in the case of Swaziland where the infection rates are even still increasing. In this way, my work is an explorative attempt to seek an explanation for this situation.

During my five-week fieldwork in June/July 2002 I joined a HIV/AIDS educator, Masuku, from a local Swazi NGO, TASC, on his almost daily visits to 'rural communities' all

over Swaziland. In these ‘communities’<sup>1</sup> he conducted educational meetings as well as voluntary counselling and testing (VCT) sessions. Considering the connection of HIV/AIDS work and development work, I will take a look at how TASC’s work is conceptualized as well as put to practice and analyse the ‘ways of speaking’ about the interventions by TASC’s staff members. I will seek to highlight how these ‘ways of speaking’ as well as conceptualizations of their work are linked to a particular part of the current development discourse and its ideas around ‘civil society’, which put an emphasis on the concepts of ‘community participation’ and ‘peer education’. I will show that the problems TASC face in their work in the ‘communities’ are linked to inconsistencies inherent in these concepts.

In sum, I will argue on the basis of my explorative field study, that there are a number of evidences that support the view of HIV/AIDS work as development work. In the case of TASC, I will argue, that the entwinement of HIV/AIDS prevention work and development work led to the adoption of development concepts and practices which turned out to be questionable concerning their effectiveness.

### **1.3 Chapter outline**

*Chapter 2* will serve as an introduction to the perspective of my thesis. First of all, I will give an overview over the HIV/AIDS situation in Swaziland referring to current statistics. I will provide some supporting evidence of my view of HIV/AIDS work as development work. I will show how development donors generally view the epidemic and why they see the necessity to intervene. I will emphasize the connectedness of development work and HIV/AIDS prevention work. Subsequently, I will focus on anthropologists’ engagement with development work outlining the two different approaches of development anthropologists and anthropologists of development. My focus will be on the latter, since their approach has been the inspiration for my work. In more detail, I will explain and discuss the theoretical basis of this approach. Finally, in the last part of the chapter I will translate the perspective of anthropology of development to HIV/AIDS work outlining the perspective of my thesis.

*Chapter 3* consists of the data I gathered during my five weeks fieldwork in Swaziland in June/July 2002. First of all, I will describe the national and institutional context of TASC’s work. I will summarize the responses, in particular of the government, to the HIV/AIDS

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<sup>1</sup> Due to differing, incoherent meanings attached to the term ‘community’ I decided to put it in inverted commas. For a detailed discussion of the term’s meanings see Chapter 3.

epidemic since the first case was detected in 1987. Moreover, I will give an overview over the history of TASC's 'community interventions', which was the focus of my fieldwork. In great detail, I will describe the observations I made during the 'community meetings' I accompanied. Afterwards, I will concentrate on two of concepts TASC apply in their work, that is 'peer education' and 'community participation'. I will analyse the way TASC's staff members talked about their project and compare that with the observations I made during the 'community meetings'. I will highlight the problems I see in TASC's application of the concepts of 'community participation' and 'peer education'.

In *Chapter 4*, I focus on TASC's connections to development donors, as well as their ideas and concepts. Firstly, I will show that TASC as an organization have originated from a development intervention. Though TASC is a local NGO, the organisation was 'brought up' by the development donor Project HOPE taking over their administrative as well as institutional structure. Secondly, TASC's current major donors are international development donors. I will demonstrate their strong influence on TASC's work. And finally, I argue that, in general, the current view of the HIV/AIDS epidemic, including strategies that are seen to be successful to prevent it, is essentially shaped through international donor agencies' production of knowledge, e.g. in form of statistics and studies. I will show that most information available on the epidemic in Swaziland as well as on possible prevention strategies is either directly produced by donor agencies or at least is based on studies funded by them. For TASC's staff members these are important sources of information for their daily work. In this I see a reinforcement of the already outlined ties to development ideas and practices.

In *Chapter 5* I will return to the two concepts TASC apply in their 'community project', that is 'community participation' and 'peer education'. Having outlined TASC's difficulties that go along with these concepts in Chapter 3, I will now take a more general look at them. As already mentioned, the concepts currently have a great popularity among development donors. Nevertheless, with reference to literature I will show that the problems TASC faced with the application of the concepts are inherent in the concepts themselves. I will argue that these problems might partly lead to the ineffectiveness of HIV/AIDS prevention interventions applying these concepts.

## 1.4 Methodology

Southern Africa is said to be one of the areas most affected by HIV/AIDS worldwide (UNDP 2003). Thus, it seems reasonable to conduct a study on an HIV/AIDS related topic in this area. Moreover, Swaziland is a particular small country with a population of less than a million. Consequently, the size of the different institutions and organizations is just as small, which made them more easily accessible for me as a researcher. In addition, due to my two and a half months' stay in 2001, I had already established useful contacts.

In June/July 2002 I conducted a five weeks fieldwork where I worked with a local NGO that is engaged in HIV/AIDS prevention work in Swaziland. I decided to work with a local NGO for two reasons. Firstly, local NGOs tend to work closer to the ground than most of the government or international institutions. Governmental programmes, whether national or international, seldom have community-based projects. They work at other levels. And secondly, during the last decade NGOs have become the 'favoured child' of international donors (Fisher 1997: 442) and are seen to play a major role in the fight against the spread of the epidemic.

The reason I chose to work with the particular NGO, The Swaziland AIDS Information and Support Centre (TASC), was mainly because they were one of the first NGOs working in the field of HIV/AIDS in the country. By 2002, they have been engaged with the topic for more than twelve years already. Moreover, they have initiated projects in 21 so-called 'rural communities' all over the country, which was particularly interesting to me.

The largest part of my research consisted of participant observation and informal interviews in the form of daily conversations with the people who worked for TASC during the time of my research as well as with the employees of GTZ and another NGO, World University Service Swaziland (WUS) that cooperated with TASC for some time.

When I joined TASC they had nine full time staff members, of whom two were HIV/AIDS educators (for a list of all staff members see Appendix 1). One of them, Masuku, was working primarily in the 'rural communities', and the other one, Phefeni, responded to requests from schools, companies or other institutions. Both, but especially the latter, also helped out in the 'drop-in counselling' in the office if necessary. During my stay, there were also five nurses from government hospitals who were sponsored by the WHO for training in HIV/AIDS counselling and testing. A nurse from Canada, Erin, joined TASC for a few

months on an exchange programme and a school-leaver, Philile, worked for TASC on a voluntary basis.

Over a period of five weeks I joined one of TASC's HIV/AIDS educators, Masuku, on his almost daily visits to 'the rural communities'. His job was to organize and hold educational meetings in the rural areas, usually followed by some HIV/AIDS counselling and testing sessions. As the meetings were conducted in Siswati, someone from the 'NGO team' usually translated for me.

Within the five weeks of my fieldwork I attended twelve out of fourteen scheduled meetings. To two of the fourteen meetings we went in vain, since no one of 'the community' turned up. Once that was due to the failure of a contact person to announce the meeting; the other time it was the result of the 'National Immunisation Day' (NID), when all mothers took their children to be inoculated. In addition, I went out with Masuku on three further occasions to organise meetings in the rural areas.

The planning of educational meetings was usually done during the actual educational sessions. However, the organisation of meetings involving more than one 'community' required extra trips to the rural areas including the search for meeting venues. Without telephone facilities in most of the areas, this is a rather difficult and time-consuming activity, since it means driving to the 'communities' in hope of finding the contact persons to arrange a next appointment. The trips to the rural areas were combined with visits to people who had been tested HIV-positive. Masuku, who is a professional nurse, checked their health condition, provided them with further counselling if necessary, and sometimes referred patients to the nearest clinic or hospital for treatment.

The days Masuku was not going out to 'the communities' I spent either in TASC's office doing archival work (e.g. reviewing annual reports), preparing and conducting interviews and questionnaires, or in the GTZ office, where I had the opportunity to make use of their newspaper archive. During all these activities, I gathered information alongside my participant observation through informal interviews, that is through conversations.

While carrying out research for the GTZ during my internship in Swaziland in 2001, I considered the conduct of interviews to be particularly difficult. The atmosphere of each and every interview seemed to me everything but relaxed. It regularly left me with a feeling that asking direct questions must be the most inefficient method to gain any form of information. While at first I blamed my lack of experience in conducting proper interviews, I later realized that asking is not a socially accepted way of gaining information in Swaziland. Asking



questions, one of my Swazi work-colleagues explained, is equated with doubting someone. On the basis of this experience, I decided to use interviews in my fieldwork only in very limited ways, only at a later stage of the research when the interviewees knew me better. Thus, the number of formal interviews and questionnaires remained small. In order to get some more background information on Masuku's life I completed one questionnaire, which I also administered to Phefeni, the other HIV/AIDS educator, to have some comparison. I also conducted four semi-structured interviews with Masuku as well as with TASC's Director Thandi, the Head of Programme Harriet and the Project Processing Officer Janet.

## **2 HIV/AIDS, development and anthropology**

### **2.1 Introduction**

Reliable statistical data for Swaziland is scarce. As James Hall describes the information situation for Swaziland in one of his newspaper article: “(...) statistics that determine government policy, donor funding and even placement of irrigation pipes is faulty or unavailable” (Hall 2002). It is even more difficult to gain reliable statistics on HIV/AIDS. However, with the limited data available I will try to give an impression of Swaziland's current HIV/AIDS situation.

In this chapter, I will bring together the three different themes of HIV/AIDS, development and anthropology, which are important for the perspective of my work. On the one hand, I will highlight the engagement of international development donors with the HIV/AIDS epidemic and on the other hand, anthropologists' engagement with the development work, which falls into the two different approaches of development anthropology and anthropology of development. By translating the perspective of anthropology of development to HIV/AIDS prevention work, I will outline the perspective of this thesis.

### **2.2 HIV/AIDS in Swaziland**

The first officially recognised case of AIDS appeared in Swaziland in 1987. Since 1992 serosurveillance is conducted on pregnant women, STI and TB patients in hospitals and antenatal clinics (ANC) in different parts of the country every two years. By the end of 1999, 4729 AIDS cases were reported (SNAP 2000). The following table shows the national AIDS prevalence found in these surveys over the period 1992- 2000:

Table 1: AIDS prevalence among ANC, STI and TB patients in Swaziland

	1992	1994	1996	1998	2000
ANC	3.9%	16.1%	26.0%	31.6%	34.2%
STI patients	11.1%	26.7%	36.6%	47.6%	50.2%
TB patients	19.4%	31.1%	-	58.1%	78.6%

(source: SNAP 2000)

The presented figures show an enormous increase of reported AIDS infections between 1992 and 2000 in all of the three areas. Furthermore, the survey reveals that the infection rates in the age group 20-39 are particularly high relative to the average. It seems important to note that UNAIDS estimates for Swaziland that “86 percent of all AIDS cases are transmitted by heterosexual contacts, and 14 percent through prenatal process [...]” (UNAIDS in World Bank 2001: 6).

However, these figures cannot be generalized, but need to be scrutinized. Firstly, due to the relationship of opportunistic infections like TB to AIDS it can be assumed that inadequate diagnoses occurred especially at the onset of the epidemic. Secondly, the focus on pregnant women and STI patients opposes extrapolation to the general population, because it just takes the sexually active segment of the population into consideration. Thirdly, since the surveillance was conducted only at public clinics and hospitals it excludes on the one hand those who do not have access to these facilities and on the other hand those who make use of private facilities. And finally, the question with these kinds of statistics always remains if an increase in detected cases really shows an increase of infections or just an increase in detections.

Conversations with the various staff members of TASC as well as other people I spoke to strongly suggested an increase in infections and not just in detection of cases. The common feeling was that the infection rates are still rising and urgent and effective action is needed. This interpretation would also suggest that HIV/AIDS interventions so far did not achieve much of their objective to stop the epidemic from spreading.

Reid (1993) described four different stages concerning the consequences countries were facing when they were hit by HIV/AIDS. At a first stage, the consequences mainly affected directly the infected persons as they fall ill and finally die. On a national level the number of illnesses and deaths rose. At a second stage, the consequences of the epidemic primarily hit the direct family members, the households of the infected and their dependants, who now lacked the support of the infected. As an effect of this stage, there changes in demographic

and societal structure might occur. In a third phase, the consequences extended to a broader scope including the workplaces of the infected people leading to disruption in the productive and social service sectors of a country. At a fourth and final stage described by Reid, the long-term impact of an unanswered epidemic became more and more evident. For this stage Reid asserted potential social and political unrest, social and economic disintegration. The World Bank Report on “Selected Development Impact of HIV/AIDS” in Swaziland states: “On the basis of existing data, Swaziland appears to be in the first phase of the epidemic” (World Bank 2001: 1). Nevertheless, conversations with the members of TASC rather suggest that Swaziland is entering the second stage by now where more and more families and households are seriously affected by sick household members.

### 2.3 HIV/AIDS and development

HIV/AIDS work became a major intervention field for most international development donors. By now, every development project has some kind of HIV/AIDS work attached. But certainly, the clearest indicator of international development donors’ interest in HIV/AIDS is represented by the Joint United Nations Programme on HIV/AIDS called UNAIDS. In 1996 the UN initiated the programme by drawing together six major development organizations, that is: UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank, and in 1999 the UNDCP also joined (UNAIDS 2002). All of them co-sponsor the programme that has the aim “to lead, strengthen and support an expanded response to the epidemic” (ibid). The reason why HIV/AIDS became so crucial to most development donors becomes obvious in statements like this by the ECDC:

In developing countries, communicable diseases, particularly HIV/AIDS, Malaria and Tuberculosis (TB) are a *major barrier to human development* and poverty reduction. (ECDC 2000: 2 – emphasis added)

The development donors see HIV/AIDS as a major obstacle to the economic, social and political development and thus, as this, it becomes the reason for intervening. HIV/AIDS is perceived to be a supra-sectoral problem, affecting all sectors in different ways but to more or less the same extent. By now, most HIV/AIDS projects in Swaziland are not led by the government, as might be expected but by development agencies, if not directly, then at least indirectly through funding.

## **2.4 Anthropology and the development world**

Anthropologists are occupied with the development field in different ways. Broadly, ‘development anthropology’ is distinguished from the ‘anthropology of development’. On the one hand, development anthropologists work within the field of development, i.e. in areas of consultancy, project planning or policy-making. Among other things they see their task as creating culturally appropriate projects, or advising policy-makers based on knowledge gained through ethnographic research. They see their duty as applying their professional skills for social purposes. On the other hand, anthropology of development takes a different perspective on development. It is mainly concerned with socio-scientific analysis taking development as a whole into the scope of their research, challenging the underlying theories and concepts. This direction is primarily based on what are called post-modern theories and approaches and mainly on the method of discourse-analysis, which is usually associated with the French philosopher Michel Foucault. For the purpose of this thesis, I will mainly focus on the work of anthropologists of development. However, the following sections give a short introduction into both perspectives.

### **2.4.1 Development anthropologists**

Development anthropologists are directly involved in the field of development. During the 1960s and 70s development interventions were generally an economic venture characterized by central planning and a clear top-down approach. It was assumed that the donor countries knew best what was right for the developing countries, simply on the basis that they were more developed in their own defined terms. Moreover, scientific knowledge as well as technology was perceived to be objective and universal tools that would lead to progress and overcoming ‘underdevelopment’, which was often seen as the cause of poverty. Due to the failure of this approach a re-evaluation began to emerge in the early 1970s. Within the following years the development thinking was reshaped essentially and anthropologists played an important role in this process. Cultural and social dimensions of development were more and more taken into consideration and became part of theory building and project design. In particular, anthropologists insisted that for the success of a project the participation of the ‘people to be developed’ needed to be secured. It was the idea of “putting the people first” (Cernea 1985). Today development anthropologists work in different areas and at different stages within the project cycles. They get actively involved in creating what is seen

as ‘culturally appropriate’ project designs or in correcting ongoing interventions on the basis of their “primary and ‘emic’ data” (Wulff & Fiske 1987: 10, inverted commas in the original). They see themselves as intercultural brokers between the development field and the ‘local communities’ (Escobar 1997). Garber and Jenden argue, “development projects are about delivering resources, not about anthropological analysis (...)” (Garber & Jenden 1993: 68). Within the process of project implementations, they see the anthropological contribution in the observance of the delivery procedure, where the anthropologist ensured the socio-cultural appropriateness of the intervention (ibid). Anthropologists gave answers to hitherto unanswered questions, e.g. if the resources delivered had long-term value.

#### 2.4.2 Anthropologists of development

Development anthropologists seek to answer the question how anthropology can contribute to development. In contrast, ‘anthropology of development’ decides to “stand outside the development world, ask the more traditional question of the anthropologist which is, ‘What on earth is going on here?’ ” (Stirrat 2000: 32). This approach is of a more analytical nature. It is rather inclined to reach an understanding of a problem than in providing a solution. The approach is more holistic in contrast to focusing on one identified problem and attempting to find its solution.

Post-1980s anthropology of development was strongly influenced by post-modern thinking. The most important part of it in this context seems to be the method of discourse analysis. A lot of the ongoing debate around and criticism of anthropology of development is rooted in different understandings of the term ‘discourse’. For this reason I begin with a discussion of the term and its different usages in regard to development.

##### *2.4.2.1 The development discourse – one or several?*

In the very broadest sense, ‘discourse’ can be understood as ‘a way we speak about things’. These ‘ways of speaking’ are intrinsically linked to our socio-cultural environment. Foucault emphasizes a strong relationship between forms of communication, knowledge and power as well as their connection to what is perceived to be ‘true’. It is assumed that whoever is in power supports the production of specific kinds of knowledge that construct truths to legitimize the power. ‘True’ is what people do not argue about, because they do not have any doubt about it, it is what they perceive to be ‘a fact’. The ‘facts’ created within discourses lay the basis for certain practices. Hence, in the sense of Foucault ‘discourse’ is not merely a linguistic concept, but “[i]t is about language *and* practice” (Hall 2001: 72 – original

emphasis). For example, if it was seen to be a *fact*, and everybody *knew* that a specific country was poor and 'underdeveloped', there was no doubt about the necessity of development interventions. Moreover, there was no doubt that the “developed nations” had the solutions for these countries.

A discourse is nothing easy to pin down, it is as complex as the knowledge it consists of and can hardly be attributed to one clear origin. This is, of course, also true for the development discourse. Nevertheless, international donor agencies with scientists from all over the world working on their instruction have without doubt a large share in the production of knowledge around ‘developing countries’ and can be seen as strong promoters of the current development discourse, including its ideas, concepts and practices.

Within debates around discourse analysis and development, differences in the use of the term ‘discourse’ appear regularly. Taking ‘discourse’ as ‘a way of speaking’ about the world as well as ‘constructing’ reality, the term can be used on different levels. We can regard the whole development field as one discourse, in which ‘the developers’ produce a certain knowledge about the state of certain countries, which describes them as being ‘underdeveloped’. These produced ‘truths’ serve as the legitimation for intervening in those countries. At the same time, and this is probably the most common use of ‘discourse’, the term refers to the produced facts or ‘truths’ within the development field. The ways in which developers (as well as often the ‘to-be-developed’) speak about and construct reality within the so-called Third World countries are then being called discourses, for example, ‘the poverty discourse’ or ‘the HIV/AIDS discourse’. Moreover, we find the expression of ‘contesting discourses’ in some of the articles. This is again another level of using the term discourse. It refers to the different ways in which, for example, the notion of ‘poverty’ is constructed. It is important to highlight these differences in usage. It often seems to mislead debates around anthropology of development, because the term is used on different levels.

Within my work, I will use the term ‘discourse’ in the broad sense of ‘ways of speaking about things’. In the same way as Ferguson (following Foucault) I see the ‘ways of speaking’ about ‘development’ intrinsically linked to particular practices, as I will highlight later in this chapter.

#### *2.4.2.2 Discourse analysis and anthropological studies of development*

On the basis of discourse analysis anthropologists began to analyse the development field:

In this view, the ways in which we speak, write and think about development are an expression of wider relations of power between the developer and those to be developed which are manifested in experience and practice (Phillips & Edwards 2000: 48).

In order to understand the practice of development, we first of all need to understand its discourses, its way of knowing and constructing the developing countries. This method allows us to realize that our understanding of the world is based on certain models and theories, which are not universal but only one way of constructing reality. And moreover, that these constructions serve certain power-relations. In other words, what is perceived to be true, e.g. that a country is 'underdeveloped', is ultimately linked to certain power structures. In this case, the power structures would support the superior position of some countries in contrast to others that are labelled 'underdeveloped'.

Especially in the 1990s, several studies were conducted within the field of development using the Foucauldian approach. In 1990, Ferguson published one of the earliest books in this field called *The Anti-Politics Machine*, which is based on a fieldwork carried out in Lesotho. As a point of departure Ferguson chose the enormous number of 'failed projects' that put in question why development agencies continued to get involved in Lesotho. In other words, why were projects still done if they all had failed to reach the set goals anyway? It could surely be argued that the failures were precisely the reason for further interventions; the goals had *still* not been reached. In this perspective, the failures were associated with the methods and tools used to achieve the goals and a change in the methods was assumed to lead to the intended outcome. But Ferguson developed a different perspective on the 'failure' of projects. Through the example of a World Bank project, which he accompanied, he was able to show that though the intended outcomes had not been reached, the project did have many effects, so-called "side-effects". These 'side-effects', he demonstrated, reinforced and expanded the exercise of bureaucratic state power, which made 'development' in Lesotho an integral part of what he called, in reference to Foucault, 'etatization'. Thus, in his view, the 'side-effects' turned out to be the principal effects of development interventions.

These ideas were further developed by Escobar for the whole development world. In *Encountering development: The making and unmaking of the Third World* (1995), he directly addressed the same paradox between theory and practice of development as Ferguson. That is, instead of reducing the incidence of 'underdevelopment', there had been an increase. Since the end of the Second World War, Escobar argued, the 'Third World' had constantly been produced by discourses and practices of development. Despite the failure of the projects concerning their 'intended effects', Escobar showed that what he called 'developmentalism'



had constructed an effective apparatus for the production of knowledge about and the exercise of power over the Third World.

Hobart is the editor of a third important book published in this context. *An anthropological critique of development* (1993) focuses on different types of knowledges and their relevance within the development discourse. Having drawn on detailed ethnographic case studies from Africa, Asia, Europe and Latin America, the contributors examined the ways in which indigenous knowledges often proved to be more appropriate in the local context than Western 'expert' knowledge. The authors argued that as the Western systematic knowledge increased, so did the possibility of ignorance and thus, loss of indigenous knowledges. The discourse on development had usually downplayed or ignored the knowledge of those being 'developed'. Hence, it had been those being developed, rather than those having done the developing, who had been perceived as ignorant. In fact, as Hobart and the other authors demonstrated, it was rather the 'experts' who, in the process of applying their knowledge, became more ignorant about the people and communities they were working with.

These three books highlight the very different approach anthropologists of development follow in contrast to development anthropologists. In the view of anthropologists of development, development anthropologists work within the discursive structure of 'development', aiming at the improvement of ongoing interventions. Whereas anthropologists of development look at the development discourse as a whole pointing to underlying structural processes that in their view make 'development' a successful tool for the exercise of power over so-called 'developing countries'. However, it has to be emphasized that in practice the difference between the two anthropological approaches is less distinct. Anthropologists attempt to bring both perspectives together, like e.g. Grillo and Stirrat 1997, Gardner and Lewis 2000 or Eyben 2000. What the two approaches certainly have in common are the researchers' mutual intentions to contribute to the improvement of living standards of people suffering and oppressed. However, in the view of anthropologists of development, development anthropologists are part of a system that results in achieving the opposite. And development anthropologists argue that they at least *tried* to improve the living standards of people while the argumentation of anthropology of development led to passivity. In the following, I will discuss the criticism anthropologists of development are facing from within as well as outside the discipline, in order to highlight my own stance within this debate, which constitutes the theoretical basis for my thesis.

#### 2.4.2.3 Discussion of the critiques of anthropology of development

The major criticism of anthropology of development is its view of development as *one* discourse. While Grillo (in Grillo & Stirrat 1997) refers to the tendency “(...) to see development as a monolithic enterprise, heavily controlled by the top, convinced of the superiority of its own knowledge (...)” (ibid: 20), Storey calls it an ‘over-generalized’ and ‘exaggerated conception of development’ (Storey 2000: 42). To regard development as one discourse is far too limited, it is argued, and development knowledge cannot be seen as a single set of ideas and assumptions (Grillo & Stirrat 1997: 21). Moreover, Grillo asserted that this perspective viewed the ‘developing countries’ as victims, denying their agency. Two categories of ‘developers’ and ‘victims of development’ were being created, to which Escobar would add the ‘resisters to development’ (ibid). Gardner and Lewis referred to this as “theoretical reductionism” which, due to its deconstructive nature, led tautologically to political disengagement (Gardner & Lewis 2000: 16). In addition, the same authors argued elsewhere that, “poverty and inequality are products of a range of global conditions, of which development discourse is only one part” (Gardner & Lewis 1996: 167). In reference to Lehmann’s data analysis of Escobar’s argument they pointed out that the dependency theory<sup>2</sup> was restated in his work.

From my perspective, only parts of the criticism are valid. The creation of ‘victims of development’ as well as related, the restatement of the dependency theory can hardly be denied. The developing countries are basically deprived of any ‘productive’ reaction to the developers’ suppression.

The argument that the development field cannot be analysed as one discourse does not hold, from my point of view. Perhaps with the exception of Escobar’s slightly polemical universal application of this approach, it seems completely legitimate to seek to find an explanation for a characteristic that many development projects have in common. That is, as Ferguson observed in the case of Lesotho, their failure. Hence, even if development knowledge deviates in its ideas, assumptions and approaches, it is the common failure of the projects that justifies an attempt to find the underlying contributing factor. It is legitimate to raise the question if the problem lies in the structure itself.

Gardner and Lewis’ critique that poverty and inequality cannot solely be seen as a product of the development discourse but result from a range of factors, obscures the point. Anthropologists of development certainly do not claim that the development discourse is the

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<sup>2</sup> For the dependency theory see e.g.: Preston 1996, Seers 1981, Nederveen 2001.

*direct* cause of poverty and inequality. These are undoubtedly the result of a range of factors, *but* the factors are legitimized and normalized through the development discourse's construction of reality. Hence, it results from this discourse that poverty and inequality are seen as 'natural' and attributable to certain countries' backwardness and that even after a history of 50 years of failed projects, the projects are not abandoned.

The criticism that this approach would lead to political disengagement is comprehensible but I think not fair. In my opinion, the various authors set different priorities. As illustrated earlier, the different fields of anthropology pose different questions. Development anthropologists ask what could contribute to the eradication of, for example, poverty and inequality. They look for practical and realistic means and ways to improve their fight against human misery. Anthropologists of development foreground analysis and gaining of a grounded understanding. It is not important if the result of the analysis is comfortable or not, as long as it convincingly explains the situation. Only on the grounds of such analysis are recommendations made. Ferguson's study suggests that inefficiency of development projects in eradicating poverty and inequality lies in the system itself. This certainly suggests that the development apparatus in itself is redundant. Arguing that this point of view leads to political disengagement misses the point.

Anthropology of development manages to highlight important shortcomings and problems in connection with ideas and practices of development. It allows good insight into a process that has developed a dynamic of its own. The problems with this view can be seen in its strong emphasis on structure and disregard for human agency. I certainly will not be able to solve the theoretical problem of structure versus human agency and therefore do not attempt to do so. Nevertheless, I think it is possible to point out problems in an existing structure that developed over time, without claiming that this structure completely determines people's lives but still might affect it, something that I seek to do in this work. Acknowledging that both, structure and agency, affect and determine the life of people to a certain extent (that I cannot and do not attempt to measure), I decided to focus on structure simply on the grounds that I saw a problem in it I seek to highlight.

## 2.5 The development discourse and HIV/AIDS work

### 2.5.1 Civil society, 'community participation' and 'peer education'

'Community participation' and 'empowerment' are the current buzzwords of development world, not to be omitted from any project proposal. These buzzwords are thoroughly entwined with the concept of 'civil society', since participation and empowerment - in addition to their clear economic advantages for the donors - have the aim of strengthening what is perceived to be 'civil society'.

The definitions of 'civil society' are numerous but often remain abstract. The World Bank defines 'civil society' as consisting of "the groups and organizations, both formal and informal, which act independently of the state and market to promote diverse interests in society" (World Bank 2002b). The definition is very broad and does not say much about the nature and characteristics of the 'groups and organizations'.

DFID in Mc Gee (2002) goes a step further than the World Bank in characterising 'civil society organizations' as stimulating community action, articulating the needs of the politically powerless and voiceless as well as generally contributing to socio-economic stability and equity (DFID in McGee 2002: 103). Hence, DFID narrows the much broader World Bank definition of civil society down to specific 'groups and organizations'.

Nevertheless, when it comes to funding I experienced that for both the World Bank as well as DFID such 'groups and organizations' refer to non-governmental organizations (NGOs) and community-based organizations (CBOs). As Van Rooy (1998) points out:

In practice, civil society has been made synonymous with the voluntary sector (or the Third World Sector), and in particular with advocacy groups, non-governmental organisations (NGOs), social movement agents, human rights organisations and others actors explicitly involved in 'change work' (Van Rooy 1998: 15).

This fact does not contradict the World Bank definition (due to its broadness and vagueness), but shows that though the definition seems to encompass everyone but the government and the market sector in practice 'civil society' has been reduced to a few very specific groups, which e.g. DFID *assumes* to represent the 'needs of the powerless and voiceless'.

During the last one and a half decades, the concept of 'civil society' gained enormous popularity not only among development donors. 'Civil society' came to be understood as the missing key to understand and address the political and socio-economic crises in Africa (Haberson 1994: 2) as well as past failures of development projects in general. The World

Bank states: “A strong civil society has the potential to hold government and the private sector accountable. Civil society can be a crucial provider of government legitimacy” (World Bank 2002a). Civil Society is regarded a universal concept and a presupposition for democracy; the weakness of it as a sufficient explanation for the failure of democracies (see Comaroff & Comaroff 1999, Haberson 1994, Mamdani 1996, Dicklitch 1998, Van Rooy 1998, Francis 2002).

Working with ‘civil society’ is seen as a valuable answer to the ‘lessons learnt’ in the past decades of unsuccessful development projects. Up to the 1990s development projects were “conceived, designed, funded, managed, implemented and evaluated” by development agencies (McGee 2002: 93). Now, it is argued that people should participate in defining ‘their own’ development goals, in organizing and implementing ‘their’ development activities (ibid). Through people’s participation in the processes of ‘their development’ they are assumed to be empowered and become self-reliant and independent. It is by working with ‘civil society’ that development donors aim shift from top-down development to what they refer to as ‘bottom-up’ approaches.

Furthermore, for development donors it proved to be more efficient and, importantly, less costly to work with ‘civil society’ than with government institutions, involving the proposed ‘beneficiaries’ directly in the process. Hence, since the mid-1990s there is a major change in donor strategies in the form of a shift from collaborating with governments to working with what is perceived to be ‘civil society’, the closer to the ‘grassroots’ the better. By working with ‘the grassroots’ in a ‘participatory and empowering’ manner, the projects are also seen to serve as a ‘school for democracy’ for the people on the ground (Van Rooy 1998: 49f., Dicklitch 1998: 12).

‘Community participation’ and ‘peer education’ play a crucial role in the ideas around ‘civil society’. ‘Community participation’ is seen as a way of strengthening what is perceived to be ‘civil society’ and ‘peer education’ is seen as method to ensure ‘community participation’. Especially in the field of health promotion ‘community participation’ seems almost impossible to tell apart from the method of ‘peer education’. A number of different definitions and interpretations of ‘peer education’ can be found in literature. Acknowledging this fact UNAIDS (1999) describes that ‘peer education’ “(...) typically involves training and supporting members of a given group to effect change among members of the same group.” (UNAIDS 1999: 5f). This broad definition is an attempt to summarize all activities performed under the label of ‘peer education’. ‘Peer education’ is seen as a cost-effective method to

reach whole communities, which would be hard to reach otherwise. In HIV/AIDS prevention a report from Horizons<sup>3</sup> refers to ‘peer education’ as “one of the most widely used strategies” worldwide (Horizons 1999:1). I will take a closer look at both concepts, ‘community participation’ as well as ‘peer education’ in Chapter 5.

### 2.5.2 Changing the perspective on HIV/AIDS prevention work

So far HIV/AIDS prevention has never been analysed in the context of development work. Yet, the observation Ferguson made with regard to the failures of development projects in Lesotho to achieve their intended aims can be made in the same way for HIV/AIDS prevention projects in Swaziland. As pointed out, more than one and a half decades of efforts to prevent the epidemic from spreading did not show the intended effects yet, on the contrary, the infection rates are still rising. As many studies, including anthropological studies, show, the reasons for this fact are numerous and complex. In this thesis I want to take a look at TASC's work, an example of HIV/AIDS prevention work, in the perspective of anthropology of development. With regard to the great extent to which the development world is engaged in HIV/AIDS campaigns, I will view TASC's prevention work as a development intervention. The concepts they apply I will seek to trace in the current development discourse.

Due to the limited scope of this work and the comparatively short time I spent in the field, my research can only provide an attempt to look at this perspective on HIV/AIDS prevention in an explorative way. For example, Ferguson conducted an 18 months fieldwork for his already menti oned analysis of a World Bank project in Lesotho. Thus, in my work I will take a look at TASC's work making use of the methods of anthropology of development in order to see whether this perspective might provide a useful framework for further studies in this field.

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<sup>3</sup> *Horizons* is a project implemented by the American Population Council in collaboration with *International Centre for Research of Women* (ICRW), *International HIV/AIDS Alliance*, *Program for Appropriate Technology in Health* (PATH) and others.

## **3 Evidences from the field: TASC's work**

### **3.1 Introduction**

When a country is hit by an epidemic like HIV/AIDS a variety of responses can be imagined. Cuba made headlines with their extremely harsh measures of compulsory testing and quarantines that involuntarily isolated infected people to so-called 'sanatorias' (Graham 1998). More frequently stated examples of presumably successful responses to the epidemic are surely Thailand and Uganda. The Thai government reacted to the epidemic with a "strong commitment to AIDS prevention both in its policies and in the provision of resources to implement these policies" (D'Cruz-Grote 1997: 8) and it is assumed that by these measures they managed to bring the speed of the spreading epidemic to a halt. The same is assumed for the case of Uganda where the government launched extensive awareness and education campaigns all over the country. A look into the responses to the epidemic in Swaziland will show that though initiatives were instigated after the first case of HIV/AIDS was identified; the subject did not receive much public attention until recently.

### **3.2 The national and organizational context of TASC's 'community project'**

#### **3.2.1 Responses to the spread of the epidemic in Swaziland**

Since the beginning of the epidemic and especially in recent years there have been all kinds of responses to the epidemic in Swaziland, including activities aiming at the prevention of the spread of the epidemic. The government's responses are important for the positioning of TASC's work, since some of their projects are entwined with government projects.

After the first case of HIV/AIDS was officially reported to the Ministry of Health and Welfare in 1987, the government responded by setting up the "Swaziland National AIDS Programme" (SNAP). At first, this programme mainly had the task to conduct surveys and to keep the situation under surveillance. In collaboration with the WHO, SNAP developed plans for the prevention of the spread of the disease. The declared aim was the reduction of infection rates through awareness campaigns on HIV/AIDS, controlling blood-donations, fighting sexually transmitted diseases (STD) as well as mobilizing NGOs and other institutions in the fight against HIV/AIDS (World Bank 2001). Among other things, they built

up a Home Based Care (HBC) Programme; former health workers in rural areas, so-called Rural Health Motivators (RHM), were educated about HIV/AIDS and trained to give support to individuals and families affected by the epidemic. During the last years when the impact of the epidemic became more and more distinct in Swaziland, SNAP was perceived by various people, including government representatives, to work very inefficiently, as TASC's Director as well as Phefeni explained.

In 1998, one of Swaziland's formerly most successful companies (Fridge Master) had to close down due to bankruptcy. Though the management did not directly connect the financial problems to HIV/AIDS (at least not officially), statements from the management of the company like "the workers are dying like flies" provided a ground for heavy debates in the media (*Times of Swaziland* Oct. 1998). While in fact not about HIV/AIDS itself, but rather about the management's insult to their workers by indirectly saying that some had the disease, the debates still gave the issue more frequent public exposure. Maybe as a result, the government set up a "Crisis Management and Technical Committee" made up of ministers from different areas, representatives of the trade union as well as the federation of employers, and NGOs. The aim was to coordinate the HIV/AIDS work carried out in the country in order to improve efficiency. In conversations with my former GTZ colleagues, I found out that the implementation of this idea never came into being; not a single meeting with all members was achieved.

In 2001 the Federation of Swaziland Employers (FSE) with the support of the government, UNAIDS, ILO and WHO initiated a "Business Coalition against HIV/AIDS". In the first phase of the initiative, companies were approached to join the coalition and encouraged to address the issue of HIV/AIDS in their company. Information material about the disease and about legal obligations and rights of employers and employees in the context of the epidemic, as well as condoms, were distributed (*Times of Swaziland* 9/11/2001). The companies, which joined the coalition, signed a declaration of commitment to the fight against HIV/AIDS as well as the protection of human rights. Philile was involved in this project and explained that the second phase of the project was by now long overdue but could not be started due to financial deficiencies.

In 2002, the government initiated another attempt to coordinate the HIV/AIDS activities in the country by establishing the "National Emergency Response Committee on HIV/AIDS" (NERCHA), which came into being in May 2002. The objective is "to work with all Stakeholders in delivering HIV/AIDS materials and services (...) to the people who need it at



GRASS ROOTS (Community) level” (NERCHA advert in *Times of Swaziland* 17/06/02 – original emphasis).

A large number of organizations are currently working with HIV/AIDS in Swaziland. There are more than 16 local NGOs (including church organizations), a range of international donor organizations, like UNDP, WHO and UNICEF, in addition to bilateral projects implemented by embassies from different countries all over the world. Moreover, to every international development project some HIV/AIDS awareness is added even if the programmes may otherwise be health / disease unrelated.

### 3.2.2 TASC’s historical background

TASC were initially established in 1989 as a part of a Project HOPE project funded by USAID in the framework of their HIV/AIDS Prevention in Africa (HAPA) Grants Programme. The objectives of the project were to conduct KABP (knowledge, attitude, belief and practice) studies concerning HIV/AIDS prevention, to provide education sessions, to establish HIV/AIDS information and counselling centres as well as to extend the outreach of information by educating so-called traditional healers and local adult educators (Project Evaluation 1991).

The project began very successfully. On the basis of the objectives, a range of activities were instigated and implemented. The emphasis of the work lay, first of all, in the production and distribution of information material on HIV/AIDS as well as in the education of what were seen as important target groups in society, that is: traditional healers, youth groups, church groups and private businesses. By the end of 1992, the project was transformed into a freestanding, locally based NGO named TASC, still mainly funded by USAID (Project Evaluation 1993). Though TASC were one of several organizations doing HIV/AIDS education in the country, they were the first to offer HIV/AIDS counselling and counsellor training, which became one of the organization’s pillars over the years. The activities during TASC’s initial period focused mainly on the development and maintenance of HIV/AIDS counselling and testing centres, the support of prevention programmes in the private sector and generally on the training of counsellors.

Over the years TASC developed two main foci in their activities: firstly, the provision of so-called “drop-in counselling” at the TASC’s central office as well as the Information, Education and Communication (IEC) services on request, and secondly, outreach community

based activities (Annual Report 1998: 3). The latter is the part of TASC's work I focused on during fieldwork.

### 3.2.3 TASC's community project

#### 3.2.3.1 History of the project

In 1999, TASC identified seven community-based organizations (CBOs) with the aim of providing the members with information on HIV/AIDS and train them to become peer-educators. The CBOs were engaged in income generating activities like sewing, poultry, farming and vegetable gardening (Annual Report 1999: 40). The overall aim of TASC's community-based activities is to control and mitigate the effects of HIV/AIDS at 'grassroots level' (Annual Report 2001: 33). The largest part of TASC's work in the 'rural communities' consisted of education and training of CBO members to become peer educators.

After the pilot period of the 'community-based project' in 1999, another 14 'rural community groups', as the reports refer to the CBOs, were identified until November 2001 in all four administrative districts of Swaziland. The identification of these 'community groups' was the first phase of the project. In a second phase, these groups were trained as peer educators and caregivers (ibid: 5) in order to help out in 'their own communities'. The third and on-going phase of the community outreach project started in January 2002 and has two main emphases. Firstly, TASC seek to concentrate on gender mainstreaming strategies. Whereas the project was initiated as a 'rural women's project' TASC now aim to incorporate both women and men into HIV/AIDS work. Secondly, TASC want the CBOs they are working with to form support network systems in 'their communities' in order "to attain holistic approaches towards mitigating the effects of HIV/AIDS at community level" (Annual Report 2001: 5). The idea is to connect as many of what is seen to be "the active groups", the so-called stakeholders, in 'a community' as possible. They see other NGOs and CBOs (income generating, health, social service, legal service, adult literacy etc.), government (extension workers, health worker, *tinkhundla*<sup>4</sup> representatives, schools, clinics), churches and so on as examples of active groups.

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<sup>4</sup> Swaziland's chiefdoms are organized into 55 so-called *tinkhundla* for the purpose of grouping them into administrative units. Each *inkhundla* (singular of *tinkhundla*) is led by one of the *tindvuna* of the chiefdoms (Rose 1992: 53). The *indvuna* represents the chief on meetings like TASC's. Never would a chief personally attend such meetings, Masuku explained to me. Moreover, *tinkhundla* are the meeting point of traditional and government administration. Physically the *tinkhundla* are manifested in the *tinkhundla* buildings, which serve for gathering and meetings.

In a first step of this networking phase (and that was when I joined the project), two main activities were conducted: the peer educators were presented to ‘the community’, and the ‘the community’ was asked to elect and form a committee in which each of the different ‘active groups’ of ‘the community’ would be represented. This committee would serve TASC as a contact body for the arrangement of meetings as well as to get feedback about problems and needs.

The presentation of peer educators to ‘the community’ was done by Masuku. With the help of the peer educators themselves as well as by contacting schoolteachers and the *tinkhundla* in which the meetings were to be held, he invited people to join the meetings, hoping that ‘the stakeholders of the community’ would be present. Despite the presentation of the peer educator, he used these meetings to educate about HIV/AIDS, modes of transition, forms of prevention and so on. Furthermore, he invited the attendees to ask questions. In the following, I will describe in detail Masuku’s work in ‘the communities’.

#### 3.2.3.2 A day in ‘the community’

Most of the time, Masuku told me, he visited ‘the communities’ on his own. During the time of my fieldwork this was different. As mentioned in the introductory chapter, five nurses from government hospitals in Swaziland were sent to TASC with the support of WHO in order to be trained in HIV/AIDS counselling for a month. Thus, one or even two of them would usually join us. Moreover, the NGO was in the process of producing videos about its services, so that on four occasions another employee of TASC joined us to film the session. To my surprise, the video camera was not perceived as intrusive and it did not affect the response of the attendees in terms of the content and number of questions. Finally, there was a voluntary worker from Canada during the time of my stay, a professional nurse, who also joined us occasionally. She as well as the other nurses helped Masuku with the HIV/AIDS-testing, which was a great relief for him, especially on an occasion where he had to test 20 women in a limited time.

Most of the educational sessions were run somewhere outside, ‘under a tree’ and some in the *tinkhundla*, a building or other kinds of buildings like community halls or schools. Except for one, all meetings took place during the week and all except two were held in the morning around ten or eleven o’clock. This time of the day certainly excludes a number of people, such as school children or employed people. If teachers were to be involved, Masuku asked for the headmaster’s permission.

When I asked Masuku if TASC conducted meetings at weekends, he responded that the Head of Programme and the Director would not let him carry out weekend meetings. Principally, they were against it, since people would attend funerals on weekends; especially in ‘the time of HIV/AIDS’ that means often more than one funeral per weekend. During my time in Swaziland 2001 as well as 2002 I noticed how many funerals my colleagues were attending, some even during the week. It was explained to me that funerals during the week were a new development, which was only practiced since so many people were dying and they were not able to wait until the weekend anymore, since there would be too many. More information would be necessary to evaluate the problem of conducting meetings at weekends. Nevertheless, the mentioned problems show some of the difficulties TASC face in trying to get as many people involved as possible.

The sessions seldom started on time since some people often had to walk quite a distance to reach the meeting place. Sometimes Masuku would be able to use the time we were waiting to conduct some post-test counselling if the tested people were present. Otherwise, he would chat with some of the already arrived attendees, especially those who had helped him organizing the meeting, mainly peer educators. They informed him about important issues in ‘their community’ and they would arrange organizational issues e.g. who would let him know if meetings could not be held as planned.

Meetings usually started with a prayer. One of the attendees would get up and recite a prayer loudly; sometimes Masuku did it himself. Now and again, the people would also sing one or two gospels. In contrast to my expectations, this did not indicate that the attendees were particular religious. When I asked Masuku as well as the Head of the Programme what relevance the prayers had, they both agreed in saying that it was “just a habit, whenever you commence or finish a meeting in the rural areas”. This fact became even more evident when an *indvuna*, the chief’s deputy of a chiefdom, in one of the meetings gave closing remarks on the meeting and complained: “When you talk about health these people come, but if you come back to preach about Jesus there will be no one”.

After the prayer and sometimes the singing, Masuku would introduce the ‘TASC team’ that was present that day, followed by a general introduction of TASC and their services. He would then talk, sometimes in great detail, about HIV/AIDS, about modes of transmission and about ways of prevention, demonstrating the use of male and / or female condoms or other material relevant to prevention. At other times, he only briefly stated some facts about the epidemic.

The next step depended on the type of the meeting. If it was a meeting aimed at 'introducing the peer educators to the community', Masuku or someone else from TASC would read out the names of the peer educators who were present, thank them for their collaboration and give her or him a bag printed with an HIV/AIDS slogan intended as an incentive for further cooperation. Masuku was very strict about who received a bag and who did not. He never announced beforehand that they would be given anything. Thus, only the peer educators who attended the particular meeting would be given a bag; whoever was too late or did not appear at all, did not get another chance to receive one.

At one meeting one woman who arrived when we were about to leave saw that her colleagues had these bags, and asked for one. When Masuku explained that she would not get one, the women with the bags started to make fun of her: "Look, we have got a bag, we were at the meeting. You are late!" When we returned to that community about four weeks later in order to visit a patient, the woman came again to ask for a bag, and again other women made fun of her. Masuku told me this always occurred and that is why he is so strict: "The people even call the office and ask for the bags! But I keep on telling them that only the people who attended the meetings get the bags." The major importance of these bags amazed me. Though Masuku ensured that the participants would not come *just* to receive an incentive of some kind, the attention that was given to the bags undermined the actual purpose of the meetings in my view, that is to find ways and means to cope with the HIV/AIDS epidemic. In my opinion, this fact might critically put to question the motivation and meaning these meetings have for the participants, something that would require further investigation.

In the last part of the session, Masuku would usually invite the audience to pose questions. People were forthcoming with questions though fewer women than men raised issues. Due to translation problems I did not understand all questions raised. Nevertheless, from the questions that I noted in six of the twelve meetings, 30% of all questions (N= 43) concerned the transmission of HIV/AIDS, and another 25% enquired about the access to the introduced materials (male or female condoms etc.). The questions were always somehow HIV/AIDS related. At the end of the sessions the next meeting was arranged, which was usually about a month later. Thereafter, in some instances the *indvuna* made some closing comments and after that the session was closed with a prayer (and sometimes singing) again.

After the sessions, Masuku conducted pre- and post-test HIV/AIDS counselling and testing for the people who wanted it. During my fieldwork, Masuku tested altogether 27 women (and no men at all) after meetings, but of these 27, 20 were tested after an initial meeting in a 'new community'. Masuku commented that the testing of 20 women on one

occasion was a very good result; up to that point the highest number of testings he had done at a single meeting was 13. Although the seven remaining HIV/AIDS-testings of women during the other eleven meetings that I joined might appear few, a number of the attendees had already been tested at previous meetings.

The pre-test counselling was usually rather short, since it was immediately following the educational sessions. During the pre-test counselling Masuku was supposed to conduct a risk-assessment about the person tested. However, often time constraints restricted these efforts and he only asked about age, marital status and number of children.

In the context of testing, the issue of confidentiality is seen as very important by the NGO. They promote the idea that people should 'know their status', but they do not necessarily need to share it with anybody but the closest relatives (especially wife or husband). This is particularly important for cases of stigmatization and discrimination, which, as Masuku made clear, occur frequently. In his educational meetings, too, he often referred to that problem and described how HIV/AIDS infected persons were 'kept' in rooms or corners of a hut where no one else would go. When he visited a patient, the family sometimes would not dare to go close to the sick person and would only point in the direction where the person lay.

Nevertheless, for the purpose of post-test counselling (nine women during the time of my fieldwork) Masuku took the person only a few meters away from the car and the rest of the people and explained the results to her. This practice worried me a great deal. At one meeting in particular, the *indvuna* had closed the meetings with the statement that confidentiality concerning the HIV/AIDS-status was redundant and would, on the contrary, mean that people who did the testing were hiding their status and therefore put the 'community' at risk. He blamed the women in particular for generally hiding their diseases. Thus, I was worried that this open counselling might affect the women later. They might be put under pressure to declare their status publicly. Moreover, just by watching the counselling one had a good chance of guessing the status. The persons did not have the chance to react too emotionally to the results, since everyone was able to see them.

The educational sessions were usually held in a very relaxed atmosphere. Masuku always managed to make people laugh and they obviously enjoyed his 'performance'. He presented even the most delicate topics in such an amusing and creative way that people could relate to it, which became evident in questions they asked afterwards. Also, within TASC Masuku was known for his unconventional ways of talking about sexual matters. In the office the people made jokes about the words he used during the sessions; words that no one would

ever dare to use, let alone in front of a whole ‘community’. Hence, it can be claimed that to a certain extent the meetings in the rural areas also carried an entertainment factor for the participants.

The observations of the meetings show the difficulties TASC experience in their efforts to conduct meetings in the ‘rural communities’. There was no time where the attendance of all different segments of the population of the ‘rural areas’ was assured. The time TASC held their meetings during my fieldwork excluded like most other development projects, for example, schoolchildren and students as well as most of the employed people. Moreover, the lack of public transport in the ‘rural areas’ makes it necessary for some people to walk long distances in order to reach the meeting venue. In cases, in which people have sick relatives at home or are even sick themselves, they are not likely to be able to come, despite the fact that they might be the ones most desperate for the provided information. Hence, although Masuku is able to create a space where people talk and ask questions about HIV/AIDS, this information only reaches certain parts of the population.

Apart from this rather structural exclusion of some part of the rural population, I now want to take a closer look behind the concepts and methods applied in the project to see whether further limitations concerning the participation appear.

### **3.3 ‘Peer education’ and ‘community participation’ in TASC’s work**

#### **3.3.1 ‘Peer education’ – TASC’s rationale**

The annual reports and the recent strategy paper (2002) directly and indirectly state a number of justifications for adopting ‘peer education’ as a method for prevention. First of all, ‘peer education’ is seen to be a cost-effective method, a fact that particularly serves a small NGO like TASC. The trained peer educators do not get any payment, neither for distributing TASC’s IEC materials and condoms nor for educating other people in ‘their communities’. It is assumed that through the education of a few members ‘a whole community’ is reached, with TASC only bearing the costs arising from the production of IEC material and the training of the peer educators themselves.

Secondly, ‘peer education’ is seen as a vehicle to reach ‘whole communities’ in the rural areas, which could not be reached otherwise due to a lack of personal access to these ‘communities’. It is assumed that the peer educators have a better access to ‘their

communities' than someone who comes from outside. Besides, through the close cooperation with the peer educators TASC gain insight into 'the rural communities' they are working with, an insight they would not gain otherwise. For instance, Masuku always talked to at least one of the peer educators before and after the meetings in order to get as much information about 'their community' as possible. He made clear to them that whenever there are problems in 'their community' related to HIV/AIDS he was someone to turn to. During my stay, once a peer educator called the office to ask Masuku to see a sick woman in 'her community'. We went there and Masuku counselled and tested the woman who turned out to be HIV-positive. Masuku gave her the advice to contact the next clinic on a regular basis and counselled her on how to deal with the disease. Hence, in this instance Masuku's close contact with the peer educators gave him information about 'the community' he would not have gained otherwise.

Furthermore, recently TASC decided to utilize the peer educators for a survey on condom-use in 'the communities'. They asked their peer educators to note down whom they provide with how many condoms over time. The results have to be seen rather critical for many reasons. The first and most obvious one is the question whether someone who is provided with condoms really makes use of them in the intended way. To adolescent boys and girls sometimes it is a status symbol to have condoms in the wallet or pocket (Tillotson & Maharay 2001). Moreover, a survey like this might turn out to be counterproductive to the aim of making people use condoms. If people know about the survey, it might actually keep them from asking for condoms. They might fear that other people in 'their community' have insight into the survey.

A further justification for choosing 'peer education' as a method for prevention is the assumption that the training of peer educators within rural communities ensures the sustainability of the project in case TASC withdraw from the community (Annual Report 1999: 44). I will critically pick up this assumption later in this chapter.

Another motivation for applying this method not likely to be found in an official rationale should not be disregarded; that is the popularity of the method with development donors. TASC, an organization that is heavily dependent on donors' financial support, will always need to fit into the profile of the major donors. Most development donors currently favour the concepts of 'peer education' and 'community participation', thus, are willing to support projects that apply them. I will elaborate that point in the following chapter.

In summary, TASC give a number of reasons for applying 'peer education' in the field of HIV/AIDS prevention. The two most frequently mentioned are the cost-effectiveness of the



method as well as the access to otherwise inaccessible or ‘hard-to-reach’ rural communities. In the following, I want to take a critical look into TASC’s operationalization of this method.

### 3.3.2 Who are the peer educators?

It is important to note that the members of TASC do not understand the word ‘peer’ in its literal sense. In general, ‘peers’ are referred to as people belonging more or less to the same age group. ‘Peer education’ projects with children or young adults often work in this way, where children in a similar age are seen to belong into one peer group. In other cases, a peer group is defined by different criteria like a specific problem a group has in common, e.g. drug-abuse or prostitution (see UNAIDS 1999). In the case of TASC a peer group seems to resemble a ‘rural community’; this becomes obvious in TASC’s description of ‘community peer educators’:

The community peer educators are members of the rural community groups who are further provided with skills to provide education and supportive care in the area of HIV/AIDS [...] *within their communities*. (TASC 2001: 9 – emphasis added)

This is a very general definition TASC give of their ‘community’ peer educators. In other words, the peer educators are people who receive training from TASC in order to educate and support ‘their own communities’ in the field of HIV/AIDS prevention. The question remains who the people are that have come to be peer educators and how TASC have selected them.

The Head of Programme as well as the Director of TASC explained that TASC started the selection of ‘communities’ three years ago. They decided to make use of already established community projects, the so-called community-based organizations (CBO).

The World University Service (WUS)<sup>5</sup> regularly publishes a CBO directory for Swaziland. These CBOs usually do some kind of income-generating activities, such as gardening, sewing or pottery. In collaboration with WUS as well as ACAT (Africa Co-operative Action Trust), both NGOs with a focus other than HIV/AIDS, TASC worked out which CBOs might be in need of HIV/AIDS education, counselling and testing. They also approached the Ministry of Agriculture, with extension workers all over the country, as well as the Ministry of Health and Welfare in order to find out whether they have community

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<sup>5</sup> WUS is a NGO that predominantly works with and coordinates CBO projects all over Swaziland.

projects that might be worthwhile involving. From the list of CBOs about which they collected data, they chose 21 with regard to their geographical position, in order to reach 'communities' in all four administrative regions of Swaziland. When a CBO was chosen, TASC introduced their project to the 'community leaders' of the chiefdom or *inkhundla* the CBO belonged to, "praising the package they had to offer", as the Head of the Programme put it. Their proposal would go through certain stages within the traditional administrative structure, until it reached the chief, who was the only authority who could give the final permission. Only after that would they introduce their project to the CBO members themselves.

This is how the selection process was run in general; in particular, of course, it showed some exceptions. For example, Masuku told me that one of the CBOs was a group he worked with during his studies of "adult education" at the University of Swaziland from 1995 to 1997. Another group was initiated by Philile who felt that there was a need for HIV/AIDS education in 'her community'. She approached her 'community leaders' and afterwards invited TASC. This is also one reason why she is working as a volunteer for them now.

When a CBO was chosen, its members got training in HIV/AIDS prevention and care. That is how the CBO members came to be peer educators for what was perceived to be 'their communities'. Hence, TASC's peer educators all used to belong or still belong to a CBO and this CBO was assumed to work within 'a community', very much in the literal sense of the term CBO, *community-based* organization.

In this respect, Masuku's interpretation of the existence of the CBOs was very interesting, because it challenges the assumption that CBO members are the socially active part of 'a community': He explained that in 1999 the king set out a Fund of 44 Mio. Emalangeni (= South African Rand) to encourage and support the foundation of CBOs in rural areas:

Since then CBOs spread like mushrooms in the rural places. Actually, I think, we couldn't do what we are doing if there hadn't been that Fund.

In an attempt to find out more about the Fund I looked for newspaper articles. By doing so, I came across a number of such Funds (to name a few: Enterprise Trust Fund, Community Development Fund, Regional Development Fund), some of which were loans, others were grants of the so-called 'king's-money'. Phefeni commented on the Funds, saying,

Oh, there are lots of them. The problem is that some people don't know that some of them are loans. They think it's the 'king's money' and think the MP is cheating on them when he wants back the money from loan.

The confusion about the Funds is also reflected in the newspapers: "A perception that the Enterprise Trust Fund (ETF) loans were not repayable because it was 'king's money' has seen many loans not repaid" (*Times of Swaziland* 19/12/2000). The aim of these funds is mainly "the financial empowerment of communities and women as well as maximizing job opportunities, generally", as the *Times of Swaziland* (07/10/99) states about the Enterprise Trust Fund. However, the idea that a whole community can be 'empowered' by supporting CBOs remains the same.

It would certainly be desirable to explore the nature and characteristics of CBOs more closely. From what I managed in the limited time I had available strongly suggested that the existence of many CBOs is a result of available funding rather than of action initiated by people in the rural areas who want to improve the standard of living within 'their community' in general. A look into the CBO directories that WUS published over the last three years showed a great variation in the number of CBOs over this short period of time. In an informal interview, I enquired a representative from WUS about possible reasons for these differences. She emphasized, first of all, that WUS only publishes the names of 'active' CBOs, meaning CBOs that are working on their projects. Furthermore, she explained that most CBOs have a coordinator who applies for their funding and coordinates their work. These coordinators are either from WUS, other NGOs, or from the government. She complained that as soon as coordinators withdrew from the coordination of the work, the CBOs stopped being active. As long as a coordinator was organizing the funding and the meetings, people would participate to some extent but the CBOs would break down when the coordinator left. This statement, which would certainly need a closer exploration to be verified, seems especially interesting in context of the assumed sustainability of community based projects. TASC assume that by training CBO members as peer educators HIV/AIDS prevention will still be ensured even when TASC withdraw from 'the community'. But if CBOs cease to exist as soon as their coordinators withdraw it seems unlikely that the very people continue to be active peer educators once TASC withdraw from their cooperation.

Masuku's as well as the statements of the WUS representative suggest that the CBOs are formed in response to available funding. If that is the case it is hard to judge who the people are that respond to these available funds and what kind of group they form. Nevertheless, the membership in the CBO is the only criterion TASC used for the selection of

people they work with and moreover, that is the only information they have about them. The intended transmission of knowledge from the peer educators to ‘their community’ can hardly be assured, since TASC do not have the means to monitor this process. TASC only *assume* social connections between the peer educators and the rest of ‘their community’. However, whereas it is likely that the CBO members are somehow in contact with the people that live in their geographical area, this contact could possibly be characterized by conflicts. Existing conflicts between people or groups of people might even be fuelled by TASC collaborating only with certain people.

### 3.3.3 Who are ‘the communities’?

As I already mentioned in the description of their rationale, TASC assume that by the training and education of peer educators ‘whole communities’ in the rural areas can be reached. In the following, I will take a closer look into the question what exactly these ‘communities’ are they claim to reach.

#### 3.3.3.1 Defining ‘community’

TASC’s personnel generally talked of ‘their’ 21 ‘communities’. The term ‘community’ was used in many different ways. This seems to derive partly from the nature of the term; in public discourses, too, the term ranges from ‘rural communities’ as a synonym for ‘village’, from ‘donor community’ to ‘global community’. Who the members of these ‘communities’ actually are and what constitutes them as ‘a community’ remains unanswered. The definition of ‘community’ is generally a problem. Being a preferred focus of anthropological studies, various kinds of anthropological literature discuss the problems that go along with defining and characterizing what a ‘community’ is (Cohen 1985, Thornton & Ramphela 1988, Kepe 1998, Amit & Rapport 2002).

Rapport and Overing (2000) explain that anthropological attempts to define ‘community’ are basically threefold. Firstly, traditionally ‘community’ is seen as “characterized in terms of: (i) common interests between people; or (ii) a common ecology and locality; or (iii) a common social system or structure” (Rapport & Overing 2000: 61). Secondly, a more recent approach that goes back to Cohen (1985) suggests that communities are to be seen as symbolic constructs, which are situational in the way they are understood. They obtain their meaning and boundaries through the members’ perception. Thirdly, the evolutionary approach puts forward that communities are a preliminary stage to societies. In

this sense, communities are a less developed form of social organization, an idea that certainly does not hold anymore. No matter what indicators we use to define communities, in current usage, Rapport and Overing describe, “[...] people maintain the idea that it [a community] is a milieu which is most essentially ‘theirs’, and that they are prepared to assert ownership and membership, vocally and aggressively, in the face of opposing ideas and groups” (ibid: 64). Thornton and Ramphele (1988) follow Cohen’s idea of symbolic communities when they say: “The boundaries of communities are symbolic and exist by virtue of people’s belief in them. Only rarely [...] are these boundaries marked [...]” (Thornton and Ramphele 1988: 38). They go on saying that communities are dynamic and “[...] are made, enacted and believed in” (ibid: 39). Having these different ways to define the term ‘community’ in mind, I take a look into the understanding of the term by TASC’s personnel.

### 3.3.3.2 TASC’s understanding of ‘community’

As already mentioned, a variety of meanings was attached to the term ‘community’ by TASC members. Nevertheless, in the context of the project, three particular usages of the term seemed most common, one of them actually being derived from the observation of the meeting in ‘the communities’.

When the project was introduced to me, the Head of Programme explained that the NGO was working with ‘21 communities’ all over Swaziland. Joining Masuku on his daily trips to ‘the communities’, I asked him what a *community* is. After a long sigh he said: “Well, TASC are using the term in a specific way. For TASC a community is a target group [to receive information and education on HIV/AIDS] in a specific area.” In an interview, I put the same question to the Head of Programme, who explained, “communities are the rural groups that we reach”. This use of the term is also reflected in some of the annual reports of TASC, for example, “One other milestone was the establishment of seven *community groups* in rural communities [...]” (Annual Report 1999: 9 – emphasis added). Hence, it can be said that the term ‘community’ is used as a short form either for ‘community group’ or ‘target group’. From the foregoing we know that these ‘community’ or ‘target’ groups are CBOs. Thus, in this case the term ‘community’ is used synonymously with CBO.

There was also a second important use of the term ‘community’, which is already implied in the first. If there are ‘community groups’ or CBOs, there must also be ‘communities’ in which these ‘community groups’ or CBOs are embedded. This use of the term becomes evident in phrases like ‘presenting the peer educators to *the community*’ or ‘the election of a *community* committee’, which were regularly used to describe the activities in

the meetings. Thus, here a broader meaning of 'community' comes in. When I asked Phefeni who these 'communities' are to which they are presenting the peers, he answered: "You know, communities are actually chiefdoms". In Swaziland the use of the term 'community' for 'chiefdom' also appears in the expression 'the community leaders', who are the elders and the council of a chiefdom. Hence, in these cases 'community' is equated with chiefdom.

But also broader units than chiefdoms were referred to as 'the community' when TASC members spoke of 'their communities'. In some meetings, members of several different chiefdoms were present and still they were to elect a 'community committee' representing 'the community' of all of them. In this sense, 'community' refers to people who live in the same geographical area, though usually no exact boundaries were marked. In some cases, the attendees all belonged to the same *inkhundla*, something that could be seen as a boundary marker.

The problem that remains with these meanings of 'community', be it members of a chiefdom, *inkhundla* or generally people living in the same geographical area, is the question what constitutes them as 'a community'. Do the people perceive themselves as belonging to one 'community'? These are questions TASC cannot answer; in actual fact they do not even know how many people live in the area they refer to as 'their community'.

A third use of the term 'community' appeared day-to-day, when TASC members talked about their meetings with 'the community'. In this case the people attending the meetings were called 'the community', something I was able to observe during my stay. On average, the meetings had an attendance of 53 people (N= 321, deviation: 13). Half the meetings attracted a majority of women, the other half a majority of men. At the meetings with a majority of women, their majority (on average 70% of the attendees) was larger than the men's at men dominated meetings (on average 56%). Therefore, on average, 60% of the participants were women and only 40% men.

Concerning the age of the attendees, I do not have any exact data. A lot of people do not know their birthdays and ages. Thus, the figures are based on my estimations. The vast majority of attendees were middle-aged (ca. 35-50 years) or older, the only exceptions being a few younger mothers (20 years upwards). On average, the men were older than the women. Youths, i.e. schoolchildren were completely absent at all the meetings. Masuku told me that after TASC had identified 19 of the 21 'communities' they realized that they did not include any youths. Thus, he particularly chose youth groups as the last two 'communities'. Of the two youth groups I managed to see only one. This 'youth group' consisted of young adults in their 20s rather than what I would perceive to be youths, but even that already made a clear

difference, in terms of the average age, from the other groups. At some meetings Masuku particularly addressed that problem, asking the parents to bring their children to the meetings. In one 'community' a meeting was specifically planned for children on a weekend, so as not to conflict with school. But the meeting was held after my fieldwork ended, so I do not know whether children actually attended the meeting. In general, Masuku as well as the Head of Programme complained that it was difficult to get the parents to allow their children to these meetings, since they felt their children were too young to know about 'these things'. They were scared their children might want to 'try out' what they had just learnt.

What seems to me the most important aspect of the composition of the meetings is what I would call the 'back-ground' of the attendees. In this respect, two groups were clearly dominant. A vast majority of men belonged to the leadership of chiefdoms, generally referred to as the 'traditional' or 'community leaders'. And at most of the meetings the women were so-called Rural Health Motivators (RHM) or respectively women from SNAP's Home Based Care (HBC) programme, who are also RHM.

The so-called RHM are people who are trained by government nurses in primary health care. Masuku explained to me that this system was introduced at the end of the 1970s / beginning of the 1980s under King Sobhuza II. In a first phase, government nurses went out and educated 'rural women' in 'birth assistance' since most of the 'rural women' did not go to clinics for childbirth and prenatal care. In a second phase, the RHM built latrines in the rural places in order to improve the hygienic standard of 'the communities'. Later they also helped in the fight against cholera. When SNAP started a Home Based Care (HBC) Programme a few years ago, where people were trained specifically to support people and families affected by HIV/AIDS in 'their own communities', they trained the former RHM in it. The RHM/HBC are mainly middle-aged women who are paid a small amount of money by the government for helping out in primary health care in the 'rural areas' or in HIV/AIDS related home-based care. From what I observed these women together with some other middle-aged women, mostly mothers, constitute the second dominant category among the attendees.

For both groups, the RHM/HBC women as well as the elderly men belonging to the so-called 'traditional administration', I got the impression that these are the groups of people who generally attend development projects in their areas (and presumably, are mostly taken to be 'the community'). In one meeting in which the election of a 'community committee' was on the agenda the *indvuna* suggested to utilize the committee from another 'micro-project', which was elected the week before. The suggestion was turned down by Masuku who

emphasized, that 'the *whole* community' needs to be represented in that committee. Nevertheless, this was an indicator of their engagement in other development projects.

### 3.4 Conclusion

With experience in HIV/AIDS prevention work for more than twelve years TASC play a vital role in Swaziland's fight against the epidemic. Within the last five years, TASC established a 'community based project' with the intention of reaching the people 'at grassroots level'. By educating and training members of CBOs as peer educators in rural areas they believe to have a cost-effective method to reach as many people all over rural Swaziland as possible with the limited resources they have available. I took a closer look into how TASC put 'peer education' into practice. The most problematic fact seems to be that TASC do not actually know who the people are they are working with. The peer educators were selected solely on the basis of their membership in local CBOs. But not much is known about the CBOs themselves. The scarce information available suggests that the CBOs only exist as long as coordinators from outside secure their funding and organize their meetings. Bout further research into the role of CBOs in the rural areas would be necessary to confirm these observations. If members of CBOs were merely people who respond to available funding TASC's assumption that the CBO members are the active part of 'a community' who are likely to share their knowledge with the rest of 'their community' could legitimately be put to question. What is more, the current lack of knowledge about the people TASC work with could also fuel local conflicts.

Moreover, it remains vague who the communities consist of that are to be educated through these peer educators. The analysis of the use of the term 'community' among TASC's personnel revealed a variety of meanings attached to it, from 'community' as a synonym for CBO, 'community' as an equivalent for chiefdom to 'community' as 'people living in the same geographical area' which was not marked any further. In none of the different meanings TASC know how many people belong to 'the community' or if there are any indicators that mark the assumed group of people to perceive themselves as belonging to one 'community'. This lack of knowledge puts to question how many people TASC actually reach with their project. The Head of Programme as well as Phefeni complained that they lack facilities to evaluate their success in these terms. Looking at who actually attends TASC's meetings two groups were clearly dominant among the attendees, these are RHM/HBC and so-called



traditional leaders. In no way were the different people of 'a community', however defined, represented.

One incidence corroborated my doubts concerning the effectiveness of TASC's community interventions. One of the 'target groups' of TASC is in Phefeni's home area. After we had a meeting there he told me that he had been driven around the 'community' for the rest of the day to look at the sick people. And he was amazed at how many there were. A priest had offered his car and asked him to look at the sick people with the words: "You cannot come with wisdom and hide it in your house!" People asked Phefeni to come up with a solution, since he was working for TASC, he must know. He complained: "The problem is, even when I work out a proposal, by the time the funding gets through, some of them will be dead already."

The important aspect about what Phefeni told me, is that he, a trained and sensitized HIV/AIDS educator, was not aware of 'so many sick people' in the chiefdom he lives. A CBO in this chiefdom was the pilot 'community group' for TASC, which TASC have thus been working with since 1999 and yet, Phefeni was not aware of the number of sick people. This suggests not only that the meetings are actually attended only by certain people of the area who do not represent the chiefdom as a whole, but also that the information concerning sick people in that chiefdom was not communicated properly within the last three years of the intervention.

## **4 TASC and the development world**

### **4.1 Introduction**

During my observation of TASC's meetings in the 'rural areas', it was remarkable to see how much the meetings resemble general development project sessions. That was especially the case for the way the meetings were held. The people perceived to be 'the community' or the 'community stakeholders' gathered either under a tree or in a community hall to be educated by a 'professional person' from outside - in the very same way family planning projects or agricultural education sessions are held. Other common features with development projects became evident in the last chapter. The methods and concepts TASC employ in their work are popular concepts within the development world, too, that is 'community participation' and 'peer education'. In the current development discourse, these two concepts play a vital role, as already mentioned in Chapter 2.

The question arises why the work of a local Swazi NGO like TASC has so much in common with development interventions and applies the same methods and concepts. How do they come to reproduce the ideas and practices of the current development discourse so exactly? By taking a look into TASC's past and present connections with the development world, I will seek to provide some answers to the raised question.

### **4.2 TASC as a development organization**

As already outlined in Chapter 3, TASC are a result of a project established by Project HOPE, an organization founded in 1958 (Project HOPE 2002a). The declared mission of Project HOPE is to assist in the development of sustainable health care systems around the world in order to contribute to "human dignity, promoting international understanding, and enhancing social and economic development" (Project HOPE 2002b). Thus, Project HOPE is an ordinary development organization with an emphasis on health care.

In an interview, TASC's Director told me that Project HOPE had implemented a general health project in Swaziland before the HIV/AIDS project was initiated. "AIDS became one of their interventions", the Director explained. TASC developed out of this development intervention over time. In 1992 TASC became a registered locally based NGO

(Annual Report 2000: ii), however, not only was the founding of TASC initiated by Project HOPE but also the process of building up the organization was assumed by members of Project HOPE. The project evaluations of the time when TASC became a freestanding NGO document this very clearly:

Project HOPE has obtained funding for TASC for 3 more years, to implement a new series of activities. The *expatriate* Project [HOPE] Director will be able to provide much of the necessary guidance in administration as well as *in planning and development* of new activities. (Project Evaluation 1993: 3 – emphasis added)

The weaknesses identified in this evaluation can be remedied with the *intensified technical assistance from Project HOPE*. (Ibid – emphasis added)

Project HOPE did not only provide TASC with an institutional and administrative structure, but also trained TASC's staff at that time how to plan and develop 'their' projects and how to implement 'their' ideas. The project evaluations point to a number of work-shops that were initiated and funded by development donors (e.g. USAID, AIDSCOM) providing them with what were seen to be necessary skills to run the organization, e.g. skills-building workshop for trainer, a help-line service workshop, a counsellor training workshop etc. (see Project Evaluation 1991: 6; Project Evaluation 1993: 10-18).

Taking these facts into consideration the influence of Project HOPE on TASC as an organization as well as on their ideas, objectives and practices cannot be emphasized strongly enough. In this respect, the organization seems like a child of Project HOPE. Moreover, the Director of TASC who continually worked with TASC since Project HOPE times attempts to work in close contact with TASC's donors in general, even though that is no longer Project HOPE. In her view, the donors give her measurable indicators whether they are running the project successfully as she mentioned in an interview. In this way, it is still the donors' definition of success and their measurements and indicators that evaluate TASC's work.

#### **4.3 Influence of TASC's current donors**

TASC's three major donors are "Open Society Initiative in Southern Africa" (OSISA), "Brot für die Welt", and the Swazi government. Thus, two of them are development donors. OSISA is a non-profit foundation that was established in 1997. Having a liberal agenda the foundation gives "support to a range of programs in education, civil society, media, human rights, as well as social, legal and economic reform" (OSISA 2002). This is a profile of an

ordinary development foundation, without a particular focus on health care or disease prevention. The same applies to “Brot für die Welt”, a Christian development initiative of several evangelist communities in Germany that was founded in 1959. The initiative supports all kinds of development projects and programmes around the world. The leading slogan is: “Justice to the poor!” (Brot für die Welt 2002).

TASC’s work is essentially shaped by their donors’ expectations. In an interview the Project Process Officer, Janet, told me whenever she wrote proposals to donors, these proposals were sent back and forth between the donors and TASC several times. In this process, she was urged to make changes until a proposal met the donors’ expectations and they accepted it. The Director described the relation to the donors as a “partnership” and viewed the donors’ influence in a very positive light:

The donors help us to grow. Without them, we wouldn’t have direction. They give us direction. The communication, back and forth, during proposal preparation helps us to focus.

This positive view of the donors’ influence on the project could be motivated by an association of me with donors or at least of my research as accessible to TASC’s donors. Nevertheless, the statement underpins the major influence, negative or positive, TASC’s donors have on their project.

Masuku one day complained: “You know, sometimes I don’t like these donors. You’ve identified a problem, you have the solution, but they only support something else.” Janet mentioned in a similar way that the donors do not necessarily fund what is felt to be most urgently needed, but rather “they choose what to fund” as she put it. Each donor had an emphasis on different elements of the project, thus, had a different focus. For some the budget was the part that matters most, she said, for others the different components of a project, e.g. voluntary counselling and testing (VCT) or community involvement are of major importance. Some would scrutinize the whole project and would even take a look into the whole project cycle and its planned activities. Being asked how she writes the proposals for the different donors who all seem to have slightly different agendas, she told me:

The donors give you a brochure in which they say what they fund. For example, they don’t fund personnel. But sometimes they don’t put everything in the brochure, so you just try.

In the end, that is what results in the back and forth communication between TASC and the donors. This process is clearly dominated by the donors’ visions, concepts and

understandings. In reference to the community project Janet stated: “The donors *love* our rural community project!” Being asked why the donors value the community project so much she responded: “They have the conception that the services often don’t go down to the grassroots”. A look into OSISA’s funding criteria supports her statement. “Community involvement”, in accordance with the current development discourse’s emphasis on ‘strengthening civil society’, is promoted and seen as one strategy to “inherently encourage and develop self-reliance and effectiveness” (OSISA 2002).

The donors’ funding criteria are certainly one of the strongest determinants of TASC’s work. In this way, TASC are continually in touch with the latest ideas and concepts of the development world. These examples show how essentially TASC’s project is shaped by their development donors in the process of fund raising.

#### **4.4 Reinforcements of the ties to development**

As I already highlighted, the development world is strongly engaged in HIV/AIDS work. One of the results is that most information available, not just about Swaziland’s situation concerning HIV/AIDS has either been directly published by development donors (see e.g. UNDP 2001, World Bank 2001) or at least has received funding for the research and publication (see e.g. SNAP 2000). The same applies to most literature on strategies and methods to prevent the epidemic from spreading. Thus, the production of knowledge around HIV/AIDS in Swaziland is to a great extent in the hand of development donors. The way HIV/AIDS prevention work is carried out, even by a local Swazi NGO like TASC, is based on a picture produced by this information. In the following, I want to focus on an aspect of this picture that is concerned with connection of ‘community development’ and HIV/AIDS. It is beyond the scope of my thesis to evaluate this picture. My aim is to show how the ideas and resulting practices from this picture can be traced in TASC’s work.

As already outlined in Chapter 2, development donors view the HIV/AIDS epidemic as a ‘barrier to development’. This is the reason given for their active engagement in the fight against the epidemic. At the same time, in view of development agencies the extent to which a country is hit by the epidemic is also related to a country’s state of development (see for example UNDP 2003: 8f). This kind of connection that is made between development and the spread of HIV/AIDS is simple. D’Cruz-Grote (1997) for example argues:

(...) in the poorer countries factors totally beyond the scope of health services – e.g. lack of infrastructure, inadequate central planning and management (...) – influence the availability of essential supplies such as condoms (...) (D’Cruz-Grote 1997: 39).

And it, thus, influences also the effectiveness of the prevention efforts. Moreover, numerous articles point to a connection between the spread of the HIV/AIDS epidemic and gender inequality:

While the disease itself is a health issue, the epidemic is a gender issue. (...) If women had control over their bodies and were able to negotiate safe sex, the disease might not have reached such vast proportions. (UNIFEM 2001)

The argument is clear, as long as women did not have the power to make decision in sexual matters, there was no use handing out condoms to them. They did not have the power to negotiate the use of them anyway. Consequently, for successful HIV/AIDS prevention, donors promote that the general development of a country or ‘community’ needs to be enhanced. People needed to be ‘empowered’ within their local context so that they were able to put the promoted prevention methods such as condom use into practice. Thus, the contrast between countries with high and countries with low infection rates is seen to be related to their level of ‘human development’. By this, development indicators are linked to the spread of HIV/AIDS. It is easy to back up this view, since the highest infection rates are currently to be found in so-called ‘developing countries’. Again, it is unfortunately beyond the scope of my thesis to discuss this view of the epidemic at length (for a critical discussion see Farmer 1999). What I want to emphasize here is that HIV/AIDS plays a dual role in the development discourse. On the one hand, HIV/AIDS is seen as a potential barrier to development and on the other hand, the ‘lack of development’ is regarded as a factor that leads to a further spread of the epidemic.

As a consistent result of this view development donors call for an integration of HIV/AIDS prevention work with other development initiatives:

To reduce structural barriers to HIV/AIDS prevention, ‘peer education’ [as a method of prevention] should also be integrated with or linked to, where possible, community development initiatives (e.g., literacy, vocational/ livelihood skills training, micro enterprise and micro credit programs). (Horizons 1999: 8)

(...) for specific HIV/AIDS related interventions (...) to succeed, they will need to be completed by non-specific community development programmes. (D’Cruz-Grote 1997: 39)

These ideas and practices can also be found in TASC's work, e.g. in TASC's attempt to combine their meetings with other development meetings. In regard to that Masuku explained:

We try to have meetings together with other organizations, then the people who come to hear something about loans also get some AIDS information.

One of the meetings I attended was such a combined meeting. First, Masuku spoke about HIV/AIDS and thereafter someone from another NGO, Imbita, promoted a savings club for the people. Being asked why TASC attempt to combine their meetings with the ones of other organizations (e.g. World Vision, Imbita) the Head of Program, Harriet, responded:

For the sake of networking. When we come with the AIDS education, Imbita [e.g.] is adding something else for the community. We strongly encourage that.

The combination of meetings is seen as inherently good and as worth extending in the future. Again, it is not my aim to evaluate this practice here, I just take TASC's positive view as well as the implementation of the combination of meetings as an indicator of the influence of development ideas on TASC's work. By cooperating closely with development organizations I see TASC's ties to the development world reinforced.

This particular connection of HIV/AIDS prevention with development and thus, implicitly with the ideas and concepts of the current development discourse, also brings about some practical difficulties. Masuku, for example, is a professional nurse and is not very familiar with these ideas. An incident when he had to develop a peer educator manual for a workshop where a selected group of peer educators were to get further training from TASC offered a point in case. Part of this manual was a chapter on gender equality as well as human rights. For Masuku this turned out rather difficult: "This gender thing is so complex, I tell you!". In the end, he asked Phefeni to write the part about gender. Within TASC Phefeni is generally the 'development expert'. Besides his work for TASC he is engaged in a number of development projects all at once. Being asked in the questionnaire if he was active in other organizations, he only mentioned SHAPE. But in daily conversations he referred to many more. So when I asked him directly in how many organizations he was active he only laughed and said that they were certainly too many to mention. Moreover, he participated in enumerable development workshops, e.g. between 1986-88 in an UNFPA sponsored workshop "Social Studies and Development", which has offered follow-up workshops ever since. In his own chieftdom, he is engaged with CBO work (honey production). Other sources

of information for e.g. Masuku on development issues are, firstly, available literature which, as already mentioned, consisted predominantly of donor publications and secondly, material from special work-shops (mostly also funded and implemented by development donors) or otherwise working colleagues even from other NGOs.

In sum, the donors are the ones who create the picture of the HIV/AIDS epidemic through the production of literature and initiated as well as funded studies in this field. Part of this picture is their view that the spread of the epidemic stands in direct correlation with the 'state of development' of a country or 'community'. For this reason, they attempt to integrate HIV/AIDS work with more general 'community development' initiatives. This effort can also be found put to practice by TASC, something that I see as an example for TASC's adaptation of the picture the development discourse creates around HIV/AIDS.

Furthermore, the view of HIV/AIDS as being closely connected to development respectively 'lack of development' reinforces TASC's ties to the development world in a different way than the aspects mentioned before. In as much as general 'community development', in this perspective, is seen as an important step to prevent the spread of HIV/AIDS, this view of the epidemic concurrently makes TASC's work an integral part of 'community development' in general.

#### **4.5 Conclusion**

It becomes obvious that TASC as an organization as well as their work cannot be seen in separation from the current development discourse. Primarily, without the funding of international development donors TASC would not be able to survive. But it would obscure the point to view TASC just as an organization dependent on international donors' funds. TASC have rather to be seen as a follow-up of a development intervention, the very nature of the organization is developmental. To pick up the metaphor once again, TASC are like a child that was born and brought up by a development donor. Project HOPE ensured that TASC took over the structural, institutional and administrative constitution of the development project. The Director of TASC used to be part of the development project and until today she makes concerted efforts to ensure good cooperation with TASC's donors. Every half year the current donors get a progress-report from TASC, a report in which TASC measure their success with the same indicators and measurements like development projects.



Taking TASC's strong connection to the development world as well as their reliance on the produced picture of the HIV/AIDS epidemic into consideration it seems redundant to ask why their work resembles so much development interventions. There is apparently no reason why their agenda *should* be any different from the ones of the development donors. For TASC, there is no need to attempt to make a difference between their own ends and those of the donors. The advice, ideas and concepts of the donors are seen as authoritative.

## **5 ‘Peer education’ and ‘community participation’**

### **5.1 Introduction**

By educating members of CBOs TASC assume to have a cost-effective method to reach ‘whole communities’ in the rural areas. In Chapter 3 I described in detail the observations I made at the meetings in the ‘communities’. The doubts I raised concerning the effectiveness of TASC’s meetings were based on the fact that they lack information about the people they work with as well as the people they attempt to reach through their peer educators. The leading questions were: ‘who exactly are the communities that they assume to reach through their peer educators?’ and ‘who are the peer educators, and how are their connections to the people living in their geographical area?’. Since these are general questions concerning the concepts of ‘community participation’ and ‘peer education’ I will now focus on the basis of additional literature on these concepts’ applications in the development field. I seek to explore whether the problems I described for TASC’s work are a result of their specific application or are inherent problems of the two concepts. Since ‘peer education’ finds numerous practices and applications, I will focus on examples that used the method in a similar way like TASC.

### **5.2 The problem of translating theoretical vagueness into practice**

#### 5.2.1 ‘Community participation’

There is, therefore, a growing awareness among both political analysts and development specialists that the term ‘community’ (...) is virtually meaningless. (Friedman 1993: 2)

What Friedman concludes here in his study of ‘community’ development approaches in South Africa runs like a thread through the literature dealing with the implementation of ‘community participation’ projects. Jewkes and Murcott (1996 & 1998) who worked extensively on ‘community’ participatory approaches in health promotion, describe the problem as follows:

(...) those who attempt to put World Health Organisation's injunctions into practice by stimulating "community" participation in health promotion are forced to engage with the adjudication of competing meaning(s) as they operationalise (...) the notion of community in the course of their work. (Jewkes & Murcott 1998: 844)

Evidently, in any 'community participation' project the problem arises: Who is 'the community'? (MacQueen et al 2001). For TASC's work, I described that staff members assigned a number of meanings to the term 'community', but that in their operationalization of 'community participation' it turned out to be equated with CBO members. The literature reflects this variety of meanings attached to 'community' in 'community participatory' interventions. For example, two early studies on the meanings of 'community' describe the characteristics most definitions of 'community' have in common, such as e.g. social interaction or geographical area (see Hillery 1995, Willis 1977). Similarly to my analysis of the usage of the term 'community' among TASC's staff members, Jewkes and Murcott (1996) analysed the meanings of 'community' expressed by people engaged in 'community participation' in health promotion. They worked out three major meanings attached to it that slightly differ from the ones TASC's staff members used. Firstly, just as in the case of TASC, a population of a geographically defined area was referred to as 'a community'. Secondly, it was used to address a cluster of people who shared certain characteristics such as ethnicity or age. And finally, in a tautological manner, the people 'community workers' were engaged with, were referred to as 'the community' (Jewkes & Murcott 1996: 559). Generally, the authors emphasized, communities were defined by the people working with them, thus, from outside and not from the members of the assumed 'communities' themselves. In reference to this phenomenon, Jewkes and Murcott state:

If the 'members' were to perceive themselves to be a 'community' it would surely be coincidental. (Jewkes & Murcott 1996: 560)

Thus, the group of people who are working together in a 'community participatory' project might not share a feeling of 'belonging to one community', on the contrary, their relations might even be problematic (see Zakus & Lysack 1998). Werbner describes this scenario for a development project in Zimbabwe, where by recognizing certain people as 'one community' the project intensified local conflicts (1998: 62). Furthermore, Stone (1992), Woelk (1992) as well as Liebenberg and Theron (1999) describe 'communities' to be characterized by competition and conflicts. Even the World Bank states:

Communities are not homogeneous entities; great differences exist within most communities, in terms of power and interests and by wealth, gender, and ethnicity. (World Bank 2002a)

Despite this fact, ‘communities’ are generally referred to as singular entities like e.g. meetings with *the community*, the interests of *the community*, enabling *the community* or consulting *the community*. These ‘metaphors of personification’ as Jewkes and Murcott call them imply “the notion of a community as a group of people working together in ‘oneness’ paralleled in a human form” (Jewkes & Murcott 1996: 560). In an introductory book on ‘development studies’ this notion of ‘oneness’ is expressed more explicitly when the authors claim:

Community members have always worked together, one way or another, to promote *their common welfare* (De Beer and Swanepoel: 126 – emphasis added).

Hence, there is a gap between the assumed ‘oneness’ of communities in ‘community participation’ projects and evidences from the practice. This leads to difficulties for people who are to implement a ‘community participation’ project. Jewkes and Murcott described that in order to avoid conflict, community workers tended to work with already established community groups such as CBOs (Jewkes & Murcott 1996: 561), just as I observed it in the case of TASC. This way of operationalizing ‘community participation’, by working with ‘community groups’ or CBOs, is even suggested by De Beer and Swanepoel in their introductory book of ‘development studies’:

Participation also implies some form of organisation. *Community based organisations (CBOs) are the vehicle through which community participation takes place.* (De Beer & Swanepoel 2000: 128 – emphasis added)

or:

(...) people’s participation takes place in *community based organisation.* (Ibid 2000: 129 – emphasis added)

CBOs are seen as tools, which can be utilized to ensure ‘community participation’. In the view of De Beer and Swanepoel, community groups or CBOs represent the problems and needs of ‘the community’. In the light of what I described above, it seems more than questionable that a group of people who came together for a specific purpose is able to represent something as diverse and intangible as ‘the community’. Even more so, since the term ‘community’ is vague and refers to a number of meanings all at once.

In sum, the literature indicates that the problem of the concept of ‘community participation’ lies in the difficulty to define who ‘the community’ is. This lack of definition leads to certain practices of operationalization as well as implementation on the practical level, that is e.g. to view community groups as representatives of ‘the community’. Ramphele and Thornton argue:

(...) many projects have failed in both urban and rural areas as a result of the assumption that communities did in fact exist. (Ramphele & Thornton 1988: 35)

But they emphasize at the same time:

Communities do exist, but they cannot be assumed. Claiming them in order to (...) support a plan of action does not create them. (Ramphele & Thornton 1988: 30)

The problem of any ‘community participation’ project seems to lie in the theoretical assumption of ‘oneness’ of communities that stands in sharp contrast to most experiences from the field.

#### 5.2.2 ‘Peer education’ – A method in search for theory

As outlined in Chapter 2, there is no general agreement as to what ‘peer education’ is. The result is a multiplicity of practices that can be found under its label. ‘Peer education’ is used to “effect change at the individual level, with the aim of modifying a person’s knowledge, attitudes, beliefs, or behaviors” (UNAIDS 1999: 6), moreover to “effect change at the group or societal level by modifying norms and stimulating collective action (...)” (ibid). These claims concerning the effects of the method of ‘peer education’ raise the legitimate question *how* these objectives are meant to be achieved. In Chapter 3, I raised questions concerning TASC's operationalization of ‘peer education’ and put to question its effectiveness. I critically highlighted that TASC's staff members do not know who the peer educators are they are working with, hence, TASC do not have evidences that they really communicate TASC's message.

A look into literature concerned with the method of ‘peer education’ reveals a discussion around its theoretical basis. A report by Horizons (1999) claims that ‘peer education’ considers various theories in their “assumption that certain members of a given peer group (peer educators) can be influential in eliciting behavioural change among their peers” (Horizons 1999: 2), namely, *Social Learning Theory*, *Theory of Reasoned Action* and

*Diffusion of Innovation Theory* (ibid). In contrast to that Turner and Shepherd (1999) write in their analysis of the method:

It can be concluded that rather than the practical application of theory, 'peer education' rests on lay principles and assumptions. It would seem to be a method in search for theory rather than the application of theory to practice. (Turner & Shepherd 1999: 235)

The authors summarize frequently named claims of 'peer education' and examine various sociological theories if they could possibly render a theoretical footing for the method. They arrive at the following conclusion:

Whilst most theories had something to offer towards an explanation for why 'peer education' might be effective, most theories were limited to particular claims, and with regard to such claims, limited empirical evidence is available. (Turner & Shepherd 1999: 245)

Due to the considerable diversity of 'peer education' practices, which are already a result of the method's lack of coherence, none of the theories can support all claims that are made in its respect. Furthermore, the different theories derive from different presuppositions that often remain unconsidered in the 'peer education' practice. Nevertheless, it seems that a crucial factor lies exactly in these theoretical presuppositions. For example, Bandura's *Social Learning Theory* that was named in the Horizons report asserts that people learn by observing the behaviour of others. The implicit presupposition is evidently that the promoted behaviour is observable. However, the opportunity to observe the practice of safer sex seems not very likely. Another theory mentioned in the Horizons report is the *Diffusion of Innovation Theory*, which states that opinion leaders within a group of people act as agents of behaviour change. This theory implies that the opinion leaders as well as the group of people targeted are known. As I have shown in Chapter 3, for TASC this was certainly not the case. They do not know the people of the 'communities' they target and consequently, they cannot know whether the peer educators they work with are opinion leaders in these 'communities'. Turner and Shepherd (1999) state in the context of this theory:

For the principles of Communication of Innovations Theory to be applied effectively in 'peer education' would require that health promoters seek out and recruit opinion leaders who would undertake 'peer education'. Such a process would appear to require a lot of planning and direction from health promotion specialists when setting up a specific project. (Turner & Shepherd 1999: 244)

Generally, it seems unlikely that NGOs have the capacities to ensure this. It emerges that the concept of ‘peer education’, despite its popularity, lacks theoretical justifications. The concept seems to raise more questions than it answers. However, I can only speak for the context where the concept was applied to achieve change among people living in mutual geographical areas. It is beyond the scope of this work to evaluate whether ‘peer education’ works in other contexts, e.g. of drug-users or sex-workers, where it often finds application.

### **5.3 Conclusion**

A look into the literature suggests that the problems TASC faced in applying the concepts ‘community participation’ and ‘peer education’ are not the result of their specific application. It seems that generally in the process of operationalization the inherent grey-zones and lack of preciseness of the concepts come to light. For ‘community participation’ it emerged that in the process of implementing a community participatory project the question ‘who is the community?’ is a reoccurring problem. As a consequence of this fact, certain practices of implementation emerged that can be legitimately put to question concerning their effectiveness.

The case of TASC’s operationalization of ‘peer education’ – the utilization CBO members – seems to be a common practice that offers a point in case for the entwinement of ‘peer education’ and ‘community participation’. The current development discourse suggests that CBOs are to be seen as ‘representatives’ of ‘the community’, this is why their members are chosen to become peer educators without further evidences concerning their role, like in the case of TASC.

Though especially the concept of ‘community participation’ is certainly well-intended and derives somehow from the idea to ‘involve patients in their own care’, my observations from TASC’s practice along with the evidences from the literature suggest that the notions of ‘community’ are too multiple and inconsistent to find an appropriate way of operationalization. If, however, organizations like TASC aim at working with a group of people in a specific geographical area, they need to have more knowledge about the people living there. Otherwise, they can hardly assure that the peer educators communicate the information concerning the prevention of HIV/AIDS to other people in that specific area. Furthermore, knowledge about the people could prevent an organization from fuelling

possible conflicts by working only with a few 'selected' people. However, it seems almost impossible for a small NGO like TASC with only very limited resources to ensure this.



## 6 Conclusion

### 6.1 Findings

It seems to lie in the nature of an explorative study like this that the results point in a number of different directions, opening up a number of questions, which were not necessarily expected when the study was conducted. When I started my fieldwork in June 2002 my aim was to gain an understanding for HIV/AIDS prevention work in Swaziland and its ineffectiveness over the past one and a half decades from a perspective not yet considered in academic research. As outlined in *Chapter 2* I wanted to explore whether the connection of HIV/AIDS prevention work and development work could provide at least some explanation for this fact. With the limited time I spent in the field, five weeks, I can, of course, only provide some evidences for my view that it is worth taking this perspective into consideration if one attempts to gain an understanding for the situation.

In my research I focused on the way TASC, a local Swazi NGO engaged in HIV/AIDS prevention work for more than 12 years, conceptualized and implemented their interventions in the 'rural areas' of Swaziland. In *Chapter 3*, I described that in their 'community project' TASC educated members of CBOs in the rural areas to become peer educators. The aim was that the peer educators communicated the knowledge gained from TASC to what was referred to as 'the rest of their community'. I showed that two concepts could be found applied here, which also have a great popularity among development donors, that is 'community participation' and 'peer education'. I analysed the way TASC put these concepts to practice and highlighted that some crucial questions remain unanswered, like e.g.: 'who exactly is the community that is supposed to be educated by the peer educators?' or 'how are the connections of the peer educators to *the community* with which they are assumed to share their knowledge?'. I emphasized that TASC actually did not have much information about the people they worked with. As a result, they cannot determine whether the information and education given to the peer educators is communicated to anyone else. This, I argue, puts the effectiveness of their interventions severely to question, but further research, especially long-term research in the rural areas, would be necessary to verify my observations. Moreover, further research could also show whether the practice of collaborating with only a specific part of the rural population, usually the most easily accessible people like CBO members, might contribute to conflicts. I highlighted that there were evidences that TASC's meetings

were attended by people who generally tend to visit development meetings in the rural places. Viewing their participation as empowering, as I highlighted in Chapter 2 the development discourse suggests, I raise the question whether the people attending TASC's meetings are really people in need for empowerment, especially since I have shown that almost half of the attendees were usually men from the 'traditional administration'.

Having outlined TASC's application of 'community participation' and 'peer education', two popular development concepts, in the third Chapter, I focused on TASC's connection with the development world in *Chapter 4*. I intended to find an answer to the question why TASC's work resembles so much development interventions. I argued, that principally three different aspects underpin TASC's connections to the development discourse. First of all, TASC were initiated by a development project taking over its administrative and institutional structures. Secondly, TASC associate closely with their current donors, of which the two major ones are international development initiatives. And thirdly, I outlined that in general the picture of the HIV/AIDS epidemic in Swaziland (as well as strategies and methods regarded as successful to prevent it) is based on information and knowledge, which is produced by international development donors and their attached scientists. This information shapes TASC's work essentially, as I have shown for their attempt to combine their meetings with other development meetings, something strongly suggested by the picture produced by development donors.

I view the application of 'community participation' and 'peer education' in TASC's HIV/AIDS prevention work as a result of their strong connection to the development world. In *Chapter 5* I explored with help of additional literature whether the problems I identified for TASC's work in Chapter 3 are a result of their specific application of 'community participation' and 'peer education' or are problems that generally go along with these concepts. I highlighted that the literature points to the latter, since both concepts are inherently vague and for the case of 'peer education' lack theoretical justifications. It is in particular the look into the practice of 'community participation' and 'peer education' that puts the concepts severely to question, though they might be well intended.

Furthermore, it is worthwhile considering the broader framework in which the donors place the concepts of 'community participation' and 'peer education', that is the idea of 'strengthening civil society'. In view of the donors these concepts represent a 'bottom-up' approach. They assume to strengthen efforts that were initiated by 'the people on the ground'. However, from my research it emerges, what development donors assume to be a 'bottom-up' approach in practice seems to be turned upside down. The situation rather resembles a

continuation of a 'top-down' approach with different methods. It is now that donors *prescribe* participation from the people on the ground, but in the end it is still the donors determining the intervention (for critical discussions on the idea of 'participation' see Fisher 1997, Rahnema in Sachs 1992, Roodt 1996, McGee 2002).

In sum, I arrive at the conclusion that the perspective of anthropology of development could render a valuable framework for further research that attempts to provide an explanation for the ineffectiveness of HIV/AIDS prevention work.

## **6.2 HIV/AIDS work as development work – a broader picture**

As I have outlined, HIV/AIDS prevention work has been absorbed by the development discourse in a number of different ways. The importance of this fact, notably for the development industry, becomes more obvious in a broader perspective of the development industry's current situation. There have been a lot of debates around the overall objectives of development interventions, critical questions being raised concerning the creation of universal images of 'good human development'. These debates constantly challenge the legitimacy of 'development' in general. One reaction to this valid criticism was the donors' focus on collaboration with what they regarded as 'civil society'. The 'participation of the grassroots' was seen to render development work its lacking legitimacy.

In this context of a struggle for legitimacy, I suppose that the HIV/AIDS epidemic might play a vital role. While there is a lot of arguing about the objectives of development work, everyone agrees on the objective of fighting the HIV/AIDS epidemic. No one would deny the necessity to stop the epidemic from spreading. Thus, in the sense of Ferguson one 'side-effect' of the HIV/AIDS epidemic's absorption by the development discourse could be that it provides the development industry with a new source of legitimation to intervene in so-called 'developing countries', a legitimation which is apparently immune to criticism.

Furthermore, in this perspective it is argued that the development business is to be seen as an effective tool to exercise power over the 'Third World' (Escobar 1995) and that as a result the development interventions have rather led to an increase in poverty and inequality (Sachs et al 1992), like over the past fifty years. Thus, from this point of view the possibility that the HIV/AIDS epidemic is supporting the development world with new legitimation is to be seen as critical. In consequence, it would mean that the development industry's power and

influence are strengthened, despite the fact that they are not likely to bring about change in the course of the HIV/AIDS epidemic.

However, a continual ineffectiveness of the interventions to reach the intended aims of reducing the infection rates would put to question the position of development agencies in the long run. Aware of that, donors are always open for criticism concerning their methods and approaches. As Ferguson (1990) points out:

There is a ready ear for criticism of 'bad development project', so long as these are followed up with calls for 'good development projects'. (Ibid: 284f)

It is this production of knowledge, ironically the criticism of current approaches, that legitimizes further interventions of development donor agencies.

In 'development' (...) 'problems' and calls for reform are necessary to the functioning of the machine [development apparatus]. Pointing out errors and suggesting improvements is an integral part of the process of justifying and legitimating 'development' interventions. (Ibid: 285)

There is no doubt that the translation of this view to HIV/AIDS work is still very hypothetical and would need further research for verification. But it would suggest that while the methods and concepts in HIV/AIDS prevention work will change over time, the development world is not likely to be able to reduce infection rates in the long run.

### **6.3 So what is to be done?**

I am aware that the current dramatic HIV/AIDS situation in Southern Africa needs quick and effective solutions, since obviously, as the statistics show, there is no time to loose. Thus, *every* effort needs to be done, *every* attempt has to be made to try to stop the epidemic from spreading as well as to try to keep the impact of it as little as possible. No one recipe has been found yet. As already mentioned, even in cases where the increase of infection rates were successfully brought to a halt, it remained speculation what factors exactly led to the success. Hence, the question arises whether my research provides some kind of contribution to this problem.

First of all, the aim of my research was certainly to *understand* how more than 15 years of interventions could remain without much impact on a countries HIV/AIDS infection rate. With this thesis, I try to open up a new perspective on HIV/AIDS prevention work, which

*could* offer a different approach to the epidemic, too. However, first of all, more research would be necessary to strengthen my view that HIV/AIDS work has become a part of the development discourse and thus, the ‘principal effect’ of it the strengthening of the powerful position of development agencies, similar to the strengthening of the government as Ferguson described for the World Bank project in Lesotho. If this was verified, the suggestions Ferguson makes for the fight of poverty and powerlessness would also apply for HIV/AIDS prevention work (see Ferguson 1990:279-288).

Then again, this is where the major emphasis on structural aspects of this approach becomes questionable. Though incidences of global economic and political inequalities have to be seen as a major determinant as to how strong a country is affected by the epidemic, as Farmer (1999) and others have shown, it would be dangerous to reduce it to these factors. The view that the spread of the HIV/AIDS epidemic is solely a product of structural constraints can easily be misused like in the case of South Africa, where the government until recently refused to offer HIV/AIDS treatment with the argument that the fight against poverty and poor nutrition would be more effective (see McGreal 2002).

Thus, though this perspective of the epidemic emphasizes structural aspects leading to the spread of the epidemic as well as leading to ineffectiveness of interventions to prevent it, it does not mean to undermine factors like ‘individual behaviour choices’ that of course to a certain extent contribute to the spread. However, a focus solely on individual behaviour is also critical. Overemphasizing individual decision making capacities can lead to a ‘blame of the individual’ and can contribute to cases of stigmatisation. In addition, viewing the spread of the epidemic as a mere product of individual behaviour choices would also create a bizarre picture of people living in countries with high infection rates. Head (1992), for example, outlines how this view revives old prejudices about the promiscuity of Africans, which in this case is seen to lead to the spread of the epidemic.

My emphasis on structure, on the other hand, highlights responsibilities concerning the epidemic beyond the individual. It is this perspective that especially stresses the responsibilities of countries that gain from current global inequalities, since it emphasizes that these inequalities are a major determinant of the spread of HIV/AIDS in many countries.

## Epilogue

### On the value of TASC's work

The focus of my work was a rather abstract and theoretical view on the problems that go along with HIV/AIDS prevention work in Swaziland that might have led to ineffectiveness of the interventions over the past one and a half decades. This focus implied that little attention was paid to positive aspects about TASC's work. At this point, I want to change the focus on these aspects of TASC's work. Having accompanied their project for five weeks I was, of course, also able to witness a number of positive aspects and effects of their work that I did not mention in the course of the thesis due to its focus on the problems.

Generally, I was impressed by the strong commitment of TASC's staff members to their work. The example of Phefeni who drove around his chiefdom after a meeting for a whole Saturday afternoon and evening to 'look at the sick people' was a point in case. He told me that even days after that incidence people came to his homestead asking him for advice and help, which he readily offered them as best as he could. The dedication with which Masuku held the educational meetings in the rural areas was another example. Not a single day in the five weeks that I accompanied him did he lack motivation; on the contrary as he said, he loved working with the 'rural communities'. And there was no doubt that the people attending his meetings loved the way he was presenting the delicate issues like sexuality and AIDS. His natural uninhibitedness with which he talked about these issues certainly contributed to breaking the taboo on talking about HIV/AIDS.

Furthermore, I view TASC's care for the people that they have tested HIV-positive as an important effort. A few times during my stay Masuku visited patients in the rural areas, where he talked to them, checked their general health condition and gave them advices and further information on HIV/AIDS generally. The people he talked to were always very grateful for his visits.

However effective their interventions might be TASC's staff members are at least *trying* to do everything in their power to improve the country's desperate situation concerning its AIDS infection rates and the problems resulting. Even if they lack information about the people they work with, they at least manage to reach people all over Swaziland and this with only two AIDS educators! Hence, concerning the personal efforts of TASC's staff, I think that

their work has to be seen as an important contribution to the country's fight against the epidemic.

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## Appendix 1: List of Abbreviations

ACAT	Africa Co-operative Action Trust
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
DFID	Department of International Development – UK
ECDC	European Community Development Cooperation
ETF	Enterprise Trust Fund
GAP	Global AIDS Programme (by Centre for Disease Control and Prevention, USA)
GTZ	Deutsche Gesellschaft für technische Zusammenarbeit
HBC	Home-Based Care
HDR	Human Development Report (published by UNDP)
IEC	Information, Education and Communication
ILO	International Labour Organization
KABP	Knowledge, Behaviour, Beliefs and Practices
NERCHA	National Emergency Response Committee in HIV / AIDS
NGO	Non-Governmental Organization
NID	National Immunisation Day
OSISA	Open Society Initiative in Southern Africa
RHM	Rural Health Motivator
SHAPE	Schools HIV/AIDS and Population Education Project
SNAP	Swaziland National AIDS Programme
STI	Sexually Transmitted Infection
TASC	The AIDS Information and Support Centre
TB	Tuberculosis
UNAIDS	United Nation Joint Programme on HIV /AIDS
UNDCP	United Nation International Drug Control Programme
UNDP	United Nation Development Programme
UNESCO	United Nation Educational, Scientific and Cultural Organization
UNFPA	United Nation Population Fund
UNICEF	United Nation Children’s Fund

UNIFEM	United Nations Development Fund for Women
UNISWA	University of Swaziland
VCT	Voluntary Counselling and Testing
WUS	World University Service

## Appendix 2: List of TASC's personnel

Executive Director	<u>Thandi</u> <sup>6</sup> E. Nhlangehwa
Head of Programmes	<u>Harriet</u> Kunene
Project Processing Officer	<u>Janet</u> Oloya-Ongole
HIV/AIDS educator / community mobilizer	Aubrey <u>Masuku</u>
HIV/AIDS educator / counsellor	<u>Phefeni</u> Vilikati
Development worker	Dina Epale
Finance/administrative Assistant	Thulani Mayisela
Administrative Assistant	Makhosonkhe Mavimbela
Volunteer	<u>Philile</u>
Volunteer (from Canada)	Erin

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<sup>6</sup> Names mentioned in the text are underlined