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Working Misunderstandings: Donors, Brokers, and Villagers in Africa's AIDS Industry

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Why do development projects, and AIDS projects in particular, take the forms they do? In this essay we argue that it is because the conflicting interests and world views of the key actors involved—donors, brokers, and villagers—leave only a narrow range of themes and practices that can “work” on the ground. By “work” we do not mean, in the AIDS case, that they help prevent HIV transmission; indeed, the non-medical approaches to HIV prevention are largely ineffectual. What needs to be explained is why such approaches are nonetheless repeated so consistently.¹ We show that these themes and practices work in the sense that they satisfy the varied agendas of the major actors sufficiently to sustain their day-to-day cooperation. Understanding these actors and their varying interests and world views is key to understanding why development projects rely on such a narrow repertoire of approaches, particularly the arcane and ubiquitous practice of training. HIV prevention projects are our case in point.

HIV prevention projects generate complex misunderstandings and conflicting motives among the critical actors in the AIDS enterprise: the deep-pocketed altruists who fund the programs, the local brokers who implement them, and the villagers who are the programs' ultimate targets. Much has been written about such misunderstandings and motives, both during the colonial period in Africa (White 1987; Hodge 2007; Cooper 1998) and in recent times (Luke and Watkins 2002; Gibson et al. 2005; Burchardt 2012; Maes 2012). The surprise in our story is the degree to which these disparate actors fumble toward accommodations that allow them to get along, however awkwardly. Using an unusual range of data that we, our colleagues, and graduate students collected in Malawi, we describe some of the cultural themes the AIDS prevention and mitigation enterprise produces, and the remarkably

narrow set of concrete practices through which those themes are enacted. The case of “altruism from afar” thus illustrates the interaction of culture and practice in development aid, where interdependent actors cannot draw on a framework of common meanings and shared motives.

Although our focus is AIDS, and particularly HIV prevention and mitigation (rather than treatment, which has extended millions of lives), we should note that in many respects the global response to the AIDS epidemic (which we term the AIDS enterprise) is similar to its predecessor, the global population movement (Cleland and Watkins 2006). Each addressed what was defined as an unprecedented emergency with global consequences. Solutions to both were understood to require fundamental changes in intimate behavior, changes that decoupled sex and birth in one, sex and death in the other. In both, the solutions were designed primarily for women, perceived to be vulnerable and powerless, rather than for men (Hodgson and Watkins 1997; Doodoo and Frost 2008; Higgs, Hoffman, and Dworkin 2010; Poulin and Watkins 2012). The organizational machinery constructed in response to both emergencies was similar: a standardized choreography that mobilized huge resources, the creation of dedicated UN agencies and functionally identical national coordinating commissions in developing countries, pressure on recalcitrant governments to take action, and blueprints for action (Putzel 2004; Robinson 2011).

In both movements, the first efforts were to disseminate information and provide services (modern family planning, condoms), followed by a period of disappointment that the demand for services was inadequate. The slowness of behavioral response led to re-conceptualizing the problem in terms of steep barriers to change. Although international actors in both movements identified poverty, gender inequity, and “traditional culture” as major barriers, in the case of HIV prevention attention was also given to individual characteristics such as fatalism, denial, and stigma. The agents of the global actors also differed. Governments were to do much of the managing of policies and programs to stem population growth, making use of what eventually became extensive networks of clinics to distribute modern contraception in the course of providing routine maternal and child health services. In contrast, nongovernmental organizations were assigned much of the work of HIV prevention. The distinction is important: while government institutions persist *in situ*, NGOs come and go, and any structures they create, such as youth clubs to dramatize the dangers of AIDS or microfinance projects to ameliorate poverty and empower women, usually evaporate when the project funding ends and the NGO departs (Watkins, Swidler, and Hannan 2012).

The AIDS enterprise

AIDS in Africa variously inspires empathy or at least sympathy (Kristof and WuDun 2010; Rothmyer 2011), or disillusionment (Moyo 2009; Easterly

2009). Our reaction is different. Rather than criticizing the massively funded organizations of the AIDS enterprise for their failures or praising the efforts of the small-scale altruist who alights for a few weeks to assist a grandmother caring for AIDS orphans, we have sought to describe, analyze, and interpret. In doing so, we highlight features of the enterprise that others have not commented on.

Strikingly for a humanitarian endeavor, the organization of the AIDS enterprise has much in common with the organization of an international capitalist firm: a head office in one country that outsources production and distribution to subcontractors in other countries (Watkins, Swidler, and Hannan 2012; Wallace et al. 2007; Cooley and Ron 2002). In Malawi, as in many other countries receiving foreign aid, the organizational field of institutionalized altruism is complex, chaotic, and frenetic. Money often goes first to an international nongovernmental organization (INGO), which then subcontracts to either a branch office or a local NGO in the nation's capital. Since these offices are still too distant from the intended beneficiaries, a chain of smaller subcontractors is constructed, until finally the donors reach an organization that interacts—or claims to interact—directly with the intended beneficiaries in the villages. At each level the NGO may engage “partners,” subcontracting specific programs to other NGOs working on the same issue. Thus, money flows chaotically both downward and sideways. And because projects are typically of short duration—and even then funding may be abruptly withdrawn—there are frenetic efforts to spend the money before it disappears, to increase what is called “the burn rate.”

In addition to institutional altruists, there are also swarms of freelance altruists. We met some of these on the plane flying to Lilongwe, in the guest houses and small motels where we stayed, or walking around a market. Some were church groups; others were Mom and Pop altruists, such as a Scottish couple who collected school materials during the year and then brought them to Malawi in the summer; others were individuals, like a retired school teacher who had invented a better wheelbarrow, and a charlatan who was promoting his cure for AIDS.

The donors, large and small, have fantasies about what poor villagers need; the villagers too have their own fantasies and, like the brokers, their own aspirations. In Malawi, where most villagers depend on subsistence agriculture, occasionally supplemented by small cash crops, any source of assistance is eagerly sought. Testimony to the basically materialist orientation of the villagers is seen in the very terminology of the aid enterprise: the words “development” and “empowerment” have come to be understood as code words for material help, albeit help that usually remains tantalizingly out of reach. The newspapers regularly announce donations to the cause of HIV prevention and AIDS mitigation: “Bush pledges \$500m... to help fight HIV/Aids” (Reuters 2002); “Canada grants K700 million for HIV/AIDS” (Nyoni 2002);

UNFPA, BLM launch K437m Youth Project" (Times Reporter 2006); "Agrofund gives Malawi US \$93m" (Sabola 2012); "Concern Universal embarks on K640m project" (*The Nation* 2011). Many rural villagers read these announcements in the newspapers, but they can also see signs of donor wealth in the Toyota 4x4s with NGO logos that speed along the roads, or foreign research projects that deposit interviewers and graduate students in villages year after year to gather what the villagers think must be valuable information.

The primary way that donor money reaches the pockets of poor Malawians, however, is when an NGO trains volunteers to disseminate HIV prevention messages in the villages, to provide psychosocial support for orphans, or to promote better nutrition for people living with AIDS. Those who are selected for a "training" are considered lucky: stories circulate about a friend of a friend who received a per diem of 600 kwacha/day, plus accommodation and transportation. At the current exchange rate, a person who attended a three-day training would return home with nearly US\$6.00, in a country where annual per capita income is below US \$200² (even less in the rural areas where 85 percent of the population lives).

In our research we came to appreciate the roles of intermediaries: the cadres of relatively educated Malawians who serve as brokers, translators, and fixers (Lewis and Mosse 2006). Like Janus, the brokers look in one direction at the altruists who pay their salaries and in the other direction at the poor villagers the altruists seek to help. Just as there are layers of subcontractors, there are layers of brokers. The most educated and fortunate brokers staff the offices of the NGOs in the capital, writing strategies, frameworks, log frames, work plans, and proposals for more funding and producing financial reports for donors; others—less well-networked—may staff a district office, running specific projects or conducting monitoring and evaluation for a project in their district. When the aim is both ambitious and vague, as it is when the donor aims to prevent HIV by transforming villagers' behavior through community mobilization, participation, and empowerment, there is a final step. The last mile to the villages is to be walked by volunteers who are trained by an NGO to deliver messages to their relatives, friends, and neighbors about the goodness of family planning or the badness of multiple sex partners. Without the volunteers, donors cannot envision their projects as "sustainable" once the NGO inevitably decamps (Swidler and Watkins 2009). Without brokers, then, nothing that the altruists imagine will happen does happen.

Despite all the attention to the altruists and their successes and failures, remarkably little attention has been given to the brokers,³ the actual individuals and organizations that provide the crucial link between the good deeds imagined by the altruists and their imagined recipients in the villages. These intermediaries, however, have complex aspirations and motivations of their own—some of them created by the AIDS industry itself.

As the AIDS industry grew, participating NGOs could offer opportunities for formal employment outside of government. This contributed to expanding

the middle class and enhancing the perceived value of education. In Malawi there is now a clearly understood hierarchy of career possibilities based on educational credentials, from a volunteer in a small village community-based organization (CBO), appealing to youths with secondary education and no other hope for escaping village life, to a Ph.D. in a UN agency in Lilongwe with a salary large enough to provide first-world health care for his or her family and first-world education for his or her children. Brokers may also have other aspirations: to maintain their status in the local community, to manage the support of myriad relatives and other dependents, to cultivate local networks, to attain the next-higher educational credential.

Our account of the roles of local actors can be viewed as a narrative of seduction—and sometimes, of heartache and betrayal—characterizing the fraught embrace between altruists who come from afar and their significant others, the locals. Brokers all up and down the hierarchy play the role of “authentic African” for foreign visitors to embrace. For altruists, these direct experiences often shape beliefs about the real nature of Africans and their problems. The educated cosmopolitans like to tell foreigners about the exotic customs of the villagers, such as particular sexual behaviors or widow inheritance. Recounting these “harmful cultural practices” (the typical term used by the elites) and telling stories about “foolish villagers” seem meant to accentuate the differences between the brokers and what they refer to as the “backward masses” and to solidify their credentials as valuable cultural insiders (Englund 2006).

The fraught relationship of brokers and donors, and of both to the villagers, is ironic, since the partners in these dalliances really want to get along; they want—and sometimes need—to make it work. Nonetheless, their different views of the world and of rural Malawians, their differing experiences and constraints, and their sometimes conflicting interests and aspirations mean that they must fumble toward the themes and practices that can be made to work for everyone.

Themes that make everyone happy

Fighting stigma

“Fighting stigma” is the mom-and-apple-pie of AIDS interventions. Everyone loves the idea. To Western donors, the term signals a commitment to human rights, to fighting discrimination, and to an aggressive self-assertion by otherwise despised groups, all responses to encounters with AIDS in the West (Shilts 1987; Epstein 1996; Allen 2004). To Malawians, its meaning is very different. Here, the message to fight stigma reinforces the normal obligation of reciprocity and interdependence among kin and neighbors. For villagers the message echoes their own understandings of the responsibility to care for those who are hungry or ill.

Many donors sponsor programs to fight stigma, but the emphasis on compassion and care fits especially well with the mission of one set of donors, the major religious denominations.⁴ Local churches embrace the appeal to fight stigma because it gives them a way to be active in combating AIDS without having to raise awkward issues about sex and condoms or having to discuss openly what everyone knows: that the wealthier men in the congregation (and indeed the pastor as well) probably have outside sexual partnerships (Hunter 2010; Hirsch et al. 2009; Poulin and Watkins 2012). It allows churches to maintain comity and fellowship among their members by advocating that people should “love each other,” should not blame or “isolate” each other, and should treat each other with kindness.

The adjuration to be kind to those with AIDS, to care for others, to take care of those who are ill, resonates with the importance villagers themselves place on taking care of the needy and maintaining harmonious relationships among neighbors. When we studied proposals written by villagers in 2005–06, requesting money from Malawi’s National AIDS Commission to fund Community Based Organizations, many of the proposals—often those written in naïve language rather than the jargon villagers later mastered—claimed that the organization would “love” and care for those with AIDS, as well as for the elderly or orphans, as indeed villagers had been doing since the epidemic began (Chimwaza and Watkins 2004). For example, Trinitapoli (2011), in a study of rural churches and mosques, found that pastors and sheikhs strongly advised against divorcing a spouse with AIDS. The advice was not a matter of political correctness or human rights. Rather the pastors and sheikhs felt that someone had to care for the person who was ill.⁵

Elizabeth Colson, an anthropologist who has worked for decades in Zambia, argues eloquently that Africans do not need to be taught to fight stigma: “Somehow they have maintained a respect for their own moral integrity. Many have shown abundant compassion, not just for the moment but over the long months of illness of those for whom they have accepted responsibility.... I would argue that they conceive of themselves as responsible human beings, meeting their obligations as best they can, and so maintain their own self respect” (Colson 2006: 124).

From a public health perspective, the persistence of calls to fight stigma is odd. We have found no rigorously designed studies that demonstrate empirically that reducing stigma reduces HIV transmission. Moreover, if the goal of HIV prevention is behavior change, then persuading people *not* to condemn behaviors that lead to HIV transmission could be counterproductive. Stigma nevertheless looms large in the imagined arsenal of AIDS prevention interventions because it sounds good to all and offends no one: everyone, from donors and their sponsors, to brokers, to churches and villagers, can get on board. But even though donors, brokers, and villagers have all signed on to the same program, they “misunderstand” each other in the sense that the fight against stigma means something quite different to each group.

Orphans and vulnerable children

The designation Orphans and Vulnerable Children (OVC) “works” for everyone in a different sense than stigma does. Rather than legitimating an intervention, it defines a category of people to whom help may be legitimately directed.

For international organizations, the image of “orphans”—those bereft of both parents, alone in the world, facing desperate poverty and the emotional devastation of terrible loss—are the perfect poster children for attracting funding. For those living in circumstances where many children are poor, privileging orphans over other vulnerable children makes little sense.

For the donors’ purpose of stimulating compassion and charity in international audiences, real orphans—children who have lost both parents—are too small a category. Orphanhood as a category was therefore expanded to cover loss of one parent as well as both. The resulting increase was substantial. Survey data from Malawi records that 13.2 percent of children aged 0–17 in 2004–06 were orphans by this wider definition. Only 3.0 percent had lost both parents, a category now termed “double orphans” (Pullum 2008: 5).

Reports on AIDS orphans often acknowledge the enormous influence of the 1997 USAID report *Children on the Brink*. Its “breakthrough” was a new methodology for estimating both paternal and maternal, as well as double, orphans, creating high figures for the total number. The more capacious orphanhood definition allows international organizations to win the sympathy that the image of a parentless child evokes, while claiming very large numbers of children as in need of help and support. (A second *Children on the Brink* report was issued in 2000.)

The 1997 report estimated a total of 23 million orphans in 23 developing countries in 1996, and projected 35 million by the year 2000 and 40 million by 2010 (Hunter and Williamson 2000). “The first comprehensive global estimates of orphans of HIV and other causes, helped raise world awareness of the impending calamity of the HIV/AIDS pandemic in developing countries” (ibid.: 1).⁶

Expanding the orphanhood category did not, however, solve the problems of those with the task of distributing resources in the villages. World Vision found that its child-sponsorship program created problems of inequality and envy in the villages: why should one poor child be favored over another just because that child was an orphan? (Bornstein 2003: 67, 95). The category was thus further expanded to take account of village understandings that it was not only orphans who were vulnerable children. As Chirwa (2002: 96) explains:

In most Malawian languages the terms used to define an orphan and orphanhood include loss of parents; the rupture of social bonds; lack of family support; the process and situation of deprivation and want; and the lack of money

or means of livelihood. Some of these are, indeed, the effects of orphanhood. However, the Malawian equivalents of orphanhood treat these as integral parts of the totality of the process of orphanhood.

As a purely practical matter, local understandings determine the distribution of resources to village families. Since there are no records of the economic status of children in a village, and since interventions rarely begin with a survey that distinguishes between poor orphans and other poor children, the village chief or a village committee is given the task of determining who deserves aid. For them, however, singling out those who happen to be orphans makes no sense. Orphans are usually taken in by relatives—indeed often by the wealthier relatives in an extended kinship system—and thus may be better off economically than children who are still living with their biological parents (Ainsworth and Filmer 2002; Republic of Malawi and World Bank 2007). The flexibility offered by the term Orphans and Vulnerable Children means that brokers working on the ground can fold child sponsorships into broader programs meant to help whole communities, as World Vision does. They thus avoid creating envy, envy that may lead to accusations of witchcraft against those who are seen to benefit unjustly.

Thus the capacious term Orphans and Vulnerable Children or OVC is not simply a random piece of organizational jargon. Rather it represents a strategically calibrated, if unacknowledged, compromise among a number of agendas, meanings, and interests. Like many other awkward neologisms and acronyms that litter the AIDS landscape, the term also illustrates enormous cultural creativity as program beneficiaries and donors try to find an umbrella large enough to cover their multifarious needs, while retaining a symbol powerful enough to legitimate their activities.

Vulnerable women

Of all the themes that stimulate the imaginations of donors and brokers, one of the slipperiest is that of “vulnerable women.” Here, Malawians and their international partners appear to be singing the same song: because of poverty and culture, women are particularly vulnerable to HIV infection, and as a result “something must be done.” But although the melody is the same, the lyrics are different. Both partners seem to identify the same problem, but each has a very different conception of *what* must be done. Western donors imagine women as poor and weak, victims who urgently need empowerment so that they can “just say no” to unsafe sex and thereby turn the tide of the epidemic in sub-Saharan Africa (USAID 2002; European Union 2005; Watkins 2010).⁷ Malawian brokers agree that women are “poor,” but they see mercenary women in miniskirts tempting good men: women who need to be reined in, rather than empowered.

The disconnect is, we believe, a matter of perspective (Tawfik and Watkins 2007). For international donors, women's vulnerability has moved to the center of their understanding of the AIDS epidemic, especially in Africa (United Nations 2001; Higgins, Hoffman, and Dworkin 2010). From afar, Western altruists see desperately poor women, without legal or social rights, engaging in survival sex to feed themselves and their starving children. Malawians, close to the epidemic, recognize that many women are poor and have few alternatives to depending on a sexual partner. But because in their view men cannot resist a woman who offers them sexual favors, what preoccupies Malawian villagers—and elite brokers—is the personal threat posed by rapacious women who take men's money and give them, and thus their wives, a fatal disease. Both parties, international and national, believe that women are more likely to be infected than men: thus, the solutions they offer, while often appearing gender neutral, are not.

Rural Malawians have come up with solutions to the problems posed by women. Some of these are on the international agenda, others are not. A council of town fathers, including "representatives of the District Executive Committee, a representative of religious organizations, Non Governmental Organizations and female youth representative," recommends abstinence and fidelity to counter the spread of AIDS, but also restrictions to combat moral disorder: "3.3.5 To control the proliferation of pornographic materials" (Balaka District Assembly 2000). Other solutions are based on the assumption that when unrelated men and women are together at night, sex is inevitable; thus, there are recommendations to ban night meetings of religious groups and night dances after weddings. These solutions appear to be gender neutral. But villagers have also proposed ways that men can protect themselves that are not gender neutral: closing bars—where sex is sold—in the evenings, locking up sex workers, and disclosing the names of those found to be HIV-positive (the majority of whom they assume are women) so that others can avoid having sex with them.

So how do elite NGO brokers, who see themselves as threatened by disorderly women but who also partake in the globalized discourse about vulnerable women, manage? One solution is to speak in different voices in different contexts. Those who sit in a meeting making AIDS policies and implementing programs do not speak of women in miniskirts seducing men. Rather, they echo the language of the international community in attributing women's and girls' vulnerability to HIV to poverty. But in our experience, when they leave the room where formal policy is being deliberated, they spontaneously talk of predatory sex workers and schoolgirl temptresses. From one room to another, the images of women shift shape. Despite the rhetoric of women's vulnerability, NGO brokers seek to restore moral order by suppressing vice, reducing temptation, and—especially—restraining women's behavior.

Currently, proposed legislation in several African countries would subject anyone who knowingly infects another person with HIV to criminal penalties (such legislation has been introduced in several high-HIV-prevalence countries in the region). Further, Malawi's parliament is considering legislation for the mandatory testing of sex workers, domestic workers (typically female), and pregnant women. While human rights advocates oppose this legislation, the concept behind it—that those who know they are HIV-positive but nonetheless have unprotected sex are willfully endangering others—makes sense not only to villagers but also to elites.

In response to the human rights advocates, elite brokers have adopted a clever solution to envelop the issue of controlling infected women in the rhetoric of human rights promoted by international organizations. In October 2009, police in Malawi arrested and forcibly tested sex workers, stimulating an outcry from human rights organizations. As reported in the newspapers, the official who had final responsibility for AIDS policy, Dr. Mary Shawa, began by criticizing the police, but then, even as she invoked "human rights," her view was transformed into a characterization of mercenary women who endanger their fellow citizens:

Dr Mary Shawa, Secretary for HIV/Aids and Nutrition in the Office of the President and Cabinet, said while Malawi had to employ every available and legitimate way to contain HIV/Aids, testing the sex workers alone, and not their clients as well, was not justice enough.

"We all know the importance of human rights. But when we are demanding our rights, we also have to keep in mind our responsibilities. It is the sex workers' right to make money but if we are all careful, we will not make that money at the expense of another person's right to life," Shawa said. (Mpaka 2009)

A high official of the Malawi Human Rights Commission, speaking of the need for mandatory testing of sex workers, put it more bluntly. He said, "It's not easy to take a human rights lens to some of these issues. It's like having a person with a machine gun with bullets. The bullets shoot out, bang! bang! bang! And many people are dead" [Interview with Watkins, 2009, authors' files].

In the case of vulnerable women, then, the misunderstandings that separate the perceptions of Malawian brokers (and villagers) from those of international donors are harder to bridge than in the cases of stigma or orphans. Here the "working misunderstandings" often don't work, as local actors—both the district-level town fathers who want to ban pornography and forbid night gatherings where men and women might meet, and the national elites who wish to lock up sex workers—use the rhetorics of "empowerment" and human rights while continually returning to policies that would constrain rather than enhance women's autonomy.

In all three of these examples (and we could provide many more), gaps between expectations and understandings of different participants in the AIDS

enterprise are finessed, side-stepped, or obscured. Categories and concepts are unstable in their meanings, and groups with very different agendas “get along” because they do not need to confront the different meanings they attach to the same words.

The fact that the actors who must get along to make HIV prevention projects happen have such different interests and ideas nonetheless has real consequences. Because projects must meet the needs of donors, brokers, and villagers, there is a surprisingly narrow range of techniques used to conduct AIDS prevention interventions in the field. The confusions created by the different meanings that villagers, brokers, and donors attach to the key themes of the enterprise are resolved only in the shared understanding that, whatever the theme, the dominant practice will be “training” (Smith 2003).

Practices that make everyone happy

In contrast to the malleability of categories and concepts are practices that seem set in stone. Every AIDS organization that seeks financial support from outside donors, even groups of church women caring for orphans or those living with AIDS, has to adopt standardized practices. They have to learn how to write proposals, log frames, and work plans; to provide monitoring reports of their spending; and to evaluate their programs (DiMaggio and Powell 1983). Every CBO in Malawi has a standard array of committees corresponding to donor themes (OVC, Home Based Care, PLWA [Persons Living with AIDS], Youth), each with an executive committee, and all must submit regular reports to their funder.⁸ “There is an untheorized consensus on what an HIV/AIDS programme should look like: it should be founded on voluntary counseling and testing, education (preferably by peers), provision of condoms, efforts to overcome denial, stigma and discrimination, and care and treatment for people living with HIV and AIDS.... Even when undertaken by a government ministry, army, or private company, it is essentially an NGO model of public action” (de Waal 2003: 254).

Training

The most pervasive, most standardized, and to an outside observer the most arcane in its detailed choreography is the practice of “training.” Trainings have become the ubiquitous social practice through which development aspirations are enacted jointly by donors, brokers, and villagers fortunate enough to be included in a training. Whatever donors might imagine is being done with the money they allocate to prevent HIV, to improve agriculture or nutrition, to initiate early childhood education projects, or, now, to combat climate change, the recipients—and villagers at large—know that one specific requirement is training. We have seen it in the hundreds of budgets submitted by CBOs seeking funding from Malawi’s National AIDS Commission (NAC), but also

in the myriad trainings we have observed at rural motels and city conference centers, sponsored by the World Bank, USAID, the Norwegian Agency for Development, and many other donors. Some trainings impart substantive information, as clinical officers are trained in a new procedure for resuscitating infants. Others, with goals like creating “AIDS competent communities” or making communities “resilient to the impacts of climate change,” seem unlikely to have any impact at all. A UNDP project to “mainstream gender” was implemented by training “gender focal persons” (often the lowest women on the professional ladder) in government ministries. Agricultural extension agents are trained in how to train farmers how to cook *nsima* (the staple food, which even men know how to cook) and other local foods. Villagers are trained to be volunteers, spreading the word about how to care for the sick and elderly, or how to prevent HIV transmission, or how to empower women by changing the norms that make women vulnerable.

All of the trainings are constituted by a ritualized set of practices. Just as a Catholic Mass would not be a Mass without wine and wafers, a training is not a “training” without allowances for attending the training, flip charts and magic markers, a “bun” and a “Fanta” at mid-morning and mid-afternoon breaks, and an ample lunch. Not only are the equipment and the food ritualized, the activities are ritualized as well. The better-educated facilitator speaks of familiar concepts and practices in new terminology (“decision making,” “multiple and concurrent partners”). Forms of participation are stereotyped, as when participants break into small groups, with each group taking a large sheet from the flip chart to write down ideas supporting the trainings’ theme, and then reassemble to share the products of their efforts. Other activities seem more peculiar to an outside observer: hymn singing, jumping around playing children’s games, skits and songs. But donors and the many layers of brokers have become convinced that whatever the problem, training is the solution.

In 2005, we studied a NAC program aimed at mobilizing community groups to address the causes and impacts of the AIDS epidemic. Existing community groups, such as members of a church group that visited the sick or cared for orphans, were invited to turn themselves into CBOs with a committee and a bank account, and then write proposals to the NAC to support their activities. Others, hearing of the funding opportunities, created a CBO *de novo*. We reviewed the proposals submitted through the district office of one of the international NGOs that had been hired by the NAC to manage the proposal process. The proposals from village groups were poignant in what they asked for and in their attempts to put what they really wanted—material resources—in terms that NAC might agree to fund (Swidler and Watkins 2009). Early in the process, proposals would ask for resources to feed the sick and the elderly, but these were likely to be turned down as “not sustainable” or “not compatible with NSF [the National Strategic Framework of the NAC],” a document not available in the villages.

By the time we reexamined the process in 2008, again looking at both accepted and rejected proposals, much in the process had changed as communities learned what would be funded: a lot of trainings and a small amount of resources. The Nsamanyada CBO proposed nine activities, each with a training and a budget. The list of activities begins with training for HBC [Home Based Care], which also includes a small amount for panadol and bandaids for the HBC kit. Next was the HIV/AIDS Support Group training for "Positive Living" and for "Nutritious Training," along with an "Awareness Campaign." In addition to the standard list of necessary items without which a training would not be legitimate (the flip chart, pens, buns and Fantas), the budget included a modest expenditure for "procurement of other nutritious food, cooking oil and sugar." Third is "Elderly and Disabled Training," followed by "Child Protection Training," and then "Youth Peer Education Training," and training in care for OVC. Then there is "Business Management Training," again with the usual apparatus and a modest amount to support an income-generating project: the group proposed to earn income by raising pigs, and requested funding to build a pen, purchase three pigs, and buy feed and drugs for the pigs. But this, of course, requires "Piggery Training," which turns out to be considerably more expensive than buying the three pigs or even feeding them. The grand total in the Nsamanyada CBO's budget proposal came to 1,500,000 Kwacha (about \$11,000 at the 2008 exchange rate). Of this budget, 1,478,040 Kwacha was for the multiple, carefully elaborated varieties of "training." [document in authors' files]

In the proposals, the budgets are detailed but the content of the trainings is not. Nor do they need to be: what matters to the proposers as well as to NAC's budget is the number of people who will benefit by receiving allowances, the number of days of training, and the amount of the allowances. In 2008 the Interfaith Helpers Ministry submitted a proposal to train 144 people in nine villages: "44 female church leaders; 60 male church leaders; 37 youth leaders; and 3 Traditional leaders [chiefs]." The actual activities budgeted were: "Sensitization meetings on legal, ethical, and social rights of the PLWA and the affected people" and "training of key social groups in HIV/AIDS management." The project was to culminate in a "social mobilization campaign on gender/human rights and cultural values" for which five members of a drama group and five facilitators of the trainings were to be paid allowances for four days. [Document in authors' files.]

What goes on in a training? We have observed trainings of youth peer educators, volunteers who are to fan out to the villages to teach others what they have learned. The trainings are led by a facilitator (sometimes two) who follows a manual. Like teachers, they stand in front of the seated trainees, lecturing, pointing to the blackboard, and asking questions with known answers (Kendall 2004). When participants are asked to demonstrate what they have learned, they replicate this performance: lecturing, pointing to words on a flip chart, asking questions.⁹

The structure of a training, which donors might imagine as an equalizing activity, in fact mirrors local understandings of the social hierarchy. The more educated enlighten the less educated, who defer to their expertise. Village chiefs and other participants of higher status, such as a schoolteacher or a pastor, are budgeted for a larger per diem and a more expensive lunch than ordinary villagers, and are served first. Such distinctions of influence and status are respected all the way down the line.

Why does the training as a social form have such an amazing hold? We think that trainings satisfy the practical needs of the participants, of the brokers, and of the donors, but also provide meanings that satisfy the fantasies of each group.

Who benefits from the trainings? For the poorest participants—the villagers who volunteer their services to mobilize their community for one NGO goal or another—per diems are a financial windfall (currently a day's allowance for a training of rural volunteers in Malawi is about US\$1.90). Although this is not the only way that participants benefit from trainings, it seems to be the most important. Villagers with some education but no job might attend a training with little direct remuneration—perhaps only a lunch or a snack—because volunteering is seen as a route to the possibility, however remote, of eventual employment (Swidler and Watkins 2009).

Trainings are also important for brokers who have a government or an NGO salary. The amount of broker per diems is such a contentious issue that it is likely that without any financial benefit no one with a regular salary would attend a training, even one related to the broker's duties. An evaluation of a USAID project to improve maternal and child health by training staff reported that "There has [sic] been persistent problems with the allowances awarded to the DHO [District Health Office] staff, which has prevented or slowed down many project activities. Many MOHP [Ministry of Health and Population] staff refuse to conduct activities with the level of allowances approved by USAID..." (USAID 2003; see also Vian et al. 2012). Trainings can also serve in lieu of salaries: a skilled technician working at a government hospital as a volunteer because there were no openings on the staff was assigned by his boss to attend successive trainings on anemia and on prevention of mother-to-child transmission—both outside his area of expertise—indeed on anything that might offer him even a modest amount of support. [interview 2010] This fits well with a patron-client economy: the boss becomes a patron who will expect something, sometime, in return, and the counselor becomes a client, in debt to his patron (Smith 2003).

For donors, the trainings of village volunteers to teach others are the only practical way that they can imagine transforming the billions of poor people into participating, self-actualizing, empowered individuals. Equally important, the training satisfies the donor fantasy that the interventions are sustainable—knowledge is transmitted, participants sensitized—without requiring recurrent expenditures. Lastly, for both donors and brokers, trainings

have another practical advantage: the number of people trained provides an easy measure of success to report to funders, at least as long as donors and their funders have faith in the power of training to transform the identities and behaviors of poor villagers.

Training also benefits donors and high-level brokers in another, less obvious way. Because training is so flexible (anyone can be trained about almost anything) and so easy to arrange (partly because the conventions are so well understood), trainings can be used as “walking around money” through which a program’s sponsors can create broad political support for their programs among various “stakeholders” and others whose good will may be useful. To build support for AIDS programs, for example, Malawi’s National AIDS Commission allocated funding to virtually every government ministry for “mainstreaming” AIDS, in effect spreading the AIDS largesse around in the form of training (with allowances and per diems) in HIV/AIDS.

Trainings, however peculiar they may seem, are not some arcane donor invention foisted on resistant locals. At all levels brokers as well as village volunteers embrace, even demand, them.¹⁰ The appeal of training lies not just in the material rewards, but in the mystique of its games and songs and its hours of scripted minutiae. Adults play children’s games or sit on the ground drawing root-and-branch diagrams to discover the that “root” of a particular problem is, in the well-recognized conventions of the training, precisely the thing the training is meant to combat: whether AIDS, malnutrition, illiteracy, or infant mortality. Participants listen attentively as facilitators rehearse jargon and pose rhetorical questions, adding their own suggestions to the inevitable lists of “next steps” or recite problems for the “problem tree.” All this activity helps donors believe they are doing something about problems they define as urgent, even if the problems themselves are hardly likely to be solved through training. Elite brokers go to trainings, although these are called “workshops,” which signals the status of the attendees. These help elite brokers keep abreast of the latest donor concerns, distinguishing those who know the current importance of climate change, or the role of “multiple concurrent partnerships” in the spread of HIV, from those who are not as up-to-date. But even the aspiring local brokers—those whom we have called “interstitial elites” because they link the world of the village to the larger cosmopolitan world outside (Swidler and Watkins 2009)—eagerly seek the sense of identity and of connection to authoritative global knowledge (Frank and Meyer 2007) that trainings provide.

Trainings are thus the quintessential example of a practice that “works” because it satisfies the multiple agendas of different actors, even when the concepts and meanings they bring to it may be very different. There are other such practices: the pervasive evaluations that produce mainly “success stories” and lists of “challenges” calling for more resources; the “monitoring” that carefully enumerates the number of members in youth drama clubs that circulate from one village or secondary school to another, performing AIDS

dramas for students who in their turn perform AIDS dramas for others; or the precise number of people “reached” at an outdoor AIDS Day celebration featuring a band, comedians, and skits (1,410 men, 1,634 women, 1,940 boys, 2,010 girls) (Balaka Acting District AIDS Coordinator 2010). These activities share a similar property of providing satisfaction for actors up and down the aid chain without forcing them to confront the contradictions in their goals, aspirations, or understandings.

Conclusions

By focusing attention on the cultural themes and practices that dominate the AIDS prevention enterprise, we have emphasized the generative power of the conflicting motives, aspirations, and understandings of the central actors in such efforts in poor countries. Like family planning before it, AIDS prevention has generated layers of local brokers who mediate between international donors and the poor villagers whose lives are seen as requiring transformation. Rather than simply being critical of the self-delusion of some donors, or the mercenary motives of some brokers and villagers, we have emphasized that in trying to get along, to find ways of making their shared enterprise work, these actors have, without taking conscious account of it, generated new themes and practices that flourish because at one level or another they “work” for everyone involved. Combating stigma may not be an effective way to reduce HIV transmission; focusing on Orphans and Vulnerable Children may not target the parentless children the altruists imagine; efforts to empower vulnerable women may be foiled by Africans’ views that women are more perpetrators than victims of the AIDS threat. But these focal points of the AIDS enterprise have nonetheless created new realities on the ground in Africa. Training, as we have sought to show, is even more thoroughly institutionalized. As Marian Burchardt (2012) has noted of institutions of AIDS governance in faith-based organizations in South Africa, “the resulting assemblage of people, resources, and opportunities is not some form of halfway modernization or uneasy connection of two pure forms but a form of practice in its own right.”

Our argument suggests that even mismatched fantasies can create new realities as people attempt to enact their ideals and aspirations. Like a passionate love affair that eventually settles into a reasonably satisfying marriage, imagination can animate the creation of real partnerships. Each party compromises; neither ends up in the situation he or she originally imagined; but their mutual accommodations and compromises create new possibilities.

How then should we evaluate the influence of the AIDS industry in Africa? If we ask whether these organizations have succeeded in doing what they set out to do, the answer is no; the record of HIV-prevention NGOs is largely one of failure (Watkins, Swidler, and Hannan 2012; Potts et al. 2008). But if we take a broader perspective, we find that AIDS altruism has

changed the landscape in fundamental ways. There are new understandings of possible careers; new cultural themes to be mastered; and the adaptation and multiplication of imported social structures, such that no one is far removed from a professionalized Community Based Organization or from an indigenous group of church members that has transformed itself into a Faith Based Organization.

It is possible, as Cleland and Watkins (2006) argued for the family planning movement, that even without transforming poor rural villagers' identities and turning them into more self-actualized, empowered actors, the programs and projects of international donors may, over a longer time, have at least some of their intended effects. The terminology of "gender" is already becoming domesticated (Merry 2006), sometimes incorporated into the flirtatious repartee that characterizes interactions between women and men in rural Malawi. The AIDS epidemic itself has also stimulated the formulation of new strategies in local social networks, such as limiting the number of sexual partners, choosing partners more carefully to avoid infection, or divorcing a high-risk spouse, strategies that in principle could reduce the force of the epidemic (Watkins 2004).

In the study of institutional forms, scholars recognize that institutional capacities created for one purpose may be animated by new purposes and may come to serve new interests (Skocpol and Feingold 1982; Hall and Taylor 1996; Thelen 2004; Mahoney and Thelen 2010). Such a process appears to be happening, for example, with the CBOs and FBOs, structures meant to replicate traditional forms of village self-help, but largely invented as formal organizations in response to the flood of funding for AIDS prevention and mitigation. But precisely because these organizations could be integrated with existing patterns of patron-client ties, because they served both the status aspirations and to some degree the material interests of at least some local populations, they have become increasingly an institutionalized fixture of Malawi's rural landscape. Currently these organizations exist largely to apply for outside donor funding, rationalizing at least one small corner of the enterprise of altruism. But when structures are created, no one can fully anticipate what these new capacities may be used for. Possibilities range from new avenues for political mobilization to increased penetration of global governance directly into village life, bypassing national states.

There is one other unanticipated consequence of the AIDS enterprise. The new opportunities that the donor-driven economies have created depend crucially on the acquisition of an array of minutely stratified educational credentials. Donors have thus given substance, however fragile and elusive, to Malawians' passionate belief that education is the route to a "bright future" (Frye 2012). This reshaping of identities and aspirations may ultimately be the most lasting legacy of the struggle against AIDS. In one of the ironies of complex human enterprises, this reshaping in turn becomes a major impe-

tus to the fulfillment of another donor fantasy: persuading the poor to want fewer children.

As the AIDS enterprise, and the NGO presence more generally, have opened up career paths that appear to depend on educational credentials, even poor parents may start to see focusing their resources on fewer children as crucial for their own futures and those of their children. It may be precisely NGO practices like training, which so resemble school, which require moderate literacy but no high-level technical skills, and which reward achievement even in a woefully out-of-date school curriculum such as Malawi's, that could motivate parents—who have long resisted the blandishments of the family planning NGOs—finally to limit fertility.

Notes

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1 Few HIV prevention interventions are designed to permit rigorous evaluation; if there is an evaluation, it typically consists of collecting anecdotes—success stories and testimonials—from the people who implemented the intervention and from those who were meant to benefit from it (Watkins, Swidler, and Hannan 2012). A recent comprehensive review of HIV prevention activities found that when the study design is rigorous, that is, a randomized controlled trial with biomarker outcomes rather than self-reports on a survey, the only effective interventions were biomedical. The seven behavior change randomized controlled trials with biomarker outcomes had no significant effects (Padian et al. 2010; see also Potts et al. 2008).

2 The purchasing power parity estimate is higher, \$834 per person per year. Cash income remains hard to come by for most villagers, so even the tiny allowances for meals and transport are extraordinarily valuable.

3 Exemplary exceptions are Anders 2006; Merry 2006; Mosse and Lewis 2005; Olivier de Sardan 2006; Temudo 2005). For historical accounts of brokers in colonial Africa, see Cooper 1998 and Hodge 2007.

4 "Preaching Wednesday to more than 3,000 people in a stadium in the mining town

of Kitwe, Archbishop of Canterbury Rowan Williams called on Christians not to abandon people living with HIV/AIDS. 'The church should deal with HIV and AIDS. The church in Africa deals with HIV and AIDS, and we should not forget or forsake those that have the disease,' Williams said in his address, which was broadcast live on community radio stations. 'We are sent to share the suffering and joys with our neighbors; we are sent to be alongside them and listening to their needs. We should give our lives to others, as Jesus did'" (Agence France Presse 2011).

5 Trinitapoli (2011) writes: "the primary reason given [by pastors and sheikhs] for opposing AIDS-related divorce is the mandate to care for the sick. If an adulterous spouse is caught 'red-handed,' one can divorce, as a matter of self-protection; but if a spouse is known to be HIV+ (through an HIV test or obvious symptoms), one must not divorce. One leader who strongly and emphatically opposed divorce under suspicion of AIDS emphasized the wife's role to care for her husband: 'No! It is not appropriate! Who are you going to leave him with? Who would take care of him?'"

6 The report analyzed data from 34 "developing countries," mostly in Africa, but also including several in Latin America and Asia. It constantly merges the idea of orphans in general and AIDS orphans. The 1997 report covered 23 countries; the 2000 report added 11 more, mostly in sub-Saharan Africa, for a total of 34.

7 A special meeting of the United Nations in 2001 (United Nations 2001) labeled women and girls as particularly vulnerable to AIDS, “Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS” (article 14). Higgins et al. (2010) label this the “vulnerability paradigm,” noting that it has become the dominant discourse in the global AIDS response.

8 The distribution of CBOs in Malawi was recently reorganized by the National AIDS Commission, such that there would be only one in each Group Village, an administrative unit that includes multiple villages.

9 A more elaborate version of training is set out in a facilitator’s manual for a large project funded by USAID. The facilitator’s manual instructs the facilitator to distribute chewing gum to all the participants “so that students should learn what problems they

could meet from sleeping/sex with many people. In short, what happens? A teacher or facilitator should give chewing gum to the audience, when they have chewed for a little the facilitator should take all the chewing gum and put it together in one place. The audience will refuse to take back the chewing gum. This will trigger discussions or debates concerning body fluids.”

10 A newly installed chief, for example, might demand that he and his sub-chiefs be trained again, in exactly the same program they were trained in only months earlier, as an acknowledgment of his new status. Stakeholders in a new project—those whose goodwill or cooperation is needed even though they are not direct subcontractors of the project—may each insist on being trained separately, at a separate training with allowances and per diems, rather than simply attending a stakeholders meeting.

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